

Person-centred practice is not a new concept, it originated with Carl Rogers in 1958 with his approach to client centred psychotherapy (Manthorpe, Samsi 2016). It has since become central to health and social care. This essay will critically reflect upon the concepts of person-centred care through the lens of an individual who is constricted by dementia. Focusing on the implications for the patient and its relation to advocacy. This essay will also consider the communication adversities involved when working dementia, focusing on how person-centred practice can improve communication by understanding the individual's personal wishes and the implications in which an individual receives without appropriate person-centred care and advocacy in their lives. Finally, this essay will consider if the use of therapeutic lying has an abusive effect on those with dementia or enhance their well-being.

Dementia is a collective word for disorders of brain function, according to the Alzheimer's society 2020, these include vascular dementia, frontotemporal dementia, and dementia with Lewy bodies. As a degenerative disease, dementia symptoms present differently, they include loss of memory, confusion, and lack of understanding, statistically the Alzheimer's society claim in 2020, there are 850,000 people living with dementia in the United Kingdom, with 1 in 6 over the age of 80.

Person centred care empowers Health and Social practitioners to cut through the systems and processes, allowing them to focus on the patient experience by making sure they have everything they need to navigate the patient through their current episode of care (Nolte, Merkur, Anell 2020). Epp (2003) suggests that person centred planning is in fact embedded in the value of everyone being worthy of respect, regardless of disability, with the pretence that people with dementia can still feel fulfilled. The process of person centred planning, care and practice is often described as the process that is used within the discussion of how a person wants to lead their own life, however, this approach is rooted in the premise that social work is the source of people's difficulties (Holburn, Vietze, 2002). In principle these decisions for individuals with dementia will centralize them, their personality and should consider their personal relationships. Assessments for providing the care choices which are supported by the care givers and the family that are non-judgemental in order to build trust and encouragement through activities that respect their cognitive ability, which Epp (2003) explains are strategies that help minimise anxiety and reduce the feelings of abandonment in those with dementia. According to the Social services and Well-being (Wales) Act (2014) the decisions regarding person centred care, support independent living according to their capabilities. Manthorpe Samsi (2016) suggest that to do this it's important to engage with patients and their health care, to improve their knowledge and enhance their experience, and in turn this will have a positive effect on their health. Epp (2003) argues that by involving the patient and maintaining a positive and supportive environment, their abilities will be nurtured, and their 'personhood' replenished. According to Murphy, Duggan, Joseph (2013) this can only be achieved when we empower people through instilling a self-determination attitude within one's own life, concluding that without this, social and personal change can never become a reality. Carl Rogers therapeutic approach to PCP, emphasised the need to treat people empathetically by displaying 'genuineness' towards your client. Supporting Murphy, Duggan, Joseph's theory that displaying positive regard towards someone while implementing person centred practice creates positive communication skills that in turn enhances the client's social well-being, with McGreevy (2015) Suggesting that the person-centred care which is provided through the biomedical model, only addresses the client's psychological needs, however, it does not address

their psychosocial needs, within a care home setting. Burgess *et al* (2003) argues this is because of the dominance of the biomedical model, long term it does in fact aid people with dementia. Providing person centred care for clients with dementia, should be implemented with a focus on 'seeing the person within' (Kitwood 1995). With Epp (2003) further clarifying his argument that the biomedical model discourse and inevitable loss of capacity can be mitigated within an environment that is created to preserve rather than undermine 'personhood' (Epp 2003).

It can be seen that the focus of person-centred dementia care is communication, with The Social Care institute of excellence (2016) arguing that those who have supportive families with open communication lines aid person centred care in a 'pure' form. Dementia UK (2020) recommend 'life story work' for gathering information regarding the needs and wishes of people with dementia, they recommend that the template is used by carers when delivering person-centred care, expressing how it has the ability to be updated accordingly. The aim of the work is for dementia patients to share their life experiences with both family and professionals, giving them a better understanding of the persons needs and wishes, helping them to deliver care in a more positive way (Dementia UK, 2020) It is obvious that when working with those with dementia, professional structures need to be followed in order to encompass the individual, from an advocacy perspective, an advocate must first gain a mandate from the client, this will outline the client as a person allowing the advocate to perform their job role to the best of their ability, by getting a feel for the person and how they would like their care to be delivered, with all of the relevant information readily available placing the advocate alongside their client within the centre of planned support and decisions (Age concern 2012).

Independent professional advocacy is highlighted in part 10 of the Social services and Well-being (Wales) Act 2014. WHICH IS Provided to people who are restricted by barriers, that includes difficulty understanding or communicating their feelings and wishes. The introduction of an advocate would ensure that person-centred planning is kept at the forefront of their care, creating a partnership to move forward and ensure the client is fully informed (Age Cymru 2017). Wilks (2012) explains that when advocates build up a rapport with the client, they establish a trusting relationship, this then enables the advocate to comment on the client's preferences and intentions. Many of the client's values and goals should be at the forefront of any decisions ensuring they are considered in the outcomes (Holburn, Vietze, 2002). Having a good relationship with the client and maintaining activities or past interests can enhance the quality of life and improve the overall well-being of the patient, helping to alleviate depression and irrational behaviour (Epp 2003). Drake suggests that everyone should have equal access to a level of support regardless of ability, disability, or status, adding that it should be kept in mind that not only should clients feel safe in their homes but also within their localities ensuring they feel welcomed, not just in the services in which they participate in but in their wider community. Wilks (2012) suggests that by looking outside of the community it is possible to find a service that is more appropriate or support that is provided by different agencies, which he refers to as brokerage linking advocates and brokers as both being mediators helping people make decisions. This will be the beginning of the negotiations with the local authorities and they will begin arranging a care package with the advocate, identifying what services AND providers are available. Murphy, Duggen, Joseph (2013) explains that these services are provided by professionals through a social work referral, suggesting that with this encouragement clients can achieve a better standard of living through realising their potential

within their community. Finding solutions to their problems, implying the social worker should also be an integral element to brokerage. However, in many cases the support is not available due to funding.

Within Wales There are a number of third sector organisations that can provide services complementing those that local authority can provide; however, the Wales audit office suggest that although these services are available there is a financial implication in the decline of grant support. This can be blamed on poorly organised administration suggesting the need for a shuffle within the structure in order to enhance community standards. Cifford, Gayne-Rahne, Mohan (2012) suggests that financial implications are particularly evident in vulnerable rural areas, calling for public donations to support these areas by enhancing third sector services. Age Cymru specifically express concern with the decline of specialist advocacy services within the third sector who provide services for the elderly, claiming other advocacy users within the private sector are better supported. Under the Social Services and Well-being (Wales) Act 2014, advocacy services appear to be readily available, however, Age Cymru suggest that the funding and availability of resources from the local authorities are struggling to comply with the requests of existing advocacy contracts. (Age Cymru newsletter 2018) Independent advocacy services within Age Cymru offer the 'hope' formally the 'Golden thread program' which offers support through an independent advocate. This program defines advocacy as a support that 'enables people who have difficulty representing their interests to exercise their rights, express their views explore and make informed choices' (Age cymru2017). However, in many cases of dementia this approach is not possible. Newbigging *et al* (2015) argues advocacy is only part of the solution to person centred planning, concluding that unless services are readily available, service users are left vulnerable. There are a range of disability orientations, that can influence an individual with dementia's performance, which can then have an effect on their identity, Mc Cormac and Collins (2012) explain how disability is often defined in many different ways through informed professionals, typically within their professional ideologies of the medical model. McLeod (2019) explains the many different skills used when applying person-centred therapy, these include displaying empathy, having clear boundaries from the 'out set' and checking your tone, which are also skills required to be a successful advocate. If we consider the Advocacy charter (2018) we can see much of the same skills are recommended. Remembering to remain non-judgemental and reassuring, the client and their family know them best, McLeod 2019 reminds us that we should allow the client to reach their own conclusion of their expectations as offering advice can often influence their decisions. However, Mc Greey (2015) argues clients with dementia suffer with a lack of recognition which results in physical symptoms taking priority, which affects their capacity to communicate. One way of ensuring dementia patients get the care that they need is through advance care planning, it is important remember that dementia patients are people and not the disease. Although it is not legally binding, the structure of advance care planning can be completed through three sections, which will allow the patient to achieve some agency for their own lives and prepare for their future. The SCIE (2020) explain the structure, which firstly is to prepare statements for their future care, secondly, preparing advance decisions regarding refusal of treatment and finally putting a power of attorney in place. This is all dependant on the persons capacity, when supporting someone with dementia the professional should be mindful of making any disclosures, or sharing you own feeling towards your client's situation (McLeod 2019).

Although there are many benefits to person-centred care, it does on occasion fail to recognize that the body has the means of communication and can be expressive, often care giving practices can become depersonalizing to the client within a medical treatment context (Nolte, Merkur, Anell (2020). Kilwood (1995) explains that the enriched model of dementia recognizes that a person's experience of dementia, would not only affect the patient neurologically, but also their physical health, their personality, biography, and their social community. This model maximizes their well-being by focusing on preserving their quality of life (Brooker 2007). The SCIE (2020) argue that 'life story' and 'reminiscence' work both interlink, creating a much more personal experience by focusing on the person and bringing their history to the forefront of their care. They argue that 'reminiscence' helps dementia patients recall past events through old photos, films and familiar items, giving them an opportunity to recall memories and share them with others. Brooker (2007) suggests that the neurodegeneration caused through Dementia affects the client's ability to communicate effectively. As Dementia is degenerative, without compassionate communication, which the citizens handbook (ND) also describes as non-violent communication can be used in many aspects of life. Through a health care lens, it can be seen that the simple process of communicating compassionately is firstly stating the factual observations in a non-judgemental way. Secondly through observing what the individual's triggers are, what they are feeling but not displaying any moral judgement, and finally finding the cause if the original emotion (Citizens handbook (ND). Within a dementia care provision communicating with patients is a key element in establishing care however, people with dementia struggle to communicate their feelings in an acceptable way (Scie,2013). As a result, the client could become socially isolated, People with dementia often struggle with 'fitting in' or what is socially considered 'being normal' they have difficulty in many social situations, resulting in their behaviour being considered to be socially unacceptable (Garland *et al* 2009). Cohen, Mansfield (2005) argues that this 'challenging behaviour' exhibited by dementia patients is on occasions, a direct response by the individual due to their frustration and physical or social needs. Brooker (date) explains that this is because people with dementia suffer much prejudice, not just for their intellectual decline but also with age, this behaviour creates a stigma or stereotype by setting people apart, giving them a label within society that is attached to madness or a psychiatric disorder and the excuse to be treated differently (Goffman 1963). According to Mc Cormack (2015) there should be no difference in the care provided within the dementia care setting, arguing that the care provided is simply delivered differently, explaining that the principles of person-centred care still apply. He Suggests that living with dementia is different, implying that those who believe that it should be delivered differently are creating a negative statement which has an adverse effect on those with dementia.

There are many different ways of communicating Mc Leod (2019) suggests that using the simple technique of listening, is not enough as it may take considerable time for the important issues to present themselves. The professional must be actively listening to the client, with an understanding attitude and unconditional positive regard, this will help people to reach their full potential and have an acceptance for who they are. Communication is particularly prevalent in terms of end of life care, according to the Alzheimer's Society (2020), end of life care is inevitable with dementia patients. The Alzheimer's Society continue to Explain how they need to communicate differently to the patients with little or no speech, by the patients using their body language and facial expressions, they are still able to communicate their needs to the professionals, even during end of life care, this may be subtle and at times, not needed as it is

Suggested that most patients are just happy to listen to your voice or to just have their hand held. Habermas (1984) *Theory of Communicative action* argues, when we speak, we would usually try to use a degree of tact in order to effectively communicate together (Jones, Bradbury 2018). However, when communicating with clients with a disability or those with dementia, there is often a lesser degree of understanding and a need to find other forms of communication. The Alzheimer's Society (2020) explain, communicating with dementia patients has its own problems, however, with person-centred planning there are many ways successful communication can be achieved. There are many other forms of communication, one such suggestion is that it can be created through attunement (McCormack, Collins 2012). Cameron (2010) provides an insight within the interests of those with a disability arguing that it is not dissimilar to those who are able-bodied. This is supported by Masefield (2006) who suggests this can be expressed through other disability art forms, art works and art productions, created by disabled people who have the creative capacity to share their experiences.

Wilson (2017) suggests that although dementia is a degenerative disease the progressive loss of problem-solving ability affects how sufferers make judgements at different paces, expressing that services should be more flexible when providing care. Christine Bryden an American author describes her dementia journey as a dance, explaining that each person is on their own journey 'through the jumble and tangle of emotions.....into the centre of their being' (Bryden 2005 p11) she explains this as 'life in the present without a past or a future' (Bryden 2005 p11). Martial and Tibbs (2006) discuss clients fluctuating competence in terms of communication arguing that those who have dementia may not have the capacity at one certain point, but could have the capacity at another, suggesting that person centred practice should be given at all times with a carefully developed strategy of communication. Wilson (2017) agrees, criticizing the assessment of capacity within the Mental Capacity Act (2005), suggesting that for people with dementia, a care plan should be continuously revisited in order to adapt to the client's life with dementia. It is evident that although care givers are able to make most decisions on behalf of someone with dementia, that is not always the case. Through the Mental Capacity Act (2005) under section 39 the Independent Mental Capacity Advocate (IMCA) can be instructed to support and represent a dementia patient within the decision-making process. The role of the IMCA is to provide advocacy services to those who are experiencing learning difficulties, care for the elderly, dementia patients, and those with acquired brain injuries, however, these services are limited and are not readily available to everyone (office of the public guardian 2007). The office for the public guardian (2007) suggest that in Wales Welsh Government are committed to improving the services for individuals and are working with services to ensure advocacy is available to all who need it. Person centred approaches to symptom management such as cognitive therapy can, according to Mc Greevy (2015) slow the progression of the disease, suggesting that someone with dementia is still capable of communicating some requirements and being included in decisions regarding their own well-being.

Where there is a hierarchy within health and social care, it is important to consider the power imbalance, in particular when a person has dementia, the vulnerability in which they have, can create a greater gap between person and professional and when this power is abused, the complications are on a macro scale. James, Caiazza (2018) argue that in many cases communicating with a person with dementia can become problematic, they suggest that as they become 'time-shifted' so many believe they are still living the life of their younger self. According to Tuckett (2012) in many cases the only way to calm someone experiencing a

distressful episode of this nature is to reassure them, and to let them believe it is in fact the truth. This would clearly be a lie however, the Mental health foundation report of 2016 advocated for the use of ‘untruths’ as being in the patient’s best interests. Brooker (date) concludes that this is because people who provide person centred care do so with compassion and by holding their patient in high regard. Arguing this is often due to family experience and the need to enable people to live their best life. However uncomfortable the thought of lying or being deceptive to a family member or patient, ‘telling the truth means something different according to the particular situation’ (Tuckett 2012). It has previously been perceived that truth telling was in the patient’s best interests however, Tuckett (2012) argues that by lying to a patient with dementia the lying care provider then has the power over the patient to control how they think, thus removing their autonomy. He argues the patient forfeits their autonomy as they are mentally incompetent, suggesting that dementia patients are incapable of making autonomous decisions. Foucault in *Essential works of Foucault 1954-1984* (Faubion, 2002) writes an example of this power, explaining that power in this form is of a natural discourse, that comes with particular implications.

In conclusion, within society people with dementia are seen as problems, othered and marginalised however, person-centred care supports people with dementia, seeing them as people and the dementia from a biological psychological perspective. People do not lack capacity within their own thoughts, they just lack the ability to express them in a way that is acceptable within society. The aim of person-centred planning is to support dementia patients in a non-discriminatory way as suggested by Nolte, Merkur, Anell (2020) who claim person centred planning focuses on the patient through centralizing their care. Advocates providing non-instructed advocacy must establish some form of communication, one such way could be to communicate a ‘one blink for yes and two blinks for no’, depending on the level of capacity that the client has. Assessments such as this combined with person centred practice can distinguish the difference between a level of understanding and the frustration of being misunderstood (Age concern 2012). As Manthorpe Samsi (2016) suggests that by engaging with patients and acknowledging their needs and wishes giving them a positive experience of care. Dementia should be considered a disease first that is to be lived with, rather than something to be managed. Person centred planning ensures that they have a voice, and that the feelings trapped inside are expressed to the best of their ability. We can see that a vital element to person centred care for dementia patients is to maintain their ‘personhood’ We have seen that this can often become frustrating for all parties involved with a particular strain on the dementia patient. Chagall concludes the emotional turmoil that links the humanitarian aspect of care to dementia by illuminating that the person, is a person ‘What could be more moving in our community on earth, than to listen closely to a human heart, than to hear its sighs and its dreams’ (Mark Chagall, 1963 *Cited in* Holburn, Vietze, 2002). Suggesting that much of person-centred practice is to hear what someone has in their heart, regardless of their disability or their mental health, their job is to support them to live in a better word (Holburn and Vietze, 2002).

References

Advocacy charter (2018). https://www.ndti.org.uk/resources/new-advocacy-charter?fbclid=IwAR1u1wHGFXchDgQXSrIDq3fnzBFpidvXJlCzVRobPXbC_fl-bCT8ioQWM6c Accessed 12th October 2020.

- Age concern, (2012) An Advocates guide to Independent Advocacy. Available at: https://opaal.org.uk/app/uploads/2015/09/An-Advocates-Guide-to-Non-Instructed-Advocacy-2013.pdf?fbclid=IwAR2huLcNCmmQIGwxjUqXLQxVEHvJzbOmjJwUz_y3UJLwap8mxoXqzLpFOVg Accessed 8th December 2020.
- Age Cymru. (2017) 'Independent professional advocacy'. *Advocacy The Golden Thread Program*. Available at: <http://docplayer.net/143581039-Advocacy-newsletter-october-2018-issue-no-11-advocacy-counts-6.html> Accessed 12th Oct 2020.
- Alzheimer's Society (2020) Tips for communicating with a person with dementia. Available at: <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/tips-for-communicating-dementia#content-start> Accessed 2nd December 2020.
- Brooker, D. (2007). *Person-Centred Dementia Care*. Jessica Kingsley Publishers: London
- Bryden, C (2005) *Dancing with Dementia*. Jessica Kingsley Publishers: London
- Burgess, L Page, S. Hardman, P. (2003) 'Changing attitudes in dementia care and the role of nurses'. *Nursing Times*. 99, (38) pp 18-19.
- Cameron, C. (2010) *Does anybody like being disabled? A critical exploration of impairment, identity, media and everyday experience in disabling society*. Queen Margaret University: Edinburgh.
- Citizens handbook (No Date) *Nonviolent Communication*. Available at: https://www.citizenshandbook.org/nonviolent_communication.pdf Accessed 10th December 2020.
- Clifford, D. Gayne-Rahme, F. Mohan, J. (2012) 'Variations between Organizations and localities in Government funding of Third-sector activity: Evidence from the National Survey of Third-sector Organizations in England'. *Urban Studies* Vol 50 Issue 5. Available at: <https://journals.sagepub.com/doi/full/10.1177/0042098012458550> Accessed 24th November 2020.
- Cohen-Mansfield, J. (2005) '@Nonpharmacological interventions for persons with dementia' *Alzheimer's Care Quarterly*. 6 (2) pp 129-45.
- Dementia UK (2020) Life story work. Available at: <https://www.dementiauk.org/professionals/free-resources/life-story-work/> accessed 27th November 2020.
- Epp, T. (2003). 'Person-centred dementia care: a vision to be refined'. *The Canadian Alzheimer Disease Review*. 5,3 pp 14-18.
- Fabion, J. (2002) *Michel Foucault Power, essential works of Foucault 1954-1984, volume 3*. London. Penguin Books.
- Goffman, E. (1963). 'Stigma: Notes on the management of spoiled identity
- Holburn, S. Vietze, P, M (2002) *Person centred planning*, Maryland: Paul H. Brooks Publishing Co.
- James, I. Calizza, R. (2018) 'Therapeutic lies in dementia care: should psychologists teach others to be person-centred liars.' *Behavioural and Cognitive Psychotherapy*, 46, pp454-462. Available at [Therapeutic Lies in Dementia C.pdf](#) Accessed 11th December 2020.

- Jones, P. Bradbury, L. (2017) *Introducing Social Theory third edition*. Cambridge: Polity Press.
- Julie Kolbe Krøier, Orii McDermott & Hanne Mette Ridder (2020) Conceptualizing attunement in dementia care: a meta-ethnographic review, *Arts & Health*. Available at: <https://www.tandfonline.com/doi/full/10.1080/17533015.2020.1827276> Accessed 14th October 2020.
- Kitwood, (1995). *Cultures of care: tradition and change: 'Tradition and change' The new Culture of Dementia Care*. Hawker Publications: London.
- Kontos, P, Naglie, G. (2007) Bridging theory and practice: Imagination, the body, and person-centred dementia care. *Dementia*. 6 (4), pp 549-569. Available at: <https://journals.sagepub.com/doi/10.1177/1471301207084394?icid=int.sj-abstract.similar-articles.3> Accessed 14th Oct 2020.
- Manthorpe, J. Samsi, K. (2016) 'Person-centred dementia care: current perspectives' *Clinical Interventions in Aging*
- Marchant, S. (2015) Health caring for those with dementia: the person-centred approach. Available at: <https://blogs.biomedcentral.com/on-health/2015/09/30/caring-dementia-person-centred-approach/> Accessed 27th November 2020.
- Marshall, M. Tibbs, M. (2006) *Social Work and People with Dementia*. Bristol: Policy Press.
- Masefield, P. (2006) *Strength: broadsides from disability on the arts*. Trentham: Stoke-on-Trent.
- Mc Cormack, C. Collins, B. (2012). 'The affirmative model of disability: a means to include disability orientation in occupational therapy?'. *British Journal of Occupational Therapy*. 75(3) pp 156-158.
- Mc Greey (2015) *Dementia and the Person-centred care approach*. Available at: <file:///C:/Users/nicola%20davies/Desktop/4ab05d46a5bf3410601ea16ed0b1f4e21b7b.pdf> Accessed 10th December 2020.
- McLeod, S. A. (2019, Jan 07). *Person centered therapy*. Simply Psychology. <https://www.simplypsychology.org/client-centred-therapy.html> Accessed 29th October 2020
- Mental Capacity Act* (2005). Available at: <https://www.legislation.gov.uk/ukpga/2005/9/contents> Accessed 11th December 2020.
- Mental Health Foundation report (2016) *What is Truth? An Inquiry About Truth and Lying in Dementia Care*. Available at: [What is truth? An inquiry about truth and lying in dementia care | Mental Health Foundation](#) Accessed on 10th December 2020.
- Murphy, D. Duggan, M. Joseph, S (2013) Relationship- Based Social Work and its compatibility with Person Centred approach Principle Versus Instrumental Perspectives. <https://academic.oup.com/bjsw/article/43/4/703/1641351> Accessed 24th October 2020.
- Newbigging et al (2015). *Independent Mental Health Advocacy the right to be heard*. London: Jessica Kingsley Publishers.
- Nolte, E. Merkur, S. Anell, A. (2020) *Achieving person-centred health systems* Cambridge University Press: Cambridge.

- Office of the Public Guardian, (2007) Making decisions: The Independent Mental Capacity Advocate (IMCA) Service. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/365629/making-decisions-opg606-1207.pdf Accessed on 15 Oct 2020.
- Rogers, C. (1951) *Client Centred Therapy*. London, Constable.
- SCIE (2013). *Dementia Gateway: Communicating Well*. Available at: <https://www.scie.org.uk/dementia/resources/files/communicating-well.pdf?res=true> Accessed 10th December 2020.
- SCIE, (2020) The person behind the dementia. Available at: <https://www.scie.org.uk/dementia/after-diagnosis/communication/person.asp> Accessed: 29th November 2020.
- Social Care Institute for Excellence. (2020) Advance planning in dementia. Available at: <https://www.scie.org.uk/dementia/supporting-people-with-dementia/decisions/advance-care-planning.asp> Accessed, 2nd December 2020.
- Social Services and Well-being (Wales) Act 2014. Available at: <https://www.legislation.gov.uk/anaw/2014/4/contents> Accessed 10th December 2020.
- Tuckett, A. (2012). 'The experience of lying in dementia care: A qualitative study. *Nursing Ethics*. Available at: [0969733011412104 \(1\).pdf](#) Accessed 11th December 2020.
- Wales Audit office (2017) Local authority funding of third sector services. Available at: <https://www.audit.wales/system/files/publications/Third-sector-funding-eng.pdf> Accessed on 23rd November 2020.
- Wilks,T, (2012) *Advocacy and Social work Practice*, England, Open University Press.
- Wilson C. B. (2017) *Caring for people with Dementia: A shared approach*. London: Sage publications