

Lesbian, Gay, Bisexual and Trans Individuals Living with Dementia: Concepts, Practice and Rights*, edited by Sue Westwood and Elizabeth Price. London and New York: Routledge Advances in Sociology, 2016. Pp. 242. \$175 (hardcover); \$20.98 (electronic).

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In *Lesbian, Gay, Bisexual and Trans* Individuals Living with Dementia: Concepts, Practice and Rights*, editors Sue Westwood and Elizabeth Price have created a strong resource for researchers, practitioners, caregivers and LGBT* older adults, while also charting deficiencies in both the academic literature and services available to LGBT* people living with dementia.

Over the course of fifteen chapters, contributors from the United Kingdom, Australia, Canada, and the United States touch on three areas: concepts, practice, and rights. The first set of chapters, concepts, outlines the field of LGBT* dementia studies and current state of research into this topic. The second, practice, discusses considerations for anyone working with older people or those providing care for LGBT* older people. The third, rights, critically examines the experiences of LGBT* people, activists, and caregivers confronting dementia to analyze and propose different frameworks for political advocacy to advance improvements in their care.

Taken together, this volume is a comprehensive introduction to the small but growing literature on LGBT* people living with dementia. Anyone working or researching at this intersection will benefit from being familiar with this text. Likewise, providers may focus on discussions around the needs and fears of LGBT* people living with dementia, suggested best practices for staff, the role of training in institutional culture change, and the various ways that LGBT* people have been erased from the mainstream discussion of dementia care and advocacy, including an important discussion of sexual expression and consent.

Most of the contributors approach the topic from the social sciences or the law. However, throughout the text, there is a thread of inquiry that I think will be of particular interest to academics working in the humanities. Specifically, several authors read the history of queer theory into the current medical or

disability model of dementia to inquire into the ways in which it is socially constructed. Others bring a queer political lens to question notions of rights and dementia citizenship, including how the ways we understand dementia and memory care are tied to neoliberalism and our current political structures. For example, Andrew King looks to queer theory to argue that “dementia is a discursive concept that is applied to bodies, behaviors, social interactions and existing social inequalities” (55). Continuing on this thread, Richard Ward and Elizabeth Price propose reclaiming the word “senility” as a space of criticality and debate that is beyond the “parameters set by the specificity of ‘dementia.’” They do so because senility exists as a space ‘beyond’ dementia and provides a basis for a different scale of social analysis and critique. Hence, a focus upon the politics of senility redirects attention from the struggle for acceptance and inclusion driven by a neoliberal politics of normalisation, and instead embraces a politics of ‘anti-normalisation’ that has similarly marked the emergences of queer studies, radical feminism and crip studies, all of which have evolved at the margins of an increasingly mainstream discourse of rights and recognition. (74)

This line of inquiry is an important touchstone for people familiar with poststructural critique, but who may be newer to the literature on dementia and the manner in which social inequalities construct and constrain the experiences of LGBT* people living with dementia.

Applying post-modern and queer analysis to the question of dementia may strike some readers as odd or even irresponsible. However, the authors in this collection are attentive to the real-life needs of people living with memory loss as well as their caregivers. The application of queer, crip, and radical feminist studies to dementia is a needed intervention in the sociological and medical literature on dementia and reflects the important perspective that thinkers working in the humanities can bring to this discussion.

In addition to this poststructural thread, Wendy Hulko uses the lens of intersectionality to demonstrate why providers and academics must look at people with dementia in a maximally holistic way to understand how various parts of a person’s identity fall along lines of privilege and oppression, and how

those identities intersect with dementia. This application of intersectionality to person-centered care is another important point of connection between theory and praxis, and an important reminder to stay intersectional in research, advocacy, and service provision.

Because this book is the first of its kind in a limited field of literature, the texts can feel somewhat self-referential and the bibliographies limited. This is not the fault of the contributors or editors, but rather reflects the need for more research on this topic. Similarly, while the editors were careful to include chapters specifically devoted to transgender aging and discussions of gender fluidity, there is an opportunity to continue expanding the discussions of bisexuality, the intersex community, or younger people who are living with dementia as the result of a traumatic brain injury. These should not be seen as omissions but rather places for other thinkers and researchers to grow this literature.

I urge academics in the humanities to read this text so that we can continue collaborating with researchers in other disciplines to enhance and expand the literature on LGBT* aging and dementia.