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## Review of After a Fall: A Sociomedical Sojourn by Laurel Richardson

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Review of *After a Fall: A Sociomedical Sojourn* by Laurel Richardson. Walnut Creek, CA: Left Coast Press. 2013. 268 pages. \$32.95 paperback. ISBN: 9781611323177.

How does an older, independent academic face her own decline? For Professor Emerita Laurel Richardson, a severe ankle fracture leads to Bellemont Nursing Home, a place she has driven by many times, but now calls home. Taking advantage of a unique narrative opportunity, Richardson describes her rehabilitation process in *After a Fall: A Sociomedical Sojourn*. What happens when you enter a nursing home? A typical answer might be that you are now on the path to certain decline, and maybe even death. But for Richardson, a month's stay at the Bellemont is but a brief stop along the highway to recovery. Writing about the nursing home stay helped her emerge stronger than before.

Richardson's book exemplifies the evocative autoethnographic style, a methodological genre she helped popularize. True to a form that often includes "emotionally wrenching experiences, such as illness, death, victimization, and divorce" (Anderson 2006:377), Richardson frames the account from her personal perspective. She is the main character in a month-long play.

Evocative ethnographies are largely postmodern, written from a standpoint that is not designed to be analytic or generalizable, but about the validity found in lived experiences. In a postmodern climate "a multitude of approaches to knowing and telling exist side by side" (Richardson and St. Pierre 2005:961). As such, no particular form of narrative has the "right" to be the authoritative or the privileged form of inquiry (Richardson and St. Pierre 2005:961).

But even in a postmodern context, standards exist. Richardson herself offered four main criteria by which to evaluate critical analytic processes (i.e., CAP) in ethnographic works: 1) *Substantive contribution*, 2) *Aesthetic merit*, 3) *Reflexivity*, and 4) *Impact* (Richardson and St. Pierre 2005:964, italics in original). These criteria can therefore be used to evaluate her book.

First, did *After a Fall* contribute to this reviewer's understanding of social life? Yes, most certainly. The book captures the dilemmas of short-term disability and the clash between medical and social models of care. Much time and page space is devoted to a discussion of how the Bellemont facility failed to meet her needs and how she had to find her way through a maze of trouble. This included unwanted noises, smells, and intrusions.

Staying in a nursing home is far removed from her normal life as a college professor. Where once she spent a typical day at the computer, writing, reflecting, and largely doing as she pleased, she now faces a daily parade of indignities and loss of control. She's frustrated over simple things like the staff's seeming inability to shut the door to her room or the lack of appetizing menu choices.

In her quest for control, she sometimes comes off as the quintessential "bad patient," deciding when she will be compliant and when she will not. Far

from being irrational, however, sometimes her non-compliant behaviors are logical and ultimately enhance her well-being. For example, when she was getting too much of the pain medication Vicodin, she stood her ground in refusing more. And when a nurse cannot tell her what the pills she is getting are prescribed for, she wisely won't take them.

We see the staff's reactions largely through her eyes. They must quickly learn that Richardson is a picky eater. She often refuses the institutional food and has her own fare brought from home and stored in the staff's refrigerator. In one instance, a nursing assistant serves her a plate of meatloaf, mashed potatoes, and gravy. In another, a nursing assistant brings in a special Sunday dinner of roast beef. In both cases, Richardson tells her to feed it to the dogs. Literally.

To many of the other residents, Richardson is known not as a college professor, but as the woman with the Papillon dogs. Her spouse, Ernest, regularly brings Lily and Bashi to visit, to the delight of some health workers, and the consternation of others. Richardson's dogs are major characters in the book and they get a fair share of dialog:

It is 11:00.

"Yes, you can pet them." Ernest's voice down the hallway.

*Jingle-jangle.*

"Going to see Laurel." Ernest's voice closer to my room.

"Yap."

"Yap."

"Oh! Dogs!" I hear Trevor's voice.

"You can pet them." Ernest's voice. "Bashi and Lily."

"Thank you." A smoker's voice.

*Jingle-jangle.*

"They're friendly." Ernest's voice even closer.

"Pretty puppies!" A child's voice.

"Yap."

"Yap."

"They're Papillons. You can pet them... You can touch their ears." (P. 25)

When it comes to reflexivity and self-awareness, can we really know what is real and what is stylistic license? Perhaps in the postmodern genre, it doesn't matter. Because the autoethnographic technique relies on portraying the self amidst others, there is always the possibility of self-absorption. And in this book it happens. When autoethnographies come off this way, there is generally a failure to engage with those in the environment. In Richardson's defense, however, illness is the ultimate time of self-absorption. She is not only a patient; she's the customer and therefore, is always right. It never is a relationship of equals.

Sometimes *After a Fall* is oddly reminiscent of a Bob Newhart episode where Richardson puts herself in the “Bob” role. Richardson has a tendency to portray herself as the only sane one in a cast of quirky characters. The trouble is, she does not seem to be normal enough to be cast as the “straight man.” Instead of being Bob, the psychologist (or Bob, the country inn owner, for that matter) she is the eccentric academic: over educated, articulate, yet often without common sense.

In Richardson’s world, friends come in and out as bit players in seemingly endless scenes. We have Ellyn, the Kabalistic therapist, Diane and Erica, members of her memoir-writing group, and art league friend Randy, to mention a few. Richardson is at the center of a community of like-minded individuals and perhaps these friends are the kind of social glue that supports healing. Their visits punctuate an otherwise dull time for her. If so, they deserve a place in the story, although their portrayal often felt contrived to this reviewer, thus detracting from aesthetic merit.

Richardson includes her encounters with fellow patient Renee’ who has tragically lost both legs; Trevor, who is senile, and the old lady who repeatedly cries “Kiss me! Kiss me!” She also features her relationships with the staff, particularly those she mentors on everything from their love lives to what books they should read.

Although the book is manifestly about her experiences as a patient, strong undertones of race, class, education, and privilege exist throughout, exposing how these come together to protect Richardson from the negative effects of ill health. Although sometimes she is clearly aware of privilege, at other times it seems she is not. It is left up to the reader to draw these inferences.

Richardson’s selective use non-standard dialog seemed to be elitist at worst and inconsiderate at best, particularly when depicting nursing home staff. For example, Kentucky-bred occupational therapist Effie Lou’s Appalachian regional dialect is often stereotypically highlighted. Certainly very few of us speak with perfect enunciation, yet not everyone in Richardson’s ethnography is subject to the same level of linguistic scrutiny. Richardson treads much more lightly when portraying the accents of the West African staff.

In this excerpt, Effie Lou has just pushed Richardson’s wheelchair into the hallway. Richardson asks her how things are going at home:

“Ah’m thinking ‘bout takin’ a diff’rent job as a home-health occupational therapist. It’ll pay a lot more and I kin set my hours.” Effie Lou says.

“How come?”

“Tony’s son A.J. probly goin’ have to come live by us. His muthah is a druggie and she’s neglectin’ A.J. He’s thirteen. Boys can git into big trouble.” (P. 64)

Or in this excerpt when Effie Lou and Laurel are discussing their dogs:

“Ah have a two-year old Pug, she (Effie Lou) tells Lily and me. “Named him Squirt.”

Is he house-broken?” I ask. Pugs are known to resist training.

“Oh, I use pee-pads.”

“Bashi came with those,” I say. His breeder said he might spray in his new house to claim his territory, but he didn’t.

“My husban’ Tony’s got a Pit bull, but he haz to keep it at his ma’s house. Thaz where Tony lived before we got married. At his ma’s with the Pit bull. I don’t wan’ any Pit bull in my house. Squirt don’t like him. I don’t trust him. I wanna ‘nother dawg, though.” (P. 86)

Finally, there is the question of impact. Did this work affect me emotionally or intellectually? The answer is yes on both accounts. I admit that my initial reaction to the book was negative. I didn’t like Richardson at first. Her persona seemed to be too full of her self, oozing with unrecognized privilege. However, I liked her more as the book progressed, although I am not sure why. Is this because of some transformative experiences in extended care newly conveyed through her writing? Or did I just get used to her steady parade of odd friends, new age speak, and Papillon dogs?

The book ends when she leaves the facility. What happens to Richardson when it’s over? What happens to the other characters? Of course, in reality, you probably wouldn’t know. After you leave a nursing home, you move on, and get on with life. But some mention of those Richardson left behind would furnish a comforting final act.

I think there are many uses for this text. Because of its easy prose, *After a Fall: A Sociomedical Sojourn* is the type of assigned book that undergraduate students would likely read. It would thus make a fine addition to a Sociology of Disabilities or Sociology of Aging course. For anyone working with the public, this text provides the opportunity to see the inside of a rehabilitation facility from a patient’s perspective. Another use would be in a Research Methods course as an example of autoethnographic style.

In an earlier essay (2005) Richardson confessed that she found many qualitative works “boring” (p. 959). Her book is not one of those. There are times when her honesty, vulnerability, and naiveté shine. She lets us know who she is as

well as who she once was. I came away with mixed feelings, but taken as a whole, Richardson's frank discussion of her own reality makes the book worth reading.

#### References

- Anderson, Leon. 2006. "Analytic Autoethnography." *Journal of Contemporary Ethnography* 35 (4):373-395.
- Richardson, Laurel. 2013. *After a Fall: A Sociomedical Sojourn*. Walnut Creek, CA: Left Coast Press.
- Richardson, Laurel and Elizabeth Adams St. Pierre. 2005. "Writing: A Method of Inquiry." Pp. 959-978 in *The Sage Handbook of Qualitative Research, Third Edition*, edited by N. K. Denzin and Y. S. Lincoln. Thousand Oaks, CA: Sage.