

1-1-1994

Making Gray Gold: Narratives of Nursing Home Care

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Recommended Citation

Weaver, Jan Wilkerson (1994) "Making Gray Gold: Narratives of Nursing Home Care," *Clinical Sociology Review*: Vol. 12: Iss. 1, Article 29.

Available at: <http://digitalcommons.wayne.edu/csr/vol12/iss1/29>

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strange word "3available" appears (p. 197). One wonders whether there may be similar inaccuracies in the tabular data, where the errors are not only more critical but also more difficult to detect.

An irritating feature for noneconomists is the use of economic jargon in the essays. Economists may understand that "OECD" is the "Organization for Economic Cooperation and Development" (Chap. Six), or that "LFPR" refers to "labor force participation rate" (Chap. Three), but others will find themselves constantly referring back to earlier pages to check their meanings.

What is the value of this book for a clinical sociologist?

The reader looking for social policy recommendations will be disappointed, as these are sparse. The essays focus on economic data; social or psychological data are largely ignored. The economic data and perspectives may prove useful for our own consulting efforts, however. Finally, the essays could be a useful tool for teaching students to use economic data in the development of policy recommendations.

Making Gray Gold: Narratives of Nursing Home Care, by Timothy Diamond. Chicago: University of Chicago Press, 1992. 280 pages. \$24.95 cloth. ISBN 0-226-14473-9.

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In 1982, Timothy Diamond, Ph.D., went to work for minimum wage as a nurses' aide in a Chicago nursing home. He gave showers, made beds, cleaned feces from soiled linens, and fed elderly, incapacitated individuals who could not feed themselves. While performing these various tasks, Diamond learned about the structural components of the institutional system and the forces that prohibit normal quality of life for nursing home residents. Ten years later, Diamond accurately depicted the daily reality within America's long-term care system in his book, *Making Gray Gold*.

Making Gray Gold is not merely another sociological ethnography, but rather a powerful outcry for reform of the American health care system. When Diamond began the project, he had been studying health care organizations as a sociologist for more than ten years and was teaching medical sociology at a local university. His motivation to learn more about nursing homes resulted from a number of factors, including the realization that very little was known about what actually goes on inside nursing homes, and the influence of feminist theory. Diamond was

aware of the statistics indicating that nursing assistants—most of whom are minority women—are the largest single category of health care workers in the U. S. In planning the research for his study, Diamond followed the strategy of Dorothy Smith, feminist theorist, who suggests that much can be learned about how organizations and societies operate by observing the ordinary everyday world of work performed by women. Smith points out that a disjunction exists between everyday life and the administrative accounts of it. This perspective provided Diamond with the framework for his book.

Another major influence for Diamond as he began the research for the book was the recognition that nursing homes have evolved into industrial enterprises. An article by Jeff Blyskal entitled “Gray Gold” (*Forbes*, November 23, 1981: pp. 80–84) inspired not only the title for the book, but also its thesis. Blyskal encourages investment in the growing nursing home industry. He concludes: “the graying of America . . . is a guaranteed opportunity for someone. How the nursing home industry can exploit it is the real question.” The book’s ultimate assumption is that caretaking is no longer viewed as a social responsibility, but rather as an industry in which labor, management, and profits characterize the care of frail, elderly individuals. The daily realities of nursing home life, as depicted in *Making Gray Gold*, are afflicted by the overarching issue of care as a business whose primary concerns involve productivity, efficiency, and profit.

Throughout the book, Diamond’s sensitive and accurate depiction of the role of nursing assistants is explicitly expressed through dialogue with other nursing home workers, administrative personnel, instructors, and residents. The narrative format produces a captivating and original account of the organizational structure and the quality of care in America’s nursing homes. Diamond’s sympathetic view of nursing assistants and residents bears striking contrast to owners, administrators, and bureaucrats as he criticizes the constraints placed by those who enforce government regulations and budgetary priorities. It is not necessary for Diamond to establish proof of his theory that the medical model of nursing home care is mechanical and manipulative. The nursing assistants and residents he quotes do that for him.

Ironically, it is the nursing assistants and the residents—and not the owners, managers, and bureaucrats—who are aware of the solutions that are needed to correct the problem of enterprise as the primary motive in institutional care. During his year of orientation to the real world of long-term care, Dr. Diamond learned a great deal from his peers—most of whom were poorly educated women of color. The lesson he learned and that he is boldly teaching others in *Making Gray Gold* relates to basic human rights. Nursing home workers have the right to fair and adequate compensation for their skills. Nursing home residents have the

right to receive humane care and to participate in treatment decisions. These basic assumptions are prevalent as discrete but powerful messages throughout the book to confirm the magnitude of its importance.

Analyzing Psychotherapy: A Social Role Perspective, by Melvyn L. Fein. New York: Praeger Publishers, 1992. 240 pp. \$45.00 cloth. ISBN 0-275-93966-9.

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Melvyn Fein has written a book that flies in the face of contemporary postmodern critiques of grand narratives and totalizing discourses. No therapeutic perspective is missing from his broad reach as he argues that

a role-problem/role-change paradigm turns out to be a useful instrument. In the best tradition of science, it brings order to enormous diversity. It permits a grand synthesis that demonstrates the connections between apparently antagonistic perspectives. (p.207)

Fein's overall goal is to demonstrate that "a social-role framework can enable competing therapists to integrate what have seemed to be antagonistic world-views and will help them make further advances in developing effective helping technologies," which will also lead to "a greater utilization of sociological knowledge" (p.vii). He outlines the relevance of role theory to psychotherapy in Chapter One, further describes the role change process in Chapter Two, then broadly compares and contrasts diverse therapeutic specialties in Chapter Three.

One of the basic problems with Fein's analysis is his broad definition of roles: "Indeed, for every social task we can distinguish, there exists a corresponding behavior pattern that can be labeled a role" (p.16). To begin with, Fein never addresses who determines the content of the behavior patterns appropriate to certain social positions. Next, roles discussed range from family position (mother, husband, daughter) to job (doctor, artist) to such diverse personal characteristics or experiences as caretaker, free spirit, winner or loser, the leader, the martyr or scapegoat, and the fat one. Since Fein views the goal of therapy as one of fostering role change, the unreflexive inclusion of categories such as careers or family positions is problematic. This approach obscures how power is imbedded in these social positions. For example, a term frequently associated with sociological role theory is role conflict. Women are likely to experience a conflict between the role of mother and the role of worker. These are structural tensions best alleviated