The social relationships and social networks that we create and transform over the course of a lifetime define not only what we were, but who we are now, and what we become in the future. But it is not only social networks, how many people that we know, that define us, but also the quality of the social relationships that we resolutely build over time that matters to how we grow and develop as human beings. However, several prevailing theories proscribe how these social relationships and social networks will transform themselves as we age.

First, Cumming and Henry (1961) suggested that an inevitable part of the aging process is a disengagement from social networks and social relationships in preparation for the final endpoint: death. Cumming and Henry reasoned that people begin this withdrawal when they realize that their life is limited. Disengagement theorists, like Cumming and Henry, believe it is the unambiguous realization that life is drawing short. This universal awareness provides the impetus for the individual and society to modify and reduce the number of social roles that the individual plays.

In contrast to disengagement, Havighurst (1961) reasoned that social withdrawal is not an inevitable consequence of the aging process but is often a consequence of poor health or social losses (i.e., death of a spouse or close friends, serious physical illnesses) and is probably unavoidable and beyond the individual’s control. Havighurst viewed optimal aging as the involvement in continual activity and social engagement until the end.

More recently, Carstensen (1995) proposed a theory that attempts to explain the well-grounded facts that social interactions and social activities diminish with age. Carstensen suggested that individuals consciously prune their social network of social partners in an effort to conserve physical and mental energy. The reduction in social network size and composition is motivated by the desire to regulate emotions. The theory suggests that older adults actively select individuals who will enhance and reinforce their views of self. Social
partners typically enhance positive affect while simultaneously limiting or decreasing negative affect. Carstensen’s model of social engagement is seen by some (Adams, 2004) as an elaboration and modification of disengagement theory.

How do these theories help explain how we might prepare to handle the inevitable: eventual physical decline and death? Beth Baker argues that we must proactively address the inevitable consequences of the aging process. In her book, With a Little Help From Our Friends: Creating Community as We Grow Older, she provides a well-informed, thoughtful, intelligent, and insightful analysis of why all of us should not be afraid to look forward into our future and make critical decisions now about how we wish to live our lives in old age.

Baker’s basic premise for the book is built on the idea that our future lives in old age are going to be based on the relationships that we create, develop, and nurture. The idea is derived from an African proverb, “It takes a village to raise a child,” extrapolated and applied to older adults seeking to find a community to assist in their final journey to the end of life. From Baker’s perspective, aging in a community is a way station rather than a final destination. Her unique view emerges in the stories about community belongingness that she weaves. She has done a masterful job of telling stories that have integrated her relationship with her interviewees into the larger picture of how and why housing systems and facilities for older adults are constructed and the social and political policies that may or may not exist to assist persons living into old age. Throughout the book, Baker enjoins the reader to be creative about where one can receive or seek help. I think that she is really asking the question, how far can aging in the community be extended? If relationships are the driving force in our lives, as suggested, then Baker’s thesis that community and relationships are essential to sustain us through the end of life is accurate.

Baker argues that society in the United States is at a critical juncture. First, we are in the midst of the greatest demographic transition that our society has ever seen. Current population estimates show that approximately 10,000 Americans have turned 65 every day since January 1, 2011, and will continue to do so until 2020. The changing population dynamic will shift the population from about 13.1% who are 65 and older to about 18% in 2030 (Cohn & Taylor, 2010). The shifting population structure of the United States will also evidence a dramatic increase in those who are 85 years and older, with projections showing an increase from 2010 to 2030 of approximately 67%. The real numbers suggest that the change will be from 5.8 to 8.7 million people 85 years and older. Census data suggest that those 85 years and older will make up 4.3% of the population in 2030.

Second, the changing demography will have profound social consequences. The enormous increase in the number of older adults will also require an equally large increase in the number of health care and allied health care professionals providing services to them. Some estimates suggest that in order to meet the mental health needs of the emerging 65-plus population, society will need a significant increase in the number of appropriately trained geropsychologists, geriatric psychiatrists, social workers, and psychiatric nurses. For example, in 1987 the National Institute on Aging predicted that 60,000 to 70,000 social workers trained in the provision of geriatric care would be needed by 2020 (Institute of Medicine, 2008). In 2005, only 4% of social workers reported a specialization in geriatrics (Institute of Medicine, 2008). Compounding this lack of professional manpower will be a corresponding need for long-term care facilities available to treat and provide care for the increasing number of older, sicker, and more frail older adults that are expected in the next several decades. Baker is right on point in that it would be useful and socially responsible to
seek, encourage, and develop alternative models to enable people to “age in place,” or perhaps better put, to “age in community.”

The third element that undergirds Baker’s perspective is the tacit and implied ageism that exists within American culture today (Levy, 2001). Ageist views not only permeate our society but have a profound impact on how older adults see themselves (Levy et al., 2008). Stereotypes, biases, and discrimination about aging are a well-documented part of American society. These beliefs and ideas about getting old are not only prevalent among the young but also prominent among the old, and they influence older adults’ perceived agentic beliefs (Bandura, 2006) about how they might be able to live their lives.

Baker’s thesis is solidly positioned as a book of empowerment. The stories that she includes illustrate people who became effective change agents in their environments as well as the concepts that were associated with finding not just a place or residence to live out the remainder of life but also a place or residence where one might thrive at living out the rest of one’s life.

Baker focuses in Part II of the book on the various community housing options that are available to older adults. The options include housing cooperatives, NORCs (naturally occurring retirement communities), and intergenerational communities (born out of creative alliances across generations and communities). Part III of the book details how American society can pay for decent housing and community options and how we might develop social policies to facilitate the needed changes in these dynamic systems. In this section, Baker discusses how architecture, community planning and development, and technology can precipitate the changes needed to move development of more creative housing solutions forward.

Baker offers brief descriptions of nine different housing options that people might consider, besides, of course, the more traditional options of home ownership and various long-term care options. I found two options especially striking. The first, Hope Meadows, is a village of about 1,300 people located about 20 miles northeast of Urbana-Champaign, Illinois. Hope Meadows was built at the former Chanute Air Force Base where the buildings and grounds were repurposed to create an intergenerational community comprising foster children who have been neglected or abused. In addition to the children and their foster parents, older adults who are looking to develop meaning and purpose in their lives have been incorporated and welcomed into the community. Brenda Ehrhardt, the founder of Hope Meadows, believed that intergenerational communities can heal all types of vulnerable populations, not just abused and neglected children. What emerged from Hope Meadows and the initial model was Hope Development Corporation, an organization that was funded by the W. K. Kellogg foundation to disseminate the model throughout the United States. The Hope Meadows story and the Generations of Hope program provide a tremendous example of the transformative power of relationships.

The second option that drew my interest Baker terms affinity groups. These groups range from the CARE center (Continuing Assistance for Retired Escapees), which is a nonprofit center for RV (recreational vehicle) enthusiasts who can no longer travel, to the Zen Center, which is focused on those who are committed to the practice of Zen meditation. Baker also describes a creative arts community consisting of those who wished to pursue the study of art, music, and other creative endeavors postretirement; a community developed specifically for retired postal workers; and a retirement community based on LGBT lifestyles.
The rationale for these lifestyle-based communities is embedded in relationships. Baker asserts that individuals want to affiliate with others who have like minds and interests.

*With a Little Help From Our Friends: Creating Community as We Grow Older* is a book about relationship building, community development, and creative ways to solve the problems associated with the wave of adults who will be 65 or older over the next 15 years. There is a need to develop creative solutions, and Baker has unquestionably identified a number of them. However, I began to feel more and more uncomfortable about the possibility of these alternative housing solutions and how they would be financed. Halfway through the book I began to question, what would happen to those too poor to use these alternatives? Will they be subjected to the same old institutional settings we have always had?

Baker thinks extensively, and outside of the box, about senior housing. I hope that many of her ideas gain political traction and are subsequently funded. Gerontologists need to support approaches to senior housing that are creative, sustainable, and fundable for the masses. Everyone who is 65 or older, or approaching that mark, deserves the hope that Baker describes.

In conclusion, *With a Little Help From Our Friends* will serve multiple purposes. It would be most suitable in a course emphasizing community development or programs and services in the aging services network. It will also provide valuable information to advanced graduate students, interns, and postdoctoral fellows who are trying to understand how relationships, community, and residences impact mental health and the quality of life for older people. This book will also be valuable for the professional who has never taken coursework in gerontology because it provides a framework for understanding the aging individual in terms of modern lifespan psychology (see Baltes & Baltes, 1990; Schaie, 2013). Finally, the book should be read by anyone who anticipates retirement and wishes to live out the rest of their life in a community that will appreciate and celebrate their contributions. Baker’s book provides something for everyone, and then some.

### References


