

## BOOK REVIEW

## Wandering the Wards: An Ethnography of Hospital Care and its Consequences for People Living with Dementia

Katie Featherstone | Andy Northcott

London: Routledge. 2020. xxii + 165pp. £77.38 (cloth) free (ebk) ISBN 978-1-350-07845-1 (cloth) ISBN 978-1-003-08733-5 (ebk) free open access copy available at kindle (<https://rb.gy/337dix>), google books (<https://rb.gy/mgco7g>), and Taylor and Francis (<https://rb.gy/bzxsuw>)

This beautifully documented book was written in response to the House Joint Committee on Human Rights 2006–2007 call for a better understanding of hospital culture and its consequences. Its focus is on how things are actually done in hospital wards and with what impact.

Eight chapters develop this theme. We are introduced to the concept of cultures of care and ward life; we are helped to see ‘invisibilities’ – the needs and often pragmatic capacities of people with dementia, their embodied intelligence and the ‘logic’ of their praxis. We follow the bedside practices of recognising and attributing ‘dementia’ to patients in the wards and then examine the tension between, on the one hand, wanting to provide person-centred care with its often-slower pace required when caring for people with dementia versus, on the other hand, ward timetables, normative expectations (including notions of what things ‘ought’ to look like in a ‘neat tidy ward’), pressures, frustration and stress for care staff, linked to cultures of compliance. And we see how communication between care staff and patients living with dementia proceeds, with what kinds of consequences, including the use of containment, restriction and restraint. The undergirding theme, developed in the final chapter, is that identities emerge in ecological contexts and with consequences for the social distribution of problems in living – and therefore human rights.

For us, researchers currently focused on community music therapy in care homes and hospices and asking the question how, why and with what logics people ‘care for music’; even in extremis, this book highlighted three important, interrelated topics. First, self-preservation: How, within totalising institutions, do individuals engage in make-do, impromptu and improvised strategies as part of the routine care of self? Walking, for example, can be understood as an adaptive behaviour, a response to the sense of a restricted environment. To – literally – exercise freedom (of movement) is thus potentially to restore a sense of embodied agency. Is it any wonder that people like to move, even when movement involves risk (people with dementia, but also rock climbers)?

Second, communication and cognition manifest themselves in multiple formats, extending beyond linguistic matters. However, even when people ostensibly ‘share’ language, there may be no isomorphism between speaker and hearer. The ethnography of speech has long-highlighted the importance of local vocabularies and ‘indigenous’ speech practices and speech communities. We know that not all participants in hospital will be fluent in institutional parlance. And when people cannot employ linguistic communicative forms, they may nonetheless engage in embodied communicative strategies that exhibit practical logic. The ethnographer is often able to follow this logic because, in addition to methodological training, she/he has something hospital staff do not have – *time*. And it is time – or rather slow and gentle enquiry (being with) – that can reveal what at first glance seems to be lacking.

Conversely, it is time pressure that prevents perception of people's personal logics and communicative acts, exacerbating the perception of people as 'problematic'. The result is exclusion from entry into the category of 'having' capability and/or capacity.

That exclusion plays into the third theme, namely the vicious circle set in motion when logics of practice are rendered invisible. Doing things, so to speak, differently – in non-verbal or 'strange' verbal ways – can then be allowed to serve as 'evidence' of pathology, and justification for compliance cultures within local ecologies. The authors describe, in ways that are redolent of Goffman, the oracular reasoning processes that lead to patients living with dementia being ignored, and to forms of symbolic violence. In response, these people/patients can be seen to retreat in on themselves or become distressed, behaviours that are then interpreted as further 'evidence' of disability rather than as, 'a normal response to an abnormal world' (p. 141). Thus, the hospital culture itself can be seen to produce or enhance the insignia of 'the wrong sort of patient', 'highly dependent', 'cognitively impaired' and in ways that ensure these labels are adherent.

This is a starkly beautiful book (the field note passages are often harrowing) and one that everyone should read. It highlights politics of identity. It shows how identities take shape and are allocated within institutional and organisational ecologies. It reminds us that many of the taken-for-granted assumptions about difference are, at least in part, of our own social, technical, material, aesthetic, economic and political making. And it reminds us that difficult identities and attributions may be reversed if we are willing to adapt the materials, practices, resource allocations and aesthetic preferences through which we enact the realities that are our lives.

Gary Ansdell<sup>1</sup>

Tia DeNora<sup>2</sup>

<sup>1</sup>*University of Exeter*

<sup>2</sup>*University of Bergen*

*Email: garyansdell@gmail.com*