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Book Reviews/Comptes rendus

Janice E. Graham and Peter H. Stephenson, eds. *Contesting Aging and Loss*. Toronto, Canada: University of Toronto Press, 2010.

Reviewed by Sharon Dale Stone, Lakehead University, Thunder Bay, ON

doi:10.1017/S0714980810000723

This book represents a welcome contribution to the growing Canadian literature critiquing the hegemony of the decline and loss paradigm that unfortunately underpins most discussions of aging, whether those discussions are scholarly or popular. The editors, Janice E. Graham and Peter H. Stephenson, both anthropologists, have assembled a collection of research organized around the intent of providing evidence that there is far more to aging than experiences of loss. Indeed, they challenge the whole notion that loss is inevitable in old age, and argue for the importance of privileging an *emic* perspective — the views of those who are themselves experiencing old age — as opposed to the standard practice of privileging an *etic* perspective: the views offered by outsiders to the experience.

This volume offers a number of praiseworthy features. Its organization is clearly and concisely explained in the introduction, with an overview of the nine chapters to come. Then, in a provocative concluding chapter, Graham deftly ties the various parts and chapters together, so that the whole volume is coherently unified. Such coherence is something I find lacking in too many edited collections, and I am glad that Graham worked to provide it here. I especially appreciate that most of the research included in this volume focuses on the Canadian situation. The chapters about other countries examine issues for people in the Netherlands (chapter 2), South Africa (chapter 3), and Australia (chapter 5). Other useful features include the annotated list of Internet resources for those who wish to do further research, the biographical notes on contributors, and the index. The latter feature is not only useful as an aid for finding particular discussions, but it also reinforces the interrelated nature of the various topics under discussion. The editors are to be commended for their careful attention to making this book useful to a wide variety of readers.

The book is divided into five parts, and it is this aspect of the volume that prompts my major criticisms. Parts I and V have only one chapter each, Part II comprises three chapters reviewing the perspectives of seniors regarding aging, Part III has two chapters about marginalized seniors, and Part IV has two chapters focusing on dementia. This uneven distribution of

chapters is perplexing, and leads me to wonder how and why decisions were made about what to include or exclude. It would have been helpful to see this question addressed in the Introduction. Another criticism is that, although each chapter is well written and interesting, as I was progressing through each I found it easy to forget how they were related. It would have been useful for the editors to have included brief section introductions to explain, and remind readers, how the chapters in each section contribute to the volume's overarching goals.

The chapter I had the most difficulty with was chapter 1 by Stephenson. It is the only chapter in Part I, which is called "Overview: Paradigms and Perspectives." Chapter 1's focus, however, is mostly on different ways that time can be understood, and I am not sure how that discussion serves as an overview of paradigms and perspectives. There is much in the chapter worthy of elaboration, but there was not the adequate space to contextualize and develop the relevant issues. Unfortunately, I think the chapter serves to confuse, more than enlighten, the reader.

Part II begins by examining the perspectives of a sample of Dutch elders asked to discuss "successful aging", moves to a discussion of elders in Namaqualand (a region in South Africa), and concludes with a study of the perspectives of Italian-Canadians on what constitutes a good old age. Together, these chapters underscore the important point that not everyone understands their own aging as characterized primarily in terms of decline and loss. For example, even though the Dutch elders interviewed experienced losses, they nevertheless "turn[ed] their losses into gains" (p. 41) and considered themselves to be aging successfully to the extent that they were able to adjust to changes. As well, the Nama elders interviewed, as well as the Italian-Canadian elders interviewed, were concerned with being respected by younger community members, and did not appear to be preoccupied with losses. Their outlooks work to counter dominant understandings of what it means to grow old.

Part III asks us to consider the ways in which the losses typically associated with aging, such as the inability to

move as quickly as younger people, are not necessarily the losses that are most relevant in the lives of all seniors. Indeed, social stratification often works to exacerbate loss in old age, so that those who are impoverished in their younger years are often unable to access the resources needed to support a comfortable old age. This is discussed in chapter 5, with a focus on the circumstances of low-income, single, elderly men in Sydney, Australia. In chapter 6, meanwhile, Holmes and Stephenson discuss The Listening Project which was carried out in Victoria, BC. The seniors who were asked to talk about recent hospital stays talked about problems such as not being treated in a caring or respectful manner, and they generally did not feel that they were listened to. The authors of chapter 6 suggest that solutions to such problems require attitudinal changes (a theme also alluded to by Graham in chapter 8). For example, rather than rely on ageist stereotypes to dismiss elderly patients as “fussy” or “troublesome,” the authors suggest that staff could take the time to listen to what they have to say about their needs. As they point out:

Ageism dissolves personal agency by ignoring seniors' own need-based communication with staff.

This can have a profoundly negative impact on patient recovery, making the discourse of loss a kind of self-fulfilling prophecy. (p. 118)

The discussion of dementia in Part IV showcases both the work of Pia Kontos (chapter 7) on the continuation of self even in advanced dementia and the equally important work of Graham (chapter 8) on the marketing of pharmaceutical approaches for dealing with dementia. These chapters invite readers to reconsider a conventional understanding of dementia and how we should treat those diagnosed with dementia. As more people are increasingly being diagnosed and treated for dementia, these are considerations with which we will increasingly need to grapple.

Ultimately, Graham's chapter 9 does a marvelous job of weaving together points from earlier chapters to create a powerful argument for the urgency of change: popular perceptions and values need to change, and policies need to change. Priorities need to shift so that we can see the human beings involved, and when that happens, we may find that solutions are not as difficult as we are often led to believe. This book is, when all is said and done, an accessible and strong contribution to the literature, and it deserves to be widely read.

Deborah Kestin van den Hoonaard. *By Himself: The Older Man's Experience of Widowhood*. Toronto, Canada: University of Toronto Press, 2010.

Reviewed by Kate Davidson, University of Surrey

doi:10.1017/S071498081000084X

By Himself is a timely book that addresses a subject which, with a few notable exceptions (for example, Bennett, 2007; Davidson, 2002; Moore & Stratton, 2002), has been neglected in the social science literature. Population censuses from more developed countries consistently show that, contributing to their comparative rarity, older widowed men are far more likely to remarry than are older widows. However, marriage and remarriage rates are decreasing within all age cohorts. The book is timely, therefore, not only because more men are becoming widowed in later life, but because in parallel with other age groups, they are less likely to remarry than previously. There is something of an urban myth that when bereaved, “women grieve, men replace”, the latter part of that aphorism principally because of their perceived inability to cope alone. Indeed, there is ample evidence that widowed men have poorer physical health and are more prone

to depression and suicide than married men or widowed women (Mulholland, 2010). However, at all ages, newly single men have higher depression and suicide rates than partnered men (Mulholland), and generally, older men have poorer health than older women (which is why on average, older men die at an earlier age). Those men who outlive their usually younger wives will have the odds stacked against them. Nevertheless, these statistics and perceptions need to be viewed within a socio-cultural context. This is what van den Hoonaard challenges us to do in this highly readable, insightful book based on open-ended, in-depth interviews with 26 widowers over the age of 60 in North America.

The book comprises four parts: Part 1, chapters 1 and 2, “sets the scene” and offers the theoretical underpinning of the work. Chapters 3 and 4 in Part 2 examine the unexpectedness of men's new situation and the