

## Reviews

Suzanne Gordon, Patricia Benner, and Nel Noddings (eds),  
*Caregiving: Readings in Knowledge, Practice, Ethics and Politics*, Uni-  
versity of Pennsylvania Press, Philadelphia, 1996, 305 pp., £21.95,  
ISBN 0 812 21582 6.

This highly relevant text which is at times intensely moving includes chapters by nurses, teachers, doctors, researchers, journalists and novelists. The perspectives presented are complementary and produce an overall sense of dialogue across disciplines whilst occasionally challenging different viewpoints. Understanding caring and care-giving is a difficult field of study. As Benner and Gordon (p. 40) comment, '*the words "caring" and "to care" act like magnets in attracting the most noble images but like veils they conceal the most complex confusions and elisions*'. This text makes a significant contribution to illuminating such a complex subject and to raising awareness of what both being cared for and caring about another can mean. Personal accounts of intimate family-caring relations are interwoven with an academic critique and descriptions of empirical work on care-giving, both in health care and in teaching settings. This text has therefore much to offer professionals in many disciplines as well as the lay public: everyone should be able to find something of relevance to their own life and work.

Following an editorial introduction the book is organised into four main parts, each with a case study followed by theoretical chapters, reflecting the four goals of the text: to illuminate the complexity of care-giving within an historical, cultural and personal context; to discuss the ethics and politics of caring and care-giving, examining some of the controversies and debates that have emerged; to articulate an understanding of care-giving that makes distinctions among professional, public and family care-giving; to present a politics of care-giving. Recent political trends toward increasing care in the community, ironically arising as demographic and social changes make demand for formal health care more likely and at a point where these services need to maintain the care qualities of the service, make this exploration of the meanings of care and care-giving timely.

The authors challenge societal myths of individualism, autonomy and independence which, they suggest, hide the true character of human authenticity, which is that identity is closely tied to relations of reciprocity and mutuality. Nel Noddings in 'The caring professional' highlights the positive effect of experiencing good care as the 'cared-for' in developing the capacity to act subsequently as the 'one-caring'. This issue of reciprocity is also addressed by Barbara Tarlow in 'Caring: a negotiated process that varies'. She describes caring as a phenomenon with a past, present and future so that caring-acts can be traded back and forth, possibly over a lifetime, thus countering traditional exchange theory tenets, being more characteristic of gift exchange or reciprocity theories. This reciprocal relationship of care is also

highlighted by Kari Waerness who reminds readers, in 'The rationality of caring', of the helplessness and dependency that are part of life itself.

The text pinpoints caring as having emotional, cognitive, and technical components. Christine Tanner and co-authors, in 'The phenomenology of knowing the patient', suggest the need for an 'everyday understanding' of knowing a person as an individual. Feelings, emotions and actions indicative of caring, such as 'being with' those in need of care, getting to know them and to understand the meaning that the particular situation has for each person, building trusting relationships, and being unafraid of feeling with the other are all emphasised throughout. This forms a useful knowledge source for refining caring skills in practice settings such as nursing or teaching but which could be equally applied to intimate caregiving in family settings.

A feminist critique of 'women as natural carers' appears in a number of chapters and Suzanne Gordon's chapter, 'Feminism and caring', provides a critical review of feminist standpoints, some of which, she suggests, may have served to perpetuate social stereotypes of women as oppressed carers. This social stereotype of women also denies men's caring capacity, exemplified in the narratives provided by Colm Tóibín and Richard MacIntyre, and James Henderson's chapter, 'Caring and teaching'. Alisa Carse, in 'Facing up to moral perils: the virtues of care in bioethics' also suggests the importance of acknowledging that both men and women can speak with the contextualised, individualised, 'voice of care', as well as the impartial, principled 'voice of justice'. The text raises crucial questions about education and health care practice in relation to the difficulties of initiating and sustaining caring when different statuses or contractual relations prevent meetings of equals, or when, because of institutional imperatives, caring is viewed as technique rather than responsive relations and makes suggestions for overcoming these difficulties.

In relation to the shortcomings of the text, some chapters appear to have been 'forced' under the particular headings and it may have been more useful to have contrived the sections so that readers could draw links across the whole text. Secondly, some of the authors present a rather idealised notion of care and care-giving. Nel Noddings's notions of 'ethical heroism' on the part of the cared-for, and the final chapter by Rita Charon leave me with a feeling, as an ex-nurse, that I have been inadequate as 'one-caring'. However never has a textbook for review moved me so much and brought into such powerful relief the real issues surrounding care, caring and care-giving.

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Anne Opie, *Beyond Good Intentions: Support Work with Older People*,  
Institute of Policy Studies, Wellington, New Zealand, 1995, 253 pp.,  
NZ \$30, ISBN 0 908 93598 6.

I found this text both exciting and frustrating. At one level it is presented as a research report of a detailed qualitative analysis of social work practice with elderly dementia sufferers and their carers in the radically changing New

Zealand health-care system. At another level, it attempts to break new methodological ground by the analysis and dissection (after Foucault) of emergent/dominant (managerialist/medical) and marginalised/competing (psychosocial/caring/feminist) discourses in the new power relationships in fast-changing health organisations. As such it is a book of interest to most human service professions struggling to reinterpret their mandate in new and often hostile discourse territory (Ife 1996).

The fieldwork for the study was undertaken at four sites on the North Island of New Zealand in 1992, and involved interviews with 22 social workers, and observation and taped-interviews with families; the analysis of records and observation of meetings; interviews with 53 other key staff on multi-disciplinary teams, including geriatricians, nurses, occupational therapists and field officers as well as four managers and 51 care-givers. Data from these various sources are presented through intricate description and textual interrogation and are then analysed in terms of the interaction of various dominant and competing discourses. How these discourses and power relationships are manifest in the organisational and management constraints on practice, the knowledge base and professional training and supervision of workers, and the resourcing of their work is then explored. The study finds considerable discontinuity and discordance between social workers' views of their work and the dominant managerialist push in service reform. Carers also appear to be marginalised in the microeconomic reform process.

By far and away the most interesting sections of the book relate to the author's analysis of practice and how it reflects and is determined by the dominant modes of discourse in the changing New Zealand system. By discourse the author means, 'the way society allocates truth values to certain types of knowledge and behaviours and the way (this) structure(s) all forms of social interaction, including organisational interactions and policies' (p. 1). Discourses (are said) to, 'describe representations of events and behaviours in the social world which acquire the power of facts: the acceptance of the validity of these 'facts' relates to the power of those defining them, so that these powerful validated 'facts' define social realities' (p. 229). These discourses are not seen to be immutable, though have practical consequences in the everyday world in relation to definitional power and the allocation of resources.

The power of the study rests in the belief that, by articulating more clearly the dominant and competing discourses evident in practice, the interests of more marginalized frameworks, *e.g.* the psychosocial *versus* the medical, and groups, carers *versus* managers, might be better understood and responded to. The book deals with important substantive issues in the care of older people, emphasising the complexity of effective practice with individuals with dementia and their families, and the knowledge and experience-base needed to work in this area. It also acknowledges the enormous range of understanding and skill levels evident in everyday practice. This should be a popular book with students in that it describes practice as it is, while at the same time 'speaking truth to power', by challenging dominant frameworks which do not represent the interests of significant players in the care transaction. The weakness of the text is that it has the form of a research report and is in many

parts quite prescriptive and pragmatic in its policy recommendations, belying the richness of its own data and the higher order analysis it attempts. It is nevertheless an innovative study and to be recommended.

## Reference

Ife, J. 1996. *Rethinking Social Work: Towards Critical Practice*, Longman, Melbourne.

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ELIZABETH OZANNE

Arthur D. Fisk and Wendy A. Rogers (eds), *Handbook of Human Factors and the Older Adult*, Academic, San Diego, California, 1997, 419 pp., \$65.00, ISBN 0 122 57680 2.

The Human Factors and Ergonomics Society is the main organisation for human factors scientists and professionals in the United States with more than 5,200 members. It defines human factors as, 'the knowledge concerning the characteristics of human beings that are applicable to the design of systems and devices of all kinds...and the use of such knowledge to achieve compatibility in the design of interactive systems of people, machines, and environments to ensure their effectiveness, safety, and ease of performance' (Human Factors and Ergonomics Society, 1996, p. 1).

Human factors and ergonomic research can play an important role in meeting the challenges and opportunities arising from the expanding number of older people in our society. Opportunities are increasing in many areas, including the design of work, home environment and leisure-activity aids. Central to this activity is the need for increased meaningful communication among the many involved disciplines. This book attempts, for the first time in one text, to share important knowledge of human factors and ageing across disciplines. Of necessity, this demands a multi-author approach and there are 24 contributors, the majority from psychology.

The book has two parts. The first, 'Fundamentals', deals with the facts about the ageing process. These chapters cover learning and memory, sensory and perceptual functioning, movement control and speed of behaviour, anthropometry and biomechanics, language and communication, individual differences, and behavioural pharmacology. I was puzzled by the inclusion of a chapter on pharmacology as it seemed out of place. Since it is positioned in this first section but after the overview, perhaps the editors were also unsure of its appropriateness.

Part 2, 'Applications', deals with the more practical side in eight chapters covering topics ranging from medication compliance to computers and from rehabilitation to robotics. The editors remark in their Preface that the contributors to Part 1 of the book were constantly reminded of Part 2 and *vice versa*. Each contributor was encouraged to address what a designer should take away from the chapter as well as what a human-factors scientist should consider for future research. In general this works remarkably well. Some

aspects of Part 1 seem too detailed for the likely audience, *e.g.* the detailed cross-sectional diagram of the cochlea in the section on perception. Inevitably, Part 2 has had to be selective of topics. I was disappointed to find no consideration of the external environment or of transport for older people, and surprised to find 31 pages covering ageing and pilot performance. This may reflect both my own bias in working with very old people and the intended market: the book is undoubtedly based on and targeted at the United States. The index of barely four pages is extremely disappointing and unacceptable for a work of reference. It does not even include the term human-factors.

I previously mentioned the likely audience – but who will be the readers for such a book? Presumably the members of the Human Factors and Ergonomics Society for it is targeted at practitioners, scientists and graduate students within their field. It undoubtedly deserves a place in relevant libraries and I shall certainly consult it from time to time for useful information that is unlikely to be available in one volume elsewhere. It shall also undoubtedly curse the poor index when I am struggling to find what I am looking for. This could usefully be rectified in a future edition or reprinting.

### Reference

Human Factors and Ergonomics Society 1996. *Human Factors and Ergonomics Society Directory*. HFEC, Santa Monica, California.

The Research Institute for the Care of the Elderly,  
Bath, Avon

ROY W. JONES

Fiona Keogh and Anne Roche, *Mental Disorders in Older Irish People: Incidence, Prevalence and Treatment*, National Council for the Elderly, Dublin, 1996, 281 pp., £7.50, ISBN 1 900 37803 5.

A glance at the title of this book makes one wonder why it concentrates on the older Irish population, but closer examination quickly provides an answer. This is not a textbook of psychiatry of old age, but a report commissioned by the National Council for the Elderly, an organisation based in Dublin, whose mandate is to advise the Minister for Health of the Republic of Ireland on issues relating to the health and welfare of the older population of the country. The bulk of this book is preceded by comments and recommendations, based on the text, by the National Council for the Elderly, and is clearly designed for consumption by those involved in planning the country's health strategy.

The report itself is a review of the medical literature on the mental health of older people, with comparisons then made with the limited amount which exists specifically on the Irish population. The first chapter provides a simple introduction to the concept of mental illness in older people. Definitions of mental health and illness are discussed, as are a model of ageing, explanations of incidence and prevalence, pathways to care, and diagnoses of mental disorders. Mention is also made of the methodological problems of research in psychiatry and of its inherent limitations – eminently sensible, given the intended readership. The following chapters address affective (mood)

disorders, dementia, schizophrenia, neuroses and personality disorders, alcohol and drug abuse and dependence, mental handicap and suicide. There are also chapters on the treatment of mental disorders, the use by older people of acute and long-stay mental health services, and health promotion and its relevance to psychiatry. The final chapter discusses the conclusions reached by the authors, as distinct from the recommendations of the Council.

Having argued that this is not a textbook on the psychiatry of old age, non-psychiatrists could do a lot worse than dip into this book for a brief clinical review of the psychosyndromes described. It certainly contains a very comprehensive bibliography for its size, as one would expect given the brief. The chapter on treatments describes the various treatment settings that exist and summarises the treatment options available for both depression and dementia, though the new 'anti-Alzheimer's disease' drugs are understandably overlooked given their non-availability at the time of the report's preparation. Treatments for other disorders are not covered.

The book is written in clear but not patronising language. The similarity of the Irish and British health systems means that much of the detail is relevant outside Ireland, and the value of the Irish case-registers which are described, unavailable in such breadth in Britain, are clear. The point that the vast majority of psychiatric disorder is seen by general practitioners and not by the specialist services is admirably demonstrated. At the time this book was prepared there were only four consultants in Psychiatry of the Elderly in the Republic of Ireland; three in Dublin and one in Limerick. This report is intended to advise the development of such services in Ireland, but the principles equally apply to areas of Britain where psychiatric services for the elderly are not fully developed. Both purchasers and provider-units in such areas would be well advised to consult this report as an admirable example of how to compile an evidence base for planning service developments. Appropriate research is limited, but the principle is demonstrated.

Confusingly, the report quotes a joint report of the English Royal College of Physicians and the British Royal College of Psychiatrists (1989) regarding service provision, giving two conflicting figures for the recommended consultant staffing provision. This arises from a recommendation in the joint document by the two Royal Colleges, and a later recommendation where a different figure is quoted for an ideal service. This is not made clear in the discussion, and the reference for the second figure is not provided. This aside, I would recommend this small book to all those involved in planning a psychiatric service for older people, and to those interested in assessing such services.

## Reference

Royal College of Physicians and Royal College of Psychiatrists. 1989. Care of elderly people with mental illness. *Journal of the Royal College of Physicians of London*, **23**, 7981.

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Simon B. N. Thompson, *Dementia: A Guide for Health Care Professionals*, Arena, Aldershot, Hampshire, 1997, 147 pp., £35.00, ISBN 1 85742 334 8.

This book sadly does not live up to the promise of its title. There are some aspects of it which are very welcome, for example the emphasis on caring for a person with dementia rather than treating a patient with dementia. It is not clear, despite the subtitle, which readership is the target of this book. Some of the analysis is rather simplistic and the author shows little evidence of ever having worked in a well-functioning multi-disciplinary team. Despite the sometimes simplistic analysis, the manner of the book is rather formal and it is scattered with references, some more relevant than others. The structure of this book is also rather muddled. For example, brief instruction on relaxation therapy for anxiety appears in the middle of a section on 'other disorders'. The account of the sub-types of dementia is somewhat confusing and the account of the neuropathology and aetiology of Alzheimer's Disease is unsystematic and, at times, inaccurate.

To balance, there is a wider than usual account for a popular book of the different types of dementia, although there is little guidance on the priority that should be given to knowing about them by those engaged in practical work with the majority of people with dementia. Given the background of the author, there is not surprisingly a chapter on learning-disability and dementia. A chapter on the assessment of dementia emphasises psychological assessment but understates the importance of psychiatric mental-state examination, nursing assessment and social work assessment. A chapter on treatment contains a useful summary of memory assisting techniques but little guidance as to when it may be appropriate to use these or to their limitations in most patients with moderate or severe dementia. There is a brief discussion of reality-orientation therapy, but I could find little reference to reminiscence and its possible benefits and disbenefits. There was a perhaps unrealistic preference that depression in patients with dementia should be managed by cognitive behavioural therapy delivered by a psychologist rather than by antidepressant medication and a rather unbalanced review of the medical treatment of patients with dementia.

The book also omitted to refer to the work of Tom Kitwood and others in the Braford Dementia Group concerning the malignant social psychology of dementia. It has a poor glossary and the recommended selection of journals is restricted and idiosyncratic. It is troubling to write such an unkind review about a book into which the author has obviously put so much effort, but I can neither recommend this to the beginner in the field, because of its variable and sometimes unbalanced content, nor to the more advanced reader, who would be irritated by its inaccuracies and occasional naivety.

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Peter P. Mayer, Edward J. Dickinson and Martin Sandler (eds),  
*Quality Care for Elderly People*, Chapman and Hall, London, 1997,  
297 pp., £55.00, ISBN 0 412 61830 3.

I found this an intriguing book to read, but like the curate's egg, it tended to be good in parts. I especially liked the format of the book, with an editors' summary of sections and chapters plus useful bullet-point boxes. The chapters on 'Working for consumers' and 'Ethical aspects of quality care' were found particularly enjoyable. They challenged the reader to think laterally when considering quality issues. Whilst the rest of the book was fairly well written, concise and reasonably referenced, it left the abiding feeling that it was suffering from an identity crisis. The descriptions of services and team-roles seemed simplistic and provided little information that would not be well known to most people involved in the care of elderly people. I was left wondering to whom exactly the book was aimed. It would certainly be excellent for someone who had little knowledge of the British health care system. The more general chapters on 'Teamwork', 'Managing for change', and 'Developing organisations for quality', although clear had little to say about quality care for older people in particular. The final chapter gave a glimpse of requirements for the future care of older people but I found dwelt too long on a rather simplistic mathematical model of flow through various categories of geriatric medical beds. I agree however with the sentiment that older people require comprehensive assessment by experts. In summary, you will find this book useful if you have little knowledge of the United Kingdom system of health care for older people, and may find it a useful starting point for future study. Others intimately involved in health and social care delivery may find sections of the book thought provoking.

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