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The central purpose of *Caring Alone* is to provide a "voice" to all those caregivers of the confused elderly who are researched and studied with increasing frequency (Gallagher, 1985; Pruchno & Resch, 1989; Schultz, Visintainer, & Williamson, 1990), but whose unquantified, unanalyzed emotions and understandings rarely find their way into academic research reports. As Opie, a research fellow at Victoria University in Wellington, New Zealand, writes in her excellent introduction, "Sociological texts generally subordinate the richness of the individual participant to the voice of the 'expert' " (p. 10). Here, by contrast, we peruse the unedited language of husbands and wives, sons and daughters, immersed in and often trapped by the daily responsibilities of caregiving.

However, the voices that speak to us are no mere Tower of Babel. The intelligent selections that Opie has made are well-balanced by both role (spouse and adult children) and gender. Thus, despite the small number of accounts (seven in total), a wide range of individual perspectives is presented and stereotypes about caregivers avoided. In addition, Opie is careful to note that these reports should not be construed as typical or representative of all caregivers.

Several themes emerge form the material presented. One is Opie's concern that caregivers inevitably become invisible to society, their needs and priorities ignored. The caregivers represented here poignantly note their growing social isolation not only from neighbors and friends but from family. As Mrs. Bishop, a septuagenarian caring for her increasingly demented husband of 50 years, puts it, "Most relatives are like this, they don't want to know. They didn't do anything positive, or contribute anything" (p. 39).

A second focus of attention for Opie is the political implications of these stories. She points out that New Zealand is committed to community care and that the bulwark of this system is the immediate family and other informal social networks. By publishing these accounts, she highlights the inadequacies, redundancies, and callousness that pervade the governmental system of secondary support. Mrs. Newson, speaking of her husband's physician, complains, "MI find him prickly, and he gets cross easily and he doesn't tell me what is going on" (p. 27); Ms. Barrett, caring for her aged mother, notes

sadly, "With the district nurses . . . they were in such a hurry to get on . . . that they couldn't spend time with folk" (p. 115).

Through the caregivers' voices, we discover a continuum of emotional positions in relation to the confused elderly that Opie labels commitment, obligation, dissociation, and repudiation. Commitment is reflected in an attitude of positive acceptance and continued valuing of the spousal or parental relationship, as when Mrs. Newson states of her severely demented, incontinent, and sometimes verbally abusive spouse, "He's lovely just the same" (p. 29), or when Mr. Henderson, who quits his job to care for two incapacitated parents, says, "I think it's (caregiving) an ideal form of existence" (p. 80). As the continuum proceeds downward, there is more emotional distancing and a reliance on sense of duty used to maintain the caregiver. Repudiation represents an overt emotion's rejection of the confused person and a sense of caregiving as overwhelming and burdensome. We hear this latter state in Mr. Fuller's explicit descriptions of his verbal and physical abuse of his wife, and his lament, "I can't stand any more" (p. 70).

Although this book describes experiences and conditions on the other side of the world, American readers knowledgeable about caregiving, whether from a professional or personal perspective, will resonate immediately to *Caring Alone*. One cannot help but be struck by the stoicism, humor, and innovativeness expressed in these narratives and by the fact that so little in the way of compassionate, practical resource allocation would mean so much to these caregivers.

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