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BOOK REVIEWS

Contesting Aging & Loss. Janice E. Graham and Peter H. Stephenson, eds. Toronto: University of Toronto Press, 2010; 209 pp.

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In the last 35 years, scholars, gerontologists, and popular authors have worked assiduously to undermine what Robert Butler was first to term “ageism”: a form of prejudice analogous to racism and sexism. Older people, so the anti-ageism writers tell us, do not fit the simplistic “decline narrative” so prevalent in contemporary culture. In fact, rates of disability, dependence, memory loss, and other indicators of decline are far lower than the prevailing stereotypes suggest. It is becoming increasingly clear that many factors are conducive to a healthy old age: neuroplasticity, creativity, diet, exercise, social and familial relationships, spirituality, and the like. Although new research and advocacy have provided much needed correctives, they have also generated positive stereotypes of aging to replace the old negative ones.

Recently, some major works by scholars such as Helen Small and Susan Jacoby have challenged what might be called this new mythology of “healthy

aging.” These explore the relationship between a long life and a good life and puncture the fantasy that we can indefinitely escape the degenerative, chronic, and irreversible diseases of old age.

Into this intellectual and cultural moment comes Graham and Stephenson’s *Contesting Aging and Loss*. Graham and Stephenson bring together a collection of papers by a largely Canadian group of medical anthropologists motivated in part by the ongoing struggle against the paradigm of aging as a universal and inevitable process of loss and decline. This paradigm, they suggest, is still prevalent both in the study of old people and in social policies and practices of engaging them. The editors position the collection within the emerging field of critical gerontology and focus on ways that individuals and cultures contest experiences and constructions of loss and decline.

What saves this book from being yet another contribution on one side or the other of the “culture war” over aging is that it is based on the ethnographic study of older people themselves. By studying the subjective experiences of particular elders in particular cultures, the authors of the book’s chapters enable readers to understand both the realities of loss and

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the realities of resistance and adaptation. For example, von Faber and van der Geest's chapter on elders in the Leiden 85-plus study reveals that biomedical notions of "successful aging" and research participants' own perceptions of successful aging differ substantially. Oakley's study of people in Namaqualand, South Africa, shows how state pensions that allow elders to remain materially independent of their families are also used for ongoing social exchange and support within those families. Italian Canadians in Migliore and Dorzio-Migliore's chapter think of a good old age in terms not only of health but also of residence, social security, relationships, and religion. Similar specificities that elude bureaucratic social policies emerge in studies of single Australian men, hospitalized patients, and dementia patients.

In a final chapter on using ethnographic fieldwork to improve social policies, Graham pulls together a key implication of this work: Providing culturally sensitive public health and community services is preferable to focusing exclusively on medical care aimed at individual biomedical decline. In *Contesting Age and Loss*, readers of medical anthropology and gerontology will find a rich array of academically solid case studies set in a framework of advocacy and social policy. The book is well suited for use in even undergraduate teaching, for instance in courses on the anthropology of aging or of the life course, medical anthropology, or kinship, but I hope that it also will stimulate similar research that combines an open-ended inquiry into the lives of elders with a

commitment to freedom and well-being on their own terms.