

Book Review / Compte rendu

Sally Chivers and Ulla Kriebegnegg (Eds.). *Care Home Stories: Aging, Disability, and Long-Term Residential Care*. Bielefeld, DEU: transcript-Verlag, 2017

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Of the many pleasant duties of being Book Review Editor, few surpass the opportunity to look over the books that show up each month. Considering and communicating with potential reviewers is another, at least up to the point of pleading, which is not entirely rare. (Volunteers are welcome; please let me know if you are interested, and in which areas your interest might lie. We also will consider reviews of a book that you might come across that has something interesting to say about aging or its study.) A guilty pleasure, rarely indulged, is to assign myself a book, in which case the review process is managed by our Editor-in-Chief. This is what we've done here.

The reality of age-related disorders is crashing up against hopes of Lycra-clad vital aging as the norm, and claims that hospital crowding is largely unrelated to population aging. These odd conceits have their bioscience counterpart in combatting age-related disorders as if they were chronic infections. Yet even were the geroscience dream to be realized, much needs to be done “in the meantime”. In an era of long-term care licenses as election fodder, we must get to grips with how best to provide ever-popular, always expensive, but less-than-always effective nursing home care. Many care needs can be met in individuals’ own homes, increasingly by private providers, with or without public subsidies. For people who require care that cannot be managed at home, a range of alternatives exists. In addition to nursing homes, which typically offer the highest (most intimate) and most regulated levels of personal care, are assisted living facilities, also regulated. On offer too are group homes, small options homes, and other, less regulated facilities. This range of “care homes” is the subject of *Care Home Stories*. Editors Sally Chivers and Ulla Kriebegnegg have commissioned an interdisciplinary collection of essays, reflections, advocacy pieces, and reviews. Chapters from Canada, Croatia, Germany, the United Kingdom, and the United States represent gerontology, the humanities, social sciences, theatre arts, and health disciplines.

The story-telling motif mostly – and mercifully – makes the book theory free. With traditional disciplinary boundaries thereby going undeclared, interests can be shared broadly. Having forty years’ exposure to care

homes (mostly as a geriatrician, but first as civil servant, then researcher, student, script writer, and now as a son) this approach was riveting; I read the book over several hours in a single sitting. Apart from some of the literary scholarship, *Care Home Stories* is almost entirely free of jargon. (“Liminal” for me was an exception, but is defined on p. 40.)

Five poems by Betsy Struthers introduce the book and its four sections. “The Push” is first. A wheelchair outing is almost defeated by a stubborn curb. Rescue comes as “two tattooed arms crook down to lift the chair and Mom ... He waves my words away and bows. *Grandmother, I honour your days.*” The heart warmed by the prologue is lacerated by the fifth poem. In “Rising Fog” we feel the despair of leaving a frightened mother who cannot be comforted: “She claws my stroking hands with yellowed nails”.

The essays are often critical, including self-critical. Monique Lanoix recounts being seriously injured with her young husband in a car crash. From acute care they are transferred to a rehabilitation hospital. She is discharged. He never recovers from his traumatic brain injury and is left physically dependent, cognitively impaired, and behaviourally fragile. At the nursing home, with care routines organized around what residents require and what must be done efficiently, she “became an intruder, a disrupter to the flow of care”. Dr. Lanoix, a philosopher, is particularly perceptive about how such tensions arise when care is organized in a way that puts a family’s and the formal care providers’ interests fundamentally at odds. I found her analysis perhaps more persuasive than a later chapter which saw the conflict as a matter of who does the “dirty work” of intimate care, from which tension arises as “conflicted caregiving”. Even so, these varying perspectives, and a contribution which addresses how care space design crucially influences the delivery of such care, offer important ways to address this essential – if often neglected – part of long-term care. Critical comments about increasingly risk-averse institutional policies undergird other chapters, perhaps none more compelling than the explication of a scene from the play *Cracked*. A care worker, trying to resolve a dispute between residents, calls one “Sweetie”.

Immediately he is upbraided; the fear is what might happen should a compliance officer have heard him say such a thing. His response that “She asked me to call her that” offers no defence.

Story-telling makes these contributions personal, sometimes deeply so. Still, at times the lack of theory is not entirely merciful. A few narratives offer too much information about particularly faulted care providers or administrators. Not all the authors can manage the skilled evisceration done by Aritha van Herk: “But for all its glossy patina, that ‘assisted’ living place was mostly interested in assisting well-off elderly clients with disposal of their funds.” The relationship between care homes and acute care hospitals receives consideration in an American context by Amanda Barusch, a poet and professor. In Canada, these relationships usually are such that profits have been privatized and risk socialized. Here, too, Prof. van Herk makes quick work:

The nursing care was casual and more or less limited to a stethoscope and a thermometer, along with speed dial to emergency services, ambulances readily carting the elderly to hospital for actual treatment, where they were treated with grudging attention, the murmured incantation of “bed blockers” (p. 35).

Aynsley Moorhouse offers an example of successful long-term care. An actor, dramaturge, and teaching artist, she formed a theatre company from nursing home residents at Baycrest Health Sciences in Toronto. For *Care Home Stories* she adapted her blog, which chronicled forming the company through to its final performances (<https://aynsleymoorhouse.wordpress.com/>). It is a compelling example of how effective institutional care can be.

Studying aging seems to invite the introspection on offer in *Care Home Stories*. With only one way to escape aging, the best hope for many is a short and reasonably dignified period of decrepitude, recognizing that pre-terminal decline is what marks the end of life for most people. In this realization of its implications for us as individuals, the book may offer real strength for any civil servants (especially policymakers and administrators), researchers, students, script writers, or sons or daughters who have not had personal experience with care homes. The read is revealing; I’d suggest that you press a copy into the hands of anyone in influence who needs such influencing. Better still, do it while offering to read them “Rising Fog”. And if they then need rescuing, follow up with “The Push”. That should clarify both the reality of population aging, and why we must do better than we are doing now.