

## Reviews

doi:10.1017/S0144686X06214892

Jenny Finch, *Evaluating Mental Health Services for Older People*, Radcliffe Publishing, Oxford, 2004, 212 pp., pbk £29.95, ISBN 1 85775 610 X.

The salience of mental health services for older people is reflected in Britain by the current three-year *Inquiry into Mental Health and Well Being in Later Life* being conducted by Age Concern and the Mental Health Foundation (see <http://www.mhilli.org/inquiry>). A book that evaluates such services should therefore have a ready audience. This book has four main sections, beginning with an overview of the development of United Kingdom policy and services, followed by comparative material from Europe, the USA, Canada and Australia (those of us north of the Scottish border are duty bound to point out that, following the establishment of the Scottish Parliament, the references to *United Kingdom* health policy post-1999 are inaccurate). Common themes include the extent of multi-disciplinary working, the role of domiciliary assessment and of day hospitals, the development of geriatric psychiatry and its role *vis-à-vis* GPs, the provision of long-term care, and patterns of service development for individuals with dementia. This comprises just under half of the volume. The discussion of approaches to evaluating health and social care highlight the use of standards and of different models employed across Europe and North America for appraising organisations against such standards – accreditation, the International Organization for Standardization (ISO), the European Foundation for Quality Management (EFQM), and *visitatie*, an external peer-review system particularly popular in The Netherlands that has similarities with the ‘unannounced visits’ currently required of managers by the Commission for Social Care Inspection in England. The core material of the book is brought together in a useful table (22.1) which appraises by country and by method the different approaches to evaluating health and social care.

Those struggling to keep up with the constant reshaping and renaming of the regulatory bodies in England, *e.g.* the Commission for Health Improvement (CHI) became the Commission for Health Care Audit and Inspection (CHAI) and then the Healthcare Commission, and the Social Services Inspectorate (SSI) became the National Care Standards Commission and then the Commission for Social Care Inspection (CSCI), will welcome the clear mapping presented in Chapter 20. There are also valuable summaries of the range of standards that have been developed for mental health services for older people, most notably by the SSI in 1993 and by the Health Advisory Service (now the Health and Social Care Advisory Service) as part of the HAS 2000 project. There is a focus on the HAS methodology, reflecting the involvement of the author in its design, and this analysis provides the final section of the book. Many may find this the most satisfying section of the book, for it provides operational detail of how the standards were developed through various consultative mechanisms, checked

for consistency, piloted, and tested for validity and reliability. Less satisfactory are the earlier chapters on service development. It is always a challenge to profile the service configurations of different countries, but the presentation here is a rag-bag of available data, fragmentary and somewhat dated for most countries, but unnecessarily detailed for others (*e.g.* Luxembourg).

Indeed overall this volume is a strange hybrid. It is somewhat disjointed, partly because of the excessively short chapters, and its early sections rely heavily on data from secondary sources rather than critical analysis or logical argument. Readers may find the short chapters useful as reference sources on a country or issue, but on the other hand they may, as I did, become frustrated at their brevity and discontinuity. There is also a disconcerting inconsistency in the level of detail: four lines on mental health services for older people in Finland alongside in-depth accounts of the designs of reliability tests and the results of an exercise on content validity of only specialist interest.

Several of the field's key debates that are covered in this volume are highlighted in the foreword by Bob Woods: issues of transition and of boundaries, between old age and mental health services, between primary care and secondary care, between health and social care, between provision for individuals with dementia and those with other mental health diagnoses, and between specialist and generic services. Sadly, however, although these conundrums provide underlying and recurrent themes, they are rarely made explicit. Indeed, at times, the treatment appears to be exclusively on dementia, as in the discussion of service provision in Australia. Nonetheless, by emphasising that the challenge of service evaluation is a critical stimulus to the delivery of effective services, and in outlining the development of the HAS standards, Jenny Finch's book is an important record. The penultimate page, however, delivers a damning verdict: 'there is little or no research or evidence to demonstrate whether the various approaches to evaluating health and social care discussed in this book actually lead to improved care for service users' (p. 189). This surely points to a valuable project that cries out to be pursued.

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doi:10.1017/S0144686X06224899

Genevieve Reday-Mulvey, *Working Beyond 60: Key Policies and Practices in Europe*, Palgrave Macmillan, Basingstoke, Hampshire, 2005, 220 pp., hbk £50.00, ISBN 1 4039 4796 1.

Two days after reading this book, I found myself in an upmarket bistro celebrating the silver wedding anniversary of a company chairman and his wife. Most of the guests enjoying the Italian fare were aged in the fifties, as were their hosts; nothing surprising about that, but what did strike me as extraordinary was the number of older professionals I met that evening who had chosen to switch from full-time to part-time work. There was the job-sharing teacher, working five-days-on, five-days-off, who described how she would bounce into her primary school classroom at the start of each stint. Sitting a few metres away at the next table was the personal assistant for a Singapore shipping entrepreneur. After 27

years with the company, she now worked remotely from her Scottish home, three-and-a-half days a week. It was an ideal arrangement, she said, at her stage of life. Then there was the school bursar, with two grown sons, who was working part-time for an independent school, and the consultant, also in his early fifties, working four-days a week for several information technology firms.

Such people could well have featured in Genevieve Reday-Mulvey's book on *Working Beyond 60*. Her main thesis is that part-time employment is the chief way in which we will solve several of the complex challenges that derive from demographic change across Europe. Part-time employment, argues the author, is the most appropriate way to engineer, first, an extension to working lives and, secondly, a gradual retirement transition. Income from this kind of paid-work is seen by the author as the 'fourth pillar' of retirement income, alongside the first pillar (compulsory, pay-as-you-go state pensions), the second (supplementary occupational pensions) and the third (individual savings, including personal pensions, assets and life insurance). Yet the critical, unanswered question lingering after the wedding anniversary feast is whether the people aged in the fifties that I met that night will continue to work beyond 60 years of age. Reday-Mulvey suggests that they will, and in support of her argument cites several drivers, including a new consensus among politicians, economists and sociologists that there will be a much greater role for flexible working arrangements among Europe's older people.

The book had its roots in a conference in Vienna in 2003 that was organised by two non-profit think-tanks: the Swiss-based *Geneva Association* that is concerned with insurance, pensions and retirement; and the German-based *Club of Rome*, a global forum with a broad change agenda. But the book also draws heavily on the Geneva Association's research programme, 'The Four Pillars', which was set up in 1987 to examine social security, insurance, savings and employment policies. Many of the themes, and some of the contributions, are familiar to those of us who subscribe to *The Four Pillars*, a biannual research bulletin of reviews, seminars and features that is edited by Reday-Mulvey.

The book has four parts. The first, *Working Beyond 60 – Why?* examines the bases of the prediction that more flexible working arrangements will spread, and has several useful tables and figures based on Eurostat, United Nations Organisation, International Monetary Fund and OECD data. The author argues that most baby-boomers will be attracted to part-time jobs, since this will allow them to alter their work rhythms and negotiate a gradual withdrawal from paid employment. Lifelong learning will be crucial to this work-life extension, she says, as will the effective age management of staff, jobs and tasks.

The second part, *Working Beyond 60 – How?* is a detailed examination of what the author calls 'the part-time model for working beyond 60'. This section includes a 50-page synopsis of recent public policies and best practice on age management in nine European countries. The inclusion of Switzerland is particularly welcome, given that previously it has been much neglected in European publications on older workers. Parts 3 and 4 are very short (five and nine pages) and cover diversity issues and recommendations.

The book is a useful compendium of European approaches at both the business and policy levels, but those seeking a critical analysis will be disappointed.

The author tends to skirt over the obstacles and challenges facing employers and older individuals in negotiating effective, flexible extensions to working lives. In her eagerness to promote part-time working, she downplays the significant downsides, such as low pay and reduced access to training. For example, Reday-Mulvey suggests that a truncated working week can help to alleviate work-place stress, yet it may just as easily exacerbate it. Readers wishing for a more theoretically-grounded, impartial critique will need to look elsewhere. Nonetheless, this book contains much of interest about age-specific employment policies and practices across Europe.

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doi:10.1017/S0144686X06234895

Caroline Holland (ed.), *Recruitment and Sampling: Qualitative Research with Older People*, Representation of Older People in Ageing Research Series 5, Centre for Policy on Ageing and The Open University, London, 2005, 84 pp., £10, ISBN 1 901097 95 1.

The first of this report's six chapters is by the editor and reviews key issues in recruiting and sampling. In a wide-ranging discussion of recent and on-going research, the chapter discusses with particular reference to England the ethics of recruitment, the impact of gatekeepers on recruiting an appropriate sample, sampling and recruiting from minority groups, sensitive topics and involving older people as research partners. Chapter 2 by Jane Montague discusses the issues encountered in recruiting participants in a study of conversations about personal relationships. Chapter 3 by Tom Scharf discusses the process of gaining ethical approval from National Health Service Local Research Ethics Committees to allow sampling from the patient registers of NHS health centres or general practitioners' lists and will resonate with many social scientists. At times the committees have questioned the scientific merits of the proposed social science research and made unreasonable and inappropriate demands. The author's view was that 'such comments had relatively little to do with ethics and more to do with questioning the foundations of social scientific enquiry'. He points out that not only is the process laborious and energy sapping, it leads to unacceptable delays in running research projects, and that the result is likely to be a reduction in research that involves sampling from GP registers.

Chapter 4 by Rebecca Jones discusses both the recruitment problems in finding older people willing to talk about sex and the strategy adopted to encourage discussion by positioning interviewees as taboo-breakers and particularly honest people. Chapter 5 by Sheila Peace and colleagues describes the laborious process of finding people from younger and older age groups to discuss the changing nature of family life. In a two-year research project, the first was spent trying numerous tactics, such as addressing local groups and radio interviews, to identify an appropriate sample of people. The final chapter by Andrew Clarke and colleagues discusses the difficulties of recruiting and retaining both younger and older people to observe social interactions in urban public places. Enthusiastic

observers generated challenges as they became experts in observation and gained practical knowledge of how public spaces were used. This small book will be useful to undergraduates, postgraduates and research staff. Many accounts of research projects dismiss recruitment and sampling in a few sentences. By presenting honest accounts of some of the challenges that researchers encounter, this book makes an invaluable contribution to a neglected topic.

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doi:10.1017/S0144686X06244891

Christine Bryden, *Dancing With Dementia: My Story of Living Positively with Dementia*, Jessica Kingsley, London, 2005, 200 pp., pbk £12.95, ISBN 1 84310 332 X.

Huib Buijssen, *The Simplicity of Dementia: A Guide for Family and Carers*, Jessica Kingsley, London, 2005, 176 pp., pbk £13.95, ISBN 1 84310 321 4.

These two books have in common 'dementia' in the title, but there all similarities end, and each offers singularly strong perspectives, goals and styles. In *Dancing with Dementia*, Christine Bryden provides a highly personal odyssey of her 10-year journey with dementia. This inspirational book is at once a love story, an eloquent testament to the power of faith, an entreaty to think positively in the face of adversity, a challenge to complacency, and an example of successful international advocacy to include, validate and respect a person with dementia. In 1995, Bryden was a senior public servant in Australia, and at 46 years of age the single mother of three daughters aged nine to 19 years. Alarmed by feelings of stress and exhaustion and by frequent migraine headaches, she went for tests, was diagnosed with probable Alzheimer's disease, and given the standard prognosis of irreversible decline, nursing-home care within five years, then total debilitation and death. It was a devastating diagnosis.

Forced to retire and concerned about a frightening future, Bryden sank into depression. But she found inner strength through her deep Christian faith and her family, overcame her depression and channelled her intelligence, energy and emotions into writing a book about her journey into dementia. *Who Will I Be When I Die?* was published in 1998 and brought worldwide attention. Defying the medical script of inevitable decline, Bryden maintained a busy schedule, returning to school for a diploma in pastoral counselling, travelling extensively and working with *The Alzheimer's Association* to organise support groups for individuals with dementia. *Dancing with Dementia* begins in 1998, with Bryden feeling much better than is normal three years after the diagnosis. New tests changed the diagnosis to fronto-temporal dementia with a prognosis of much slower brain deterioration. Offered a new lease of life, Christine meets Paul, they fall in love, she tells him about her disease, he has a dream that tells him to care for her, he discovers the power of faith, they married in 1999 and to this day remain loving partners. Is this the stuff of miracles? She believes so, and Appendix 1

reprints a speech that Bryden gave, describing how God and prayer can heal the spirit, the emotions and the physical body.

*Dancing with Dementia* also recounts Bryden's advocacy in the world of dementia politics. She believes that the voice of people with dementia must be included and validated by dementia organisations around the world. Her advocacy as an individual and through the pioneering self-help group, *Dementia Advocacy and Support Network International*, helped to change the paradigm of the dementia movement, until then mainly concerned with support to carers but now equally committed to inclusion of the person with dementia. In 2003, Bryden was the first person with dementia to be elected to the Board of *Alzheimer's Disease International*.

Bryden's right to speak for persons with dementia has been challenged because the course of her disease did not follow the typical 'medical script' of debilitation and death. She resorted to showing scans of her damaged brain to convince sceptical audiences that she did indeed have dementia. She points to the stereotype of the severely-debilitated individual with dementia, noting that it is based on the later stages of the disease and that these are largely responsible for the stigma that surrounds dementia. She argues that the course of the disease can be a dozen or more years, and that many of these years can be happy, productive and fulfilling.

Bryden offers herself as an example of someone who has overcome the negative stereotype of dementia. She believes that people with dementia need to create an image of who they are and who they are becoming. How they do this depends on their personality, their life story, their health, their spirituality and their social environment. She maintains that individuals can choose their attitude toward the unavoidable suffering of dementia. Bryden chose the attitude of dancing with dementia, and reveals in this book that her keys for coping are a strong Christian faith, the love of friends and family, dementia-drugs and a positive attitude. *Dancing with Dementia* is a cry from the heart, and every line is imbued with the faith and character of the author. Dementia is slowly winning the battle with Christine Bryden, and her public role is increasingly circumscribed, but the way that she danced with dementia for a decade or more cannot but help inspire people with dementia and those who love and care for them.

*The Simplicity of Dementia* by Huub Buijssen, a psycho-gerontologist and clinical psychologist, presents a totally different perspective. It was first published in Dutch in 1999. When the author's father showed signs of dementia 25 years ago, Buijssen's family assumed that the son would be able to clarify why the father's behaviour was changing and would advise them how to respond. This proved a daunting challenge because of the complexity of the disease, and the variability of symptoms across and within individuals as the disease progresses. Over time, Buijssen slowly discovered that there was a simple logic in the signs and symptoms of dementia, and he formulated two 'dementia laws' that helped to understand the 'deviant' behaviour patterns of the illness.

His first law of dementia is 'disturbed encoding', the fact that information can no longer be transported from short-term to long-term memory. This law helps to explain many of the symptoms of the early stages of dementia. The second law is

of ‘roll-back memory’, that long-term memory disintegrates, beginning with the most recent and ending with the most distant memories. When even the earliest memories disintegrate, the individual dies. Buijssen’s ‘roll-back memory’ law is another term for retrogenesis, that is that the capacity for activities and intellectual development are lost in the reverse order to the sequence in which they were learnt. It helps to explain many of the features of the later stages of dementia.

Buijssen intends *The Simplicity of Dementia* as a compact guide for relatives, carers and professionals who look after people with dementia. It is about the symptoms of dementia, how to understand them and how to deal with them. Several chapters address the problems that present the greatest difficulties for those closest to the person with dementia, including communication, mood problems such as aggression and suspiciousness, and behaviour problems such as clinging, wandering and nocturnal restlessness. When addressing a particular problem, Buijssen describes symptoms in clear and concise terms, often quoting from first-person accounts to bring the problem to life. He tries to explain why the problem occurs, invites readers to imagine what it feels like to experience that particular loss, and offers advice on how to respond to the consequent problematic mood or behaviour. The ‘imagine’ scenario creates a ‘do unto others’ approach to care that shows sensitivity and respect for the person with dementia.

*The Simplicity of Dementia* has much to offer in terms of thoughtful, practical advice on caring for someone with dementia. Some readers might cringe at the occasional value-laden terms that describe people with dementia (such as ‘victim’ or ‘sufferer’). In addition, the translation from Dutch to English is sometimes awkward, and the avoidance of gender-specific pronouns would have improved the readability of the text. These two books on dementia will appeal to different kinds of readers looking for different types of information and support. Whereas *Dancing with Dementia* is a personal odyssey that challenges and inspires, *The Simplicity of Dementia* is a primer that provides grounded, practical, common-sense advice. Each has something valuable to offer.

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doi:10.1017/S0144686X06254898

Boyd H. Davis (ed.), *Alzheimer Talk, Text and Context*, Palgrave, London, 2005, 254 pp., hbk £50, ISBN 1 4039 3532 7.

Recent years have seen a growing interest in the speech and communication of people with dementia. A number of studies have stemmed from this interest that take language as the substantive topic, use methodologies which focus on discourse and conversation analysis, and emphasises the need for practitioners to attend to communication. This edited collection continues the trend by exploring the ways in which people with Alzheimer’s disease use speech. Two assumptions underpin the book, that conversation and meaning are co-constructed between the person with Alzheimer’s and the care-giver or conversational partner, and that language and communication are affected as much by context as by neurological

changes resulting from disease. The authors are from the United States, Canada, New Zealand and Germany, and from various disciplinary backgrounds, including linguistics, gerontology and nursing. The chapters begin with a review of relevant substantive and analytical literature that is mainly from North America. Previous findings are discussed with reference to one specific framework and some broad-brush conclusions are presented.

The authors draw heavily on data from one corpus of naturally-occurring speech with people at all stages of Alzheimer's disease, specifically from four residents of a retirement community in Charlotte, North Carolina. This makes for an interesting read, as the reader comes across the same individual's speech, but the authors adopt different analytic foci in subsequent chapters. The methodological and theoretical diversity is not explained. Each chapter examines quite different aspects of speech, and some struggle to offer a new angle on debates and issues, *e.g.* the first chapter examines identity, challenges the well de-bunked myth that dementia inevitably means loss-of-self, and demonstrates that some people with the condition are aware of their memory problems. Other chapters are however original, *e.g.* one takes an interesting stance in working with the idea that communication is care. That is, effective communication is an essential part of the care-giving relationship. The author operationalises five of Kitwood's (1998) positive interactions (recognition, validation, negotiation, collaboration and facilitation).

Another chapter discusses the elements of communication associated with gender and ethnicity. Analysis follows an etic level of concern, rather than a purist conversation-analyst emic approach. These three chapters illustrate the theoretical and analytical range of the book, from broad-brush thematic analysis of conversations to a more detailed and interpretative approach. One chapter takes a socio-linguistic approach in investigating speakers with two languages. As societies become more culturally diverse, so too will the languages that people bring to later life, making this chapter particularly interesting reading for researchers of multi-lingualism and linguistic competence (rather than a deficit model). The aim of this was largely interventionist to 'recover or newly develop specific components of their communicative competencies' (p. 115). The final chapter offers key recommendations for further research around language and discourse and Alzheimer's disease. This looks at both research topics as well as theoretical and methodological concerns.

Overall, the stated aims of the book are to prioritise language and communication by augmenting and optimising the residual communication of people with Alzheimer's disease and being attentive to the changes in communication as the condition progresses. Two associated aims for care-givers are articulated, to build on their communicative strengths and to spotlight challenging behaviours that are stressful to care-givers. Finally, the book aims to contribute to the development of communicative interventions when working with people with Alzheimer's disease. The book would have been strengthened by longer accounts of the practical implications of the ideas that it discusses. Practitioners may want more structure and explicit signposting of how the findings should or could affect their work, but the book will be of interest to academics, researchers and advanced post-graduate students.



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doi:10.1017/S0144686X06264894

Chris Gilleard and Paul Higgs, *Contexts of Ageing: Class, Cohort and Community*, Polity Press, Cambridge, 2005, 224 pp., pbk £16.99, ISBN 0745629504.

*Contexts of Ageing* is perhaps the most cogent attempt so far to force a sea-change in the way we think about old age. The authors do this by reinterpreting the dominant stance in critical gerontology, as taken by political economy, and by painting a different picture of the potential and roadblocks facing an ageing population. They maintain that increased diversity and the erosion of traditional class antagonisms require that we recognise the power of consumption and lifestyle in shaping an ageing society. Most importantly, they draw together a variety of disciplinary sources to present what social gerontology is in desperate need of, that is a strong argument.

So what then is this argument? The book progresses on three fronts. The first includes an attempt to supply an economic basis for cultural changes affecting contemporary later life. Second, it re-focuses attention on generations as an explanatory motor for understanding 'ageing' culture. Finally, and in a somewhat different voice, the authors map the changing nature of culture, community and the belonging in later life. The authors first draw on Beck's distinction between modernity 1 and 2: capitalism, organised and disorganised. They point out that Laslett's 'third-age' spans the transition from one to the other and that in the process a majority of retired people are increasingly better off, both absolutely and relative to the working population. Whereas the desire of the welfare state was to 'de-commodify' old age, making it free from working life's dependence on its market value, we are now however seeing 're-commodification'. This is reflected in an increasing reliance on private and occupational pension schemes, increasing inequality within the ageing population (*aka* 'diversity'), and the extraordinary growth of lifestyle consumerism. The net result is that working and retired populations are becoming more similar and are increasingly subject to diverse life-chances.

Second, they argue that the best way to understand what is going on is to think about ageing not only as a cultural phenomenon but also, as the French social philosopher Pierre Bourdieu might, as a sort of cultural bubble of habits (or habitus) of which each older person is sometimes more and sometimes less aware. When viewed collectively, these bubbles cohere into a 'generational field', which helps explain the rather elusive nature of 'generation' as a concept, and, they argue, gets us out of the problem of basing generational difference on anything as concrete, inflexible and experientially unconvincing as age-based cohorts. As such, generations become a lot less easy to pin down, but a lot more visible and

attractive as a tool for gerontological theory. This analysis sits uneasily next to the rather unpalatable observation that when the cultural changes in ageing are placed alongside economic changes between the generations, there is a danger of retirees becoming a 'rentier' class, using their market pension annuities to indirectly exploit younger workers. We are thus, it is argued, entering a 'new' or, somewhat paradoxically, 'post' generational field. Where we are all youthful now, or at least aspire to continue so for as long as possible, taking into account lifestyle differences that vary depending on age preference.

In the final section, the authors excursion through the sociology of community and identity, which is informative, but supplements rather than extends the core argument. Of course there are problems and omissions in the presented thesis. It is strange that no mention is made of Dale Dannefer's (2002) painstaking work which shows that lifecourse inequalities are also global inequalities. If there is a rentier gerontocracy, it is standing firmly on the shoulders of child labour in or from the third world. Neither is Estes's (2001) cutting critique mentioned, that positioning older people as bio-medical consumers has little to do with genuine choice, being engineered by corporate capitalism 'at it again', exploiting a new and growing market. Little is done to incorporate the opposed positions that are being taken over the 'pensions crisis' in the West or North, and to reflect upon its power on the one hand to burst the consumer-fest bubble and, on the other hand, to bring about generational antagonism. This is surprising, given that Bryan Turner has explored a Bourdieuan interpretation of generational consciousness based on conflict between generations (*e.g.* Turner 1998). In fact there is generally little discussion in *Contexts of Ageing* of the way that older identities are maintained or processed, and how inter-generational difference is managed, both inter-personally and in society. There is, as with *Cultures of Ageing*, a tendency to work with the reflective surfaces of consumer society. It is nevertheless true that in *Contexts of Ageing*, Gilleard and Higgs try much harder than their critics give them credit for to ground their work in the economics of ageing. The result shows considerable intellectual effort and constitutes a genuine attempt to understand what is happening as societies age and generations seek new ways to define themselves. Love or loathe the post-modern revolution, this provocative work will be read with growing interest by both emerging and established students of adult ageing.

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doi:10.1017/S0144686X06274890

Pearl Treacy, Michelle Butler, Anne Byrne, Jonathan Drennan, Gerard Fealey, Kate Frazer and Kate Irving, *Loneliness and Social Isolation Among Older Irish People*, Report 84, National Council on Ageing and Older People, Dublin, 2004, 244 pp., pbk £17.50, ISBN 1 900378 35 3.

This report from the *Irish National Council on Ageing and Older People* presents the results of a major piece of empirical research on loneliness and isolation amongst Irish older people that uses both quantitative and qualitative research methodologies. The study set out to achieve four major objectives: to examine the prevalence of loneliness amongst various groups of older people; to provide a profile of those older people that experience loneliness; to report how older people themselves describe the experience of loneliness and isolation; and to explore the strategies that older people employ to alleviate loneliness and social isolation. In Ireland, those aged 65 or more years form 11 per cent of the total population and the experience of living alone in later life is becoming more common. As in the United Kingdom, increased rates of 'solo living' bring concerns about levels of loneliness and isolation. This project, therefore, covers much of the same ground as the reviewer's recent study of loneliness and isolation as part of the ESRC 'Growing Older' research programme (Victor *et al.* 2005; Victor and Scharf 2005).

The methodological approach used in the Irish report was similar, with an initial 'prevalence' study followed by 'in-depth' interviews with a small sample of older people. The initial prevalence study used telephone interviews of 15–25 minutes and achieved a highly acceptable 78 per cent response rate, which suggests that telephone interviews with older people can gather responses to sensitive questions. It is, however, disappointing that the questionnaire is not reproduced in the book. The qualitative arm of the project involved 34 in-depth interviews with older people, a focus group with nine older people, and focus groups with 39 service providers and planners. A wealth of data was therefore generated by the project and this report is necessarily selective.

The empirical findings on the extent of loneliness in Ireland are largely consistent with previous findings from comparable countries. The experience of loneliness is limited to a minority of older people; social isolation and living alone are conceptually very different. It is therefore remarkable that the generalisation, 'loneliness and isolation are almost universal in later life', retains such potency and that this false stereotype continues to circulate. Perhaps the most interesting material in this volume are the sections that deal with older peoples' views on loneliness and isolation and their strategies for alleviating these states. The focus group material is also interesting, because service providers' perspectives are rarely compared with those of older people. Several policy recommendations are made, one of which is to 'screen' older people 'at risk' of loneliness. It is not however clear if the proposed method is robust or whether we have sufficient evidence to provide effective interventions for the alleviation of loneliness (see Cattan *et al.* 2005). Rather, as this study shows, loneliness and isolation are linked to economic and environmental factors as well as personal and

socio-psychological circumstances. Interventions to improve living standards and environmental barriers, such as transport improvements, may be more effective at alleviating loneliness and isolation than specifically targeted services.

Overall, for those interested in the broad area of social engagement and social networks in later life, and for those with a special interest in isolation and loneliness, this is an interesting and informative volume. It includes a comprehensive literature review and useful data on the social networks of older people. This is primarily a research report, however, and it concentrates on presenting the results of a specific study. As a result, it will have limited appeal for the general reader.

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