

Lodge, C., Carnell, E. & Coleman, M. (2016). *The new age of ageing: How society need to change*. Bristol: Policy Press, 224 pp. ISBN: 978-1447-326830

Reviewed by Mario Garrett¹

The New Age of Ageing: How society needs to change by Caroline Lodge, Eileen Carnell and Marianne Coleman has already received many reviews. These reviews address the central idea of this book that society (mis)treats older adults and diminishes them. The book is nicely peppered with anecdotal examples throughout. Each narrative highlights the personal feelings across a comprehensive array of issues. From physical issues, to work, housing, work, medical needs and consumerism, the book explores how older adults are undervalued, ignored and discarded. In the chapter titled "How society makes people old" the authors drive the idea that there is a collusion in the process of ageing. A self-fulfilling prophecy.

None of these arguments are necessarily wrong, nor are these ideas necessarily new. Despite their assertion that "We do not find this view [age-inclusive] comprehensively explored elsewhere" (p.7) such an approach has a long history. By exploring this history, we can identify answers that the authors of this book overlook.

After Simone de Beauvoir's 1949 most famous work *The Second Sex*, came her 1970 book on ageing *The Coming of Age* which discusses how society rejects older adults. Using examples of famous artists to illustrate the productivity of older adults. It is important to see the parallels between the ideas nurtured in the second wave of feminism—where Beauvoir outlines the ways in which women are perceived as "other" in a patriarchal society, second to men—and how older adults become the "other" second to younger adults. This connection, from feminism to ageism, was also favoured by Betty Friedan, a renowned feminist who in later life turned her attention to ageing. The theoretical parallels between ageism and feminism remain with sociology of ageing to this day. So, it is only fitting that three other women follow the same feminist parallels. And they explicitly make this connect in the section on "Feminism and Ageism: what can we learn?" But they falter in their pursuit of an answer, it is still "...middle-class, rich people who want to have a say." (p. 247).

Each chapter in *The New Age of Ageing* is used to highlight the dissonance between what is expected of older adults and older adults' own experiences. The authors have practical

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advice at the end of each chapter on “How do we get there?” and “What needs to be changed?” The question that eludes these analyses is how come some individuals thrive despite such harsh societal restrictions? What they miss in their analyses is that older adults are varied. For the past 50 years, gerontology has tried to answer this question: Does society discard older people and do older adults acquiesce? *The New Age of Ageing* does venture superficially into the theory of disengagement and role continuity, but falls short in reflecting the latest theoretical interpretations.

As early as 1959, when Eric Erikson developed the first personality theory that extends to old age—remember that Freud considered older adults unable to learn and therefore not likely to benefit from psychotherapy—there was an appreciation of how society deals with older adults. Starting with the theory of disengagement which was developed by Elaine Cumming and Warren Earl Henry in their 1961 book *Growing Old*. Which argued that there is a mutual separation with older adults distancing themselves from society as they age while society in turn pushes them away. This view was challenged that same year 1961 by Robert Havighurst - and later by Bernice Neugarten - arguing for Activity Theory that old age is no different from middle age and that staying engaged contributes to successful aging. Very much the argument in *The New Age of Ageing*. Then in 1968 Robert Atchley elaborated on this idea that there is continuity in life, describing this theory in the 1989 book *A Continuity Theory of Normal Aging*. Given this historical context, it is not surprising to see the resurfacing of the same “new” arguments being proposed.

The discipline of gerontology has been around since 1903 - named by the Russian immunologist Ilya Ilyich Metchnikoff. We have over a century of research. *The New Age of Ageing* overlooks the still evolving psychological theories from: Learning (e.g., Watson, Skinner, Bandura); Cognitive Theories (e.g., Piaget, Kohlberg); Ecological & Systems (e.g., Bronfenbrenner, Lawton & Nahemow); and the latest Lifespan (e.g., Baltes). But then this is not an academic book, it is a discussion piece. This is both the strength and the weakness of *The New Age of Ageing*. What this book does very well is to highlight the disparities between our perceptions, societal expectations and real life experiences.

This is a well written comprehensive book that covers topics of general interest in a way that argues for change. How much this is preaching to the converted remains to be seen. How to bring about change is opaque. Education, policy changes and “must”, “should”, and “ought”. The straightforward answers to redress these inequities is engulfed by whether we have the political will to enforce any change.

In the chapter on “The Best Bits” the authors came close to doing what they recommend. They show us how individuals change and what is so great about ageing using real life examples. This chapter and subsequent chapters on “Wiser Together”, “We’re Still Here”, and “Our Vision for the Future” came close to talking about what is new in ageing. It needs more: Sexual, physical, economic, humour, reminiscing. Once the academic shackles dissolve what we are left with is an unencumbered sense of humanity that *The New Age of Ageing* so beautifully attempts to impart. It is patchy but they succeed in parts.

The problem is that you cannot understand all of ageing from an experiential perspective, you need to study it as a discipline. You cannot learn about cancer from experiencing cancer or talking to cancer victims. You have to appreciate that there is great variance among older adults. In fact, that is one of the distinguishing features of getting old. It is only by recognizing this fact can you then understand both the frailty and the strengths of older adults. As older adults are the richest they can also be the poorest, the healthiest and most privileged and vulnerable and weak. Creative geniuses and dullards. This diversity is what makes ageing so special. As we can find exceptional vigorous older adults, we can also find exceptional frail older adults. To understand this, you need to approach it through the discipline of gerontology. Collective analyses just brings the discussion into disarray. This book should have focused on the later chapters. This is where we can see what is "new" in ageing.