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Book Review

Margaret Morganroth Gullette. *Agewise: Fighting the New Ageism in America*.

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Book Review

Margaret Morganroth Gullette. *Agewise: Fighting the New Ageism in America*. Chicago: University of Chicago Press, 2011. 304pp. ISBN: 978-0226310732.

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Margaret Morganroth Gullette is unusual among age researchers. A self-described independent scholar, she writes for the well-educated general reader, working to raise age awareness in the larger public. Gullette not only writes books but also contributes to newspapers, magazines, and websites, including the *Boston Globe*, the *New York Times Magazine*, the *Nation*, *Ms.*, and www.WomensENews.org. As a public intellectual, she voices a strong point of view and demonstrates a well-honed ability to tell stories. She claims that narratives can effect personal and social change. In her latest book, *Agewise*, a collection of political essays that explores cultural myths and prejudices surrounding aging and old age, she illustrates the life-changing nature of stories and storytelling.

Before I go further, I must say that I know Gullette personally and have worked with her on writing projects. She makes extensive reference (in glowing terms) to my book *Endnotes: An Intimate Look at the End of Life* (2008) in the final chapter of *Agewise*. Still, I believe I can evaluate her work critically. In this review, I will examine her book from the perspective of an academic who conducts narrative research in gerontology. From this angle, I see both strengths and limitations in her arguments and analyses.

Agewise includes an introduction followed by three sections that progress from how things are now to how they might be if the general public became more conscious of and resistant to the cultural forces of aging, particularly ageism. In the introduction, Gullette sets up her premise that the aging process itself is a narrative affected by physiology, life experiences, and social influences. She rehearses the difference between decline and progress narratives, putting a finer point on claims

she has made in previous books: “‘Decline’ is the name I use for the entire system that worsens the experience of aging-past-youth. It’s the opposite of the forces that make living seem a progress worth getting up in the morning for, year after year” (p. 5). The introduction sets a tone of urgency for stemming ageism at a time when even the midlife has been degraded by the loss of jobs, benefits, and social value. For Gullette, ageism strikes at the very core of what it means to be human. She wonders, in frustration, “Why isn’t this unprecedented damage to the life course the biggest story of our time?” (p. 4). In the rest of the book, she constructs this story in multiple parts.

In Part I, “The Hidden Coercions of Ageism,” Gullette offers new interpretations of stories about aging and loss. Chapter 1 focuses on the story of “The Eskimo on the Ice Floe,” which Gullette reads as a tale of our collective inability to enjoy an extended life span because of cultural ageism. The dread of age-related decline has now taken the place of the dread of death to the point where even middle-aged people are contemplating suicide as a pre-emptive strike against a feeble old age. In Chapter 2, she interprets the death of well-known feminist author and critic Carolyn Heilbrun as a tragic example of internalized ageism, along with other assaults to her identity. Although she published a critically acclaimed book, *The Last Gift of Time* (1997), in which she extolled the virtues of living past 60, Heilbrun committed suicide at the age of 77. In Chapter 3, Gullette points out that old people were the primary victims of Hurricane Katrina—more evidence of cultural ageism.

In Part II, Gullette provides a feminist critique of “common wisdom” about women’s aging bodies circulated by mainstream media. In her chapter on “Hormone Nostalgia,” she argues that menopause never should have been a story in the first place because it is unremarkable in the lives of 90% of women. Like most age-related experiences, menopause is a bio-cultural phenomenon, but the media, following traditional medicine, treats it primarily as a biological phenomenon. For Gullette, “the universal menopause is a false decline narrative” (p. 88). Similarly, in a chapter titled, “Plastic Wrap,” Gullette points out that the vast majority of Americans (70%) and an even greater majority of people globally eschew plastic surgery, despite the media hype of “uglification” promoted by the beauty and pharmaceutical industries. The desire for surgery drops even more after the age of 50, which she reads as a sign of progress: “Aging beyond wanting surgery sounds like another blessing of the life course,” she writes (p. 112). In the final chapter of this section, Gullette invites us to consider “Sexuality Across the Life Course” by re-

imagining the meaning of “progress” in the stories we tell about sexual aging. Rather than setting up negative comparisons between later life sexuality and the hormone-fueled performances of youth, we would do better to consider sex within a life-course perspective that involves a range of experiences. Particularly for women, the “starter sex” of youth is often very bad, compared to sex in later life, which is free of the fear of unwanted pregnancy and often accompanied by greater self-esteem and knowledge of one’s own desires and responses. Gullette cautions that universal sexuality, like universal menopause, becomes a “false decline narrative” in the hands of a pharmaceutically driven media.

Gullette offers hope for anti-ageism in Section 3. Here we gain a more nuanced understanding of “progress” as “the value of aging in time.” Gullette distinguishes between “positive aging,” which often ignores the mitigating influences of culture, and “progress,” which sees forward movement *despite* or even *because of* such limiting forces. A progress narrative “projects a moving image of the self through its past and onward to a better future,” but not in a naïve or unrealistic way. In childhood, for example, a progress narrative promises “not a charmed life but a resilient self” (p. 151). Indeed, the very *telling* of such a story helps to *produce* that self by providing the “psychic strength and extra hopefulness and energy” that can nourish the kind of person who can incorporate bad experiences without falling into despair. Gullette’s overall message is this: don’t let the “positive aging forces” impose a progress narrative on you, but don’t let negative cultural forces impose a decline narrative on you either. The key is to create a life narrative that sustains rather than drains your motivation to keep moving forward toward an unknown future.

In the final chapters, Gullette demonstrates how to tell individual life stories in ways that affirm aging, even at the end of life when faced with serious illness, loss, and dependency. She looks to examples from her own life, literature, and memoir. In the story of philosopher Jean-Paul Sartre, who at 69, was going blind and losing his memory, Gullette finds hope and inspiration. Despite his losses, Sartre still felt like *himself*, and he felt that he was still progressing, although not in the ways he imagined in earlier years. Gullette also finds inspiration in Jane Austen’s novel, *Emma* (1815/2006), about a daughter caring for an aging parent during a time (late 18th and early 19th centuries) when people were more compassionate and generous toward elders with memory loss. Gullette uses the novel to reflect on a change in the “culture of feeling” in regards to age and memory. There was a time, before the mind had been

“medicalized,” when memory loss was not considered a failure in *all* mental faculties and certainly not in character or morality. Now that the mind has been reduced to brain, which for older adults has been reduced to memory, we have become a culture of “hypercognitive and frightened people” (p. 179). With greater understanding and compassion, we can and must change this culture.

Gullette provides specific solutions to overcoming “the terror of forgetfulness”: use different language to refer to memory problems and focus on what remains despite these problems. In terms of language, she suggests using the phrase “cognitive impairments” to indicate losses in some areas, instead of the all-encompassing “dementia.” She shows us how to focus on remaining abilities by telling stories about her 91-year-old mother’s mental and physical decline. When Gullette was meeting with the director of nursing at her mother’s assisted living facility, she was presented with her mother’s diminishing scores on the mini-mental exam. Rather than accepting the diagnosis of mental decline, she would counter with her mother’s latest score in Scrabble, her most recent witticism or “one of the million-odd things still available in her mind” (p. 188). The nurse called this reaction “denial,” but Gullette called it “alternative reality.” Through such anecdotes, Gullette reminds us that “memory is only one aspect of mind—and not necessarily the most important aspect of selfhood” (200).

In the final chapter, “Elegies and Romances of Later Life,” Gullette analyzes stories of aging-into-frailty and aging-toward-death that are told as progress narratives. She relies on three memoirs, one fictional and two factual. In Marilynne Robinson’s novel *Gilead* (2006), the narrator is an aging minister who succeeds in becoming a better person. In Alix Kates Shulman’s *To Love What Is* (2008), she describes the changes in their life after her 70-year-old husband’s traumatic brain injury and Alzheimer’s diagnosis. In my book *Endnotes* (2008), I describe my own growth, at 42, through a relationship with an 82-year-old man with Parkinson’s disease who lives in a nursing home. All of these stories model what Gullette calls “anti-ageist literature,” which challenges “the grueling negativity and automaticity of decline but not by falling away from loss” (p. 209). The body losses of old age do not dominate these narratives; rather, love, humor, kindness, compassion, gratitude—the highest of human emotions—are the major influences.

Taken together, all the chapters in the book illustrate the various ways that decline can be countered at the cultural and individual levels—ideologically, legally, politically, ethnically, and in particular,

“imaginatively, through the illuminations of our best and longest-lasting stories” (p. 223).

Gullette’s strong voice in *Agewise* is both a strength and a limitation, depending on your point of view. To the general reader, it gives her writing clout and makes it memorable. There is force to her prose:

Most of us have been taught some of the vulgarly comic, politically inspired, greed-motivated, or scientifically scary decline narratives of the life course. They accumulate in us like airborne irritants. Ignorance of later life is a social epidemic, chronic or acute: it can bury our finer feelings, stunt our intelligence, paralyze the body politic. (p. 39)

The “truth” of such statements lies in the resonant chords they strike in readers. Gullette makes her claims by grouping together sentences like this, supporting them with poignant and emotionally compelling examples. Many academic readers will find this off-putting, preferring more objective evidence and fewer stories. Readers looking for a buildup of scholarly references will find little of this in *Agewise*. Although Gullette cites many academic sources, she leans toward literature and popular media to support her points. The book is also full of Margaret Gullette the person, who often speaks autobiographically. That person is unabashedly leftist in her politics, vigilant in her effort to expose ageism, and passionate in her desire to elevate the experience of aging. She is highly selective in the examples she uses to make readers “age wise,” and she tends toward hyperbole in some explanations. From a scientific perspective, these are limitations.

But Gullette is not writing for scientists or even the broader category of gerontologists. Gullette speaks to the well-educated everyman and everywoman who care about culture and politics and the human condition. She also speaks to other writers, journalists, and poets. She wants *them* to *change* the world by changing the way ordinary people think and talk about old age in America. She entreats popular writers, whom she calls “Angels in America,” to become “the laureates of our broader illuminations” and to empower us all for the fights against ageism (p. 223).

If there is a lesson here for gerontologists, it would be this: however good your research, it is not going to change how the general public *feels* about old age. We need an army of age-aware people for that—scholars,

public intellectuals, writers—working collectively to counter the pernicious influence of ageism.

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Ruth Ray Karpen, PhD, is Professor Emerita at Wayne State University in Detroit. Her research interests include narrative, critical, and feminist gerontology. Her single-authored books, *Beyond Nostalgia: Aging and Life-Story Writing* (University of Virginia) and *Endnotes: An Intimate Look at the End of Life* (Columbia University), provide narrative accounts of aging and old age from a feminist perspective. In her co-edited book with Toni Calasanti, *Nobody's Burden: Lessons from the Great Depression on the Struggle for Old-Age Security* (Lexington), contributors explore an archive of case files kept by some of America's first geriatric social workers to describe and critique old-age care during the 1920s and 1930s. She has also co-edited, with Thomas R. Cole and the late Robert Kastenbaum, the *Handbook of the Humanities and Aging*, 2nd ed. (Springer) and *A Guide to Humanistic Studies in Aging* (Johns Hopkins University).