Anthropology & Aging Quarterly

The official publication of the Association for Anthropology & Gerontology

Information and Submission Guidelines

Anthropology & Aging Quarterly is the official publication of the Association for Anthropology & Gerontology (AAGE). It is published quarterly (March, June, September, December) by AAGE. AAGE is a nonprofit organization established in 1978 as a multidisciplinary group dedicated to the exploration and understanding of aging within and across the diversity of human cultures. Our perspective is holistic, comparative, and international. Our members come from a variety of academic and applied fields, including the social and biological sciences, nursing, medicine, policy studies, social work, and service provision. We provide a supportive environment for the professional growth of students and colleagues, contributing to a greater understanding of the aging process and the lives of older persons across the globe.

AAQ welcomes submissions of new and engaging work that contributes to the anthropological study of aging. This may take the form of original ethnographic or experimental research, or work that applies anthropological methods and perspectives to the study of aging more broadly. See http://anthropologyandgerontology.com, for the latest calls for papers, deadlines, news updates, and to download current and back issues for free.

Submission Process
All manuscripts should be submitted electronically, via e-mail attachment. Anthropology & Aging Quarterly accepts four types of submissions—Research Reports, Policy and News Reviews, Commentaries, and Articles.

AAQ invites unsolicited contributions in several forms. Research Reports are brief discussions of ongoing or recently completed study (including doctoral research) and should be between 2,000-4,000 words. Policy and News Reviews are pieces which offer thoughtful and reflective commentary on current events or social policies pertaining to aging and culture. Commentaries provide authors with an opportunity to discuss theoretical, ethical and other time-sensitive topical issues which do not lend themselves to a full-length article. Policy Reviews or Commentaries may range from 3,000 to 6,000 words with the optional format of printed responses from members of the editorial advisory board.

Articles are peer-reviewed and manuscript submissions should include the following: a cover page with the author’s full name, affiliation, contact information, manuscript title; a 250 word abstract; the text; references cited; and tables or figures (Chicago Manual of Style, 16th edition). Endnotes are permitted but should be used sparingly and with justification. Articles should not exceed 10,000 words, including all notes and works cited. Published materials will open-access and authors are protected by a Creative Commons copyright.

We are also encourage submissions of visual work for the “Portfolio” section of our journal, including photographic essays and artwork relevant to the subjects of the journal.

All submissions should be submitted via e-mail to journal@anthropologyandgerontology.com

Evaluation
As a digital journal, AAQ stresses timely publication. Manuscripts are evaluated by the editorial staff (Editor-in-Chief, and sometimes Associate Editors), by anonymous peer referees (double-blind), and occasionally by members of the editorial advisory board. Every effort is made to expedite the review process, but authors should anticipate a waiting time of two to three months before a final decision is reached. In lieu of a publication fee, authors of accepted submissions should be current members of AAGE. This allows us to make your work open-access and grants you the regular member benefits.

As the title indicates (Dementia Care with Black and Latino Families: A Social Work Problem Solving Approach) it is directed toward Social Workers, though it would also be very useful for nursing, medical, public health, anthropology and sociology students. It gives an introduction to trends in Alzheimer’s disease and related dementias (ADRD) among diverse populations in the United States. Many of the chapters open with a vignette narrative of actual clients who are caring for someone with ADRD. These narratives provide a reader with a “human face” to the disease to counter the statistical trends.

The vignettes and case examples present reasons why people in minority groups might choose to care for a loved one with ADRD at home (rather than skilled nursing care) and the myriad of challenges that they can face while providing this care. Issues presented in the case examples are explored throughout the chapters, but it is not until Chapter 7 (Gonzalez Sanders and Fortinsky 2012:207) that the authors walk the reader through a case example, issue by issue, suggesting problem solving techniques and solutions. In earlier chapters, the reader might be left wondering how to address the presented challenges, without finding answers until much later in the book. This structure, while disconcerting at times, might serve as a useful critical thinking exercise for students.

A glaring concern from an anthropological perspective is that the authors speak extensively about culture, ethnicity, (and to a lesser extent, race) without defining these concepts. A definition of culture is eventually provided in chapter 4 (Gonzalez Sanders and Fortinsky 2012:95). These are contentious issues and it is understandable that the authors would wish to sidestep the complexity of these definitions, but it is necessary to address and define these concepts from the beginning. Without these definitions, the reader is left to define the terms in any way they choose, complete with the stereotypes presented in popular culture. For example, the authors use the terms “black” and “African Americans” in cultural and ethnic terms, rather than biological, however, this might not be clear to students. This concern could be rectified from an instructional standpoint if the book were augmented by articles that addressed the concept of culture, ethnicity and race in the medical field. In contrast, the authors do problematize the gendered skew of caregiving trends; most caregivers are women.

The book does offer useful problem solving techniques, sample forms, and documentation, which could be useful for social workers, nurses, physicians and researchers alike. Some of the suggested techniques, such as the “Ethnocultural Genogram” in Chapter 6 (Gonzalez Sanders and Fortinsky 2012:181-204) are adaptations of the family tree diagrams that anthropologists have historically used during ethnographic research.

The adoption of the techniques and forms in this book could yield very rich and useful data for individual problem solving and identifying further social trends in Social Work practice and applied medical anthropological research alike.

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Authors Patricia Osage and Mary McCall explore the challenges associated with senior isolation in Connecting with Socially Isolated Seniors. Designed as a service provider’s guide, this resource is a result of years of experience and expertise at the request of the staff and residents of Satellite Housing, Inc. Satellite Housing, Inc. is a provider of affordable housing to the San Francisco area whose service coordinators and caregivers were in search of a consolidated resource of best practices. The book summarizes the findings from a large survey of older adults living in independent senior housing communities and from focus groups conducted with senior caregivers, service coordinators, and activities directors.

The authors addressed three big questions:
• Do you recognize an association
between certain types of seniors and social isolation?

- What have you tried that was successful in reaching out to the aging?
- How can we prevent isolation and its’ impact in our housing communication?

The book is easy to understand and divided into fifteen short chapters; 10 of which identify key risk factors associated with social isolation in the elderly. Besides succinct information, the book has numerous resources, including checklists, a quiz to help quickly identify individuals who are at risk for social isolation, contact information for specific public agencies, and “How to Help” sections that describe how to intervene with specific, actionable-specific items. In addition each chapter includes a detailed case study that reinforces the information within the section and that may potentially help others identify risk factors with their residents, patients, or loved ones.

Several key behavioral and cultural issues are addressed within the book; including hoarding, substance use, intimate relationships, and language and culture. For example:

Hoarding: Although unfamiliar to many several years ago, today this phenomenon is common. The term hoarding is associated with the term “messy” but oftentimes the core issue of why a senior becomes a hoarder is overlooked. Hoarding is a result of loneliness and material objects often replace relationships (p. 53). A great take-away from this chapter is the reminder that as a service provider/caregiver the goal is not for the senior to get rid of everything, but to organize things giving them more use of their room. The “eliminate –all” strategy can often do more harm than good. A great suggestion in this chapter is to seek out peer or clinical groups for reducing hoarding; matching seniors with their peers for support and social connection.

Intimate Relationships: Many seniors deal with the loss of a loved one/spouse which can lead to social isolation. Challenges associated with older adults who self-identify as lesbian, gay, bisexual, or transgendered (LGBT) are often neglected. Homosexual seniors 65 years and older grew up during a time when they felt they needed to hide their relationships. Living in senior housing they still may perceive the need to hide those same feelings leading to increased isolation and loneliness. Again, networking with support groups, sharing their feelings with others, particularly people they do not live with may help. A great resource, cited in this chapter and can be referenced to any senior is “SAGE” (Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders) (p. 62).

One might assume that this resource could only be used within the California area due to the origin of the material, but the fact is this evidence-based handy 127-page guidebook can be used universally. Working in medical education myself, I would recommend this book to any medical students who consider getting into Geriatrics or who have grandparents, my peers who have taken on the responsibility of caring for their parents, and/or anyone in the healthcare profession.

In the “notes” section of the book, is a reference-ready listing of agencies, websites, textbooks, journal articles, all current which can be applied to any senior housing or residential/personal care situation. This resource will help identify seniors in any community and in residential care whose health and well-being are in jeopardy. Highly recommended.

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Lynch, Caitrin. My name is Julius: a film about growing old, staying young, and confronting a lifetime of hearing loss. That’s My Film! 2011. OCLC 785724214
17 min. 36 sec. DVD.


The current economic crisis has brought the plight of older adults in the United States workforce into sharp focus. Many older adults would like to retire but cannot afford to do so due to uncertainty in the stock market, while currently unemployed older adults face age discrimination in their search for employment. At the same time, many retired older adults face a crisis of meaning in their lives. If identity and worth are defined by what job title and productivity, what is a non-producing older adult worth? And if people stay connected socially through the workplace, how do the retired combat a sense of isolation and a lack of belonging?

My Name is Julius, a seventeen-minute documentary film produced by anthropologist Caitrin Lynch, examines the themes of loneliness, isolation, and connectedness. In this film, Julius Barthoff, pictured at 99 and 100 years of age, speaks movingly about his attempts to stay connected in the world. Having experienced hearing loss at a young age, he has always had to struggle to stay connected due to his disability but more so now with age. As he sits in conversation with other older adults, Julius has trouble following the conversation and knows he is not
hearing everything. He does not isolate himself but strives as much as possible to stay connected, to help others and to still make the rest of his life “happy”. Not interested in material wealth, he does a good deed daily by delivering newspapers to other residents of his senior housing complex.

Watching the film, the parallel between the disabled at any age and the position of older adults in American society become apparent. While those who experience a disability can feel isolated and apart at any age, previously well-connected older adults may start to experience isolation and loneliness as they retire, move into age-segregated housing, and lose contact with younger generations. The film can be useful in demonstrating these concepts to a class in gerontology, cross-cultural gerontology, or aging.

Turning to how older adults may capture that sense of belonging and connectedness in the workplace, Caitrin Lynch’s aptly entitled ethnography, Retirement on the Line, is a study of the Vita Needle factory in Needman, Massachusetts. A light manufacturing plant making needles for a variety of purposes, the median age of the workers was 74 and the oldest worker was aged 99 in 2011. Lynch spent five years studying Vita Needle using interviews with workers and management as well as actually working on the factory floor herself for one summer.

The book is divided into two parts. In Part One, Lynch focuses on how the company is structured and how life operates inside the factory. The owners of this company, which has received much media attention, focus on hiring part-time workers, mostly older adults, who will forgo high wages and benefits in exchange for supplemental income, flexible hours, job accommodations, and a no-layoff policy. The owner, Fred Hartman, claims that older adults are not only reliable, dedicated, and dependable, but also most likely to work part-time to supplement their other income. Older adults also qualify for programs such as Medicare, so they don’t need employer health benefits. The work does not require much physical strength and accommodations are made for those workers who require help lifting and moving, as well as allowing workers to rotate between jobs to avoid boredom and loss of productivity. Further, hiring managers look for those whose motive to work is to escape monotony, inactivity, or loneliness at home and weed out those who want higher wages or only want to do specific kinds of jobs. For Vita Needle, this results in a homogenous (yet economically diverse) workforce of older local, white, mostly non-immigrant, Christian (Catholic or Protestant) workers. Some need the supplemental income to get by on retirement income, while others view it as “mad money”. Yet Lynch finds this to be a “win-win” situation for all. She convincingly documents the sense of family, belonging, productivity, and meaning that the older workers derive from their employment at Vita Needle. They no longer feel “useless”, isolated, disconnected, and non-productive. The flexibility at Vita Needle in hours, work load, and attendance allows the accommodations needed for older workers.

Yet the owners claim that their intention is not just to benefit seniors but assert that this model makes good economic and business sense. Lynch documents how this model allows them to get dedicated workers without paying high wages and benefits, while attracting customers with their “moral high ground” [and getting kudos for the non-diversity of their workforce]. The workers do not appear to resent the idea that their labor makes the company profitable and recognize the inherent reciprocity, as demonstrated by one of their stock phrases, “making money for Fred”, which also results in a “Christmas” bonus for them. Lynch characterizes these practices as “elder sourcing”, an alternative to outsourcing similar work out of the country and with the benefit of retaining business in the United States economy. While Lynch makes a strong case for the benefits these workers and the owners find in such a “homogenous” and non-diverse work environment, she does not really address the potentially discriminatory and possibly illegal nature of such hiring practices nor other problematic practices, such as the “men’s lunch corner”.

In Part Two, she documents and analyzes the media attention, which includes her own presence, that the company receives and how this affects the workers. Interviews, filming for documentaries, and TV coverage, including a TV discussion where Lynch herself appeared with the owner and one worker, were frequent events. For example, stories about the company became part of political discussions about the meaning of retirement in France. These types of stories were followed by letters and e-mails from people in Europe (posted in the workplace) who reinterpreted their own status as retired adults after seeing the coverage of Vita Needle and wished for a similar chance to work. Lynch felt that the Vita Needle workers learned to interpret the meaning of their own lives by “consuming” media coverage of the company. For example, they expressed appreciation for their situation compared with the situation they imagined in Europe based on the letters. Yet, cooperation with the various media, such as news crews and documentary makers, as well as with Lynch herself, varied. Some felt participation was “part of the job”, while others used fake names.
for media photos or altered their identifying information. Some chose never to talk to Lynch or declined to participate in various media events or participated selectively. Lynch attributes this to a need to exhibit “agency” in their own lives, a desire not to be treated as a research subject, and a need for “balance” between work, media, and everyday life. Lynch does point out that the media rarely shows any kind of “conflict” or “debate” at Vita Needle, while noting that she did receive some criticism or complaints about both management practices and co-workers. Yet these are not well-documented compared to the overwhelming positive feedback documented. While Lynch herself used pseudonyms for most of the workers she interviewed or quoted, obviously management and co-workers could probably identify each worker. We are not left with a clear understanding of whether or not Lynch felt free to print criticisms, if workers requested she not print them, or if those with a less than positive viewpoint simply refused to be interviewed. While understandable in view of the location and lack of anonymity of the company, it leaves the book somewhat one-sided in its positive treatment of the workplace.

Lynch never resolves the question of whether or not this workplace model is exploitative of older adults or not and if it should be adopted more broadly. Instead, she asks us to think differently about the meaning of work in people’s lives, especially older adults, while pondering whether or not one group of workers can trade economic for non-economic benefits and how that affects the rights of all workers. This lack of a wider social context makes the book less suitable to discussions about how to get and keep older adults employed in today’s economic circumstances. As ethnography, this book would be suitable for use in a gerontology, cross-cultural gerontology, or aging studies course to illustrate attitudes about work and meaning for older adults.

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Book Reviews Editor, Joann Kovacich
jkovacich@rochester.rr.com.

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