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## The Psychologies of Ageing

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Psychology contains a wide diversity of approaches from the biological through to the societal. Each of these approaches makes a contribution to our understanding of ageing. The aim of this edited collection is to highlight the contribution of a series of key approaches which provide a unique perspective on ageing. These perspectives were chosen to illustrate current psychological research on ageing which adopts a more critical and less reductionist approach. As an introduction to this collection, this chapter considers briefly the tremendous challenge and

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opportunities posed by our ageing society and then reviews the main psychological perspectives considered and how these have engaged with this phenomenon.

## Ageing

Growing old is part of life. However, what it means to grow old in the twenty-first century is dramatically different than in previous eras. Our understanding of what it means to age, and 'age well', has shifted in recent decades, with some scholars highlighting the obsessional heights that this has reached (Lamb 2017). People throughout the world are living longer than ever before and the proportion of the world's population who are classified as old continues to increase dramatically. According to the World Health Organisation (2015), the proportion of people in the world who are over 60 years of age will increase from 12% to 22% by 2050. In actual figures, the number of older people will increase from 900 million in 2015 to 2 billion people in 2050. In addition, people will be living longer. The WHO estimates that the number aged over 80 years will increase from 120 million in 2015 to 434 million in 2050. Further, by 2020, the total number of people aged 60+ will be greater than those aged less than 5 years by 2020. This rapid increase in the world's older population brings many associated challenges as well as opportunities.

The growth of the ageing population has led to sustained discussions by national and international agencies on how to wholly ensure that older people have the fullest opportunity to participate in society and that the various support agencies are designed to address their needs. The World Health Organisation (2007) has been to the fore in developing a wide range of initiatives. One of the most important initiatives has been the promotion of age-friendly cities and communities. Sustained research and consultation with older people and various support agencies identified various domains as important. While these domains are key to the development of healthy ageing, there is a need for more social and psychological research designed to explore in more detail their content.

Balancing the opportunities with responding to the challenges is a focus that underlies much of this collection that examines the different roles psychology plays in the various spectra of ageing. Throughout the ageing literature in the last 40 years we have seen various iterations of terms such as ‘successful ageing’ (see Bowling and Dieppe 2005, for a review of this term), ‘active ageing’, ‘healthy ageing’, ‘positive ageing’, or ‘optimal ageing’, each bringing its own perspectives and both positive and negative connotations, which can be seen in the different themes throughout the book. It is worth spending a little time thinking about each of these terms as readers see different viewpoints on them throughout this book.

When we consider how ageing is typically represented within psychology, there is an implicit, and sometimes explicit, focus on individual and intrapsychic contributing factors. To take Ian Stuart-Hamilton’s (2012) popular, and comprehensive, textbook on *The Psychology of Ageing* as an illustration of this approach; of the nine chapters most foreground cognitive processes or individual differences. While not wishing to critique this focus it is telling that there is a chapter on measuring intellectual change in later life, another on ageing and memory, and also a focus on ageing and language in which the material largely covers linguistic constraints and cognitive processing issues. Stuart-Hamilton does not take an uncritical stance to the ‘confounds’ within the mainstay of psychological science on ageing but quite the reverse. Nevertheless, the underpinning psychological research on which his textbook, and arguably the field, is based is skewed towards more individualistic accounts of ageing. As a counterpoint, in constructing this collection, we aim to explicitly label and illustrate different forms of psychological research on ageing which move beyond the traditional canon within the field. The goal being to allow the reader to make more visible links between the underpinning psychological approach and the research questions and findings that flow from that approach. This form of psychological research has clear practical implications to challenge those negative social constructions and institutions which exclude older people from full participation in the social world.

## Psychological Theories

### Critical Social Psychology

Critical social psychology and analyses of discourse have made a growing contribution to the psychologies of ageing. This paradigm, broadly conceived, can reveal the social construction of ageing and offer analytic tools to examine, and also challenge, ageism. In part, as a counter to cultural understandings of ageing as synonymous with frailty and decline, the term ‘successful ageing’, which was first coined in gerontology in the 1960s but has grown in prominence since from the 1980s onwards (Lamb 2017), now forms a key framework in understanding the psychology of ageing. Perceptions of conditions like dementia and frailty as being a normative part of ageing—just things that happen with increasing age—has now almost gone because of these changes, with the resulting impact on research and the fact that now more is understood about risk factors for dementia and frailty for instance. A positive aspect of successful ageing is that it supports arguments for better support and funding for preventive rather than crisis only based health and social care.

Probably the most commonly used definition of successful ageing is satisfaction with one’s past and present life (Havighurst 1963), but other more biomedical definitions have also had an influence. These views conceptualise successful ageing more in terms of the optimisation of life expectancy while minimising the gap between longevity and healthy life expectancy, with Rowe and Kahn’s (1998) definition also having significant influence. This definition included the absence or avoidance of disease and risk factors for disease, maintenance of physical and cognitive functioning, and maintenance of social engagement and involvement.

While the number of definitions have accumulated, some have suggested that the concept of successful ageing is informed by and grows out of neoliberal notions of individual responsibility for how we age, and, according to Lamb et al. (2017) ‘has persisted as the dominant paradigm in gerontological research, appearing also under such related labels as “active aging”, “healthy aging”, “productive aging”, “vital aging”, “anti-aging”, and “aging well”’ (p. 1). Critical social psychology and discursive

approaches which are considered in Chapters 2, 3, and 4 offer insights into how such new discursive, and material, landscapes shape the experiences of older people and indeed critique models such as successful ageing.

Stephens and Breheny, in Chapter 2, take a social constructionist approach highlighting how individualisation and healthism work to ‘defy ageing itself’. They demonstrate how the medical discourse of ageing, and successful ageing, is rooted in social policy discourse and how individual responsibility discourse interleaves to construct the older ‘citizen who is responsible for their own physical and financial wellbeing’. Stephens and Breheny draw two contradictory discourses which exemplify the contradictory discursive landscape older people occupy from their interviews with older New Zealanders, namely ‘productive time’ and ‘personal time’. In the former, leisure activity is useful and demonstrates the achievement of a productive, active citizen; in the latter the emphasis is on personal choice and freedom justified through an emphasis on contributing throughout the life course. Ultimately, and importantly, they demonstrate how ‘language shapes research, practice, and policy’; this, along with the ‘how’ provided by conversation analytic methods as demonstrated by Ford, in Chapter 4, signals the value and significance of critical social and discursive approaches to the psychology of ageing.

Discursive approaches to ageing take many forms. At the level of interrogating participants’ accounts, age appropriateness and norms around ageing can be illuminated by, for example, understanding how contradictory accounts of ‘old’ and ‘a little girl’ are produced in talk (Nikander 2000). In Chapter 3, Hinchliff and King allude to the utility of membership categorisation analysis as an approach to understanding older lesbian, gay, and bisexual (LGB) peoples’ use of identity categories within specific instances of talk. They then deploy intersectional narrative analysis to explore some of the ways that gender, social class, religion, and ethnicity intersect in older LGB peoples’ accounts. Moreover, they move outside the conventional parameters of the discipline—a vital critical move—to bring sociology and intersectional analysis into conversation with social psychology on the topic of ageing and sexualities (Peel and Harding 2016).

In Chapter 4, Ford offers a thorough exploration of how the ‘discursive turn’ in social psychology provides an important framework for engaging with psychological processes not as cognitive phenomena but as interactional achievements. Taking displays of empathy in palliative care interactions as his focus, and using conversation analysis to scrutinise how doctors create interactional space for older patients to talk about their condition, or acknowledge emotional and experiential difficulties caused by physical symptoms, Ford shows how a person-centred approach in later life can be enacted.

## Biological, Cognitive, and Health Psychology

Many of the terms used to describe ageing come from an understanding that variability in a range of factors increases, the older the population sample being studied, and that health challenges begin to accumulate, but not for everyone. For example, although the number of diagnoses of chronic diseases a person may have increases with age, to the extent that 81.5% of over 85-year-olds have two or more chronic conditions, that still indicates that 18.5% of this age group have no chronic diagnoses, or only one (Salive 2013). Likewise, although the likelihood of cognitive change increases with age, in any study of cognitive function, there are people in the oldest groups who show no decline, with population distributions of performance showing fewer people clustered around the mean and longer ‘tails’ of people performing at greater distances from the average, the older the population group. Within cognitive functions, measures of variability increase with increasing age (e.g. Morse 1993) and within-person variability (either within a task from moment to moment, or between different functions) have both been shown to be indicative or predictive of serious impairment, including later Alzheimer’s disease (Lövdén et al. 2007; Hilborn et al. 2009; Halliday et al. 2018).

Both the biological and cognitive psychology of ageing have this understanding of variability at their base. If one 80-year-old has health and cognition that is very different from another 80-year-old, or if each has some aspects of good health or cognition and some poor ones, then we must conclude that chronological age, in itself, is not causing the

changes. This leads us to look for the underlying reasons for observed changes with a view to identifying risk factors, mechanisms, and potential modifiers and so interventions. The interaction between our psychologies, brain, behaviour, and our environment, including our social situation, is a key focus for psychologists and this is highlighted in the chapters in this section.

Biological psychology explores the biological bases of our behaviour and can also be called physiological psychology. The sub-discipline focuses on the interaction between our physiology, including the brain, and our behaviour. While the focus is usually on internal processes and the field can be described as reductionist, the interaction with the environment is crucial. This is typified in Chapters 5 and 6. Chapter 5 discusses the impact of stress coming from the environment on physical health via the body's physiological responses to stress, and so to its impact on the immune system. Stress can be defined as being in a situation that exceeds our coping abilities, and we have been aware for some time that people undergoing stress are more susceptible to a range of disease processes. Whittaker, Chapter 5, offers some explanations for these links, first discussing some of the mechanisms by which stressful situations and our experience of coping with them have an impact on our immune system. Central to the development of the work in ageing immune systems is the concept of a balance between inflammation and immune system factors necessary to deal with it, which can change with increasing age, known as inflammaging. The importance of this balance in longevity, in the development of chronic diseases, cancers, dementia (Giunta et al. 2008), and frailty (Feng et al. 2017) is only now beginning to be understood.

Whittaker (Phillips) describes a series of significant articles on the impact of stress on health, notably examining the impact of caring for a child with developmental disorders or a family member with dementia, demonstrating that, for example, the response to vaccination against influenza is poorer in caregivers, particularly older carers. Responding to the question of poorer health following stressful life events, Whittaker describes a study examining the impact of stressful life events on the response to the influenza vaccine amongst younger and older people. While finding fewer differences than expected, the older participants did show an effect of having experienced bereavement in the last year

(Phillips et al. 2006). This mirrors other research that has directly examined immune function in bereaved younger and older adults, showing an effect only for the older people (Vitlic et al. 2014).

Indeed, immune function has been suggested as one mechanism whereby cumulative models of frailty, such as that described in Chapter 7, may have their impact. Whittaker introduces studies on the impact of developing depression on likelihood of infection following hip fracture and of the impact of social support and social networks on immune function, underlining the need to take a broader view of biological psychology in the context of older age. Indeed, the role of strong social support, for example, from happy marriages, was suggested to be a useful mechanism that counteracted the effects of ageing on immune functioning and that may have a direct impact rather than simply an impact on reducing stress. As with all the chapters in this section, the issues are presented as those which can have an impact via our behaviour, and Whittaker suggests health behaviours effect both stress and immune function, with a recent article demonstrating the role of physical activity in reducing the impact of older age on the immune system (Duggal et al. 2018).

The theme of health behaviour is continued in Chapter 6, which also introduces the impact of biological underpinnings on cognitive function in older age. Here the interaction between the impacts of health behaviour on one's brain health and the risks of cognitive decline and dementia in older age is examined. The evidence behind the relationships between a physically active lifestyle and reduced risk of cognitive decline in older age is examined using longitudinal studies, alongside studies that take a normal range of older adults and randomly allocate them to exercise groups and controls, both demonstrating a positive impact of lifetime activity and new interventions in older age. Importantly, this has been shown to have an effect in people who already have a diagnosis of Mild Cognitive Impairment (MCI) (e.g. Larson et al. 2006) and in people with the main genetic risk marker for Alzheimer's disease, APOE-ε4 (Head et al. 2012).

The roles of lifetime and later life cognitive activity are also considered, again using longitudinal studies and later life interventions. Elliott-King and her colleagues (Chapter 6) and Holland and her colleagues (Chapter 7) suggest that group activities are often more suitable for older adults.



Group activities may help with strategies for adherence, but importantly, they also provide a sociable and fun aspect, often improving a person's perceived social support. Both Chapters 6 and 7 specifically concern themselves with the role of health psychology in terms of understanding why people make positive lifestyle choices and why some people do not, or are unable to. While understanding of the benefits, mechanisms and likely impact of exercise, healthy diet, an intellectually engaged lifestyle, or taking steps to reduce the chances of social isolation is a crucial role for psychologists, so too is work on enabling people to live healthier lives via work on developing health literacy and interventions that work in different contexts.

Chapter 7 takes a mainly qualitative approach to understanding the experiences, beliefs, and perceptions of a range of actors including the frail and not frail older person, their carers, health and social care practitioners, and senior policymakers in relation to interventions. This approach, together with theoretical underpinnings using more quantitative models of behaviour change, demonstrates the usefulness of a mixed-methods approach in such challenges and ensures that the perspectives of older people and those who care for them are an integral part of any programmes to improve health outcomes. This goes further than the individual, leading us back to consider the full socio-political, environmental, and organisational contexts we all find ourselves in.

Finally, in this section, the concept of resilience is considered in depth. The notions of healthy ageing or successful ageing that this book considers throughout can give a misleading impression that anything less than perfect health and maintained activity and involvement at mid-life levels is not healthy ageing, potentially leading to negative perceptions about ageing in any other way. However, the study of resilience as an important component of health that is independent of physical ailments or fitness leads us to consider the concept both of positive ageing and of health, whereby health is a state of balance. The WHO defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' whereas Richardson et al. (2011) comment that a sense of wellbeing and social acceptance is crucial, but does not necessarily mean being free from disease, disability, or frailty. Indeed, concepts of control and autonomy feature highly in people's descriptions

of health and wellbeing, with frail older adults in Ebrahimi et al.'s (2013) study emphasising 'the importance of maintaining consistency and predictability in biopsychosocial contexts; having a manageable everyday life creates a sense of assurance and strengthens the older adults' experience of health' (p. 291). The overriding theme that emerged from their investigation of frail older adults' experiences of health offers a useful summary to the second section of this collection whereby psychological responses, self-efficacy, and control have been underlying themes to the connections between brain, body, and behaviour.

## Societal Psychology

Not only psychology but other scientific disciplines have expanded their research into ageing. Walker (2014) in his review of the development of the New Dynamics of Ageing research programme noted that a common focus of this expanding research agenda has been a concern with the person-environment perspective. The key element of this perspective has been consideration of the social, economic, physical, and cultural/political context within which ageing occurs. This perspective has promoted much contemporary multi-disciplinary research on ageing which has encouraged many psychologists to work alongside other social and health scientists. These psychologists have been informed by a multi-disciplinary perspective, drawing upon ideas from neighbouring disciplines to develop a more sophisticated understanding of ageing. This approach accords with the call by Hilde Himmelweit (1990) for a societal psychology. By this she meant a psychology that considers the social, political, cultural, and environmental contexts within which we as humans are located. This is not to ignore the intrapsychic and interpersonal processes but rather to locate them within a broader societal context.

In the third section, we consider community, environmental, and socio-cultural psychological perspectives on ageing. Each of these approaches overlaps with the others such that it is difficult to talk about community interventions without considering the broader cultural and political context. Similarly, concern with environmental factors needs to be located within the cultural and political context. This expansive

approach connects with the critical social psychological approach detailed in the first section of this collection in its aim to both critique and to challenge those societal arrangements that oppress older people. It is focused on working with older people to enhance their everyday lives.

Community psychology entails understanding how people connect with their communities as well as working with communities to promote social change. It developed in North America from the community mental health movement in the 1960s which evolved as part of the push for de-institutionalisation of care for people with mental health issues. In Latin America, it had a more political origin during the 1960s and was concerned with working with communities to defend them against various forms of social oppression and to promote efforts for broader societal change. Over the past 50 years the approach has evolved into promoting participatory forms of collective action and social change to promote social wellbeing. Increasingly it has taken up broader political issues and explored how to build alliances for social change (Murray and Wright-Bevans 2017; Nelson and Prilleltensky 2010). Further, the definition of community has expanded from one based upon local physical connections to an emphasis on collectivities in general.

The World Health Organisation (2002) identified both housing and outdoor spaces and buildings as two of the eight domains of an age-friendly community. In Chapter 8, Sixsmith and colleagues use participatory forms of research to explore how older people engage with these two key domains. Older people define themselves with reference to these neighbourhoods. They are likely to have spent the majority of their lives in the same home or neighbourhood and to have developed a sense of place which provides them with a certain rootedness. They locate themselves within their memories of that place.

In a study of the experiences of a disadvantaged urban community, Murray and Crummett (2018) reported that the older residents identified strongly with the immediate locality. It was part of who they were despite the many adversities they faced. Many of the residents had lived in the same houses for almost 40 years. They had raised their children there and formed close relationships with their neighbours. Their sense of community was reflected in the stories they told about their neighbourhood. They recalled the good times and the various hardships they had

experienced. Despite their positive recollection of their community, they were frustrated by the negative outsider representation.

A key issue was the lack of control they had over the planning of their community. A frequent complaint was that the council officials ignored them. The work of Langer and Rodin (1976) confirmed the importance of perceived control in the lives of older people. They conducted an experimental study in which the residents of a nursing home were randomly assigned to either a group where they were told they had control over aspects of their everyday lives and another group who did not have such control. Eighteen months later it was found that those residents in the intervention group had improved health whereas the death rate was higher among the other residents. Mallers et al. (2013) identified this study as a classic in the field of gerontology. According to them it showed that it was better to allow older adults to do things for themselves rather than have them done for them. Subsequent research has confirmed that both perceived and actual control have positive influences. Even with frail older adults the benefits of minimal control have been demonstrated. For example, Lidz et al. (1992) found that older adults who, given the ability to make choices, understand options and have goals supported had improved wellbeing. This was the case even if assistance was required.

Sixsmith and her colleagues (Chapter 8) address this issue of control over their environment through a collaborative project with older people. Their aim was to work with the older people to co-create meaningful housing solutions transitioning into affordable housing. Central to their research was the importance of building community partnerships. Their research confirmed that although the process of building community partnerships was laborious, it was a necessary process in enabling older people to live independently and age well within their homes and communities.

Environmental psychology evolved from a focus on exploring the impact of the physical environment on human behaviour to a much broader concern with the relationship between humans and the natural, built, and social environment. In Chapter 9, Musselwhite considers one aspect of the environment—the use of transport. Again, the WHO (2007) identified transportation as one of the eight domains of an age-friendly community.

Any study of older people's social needs frequently brings to the fore discussion about accessibility. It is insufficient to develop new resources for older people unless these are easily accessible. For example, Newman et al. (2013) explored the value of access to art galleries for older people. However, when these older people were interviewed it was found that while they agreed that cultural engagement was important for their well-being they also emphasised the importance of transport to those facilities. Similarly, Murray and Crummett (2018) found that the older residents they worked with identified the lack of transport as the major deterrent to them accessing facilities outside their neighbourhood. Musselwhite, in Chapter 9, considers the various uses of transport by older people. He emphasises that transport must be understood within its societal context and with reference to the various social and psychological needs of older people. Like community psychology, environmental psychology emphasises developing approaches that will enhance everyday lives of older people. It is also involved in critiquing those broad environmental constraints on older people's lives whether it be in the design of buildings or the various social opportunities to which old people have access.

Socio-cultural psychology is an expansive approach which seeks to understand our everyday interaction with the social and symbolic world. As such it connects with the domains of the age-friendly city concerned with respect and social inclusion, social and civic participation, communication, and social support (WHO 2007). It includes within it a range of different approaches and methods from the descriptive survey-based approaches to the more interpretive approaches. The final chapter by Wright-Bevans and Murray connects with the more critical interpretive approach by exploring how old age is socially represented in society and how it can be challenged.

Social representations of ageing are constructed and circulated in everyday social interaction. They guide our everyday social expectations and interactions. However, certain agencies have greater power to shape dominant representations which are conveyed by the media and various social institutions. In the final chapter Wright-Bevans and Murray consider the operation of social representations of ageing and different ways of challenging these. Negura et al. (2018) in their discussion of the operation of social representations argue that it is through the subjective internalisation

of our relationship with the social world that power operates. Power does not operate by force but by acceptance of ways of seeing the world. Individual and collective stories are at the centre of social representations (see Laszlo 2008). These narrative accounts are not only involved in the organisation of social representations but also shape our expectations and social practices (see also Murray 2002). At the core of social representations of ageing is a narrative of decline epitomised in the various stories about old people. However, while this might be the dominant narrative it can be challenged in various ways as is discussed in this final chapter.

## An Introduction

This collection is constructed to introduce these approaches and to highlight the unique contribution of the various psychologies to our understanding of ageing. We have divided this book into the three sections of ‘social and critical psychology’, ‘biological, cognitive and health psychology’, and ‘societal psychology’—and designedly so. There is both convergence and epistemological tension in this mapping of psychology’s terrain. Whilst some may argue that disciplinary sub-division is unhelpful in the landscape of ageing research, we felt that creating distinct spaces for exploring research and practice not only enables a more inclusive understanding of psychological theories and approaches but widens the auspices of the field (see also Peel et al. 2016; Murray et al. 2017). Margaret Morganroth Gullette (2017, p. 16) wrote rather pessimistically that ‘the field of age studies has a way to go to make ageing nonboring, nonfearful, nonstupid’. We hope that this collection demonstrates that within psychologies of ageing this notion is a whisper from a distant past.

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