Reviews


The publication of a handbook specifically devoted to the use of talking therapies with, and by, older people is a most welcome development. It excels at what US review anthologies do best: the concise and research-summarised overview of methods of intervention and selected problems. The need for such a volume (39 chapters plus indexing, in 721 pages) is perhaps underlined by the virtual absence of an ageing perspective in the generic *Handbook of Psychotherapy and Behavior Change* (Bergin and Garfield 1994) which, up until now, has been a key point of reference for researchers and professional helpers working in this field. The difference between the two is evidence of the growth of interest in this topic in the intervening five years and, by extension, the increasing use of sophisticated therapeutic approaches by older people themselves. This is reflected in a number of books (O’Leary 1996; Orbach 1996; Terry 1997) and at least two editions of specialist journals (*Psychotherapy* 1998; *Journal of Social Work Practice* 1998) devoted to the uses of counselling and psychotherapy in later life.

In his preface, Duffy alerts the reader to his editorial priorities. The book, he notes, is explicitly directed toward practice. It is ‘a book written for practitioners, written by practitioners’. And he adds, perhaps somewhat optimistically, that it might serve well as a text for undergraduate, as well as graduate studies and clinical practice. One of the results of this chosen direction is an emphasis on case examples and bullet-bites to illustrate the points being made in the body of the text. This works well, especially when one is trying to find one’s way around the 676 pages of written material and is concerned with immediate practical considerations. However a casualty of such an approach has been a deeper consideration of the theoretical and broader conceptual issues that surround the use of therapy. There is no consideration, for example, of the various orientations of the different schools of therapy available; of which, it must be said, the therapeutic constellation abounds. Rather, a familiar contemporary case is made suggesting that it is the process of therapy (for example, the genuineness of the counsellor and the lightbulb wanting to be changed), which determines therapeutic effectiveness. This has otherwise been known as the ‘integrative’ school of counselling and assumes that similarities between approaches are, on balance, greater than the supposed differences. All this is fine, and indeed, pretty standard within counselling (yet less so for psychotherapy) texts.

On questions of ageing, however, the obvious often becomes less clear. One does not have to be reminded of Freud’s own view that, at least in terms of therapeutic change, we are all finished by 50; or the liberal humanistic approach that has claimed that we are all the same in our diversity (a view
incidentally, that Carl Rogers himself revised in his own late-life), to have one’s gerontological antennae begin to twitch. The late attention paid by the talking therapies to ageing, and different views on the special needs and existential questions raised by old age does, in this reviewer’s opinion, merit further consideration than is given in the Handbook as a whole. Indeed, once those antennae are up and buzzing, another set of comparators hove into sense perception. This is essentially a book written by, and for, therapeutic practitioners who are either working with, or interested in working with, older clients. What happens if we change perspective slightly and ask, as gerontologists, how it engages with the existing work of our own discipline? The answer, at least in terms of citation, reveals some interesting additions and omissions. No mention of Gubrium or Bruner, for example, although Birren gets three, Butler eight and Bengtson seven. UK readers will be gratified that Coleman gets six and Bender four citations. Hepworth, in spite of his work on identity, does not figure. I imagine that were one to take a handbook of gerontology and look for citations of key therapists, the tally would not be that different, which would indicate the considerable potential that this relatively new area of inquiry opens up.

The Handbook, then, is an excellent guide which balances empirical research summaries with case and methodological material. It is less strong, in overview, on some of the conceptual issues surrounding this area, although, within 39 chapters, there are exceptions to this general current. It has been long in arriving and alerts gerontologists, counsellors and psychotherapists to the potential richness of closer future collaboration.

References


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This book is published by Age Concern England, the host body for the campaigning organisation, Action on Elder Abuse. The authors consist of a group of social care managers, practitioners and academics most of whom share a strong ‘professional’ stance in relation to elder abuse. This is evident in the content of the book which comprehensively reviews arguments for and
against both medical and welfare models of elder abuse and draws out their implications for practice.

Sadly, however, the authors do not give critical consideration to other competing and contested constructions of elder abuse or the different needs discourses they reflect (Harbison and Morrow 1998). This results in a failure to address the underlying politics of knowledge associated with the social construction of social problems, or the ideological functions of conceptualising elder abuse as either an individual or interpersonal problem. Other constructions of elder abuse such as ‘victims’ of domestic violence or crime or the regulation of informal care, are marginalized or discounted within this text.

This omission is unfortunate as the editors claim to offer more than a professional ‘manual’ on elder abuse. We are told that they seek to ‘amplify dilemmas and contradictions inherent in the construction of elder abuse’ in order to ‘put a strategic focus on critical issues in policy and practice and the complex interrelationship between them’. Slater’s chapter on the appropriateness of organising specific campaigns around age and vulnerable adults is a good example of this, but stops short of consideration of the economic and professional politics driving policy developments in this direction. Equally, the fact that policy and practice are also interrelated in a complex way with the politics of knowledge underpinning theory and methods of elder abuse is not addressed.

The editors define their ‘critical’ approach by reference to the ‘sociology of knowledge’ which should have enabled them rigorously to address some of the major theoretical and methodological limitations associated with dominant health/welfare models of elder abuse (Whittaker 1995). However, as with many other texts in the field of elder abuse, this opportunity is foregone in favour of drawing uncritically on Blumer’s framework for the social construction of social problems in order to make an assessment of how this model ‘fits’ with developments relating to elder abuse in the UK.

Clearly, how we think about a social problem informs the way we respond to or manage it, and this book, like many others in the field, both reflects and contributes to dominant professional constructions of elder abuse. That said, at least two chapters in the book go some way towards identifying if not addressing the underlying politics of elder abuse. The chapter by Croft and Beresford, which reiterates the importance of genuine user participation at both policy and practice levels, is an important addition. However, the thorny question of how genuine user participation can be promoted via participatory theory and methodology is left unaddressed. Eastman’s chapter on the medical model of elder abuse and his call for the reinstatement of a social model is also vitally important to a critical consideration of elder abuse. This could have been linked to Croft and Beresford’s work to develop a model of elder abuse which bridges both personal and structural factors and critically examines issues which function to legitimate and sustain ‘professional’ constructs in this field.

This book has much to offer the converted health/welfare professional seeking an up-to-date review of medical/welfare models of elder abuse. However, arguably there is now a glut of such texts on the market. A more
critical approach would have added a key message for practitioners which is that what you think is what you see! As yet we have heard very little from elders themselves about their subjective experiences and perceptions of elder abuse. The ‘voice’ of elders together with other constructions of elder abuse need urgent consideration if we are to make real progress at both policy and practice levels.

References


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Our society is understandably uncertain about the moral status of foetuses and people who are irreversibly comatose. Are they living human beings or not? We find dementia deeply disturbing and are uncertain about the possibilities of communication with people who are severely demented. We surround death with rituals and legal formalities which are often a source of disagreement and acrimony: families sometimes fall out over wills or unite against the verdict of a coroner’s court; they may even find themselves negotiating with morticians about the appearance of a corpse. And although most of us put away our dead with solemn finality, there are some people for whom the dead are not beyond reach.

That these various matters are all variations on a single underlying theme is the central thesis of this book, and to elaborate this theme is the authors’ main business. It is perhaps not too difficult to see that the topics about which they have chosen to write share a common ground. They lead us to the consideration of social practices which flourish on the ambiguities and uncertainties we find at the beginning and end of life. Although these various practices are the subject matter of this book, the authors, however, are somewhat parsimonious in their presentation of empirical detail. Their interest rather is in their significance for social theory.

They themselves describe the common ground of their chosen topics by means of a pair of contrasts. Whereas anyone who can read this review is both ‘biologically and socially alive’, they are interested in the ‘hybrid states’ occupied by people who are either socially dead and biologically alive or biologically dead and socially alive. Someone in a ‘persistent vegetative state’ is an example of the former and an embalmed corpse at a wake is an example of the latter. The significance of these hybrid states – all of them examples of the ‘body in crisis’ – is that it enables the authors ‘to question the
assumed opposition between “life” and “death” which is characteristic of contemporary Western societies’ (p. 12). They aim to ‘problematisate the ease with which life and death come to be differentiated from one another’ (p. 4), and show that the dichotomy between life and death is ‘an historically emergent cultural construct’ rather than a fixed and immutable reality. There is, they think, a problem about the way in which we connect human agency with embodiment; and the problem furthermore is not merely theoretical. The connection reflects ‘a cultural ethos where independence and control are valorised at the expense of intimacy and surrender’; and ‘we need to problematisate’ this ethos (p. 8, my italics). ‘We need to question the elision of embodiment, agency and social identity, and raise questions about its implications for those members of society who have a profoundly vital and influential presence, yet lack a living body’ (p. 6, my italics again). Why we need to do these things is a question to which, sadly, they devote little attention. Certainly they show no awareness of the possibility that readers may be pulled up in their tracks by a claim such as this. Are they really suggesting that we unfairly exclude dead people from participation in our society?

If we turn from the outline of the authors’ programme to its execution, there is much to be said, too much indeed to cover in a review such as this. The best that I can do is indicate some of the questions and problems that arise in the course of their discussion. For the reader who is not already sold on their point of view, there is plenty to take issue with in this book. Contestable or question-begging assertions occur too frequently to enumerate, and the trouble is that they are all too often left as unsubstantiated claims. In a chapter devoted to ‘bodies without selves and social death’, for example, they argue that the dichotomy between life and death ‘produces a stigmatising view of older people as fast approaching a crunch point at which positively valued life is utterly transformed into negatively perceived death’. Are the authors saying that there is no such crunch point? Or is it that we are all, whatever our age, approaching it equally fast? Both claims are on the face of it so paradoxical that they surely deserve what they do not receive, namely, some kind of extended and critical discussion.

Readers who think that the attempt to ‘problematisate the dichotomy between life and death’ has big problems of its own (unless it is reduced to a rather banal and uninteresting exercise) are unlikely to be persuaded otherwise by this book.

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