Anthropology & Aging Quarterly

March 2013
Volume 34, Number 1

Journal of the Association of Anthropology & Gerontology

AAGE Officers

President Samantha Solimeo
CADRE, Iowa City VA Medical Center
601 Highway 6 West
Iowa City, IA 52246–2208
E-mail: samantha.solimeo@va.gov

Immediate Past-President Lori Jervis
Center for Applied Social Research, University of Oklahoma
2 Partners Place, 3100 Monitor Avenue, Rm 100, Norman, OK 73072
E-mail: lori.jervis@ou.edu

Treasurer Sharon Williams
Department of Sociology and Anthropology, Purdue University
700 W. State St., West Lafayette, IN 47907
E-mail: srw@purdue.edu

Secretary Eric Miller
Program Director Education Abroad, Virginia Polytechnic Institute and State University
526 Prices Fork Rd., Blacksburg, VA 26060
E-mail: etmiller@vt.edu

Elections Chair Rebecca Berman
Buehler Center on Aging, Northwestern University
750 N. Lakeshore Drive, , Suite 601, Chicago, IL 60611-2611
E-mail: r-berman2@northwestern.edu

AAGE Booth Coordinator Maria G. Cattell
486 Walnut Hill Road, Millersville, PA 17551
E-mail: mgcattell@aol.com

AAQ Editor-in-Chief Jason Danely
Department of Anthropology, Rhode Island College
600 Mt Pleasant Ave. ,Gaige 111, Providence, RI 02909
E-mail: jdanely@ric.edu

Anthropology & Aging Quarterly (ISSN: 1559-6680)

The official publication of the Association for Anthropology & Gerontology

www.aage.clubexpress.com

Editor-in-Chief

Jason Danely
Rhode Island College

Associate Editor

Jonathan Skinner
Queens University, Belfast

Book Reviews Editor

Sherylyn Briller
Wayne State University

Editorial Board

Judith Corr
Grand Valley State University

Howie Giles
University of California Santa Barbara

Madelyn Iris
Council for Jewish Elderly

Lori M. Jervis
University of Oklahoma

Sarah Lamb
Brandeis University

Dawn Lehman
MatherLifeways

Annette Leibing
Université de Montreal

Mark Luborsky
Wayne State University

Jon Nussbaum
Pennsylvania State University

Catherine O'Brien
MatherLifeWays

Margaret Perkinson
Saint Louis University

Dena Shenk
University of North Carolina, Charlotte

Samantha Solimeo
CADRE, Iowa City VA Medical Center

John Traphagan
University of Texas at Austin

Anthropology & Aging Quarterly, Vol. 34, No. 1, March 2013. This periodical is printed quarterly and is produced by the Association for Anthropology & Gerontology (AAGE). Subscriptions are available through membership in AAGE. Limited back issues are available for free download from the AAGE website.

Correspondence regarding membership may be directed to the AAGE Treasurer, Sharon Williams, Department of Anthropology, Purdue University, 700 W. State St., West Lafayette, IN 47907 (srw@purdue.edu). Information on annual membership fees and forms may be accessed through the AAGE website: aage.clubexpress.com

Cover photo credit: Mik Godley (see Portfolio, this issue)

Anthropology & Aging Quarterly

March 2013
Volume 34, Number 1

Contents

From the Editor 5
Jason Danely

Articles

Mobile Midwesterners: The Impact of Migration on Aging, Health, and Community 6
Matthew Dalstrom, Rockford College

Social Dance for Successful Aging: Models for Health, Happiness, and Social Inclusion amongst Senior Citizens 18
Jonathan Skinner, Queen's University, Belfast

Portfolio

Winter Fires 30
Mik Godley (portaits), François Matarasso (text)

Book Reviews

Aging America and Transportation: Personal Choices and Public Policy (J. Coughlin & L D'Ambrosio) 38
Siobhan Gregory

Universal Design as a Rehabilitation Strategy (J. Sanford) 39
Siobhan Gregory

The Long Baby Boom: An Optimistic Vision for a Graying Generation (J. Goldsmith) 40
Susan Ward

Surface Tensions: Surgery, Bodily Boundaries, and the Social Self (L. Manderson) 42
Amy Paul-Ward

Information for Contributors and Submission Deadlines 37

From the Editor

Jason Danely, Ph.D.
Department of Anthropology
Rhode Island College
jdanely@ric.edu

AAQ has consistently published work that brings new insights and questions to the issue of "successful aging," always with a strong awareness and acknowledgement of cultural diversity and context. Aging, let alone "successful aging," cannot be understood separately from the dynamic ecology that engages it, and this ecology increasingly stretches across borders and domains of life. Volume 34 continues to contribute to the ethnographic work on successful aging with two articles examining ways older adults combine leisure, health, and sociality, in the process developing a new forms of agency and identity.

Matthew Dalstrom's study of seasonal migrants (pg. 6) shows how older adult RV communities have developed and sustained themselves in the Lower Rio Grande Valley through a combination of social leisure opportunities and health resources, including access to inexpensive Mexican healthcare services and prescription drugs. Dalstrom's article shows that as these "snowbirds" become more integrated into the community, their identities and health decisions become increasingly intertwined with the landscape and timing of migration.

Jonathan Skinner (pg. 18) also finds "successful aging" to be a matter of social reshaping of time, space, and the body, although the ecologies being examined his case are the dancefloors of Blackpool, Belfast, and Sacramento. Like Dalstrom, Skinner also finds leisure to be linked to both health and sociality, but through his keen attention to dance as a form of embodiment, Skinner also makes important observations about the ways dancers experience a comforting sense of reminiscence and nostalgia through their "in-tense" movements.

The first Portfolio of the year features the work of artist Mik Godley (pg.30), whose portraits of older artists I first encountered when I read François Matarasso's book *Winter Fires: Art and Agency in Old Age*. In the accompanying text, Mik and François describe the development of their collaborative project, making it clear that the art is not simply widow-dressing for this book, but part of a cohesive visual ethnography on creativity, meaning, and the life course.

As Editor-in-Chief of AAQ, I would like to again welcome Jonathan Skinner as Associate Editor and Joann Kovacich as the new Book Reviews Editor beginning with issue 2. Finally, thank-you to Sherri Briller for her many years of dedication and service as book reviews editor for AAQ. My first book review (and academic publication) was edited by Sherri, and so from personal experience, I can attest that her impact on this journal and AAGE will not be forgotten!

Jason Danely
Editor-in-Chief

Mobile Midwesterners
The Impact of Migration on Aging, Health, and Community

Matthew Dalstrom
Department of Anthropology and Sociology
Rockford College

Abstract
As the population in the US ages, there is increasing need to study aging and its relationship to quality of life, health, and community. Quality of life is closely correlated with belonging to a community. Unfortunately, as seniors age there is a propensity for them to become increasingly isolated as their mobility decreases and their friends and family members die or move away. As a result, some seniors in the Midwest have begun to migrate to RV parks in the Lower Rio Grande Valley ("LRGV") in south Texas that function as temporary retirement communities for the winter. While there, they reconnect with friends and family members and engage in a variety of social, civic, and exercise related activities. Further, they participate in a variety of health seeking behaviors such as health screenings, trading medications, and using the Mexican health care system. This article explores these practices and discusses how Winter Texans choose the LRGV, how new members become integrated into RV parks, and how life in the parks impacts health and access to health care services. It also highlights the impact that seasonal migration has on community formation, health seeking behaviors, and the diversity of retirement communities.

Keywords: Winter Texans, health, migration, RV Parks

Introduction

The United States is in the midst of a demographic transformation as the number of people over the age of 65 has grown to its highest level, accounting for nearly 13 percent of the total population (Werner 2011). As the population ages, policy makers, families, and retirees themselves all seek to improve the often isolating process of aging that occurs as mobility decreases, friends die, and family members move away. "Aging in Place," as social anthropologist Ann Bookman (2008) refers to it, is a process that occurs as seniors become more removed from their communities as they age, resulting in a variety of health issues such as depression and decreased mobility. The 'aging in place' narrative comes under scrutiny, however, as seniors continue to live longer and healthier lives through access to improved health care, pensions and/or social security insurance. Accompanying this shift is a growing sentiment that retirement should be viewed not as the end of life, but as the reward for a life of working (Bartling 2006). This new mentality has lead to the expansion of retirement communities that cater to the notion that retirement should be fun and leisurely while simultaneously addressing the pragmatic concerns of needing more care as one ages. Retirement communities vary along a cost, care, and amenities continuum, but they all offer the possibility of aging not alone, but in an atmosphere that provides social activities and fosters friendships, which can improve the social and physical aspects of growing older (Bekhet and Zauszniewski 2011). Selecting the right community in the best location can be challenging, especially when it is far from home, family, and friends. Moreover, choosing the wrong place can be detrimental, causing increased stress, (Kao, Travis, and Acton 2004), loneliness, and has been associated with lower self-rated health and depression (Rossen 2007).

Therefore, the central issues for many seniors are how to counteract the aging in place phenomenon, enjoy their retirement years, mitigate the stress of moving to a retirement community, and still feel connected to their old lives. For those mobile enough, one option is to become a seasonal migrant, blending the benefits of living in their home with those of temporary retirement community living. Seasonal migration, takes many forms but it is distinguished from other types of travel during retirement because migrants repeatedly travel to the same destination community and spend at least one month there. Another characteristic is that the destination usually improves one's lifestyle through climate, social activities, and an expanded support network of friends.

Seasonal migrant communities can consist of a wide variety of retirees, but they are frequently associated with "snowbirds," northern retirees who migrate to the south during the winter. Snowbirds primarily come from Canada or the northern US and frequently end up in RV parks scattered throughout Florida, Arizona and Texas. Unlike other types of retirement communities, residents only stay for one to six months and most are in good health. Parks do not provide year around care or intensive medical support, and people live in RVs. Moreover, retirees are not burdened with the stress of permanently leaving their home or the high costs of living in permanent retirement communities.

For many, the annual movement south marks a drastic shift in lifestyle as home and apartment living is traded for RVs and friends who lived miles away become close neighbors. The parks vary in size ranging from a few hundred residents to several thousand and the close proximity coupled with the small living space "requires you to know your neighbor and be social," one resident explained. It also encourages a strong sense of community and provides seniors with access to exercise clubs, health screenings, social clubs, and tourism activities, just like year-round retirement communities.

While seasonal migrants can choose a variety of locations, approximately 150,000 Midwesterners tend to winter in the southeastern region of Texas known as the Lower Rio Grande Valley (LRGV).[1] Locally they are not referred to as snowbirds, but "Winter Texans," retirees 55 or older who spend at least one month per year living in Texas. While they consist of a very diverse group from around the northern US and Canada, the majority (52.3 percent) come from the Midwest (Ghaddar and Simpson 2008).

For several decades researchers have explored the seasonal migration of retirees to Florida, Arizona, and to a lesser degree Texas. Primarily the research focus has been on how communities form within the parks (Fry 1979), demographics (Sullivan 1985), social structures and marginality (Van Den Hoonaard and Kestin 2002), and impact on the host community (Ghaddar and Simpson 2008). To a lesser degree, it has explored the relationship people have with their home community (Bjelde and Sanders 2009), the impact that migration has on health (McHugh and Mings 1994; Chui, Cohen and Naumova 2011) and retirees usage of Mexican health care (Dalstrom 2012). However, the Winter Texan community is different from the other seasonal migrants because of their historical connection with LRGV, their emphasis on maintaining ties to the Midwest, and because access to Mexican medical care has had an impact their health and health seeking behaviors.

To understand the relationship between seasonal migration, health, and community formation, this article will draw upon Roger Rouse's (1992) concept of the transmigration circuit. While his work focuses on the migration decisions of Mexican immigrants in the US, his framework for conceptualizing the importance of the connection between the home and destination community is particularly useful. According to Rouse, migration is not random, nor is it isolating, or the sole result of economic conditions, but migrant destinations are chosen based on historic, economic, and social conditionals that create a circuit of sending and receiving communities. While these communities are separated by space, the continued return of migrants to the same location (LRGV) and the perpetual interest in the sending community (the Midwest) maintains bonds that "form a single community spanning across locales" (162). For Winter Texans this circuit orients them both to Texas and their home communities, and creates their "winter family" which consists of friends and family from the sending community along with other people from the Midwest who live together in the LRGV.

This article will explore seasonal migration within the context of the transmigration circuit through a) discussing how Winter Texans choose the LRGV, b) exploring how new members get integrated into the community, and c) discussing how living in the parks impacts health and access to health care services both in the US and Mexico. Through the transmigration circuit social connections between the Midwest and the LRGV are formed and maintained. These close social ties are not only important in choosing a migration destination, but impact health, happiness, and longevity (Bjelde and Sanders 2009).

Moreover, seasonal migration to the LRGV creates unique health care opportunities for retirees such as exercise classes, health screenings, and in some cases access to the Mexican medical system.

Methods

Research for this article is part of a larger study on health and medical travel along the US/Mexico border that was conducted over eleven months in 2008-2009. Data for this article is derived from participant observation research, and interviews. Participant observation research took place from November 2008 to February 2009 in one mobile home park in the city of McAllen located in the western part of the LRGV. During that time I attended park meetings, health screenings, and parties along with other social events. I also accompanied Winter Texans on outings (bird watching, dinners, church services) and 15 were accompanied as they traveled into Mexico for health care.

Semi-structured interviews were conducted with 50 Winter Texans, 15 US medical providers, and 15 Mexican medical providers. Interviewees were selected using stratified purposeful sampling. Inclusion criteria for Winter Texans was that they lived in a mobile home park. The group was then stratified by the following categories, between the ages of 55-65 and 66-85, new residents (lived for less than five years in the park) and old residents (lived in the park more than five years), and whether or not they used Mexican health care. Medical providers were included if they treated Winter Texans and were stratified by physicians, dentists, and pharmacists. Interviews were conducted at the locations selected by the participants.

Data was cleaned and imported into NVIVO 9 for analysis. Open-ended coding was used to identify themes (Bernard 2011) across the data set. The themes were then organized and linked together using memoing to develop a theoretical model (Dalstrom 2012).

Access to the park was obtained through contacting the park president and arranging a presentation during the weekly park meeting. Although I was only in my late 20s during the time of the research, the migrants were largely receptive to me because I was from the Midwest and also because I was the same age as many of their grandchildren, making it easier to talk. As I spent more time in the parks, many of the residents saw me as a permanent fixture, and in a mock ceremony I was awarded my honorary Winter Texan nametag. Because I was not 55, however, I was not able to live in the park, which restricted my access to activities that occurred in the evening.

Seasonal Migration

The practice of migrating to warmer climates for retirement is not new, nor is it limited to the US. It occurs throughout Canada (Counts and Counts 1996), between northern and southern Europe (Oliver and O'Reilly 2010; Bozˇic' 2006; Warens and Williams 2006) and throughout the continental US. Called, international retirement migration, if it is international (Bozˇic' 2006), retirement migration for permanent domestic migration (Warens and Williams 2006), and seasonal migration for temporary moves, these practices are characterized by the movement of people to a new community for the purpose of improving their lives.

For the most part, in both Europe and the US, seasonal migrants are "baby boomers" who are considered to be more healthy, wealthy, and less family oriented than their predecessors (Warens and Williams 2006), making international and domestic retirement migration possible. Since they are believed to be healthier and less tied to a particular place, many are open to the idea of permanently moving to retirement communities in Spain, Italy, Arizona, and Florida to name a few. These communities tend to consist of houses, apartments, and condos that enable independent living while restricting access based upon age. Many are built by large construction companies that advertise the possibility for seniors to "live in a blissful and perpetual state of mature adulthood" (McHugh 2000: 2) through providing an improved lifestyle. However, recent research by Fitzgerald (2000) illustrates that an increasing number of retirees in the US want to be close to family and home during their retirement years and do not want to live in permanent retirement communities in the south. For those people, seasonal migration is the perfect answer because it lets them leave during the cold winter months when their mobility is limited, spend time with their 'winter family,' and return in the summer to be with their biological families.

A common precursor to seasonal migration in North America is becoming an RVer earlier in life. According to Counts and Counts (1996) there are many types of RVers, ranging from full-timers (who live in their RV all year), snowbirds (who travel south in RV during the winters), serious part-timers (spend at least six months in their RV), and vacation RVers (212). While the practice can be traced

back to the 1920s and 1930s the modern RV movement began in the 1950s when it gained a sense of respectability as RV clubs developed to support the practice. These clubs became ways for RVers around the country to meet, share ideas, destinations, and develop a robust sub-culture. As the demographics in the county began to change and more people with disposable income lived longer, RVing became a way for retirees to travel, have a sense of adventure, and meet new people at RV parks around the county (34-39). Within the LRGV, the practice followed a similar pattern as the number of RV parks grew and became informal locations for retirees to intermingle. By the 1960s, their popularity was entrenched in the LRGV as they evolved from a collection of concrete slabs with electrical hook-ups to established retirement communities.

Promoting Fun, Sun, and Mexico to Midwesterners

Every fall, as the leaves begin to change, retired Midwesterners begin packing up their RVs and cars to head south to the southeast Texas border. Over 150,000 strong, they gradually descend upon the LRGV, which stretches across Cameron, Hidalgo, Starr, and Willacy counties. While Winter Texans have been migrating to the LRGV since the 1920s, it was not until the late 1970s that they were considered an important research topic and a systematic study of their origins, spending habits, and activities began to be reported. "A Survey of Winter Visitors in the Lower Rio Grande Valley" (School of Business Administration 1976) sampled 1,505 households and found that most Winter Texans originated from Minnesota, Iowa and Illinois. Subsequent surveys found that over thirty years later the origin communities have remained virtually unchanged (Ghaddar and Simpson 2008).

It has been known for a long time that as people age they begin to orient themselves and make decisions to move based upon their social and experiential ties to a place (Oldakowski and Roseman 1986), which , can be established through friends and relatives living in that place (Gober and Zonn 1983). This phenomenon is particularly visible among the Winter Texan population who started traveling south almost a century ago. Early Midwestern migration began as a result of increased economic opportunities, as wealthy land developers began to recruit farmers from the Midwest through advertising cheap labor, land, and a rail system to take produce north. The campaign was very successful and by the early 1900s as some towns in the LRGV like McAllen went from 150 to 5,300 residents within ten years of being founded (Mittelstaedt 2013). While railroads allowed for produce to leave the LRGV, they also facilitated travel via the Southern Pacific Railroad and Missouri Pacific to St. Louis and Chicago connecting family members and friends.

By the 1920s some businessmen in the LRGV wanted to compete with Florida for tourism dollars and began marketing the climate to northerners (Robinson 2006). The first national campaign was discussed in 1925 by the Valley Chamber of Commerce. For the venture, Brownsville, the largest city in the LRGV, provided 10,000 USD and organized a committee to raise an additional 25,000 USD. The money was used to create a booklet that was distributed in 1926 at agricultural conventions throughout the country. The committee also approached the Missouri Pacific Railroad who hired a newspaper man to conduct a local campaign to raise awareness of the tourism opportunities. At the same time, the Chicago based Gilllock Development Company produced a pamphlet called "Buried Treasure" to promote economic development in the area. The cover showed two people peering out of a snow-covered house that was contrasted to a scene of palm trees. The caption reads "Come south to the Lower Rio Grande Valley of Texas from the frozen north to where the sunshine spends the winter." (Robinson 2006: 213).

By the 1930s the advertising effort was believed to be largely successful as the LRGV had a "reputation for being a being a leading winter tourist resort area" (Mittelstaedt 2013). Nevertheless, it wasn't until the 1960s that another advertising innovation spurred the growth of tourism. In the late 1960s, Hank Stanley opened Fun-N-Sun RV Park for retirees, which offered more than just an electrical hookup and a concrete platform like the competitors. He believed that RV parks should be more of a community, blending healthy living, tourism, and entertainment. By 1970 his park had grown from 150 to 550 sites that were mainly occupied by "farmers from the Midwest. It became a place where people spend the winter," he said (Del Valle 2008). Fun-N-Sun quickly became a template for other parks in the area that advertised exercise programs, dances, live music, and in some cases church services. Moreover, the name Winter Texan was coined by the park minister, C.L. Boyle (Del Valle 2008). The McAllen Chamber of Commerce quickly latched onto the term starting a billboard campaign to promote its use. By the late 1970s, the name was firmly rooted when the University of Texas-Pan American began tracking their impact in the community (School of Business Administration 1976).

Over the years, LRGV has continued to target the retired population emphasizing the climate, friendly people,

social activates, and proximity to Mexico. For example, in Highways Magazine, with a circulation of 50,000 readers there was advertisement with elderly people golfing, eating, sailing, and walking past the palm trees with the caption "Come spend the winter with the folks who are glad to see you…eat drink and be merry in Old Mexico… the lifestyle is laid back here in the friendly Rio Grande Valley" (Vincent 1993: 14).

In addition to advertising, word of mouth referrals have played and important role attracting new people to the LRGV. Conversations with Winter Texans about their decisions to visit the LRGV tend to sound like, "My parents used to live here," "I had friends down here and they told me to come" or "I was in Florida and I didn't like it, people told me about the Valley so I came here." One local businessman described it as such:

> Word of mouth played a big part of getting Winter Texans here and they would invite friends to come down and when they began to stay as Winter Texans, they had more friends down here than they knew what to do with.

Elaborating on that sentiment, a pair of Winter Texans from Iowa said that that they had a conversation with another couple who had told them "how good it was" and that they had strongly urged them to visit. So they did and within one winter they bought an RV.

Winter Texans can also be very passionate about the LRGV and have on occasions taken it upon themselves to promote it to other people. For example, Vera, a Minnesota resident was concerned because her friends in St. Paul, MN were not able to get adequate information about wintering in Texas. So she and a few of her Winter Texans neighbors, took promotional materials from the McAllen Chamber of Commerce to the Minnesota State Fair, where they set up a booth to advertise the LRGV.

This perpetual migration between the Midwest and the LRGV ensures that new migrants have a pre-existing social support network before they travel and that close connections are maintained with the home community. In short, a continuous supply of retirees is maintained through self-selection, selective recruitment, and network recruitment (Longino 1994). Therefore it is inadequate to see seasonal migration as "movement between distinct environments" (Rouse 1992: 162) because of the strong connections that reside at both locations. Rather it is a "circuit" that links current and future retirees to both locations and is the template for community formation in the parks.

From Midwesterner to Winter Texan: Moving into Ocean Valley

Ocean Valley RV Park is like a lot of the mobile home parks built in the Fun-N-Sun model scattered throughout the LRGV, and the American southwest. Located on the outskirts of McAllen the park is enclosed by a five-foot chain-link fence that separates it from the neighboring park on one side and a small residential community on the other. A welcome sign greets new visitors along with a sign for people to check-in. The park is laid out in a grid-like fashion that separates the 427 lots into blocks that are organized into smaller communities.

Each block is named by the street that it is on and is led by a block captain. Block captains are elected leaders who are in charge of promoting social activities on the block, notifying next of kin in case of emergencies, and organizing the neighborhood watch program. While I was there, the block captains reported to the board of directors, who were elected by the entire park and are in charge of running the daily activities of the park. The Board met weekly in the Recreation Hall, located in the center of the park and all residents were expected to attend weekly meetings about the park's business. Most of the park's activities occurred within the Hall, which was large enough to hold 800 people.

Living in the park is restricted to those of age fifty-five and older, and although the park is in Texas, none of the residents are native Texans. Most of the residents only lived in the park for a few months during the winter, traveling back north during the months of March and April. In October, when they return south, the composition of the park changes from previous years as residents die or are not able to make the journey. Those who cannot make the journey back are commonly replaced by other Midwesterners who have familial connections and/or friendships with people who already live in the park. Every year, as new residents enter the park, they are taken under the wing of older residents, some who have over twenty years experience living in the park. The bonds that newer residents share with established park families were particularly strong and form the template for the transfer of knowledge about the area. Under their guidance, new residents learn about park customs, life in the LRGV, and tourism in Mexico. The strong commitment that is shared between residents is epitomized by the common statement, "They are my second family."

During their time at the park, residents lived in trailers, but spent little time there, electing instead to socialize in the communal areas with their neighbors. The center of social life was the Recreational Hall, located near the main entrance of the park. Every time I visited the Hall residents were playing games (usually cards or shuffle board), exercising, socializing, or preparing for large gatherings such as dances or the weekly park meetings. For instance, at the weekly park meetings held in the Hall, retirees had the opportunity to share announcements with fellow park residents and solicit volunteers for a variety of activities such as quilting, trips to Mexico, and intra-park competitions (horse shoes, scuffle board, etc.).

Life during the winter is structured around multiple social identities, the block, the park, and state residency. Each block had its own block captain and every week during the winter had a social function. Certain blocks also took on particular characteristics. For example Santa Rosa Street is known as the party block, because they celebrate everything. According to a resident they even had a "Christmas tree funeral, when the block's tree died and four men acted as pall-bearers carrying the tree down the street." Then afterwards everyone drank beer and celebrated. On another occasion, the block rented a keg of beer and carried the keg into the middle of the community pool, where there was a little sitting platform, so they could drink without "getting hot [leaving the pool]." Other blocks were known for being quiet, or for the social activities that people engage in.

Aside from block membership, there was a lot of pride associated with park membership. Long term residents tended to have high levels of personal satisfaction with their park and often compared themselves with others, "we are much nicer than the [blank] park," "unlike others we own our land so you can't get kicked out," or "you can walk down the street and talk to almost anybody." Park identity was further reinforced through nametags that residents wore both in and out of the park, which prominently displayed the park's name and location. Furthermore, intra-park competitions in bowling, cards, and singing allow residents to compete with people from other parks. Since parks in the area are also segregated along class and regional differences, intra-park competitions enabled residents to engage in both class and national/regional completions through seemingly benign activities. For instance, there were several parks in the area that catered almost exclusively to the upper middle class and were so expensive as to be prohibitive for residents of Ocean Valley. Residents of these upper class parks were ridiculed for being "exclusive," and for "not having a community spirit," because they paid people to do the park maintenance jobs instead of relying of volunteers. Other parks in the area have regional appeal attracting large numbers of people from one state in the US or province of Canada. However, away from the parks, Winter Texans saw themselves as having more of a collective identity and engaged in the same social activities (volunteering, bird watching, golf, shopping, etc.) regardless of their park identity

Integration and becoming part of the park community was emphasized within Ocean Valley, nevertheless, the primary responsibility falls upon the Welcoming Committee. One former committee member explained, that when new retirees arrived, they would "tell them about the activities" and "just welcome them leaving it open so they can ask us questions and we would answer whatever their concerns were." Then, "they would feel part of the park." To further support integration, older residents took newer ones under their wing acting as mentors, "showing them where to go," "fun places," and what "to avoid." Moreover, the mentors encouraged people to participate in the park activities as emphasized in the welcome packet:

> All…residents are encouraged to contribute their energy and skills to park activities. This is an ideal way to become acquainted with many neighbors that are part of the "great group" that makes…[Ocean Valley] the best.[2]

In both cases, residents of the park prided themselves on being a community and welcoming new residents. Volunteers provided all necessary labor within the park. The residents ran the welcome desk, managed the annual dues, planned parties, and arranged trips, making a strong community vital to the functioning of the park. Most new residents found out about the park through friends and families since the park hasn't advertised in decades. In some cases, whole families of siblings live in the park and it is common for friends from the same hometown to move into Ocean Valley. There are a handful of rental properties that allow new residents to "see if they fit" before they buy into the park. Once integrated, they tend to return every year. Some of the "original" residents well into their 90s still come to the park if they are healthy enough and have relatives to drive them. In recent years, the amount of widows has grown as it has become more socially acceptable to be alone and as more children have encouraged their parents to "have fun and be with friends." However, illness is always present and it is a sad time when people are no longer physically able to make the journey. For the first few weeks of every fall, residents anxiously await to see who will be able to make it and who

does not return. News of a person's deteriorating health spread quickly in the park, and if he/she needs to sell the lot where they park their RV, a retired real-estate agent in the park helps them do so. Along with the sadness of the loss there can also be a lot of excitement as new property goes on sale. Some lots are highly sought after because they are larger or on a popular block, so as soon as they go on sale residents will enter into a bidding war over them. Aside from the potential of having a larger lot, moving enables people to change their block which alters both their political representation (block captain) and social obligations (block parties). When the lots are not bought internally, they are sold to new people who represent the vitality of the park.

Just as important as socializing, is maintaining connections with their home community. According to Bjelde and Sanders (2009) seasonal migrants keep in touch with their family and friends through phones, email, home visits, inviting people to stay with them, and having children drive them to the park. While all those are present in Ocean Valley, residents also organized themselves around their state affiliations. For instance, it was common for individuals to talk about their home state and put signs on their RV that indicated what city or town they were from such as, "The Browns, East Troy, WI." In addition, groups of people from the same state organized social events for residents who lived in different parks. One particular event was the state dinner, where residents of a state such as Iowa got together. These dinners could be small consisting of one mobile home park, or large with all of the parks in the area invited. For some of the larger dinners, business from the home state, contributed gift cards and other items that were raffled off during the meal. In Ocean Valley, there was a state dinner for all the major states represented: Iowa, Illinois, Wisconsin, and Minnesota and residents were encouraged to sell tickets to people both in and out of the park. During the summer, when they were back home, residents were also tasked with getting businesses to donate to the dinner.

The connection to Ocean Valley does not end during the summer months when people return to the Midwest. For instance, those who leave frequently maintain contact with the permanent migrants who are tasked with taking care of the park maintenance during the summer months. Furthermore, during the summer, groups of residents will meet at state and national parks in the US and Canada to celebrate birthdays, anniversaries, and mourn deaths. Through these year-round activities, residents of Ocean Valley continually reinforce both their Midwestern identity and their strong social and community affiliation with the LRGV. This ensures that when they migrate south again, they will go back to the same park, continuing the transmigration circuit.

Migration and the Impact on Health

Appropriate and affordable medical care is a particular concern for the residents of the park. The average Winter Texan is 69.5 years old (Ghaddar and Simpson 2008), and many of those interviewed indicated that they were taking multiple prescriptions and required monitoring for a chronic condition (such as high cholesterol, blood pressure, diabetes). While most Winter Texans have health insurance (67.9 percent have Medicare A, 67.2 percent part B, and 55.6 percent private health insurance) (Ghaddar and Simpson 2008), they still face gaps in coverage, high prices, and long waiting times at hospitals and clinics in the US. Some Winter Texans also mentioned they did not have access to appropriate medical coverage in the Midwest because they lived in rural areas and often had to drive hours to get to major medical centers. Moreover, some healthy living practices, such as exercise, are challenging during the winter months when seniors tend to be less mobile. Consequently, seasonal migration to the LRGV enables seniors to experience a wider range of health promoting activities, including access to the low cost health care in Mexico.

Healthy Living the Park

Living in the park impacts seniors' health by providing exercise options, health screenings, and access to the Mexican health care system. It also gives seniors access to a community and support network that has been linked to a higher quality of life (Koropeckyj-Cox 2002), and increased activity which has been linked to younger age, better self-rated health, and less functional limitations (Agahi, Ahacic, and Parker, 2006). In Ocean Valley there were daily exercise opportunities such as walking clubs, biking clubs, water aerobics, dancing, weight watchers toning and stretching classes. In addition, there is a small gym that is open seven days a week. The warm climate in the winter also enabled people to be outside more often and be overall more mobile than if they were living in the Midwest.

Exercise programs in the park counteracted the common barriers seniors have exercising in the Midwest: cost, transportation, lack of motivation, unfamiliarity with exercise personal, and lack of confidence (Wright and Hyner 2009). As one women mentioned, "at home I try to walk, but I don't do any of the other exercises. It

is very difficult and hard to exercise by yourself." Some of the residents explained that the activities, "keep them busy," "happy," and feeling better than their other counterparts up north. Others went as far as to comment that "I wouldn't still be alive if I didn't come down here." However, as seniors age they are less able to participate and eventually they restrict themselves to less physical activities like playing cards, singing, or making quilts for poor Mexican children.

Aside from physical activities, living at the park provided access to medical care at lower prices than in the Midwest. At the Hall, local hospitals and medical clinics offered flu shots, blood pressure checks, stroke screenings, and wellness screenings that cost half what they would in the Midwest. Some of the residents even postponed tests in the Midwest, preferring the lower costs in the park. Frequently, when the results came back a week or so later, the health care organization sent a representative to give a presentation, explain the results and recommend follow-up care. These events were highly attended and are credited by the attendees for saving the lives of several of the residents through early detection. After the presentations, residents mingled with each other, discussing the results and offering anecdotal stories about the medications and treatments that they used or are using. Those who were still confused about their test results usually looked for retired medical professionals who lived in the park for additional information. For those identified as needing additional care, the nearest hospital was minutes away.

Sometimes, after receiving their results and attending the meeting, residents would come to the conclusion that they no longer needed a medication, either because they were cured or decided it was no longer effective. For example after one meeting, a woman sitting next to me handed me her medical results, smiling, and told me that her cholesterol was under control and she no longer needed Lipitor (a popular cholesterol lowering medication). Happy for her, I asked out loud what people do with all the extra medication. Her friend, Rita, a twenty-year veteran of the park explained that residents give the medication away or trade it for another that could be more effective. Recalling what she recently did after her medication was not working, Rita said:

> People trade a lot of medication at the park . . . the doctor is always prescribing for you, and I have to pay for it and I take it for a week or so and I get a bad reaction to it and I have to throw it out. Maybe it cost me $200 and somebody here is taking the same thing, the same strength. What I used to do is put a note on the bulletin board [in the Hall] saying, "Anybody taking blank?" and put my phone number on it and they would call me and I would give it to them.

This enabled residents to mitigate some of the costs that their friends might incur purchasing the medication. It also became the template or basis for a medicine exchange. Through the exchange, some people entered into a pharmaceutical giving or trading cycle where they constantly shared, gave, or sampled their friend's pharmaceuticals. Coupled with lower costs, primary and preventative care, and a community support network living in the park provided access to health care that they would not necessarily have if they stayed in the Midwest. [3]

Accessing Mexican Medical Care

Living in the Ocean Valley also facilitated access to Mexico which offered a variety of cross-border medical services including pharmaceuticals, dental care, physician consultations, unapproved treatments, and surgeries (Dalstrom 2012). While there are many locations within the country for potential patients to receive care, the most popular medical destination for retirees in Ocean Valley was the Mexican border city of Nuevo Progreso, located about 45 minutes southeast of the park.

Access to the town is relatively simple, and seniors can either walk or drive across the Progreso-Nuevo Progreso International Bridge into the town. No identification is needed to walk into Mexico, and pedestrians are rarely stopped or searched by Mexican Customs or the Army. Nuevo Progreso has a thriving tourist district, which is the center of economic activity in the town. It consists of roughly five city blocks stretching south of the international border. Like many tourist districts in Mexico, Nuevo Progreso has restaurants, bars, liquor stores, and a plethora of street vendors selling jewelry, DVDs, and Mexican crafts, but it was the 72 dental clinics, 61 pharmacies, and 8 physicians offices that appealed most to many seniors.

The lower costs and easy access to Mexican medical care was particularly appealing. For example, according to the Winter Texan Market Survey, 51 percent of Winter Texans bought prescriptions, 36 percent dental care, and 6 percent visited a physician in Mexico (Ghaddar and Simpson 2008). Overall though, cost was the primary reason they used the Mexican health care system. For instance, some Winter Texans reported that they saved up to 70 percent on their dental care and pharmaceuticals and more than 50 percent on Lasik eye surgery and abdominal surgery (Dalstrom 2012).

Aside from cost, accessing health care in Mexico enabled Winter Texans to bypass insurance regulations and reluctant primary care physicians. For example, seniors went to Mexican pharmacies they were able to purchase the medication that they wanted or needed without a prescription As a result, seniors had the ability to self-medicate. In Ocean Valley this meant that retirees frequently traded medications purchased in Mexico that they no longer needed or wanted and recommended prescription medications to their friends. Then, when they found a medication that they liked, they purchased up to a years supply in Mexico. As one retiree explained, "I know what I have, I know what I need, so why do I have to pay a doctor to tell me what I know? I can just get it in Mexico" Some even looked for surgical opportunities such as Arlene, a 70-year-old retiree from Iowa who was very displeased with her optometrist who repeatedly refused to give her Lasik eye surgery. Frustrated, she went to Mexico and shopped around until she found an optometrist who would perform the surgery.

Many people are very concerned about the quality of Mexican health care especially in terms of whether it is as good as care in the US. For those concerned about the quality, they described it as "haphazard," "dangerous," "not as advanced," and "risky." Their fears were not entirely unwarranted, and the FDA (2011), along with numerous doctors and dentists, have discouraged their use (Dalstrom 2012). However, for many seniors, the choice was not that easy and the dilemma, as one resident explained, is often between "some care and no care." The burden of making the decision about care in Mexico that could be dangerous, but desperately needed, falls onto the individual. Self-treatment can be particularly dangerous within the Winter Texan community because many believe that they should not tell their primary care doctor or dentist within the US because they are afraid that the doctor will dissuade them or that it will somehow impact their health insurance coverage.

Recommendations were particularly important to assuage concerns and new residents commonly listened to more seasoned veterans. Therefore while there are numerous dentists and pharmacists in Nuevo Progreso, residents only utilize a few of them. In effect, certain providers become park dentists and pharmacists. For example, four years ago, Jerry was suffering from a bunion and a hammertoe, which caused her considerable pain. She saw several doctors in the US about it and they all told her that she needed surgery. Unfortunately though, she was hesitant because her deductible of 2500 USD made the prospects of surgery very expensive. One day she was at the flea market where she met another Winter Texan who had a similar procedure. During the conversation, Jerry found out that in Mexico the procedure was 1000 USD less than in the US. The catch was that the surgery was not yet approved in the US (but was practiced in Europe), and Jerry would have to bring her own medicine and foot brace to the hospital. However, because she was told that the doctor was good, she proceeded with the surgery.

Using patient recommendations does not always work out well, as in the case of Paul, who selected a dentist for a root canal based upon a friend's suggestion. During the procedure, the dentist only gave him an Ibuprofen for the pain and used a pair of pliers to remove a few teeth until he vomited and passed out. When he returned to the US he had several cracked teeth and a root canal that had to be redone, costing him an additional 5,000 USD. However Paul's story was a rarity in the park and now no one from the park uses that dentist anymore. More often, residents talked about the good deal they received in Mexico and how they had "waited all year to go to Mexico" because they could not afford the care in the US. Medical decisions that have positive outcomes are lauded as examples of the benefits of consumer choice and resistance to the US medical establishment. They are also used as the basis to connect health care in the Midwest to Texas. Proud of their medical prowess, Winter Texans spend the summer months telling their family and friends about the savings and benefits of Mexico. In response, people will ask Winter Texans to purchase medication on their behalf and it is not uncommon to see Winter Texans purchasing Mexican medication for their entire family or all their close friends in the Midwest. In addition, Winter Texans will invite their friends and family to visit them at the park so they can easily cross into Mexico for dental care and surgeries.

This created a very interesting situation where Winter Texans and their family members were diagnosed in the US and delayed treatment until the winter when they were able to access more affordable care in Mexico. For instance, John, a Winter Texan from Iowa was told by his dentist in July that he needed two root canals. Distressed by the high cost of the procedure, he waited until October until he could see the park's Mexican dentists, because as said, "Why should I pay more for the same care." The practice of waiting extends past dental care with some of the interviewees postponing knee, Lasik, and foot surgery. When asked why they waited most people indicated that it really was not that hard of a choice. Either their health

insurance did not cover the procedure or the deductible was just too high. Since the surgery was not urgent, they would have to save up to afford it either way, so why not get a "better deal" in Mexico.

Therefore, for many Winter Texans and their families, health care is not something that is situated in the Midwest, but is part of, and intimately related to the circuit that connects Mexico, the LRGV, and the Midwest. Just as people move in a predictable pattern, so does medication, patients, and health care information. As new residents are integrated into the park, they are also exposed to and learn about Mexican health care. Older residents will frequently take them into Mexico to show them how the process works and to assure them that it is safe. For those integrated into the system, medical decisions are conceptualized spatially, in terms of the location that can provide them the care that they need, and temporally, depending on when they need care and what they can wait for. When framed within context of Mol's (2008), discussion of the "logic of choice," a neoliberal notion that the commodification of health care services and choice produce better patients and health outcomes (which many Winter Texans believe in), it becomes easier to understand why using healthcare in the LRGV is so popular. Access and usage of health care in the parks empowers retirees to choose the type and delivery of their health care. Moreover through bypassing their primary care providers in the Midwest, Winter Texans shift the burden of medical decision making onto themselves, allowing them to make decisions the same way that they make migration decisions.

Through the dual benefit of having access to Mexican health care and health care within the park, retirees are able in some cases to increase the availability of health care services and decrease the overall cost. Coupled with exercise programs, social activities, and living arrangements that cater to older people, Winter Texans have the possibility of living, happier, healthier lives. As one resident stated, "If I was not here, I would be dead."

Conclusion

Retiring is not what it used to be. For some it marks the opportunity to travel, move, and have adventures-the antithesis of the aging in place model. To meet the growing demand for this lifestyle during retirement, a growing amount of branded retirement developments have emerged to cater to specific retiree desires (Fitzgerald 2000; McHugh 2000). However, not all people want to move to fulltime community and instead desire part-time living arrangements. For those individuals, seasonal migration is one solution to meet the desire for living within a community of seniors and maintaining their home.

Seasonal migration from the Midwest to the LRGV began early in the twentieth century through the development of a phenomenon akin to the transmigration circuit. The circuit developed over the past century as Midwesterners came to the area to work, then visit, and eventually spend the winter. During that time the LRGV actively advertised to them, eventually developing seasonal RV parks that offered social activates, warm weather, and a strong community. Retirees who decided to winter in these parks rarely did so alone, frequently following friends and family. Through migrating with friends and family retirees, they are able to mitigate the often stressful and lonely experience of moving to a retirement community. Moreover, many indicated that through migrating, their quality of life increased as they were able to be social, exercise, and be outside during the winter months.

Living in the park also impacted health in some unique ways. First of all, many hospital and clinics in the LRGV provide discount health screenings and services in the parks on a monthly basis. Residents are encouraged to take advantage of these opportunities and also to assist newer residents in accessing medical care in the area. Sometimes, that care is in the US, but in other circumstances it means using Mexican health care. Regardless of where the care is received, Winter Texans have more access to health services that generally cost less than they would in the Midwest. Moreover, through accessing health care in the parks, Mexico, and the Midwest, they are able to fashion and utilize an entirely different health care system than their peers in the Midwest.

With all the opportunities available, Winter Texans have found a successful way to mitigate the problem of aging in place, feeling separated from their home community, and needing support by seasonally traveling south. When they move to their retirement communities they take their friends and family with them creating a support network that stretches across the county. New residents often are already connected with the park either through social connections or because they are from the same origin community. Once there, they form a tight knit community that becomes the basis for a variety of health seeking and social activities which improve the overall aging experience.

Acknowledgements
This project was funded by the National Science Foundation Doctorial Dissertation Improvement Grant, "Motivations for Medical Migration in the United States/ Mexico Borderlands" (BCS-0848478).

EndNotes

[1] There are other regions that send retirees to the Midwest, however because of space limitations this paper will only address the Midwest.

[2] The citation for this pamphlet is not given to protect the amenity of the park.

[3] The FDA (FDA 2011). discourages patients from using prescription medication without medical supervision because of the potential health risks.

References

Agahi, Neda, Kozma Ahacic, and Marti O. Parker
2006 Continuity of Leisure Participation From Middle Age to Old Age. Journals of Gerontology Series B: Psychological Sciences & Social Sciences 61(6):340- 346.

Bartling, Hugh
2006 Tourism as Everyday Life: An Inquiry into The Villages, Florida. Tourism Geographics 8(4):380-402.

Bekhet, Abir and Jaclene Zauszniewski
2011 Creating a Therapeutic Milieu in Retirement Communities. Issues in Mental Health Nursing 32:327-334.

Bernard, H. Russell
2011 Research Methods in Anthropology: Qualitative and Quantitative Approaches. New York: AltaMira Press.

Bjelde, Kristine E, and Gregory F Sanders
2009 Snowbird Intergenerational Family Relationships. Activities, Adaptation, and Aging 33:81-95.

Bookman, Ann
2008 Innovative Models of Aging In Place: Transforming our Communities for an Aging Population. Community, Work and Family 11(4): 419-438.

Bozˇic, Sasˇa
2006 The Achievement and Potential of International Retirement Migration Research: The Need for Disciplinary Exchange. Journal of Ethnic and Migration Studies 32(8): 1415-1427.

Chui, Kenneth, Steven Cohen, and Elena Naumova
2011 Snowbirds and Infection-new Phenomena in Pneumonia and Influenza Hospitalization from Winter Migration of Older Adults: A Spatiotemporal Analysis. BMC Public Health 11(444): 1-12.

Counts, Dorothy and David Counts
1996 Over the Hill: An Ethnography of RVing Seniors in North America. Peterborough, Ontario: Broadview Press.

Dalstrom, Matthew
2012 Winter Texans and the Re-Creation of the American Medical Experience in Mexico. Medical Anthropology 31: 162-177.

Del Valle, Fernando
2008 Fun-N-Sun Proved Revolutionary and Gave Birth to the Term 'Winter Texan.' Valley Morning Star (Harlingen, TX). December 29: Newspaper Source, EBSCOhost, accessed August 28, 2012.

FDA
2011 Buying Medicine from Outside the U.S. is Risky Business (a). F.a.D. Administration, ed: U.S. Department of Health and Human Services.

Fitzgerald, Kate
2000 New Housing Options Abound. Advertising Age 71(29): 8.

Fry, Christine
1979 Structural Conditions Affecting Community Formation Among the Aged: Two Examples from Arizona. Anthropological Quarterly, Special Issue: The Ethnography of Old Age 52:7-17.

Ghaddar, Suad, and Penny Simpson
2008 Winter Texan Market Survey. University of Texas-Pan American, Edinburg: The Valley Market and Tourism Research Center.

Gober, P. C., and L.E. Zonn
1983 Kin and Elderly Amenity Migration. Gerontologist 23:288-294.

Kao, Hseuh-Fen S., Shirely S. Travis, and Gayle J. Acton
2004 Relocation to a Long Term Care Facility: Working with Patients and Families. Journal of Psychosocial Nursing 42(3):10-6.

Koropeckyj-Cox, Tanya
2002 Beyond Parental Status: Psychological Well-being in Middle and Old Age. Journal of Marriage and Family 64:957-971.

Longino Jr., Charles
1994 From Sunbelt to Sunspots. American Demographics 16(11), 22.

McHugh, Kevin
2000 The 'Ageless Self'? Emplacement of Identities in Sun Belt Retirement Communities. Journal of Aging Studies 14(1): 103-126.

Mchugh, Kevin and Robert Mings
1994 Seasonal Migration and Health Care. Journal of Aging and Health 6(1): 111-132.

Mittelstaedt, Gerard
2013 Outline History of McAllen Texas and Surrounding Area. South Texas Boat Website. http://www.stexboat.com/Texas/McAllen_brief_hist.htm, accessed January 1, 2013.

Mol, Annemarie
2008 The Logic of Care: Health and the Problem of Patient Choice. New York: Routledge.

Oldakowski, R. K., and C.C. Roseman
1986 The Development of Migrant Expectations: Changes Throughout the Lifecourse. Journal of Gerontology 41:290-295.

Oliver, Caroline, and Karen O'Reiley
2010 A Bourdieusian Analysis of Class and Migration: Habitus and the Individualizing Process." Sociology 44(1): 49-66.

Robinson, Robin
2006 Promoting Valley Tourism in the 1920s: A Case of Competition and Ambivalence. In Further Studies in Rio Grande Valley History. vol 7. M. Kearney, A. Knopp, and A. Zavaleta, eds. Pps: 202-220. Brownsville: The University of Texas at Brownsville.

Rossen, Eileen, K.
2007 Assessing Older Persons Readiness to Move to Independent Congregate Living. Clinical Nurse Specialist 22(7):292-296.

Rouse, Roger
1992 Mexican Migration and the Social Space of Postmodernism. In The Anthropology of Gobalization: A Reader. J.X. Inda and R. Rosaldo, eds. Pp. 157-171. Malden, MA: Blackwell Publishers.

School of Business Administration
1976 A Survey of Winter Visitors in the Lower Rio Grande Valley. Edinburg, TX: University of Texas-Pan American.

Sullivan, Deborah
1985 The Ties that Bind: Differentials Between Seasonal and Permanent Migrants to Retirement Communities. Research on Aging 7:235-250.

Valle, Fernando Del
2008 Fun-N-Sun proved Revolutionary — and Gave Birth to the Term 'Winter Texan'. In The Monitor. McAllen, TX.

Van Den Hoonaard, Deborah Kestin
2002 Life on the Margins of a Florida Retirement Community: The Experience of Snowbirds, Newcomers, and Widowed Persons. Research on Aging 24(1):50.

Vincent, Vern
1993 Advertising for New Winter Texans: What is the Payoff? Edinberg: University of Texas Pan American.

Warens, Anthony, and Allan Williams
2006 Older Migrants in Europe: A New Focus for Migration Studies. Journal of Ethnic and Migration Studies 32(8): 1257-1281.

Werner, Carrie A.
2011 The Older Population: 2010 . US Census Bureau. http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf (accessed May 5, 2012).

Wright, Tim. J., and Gerald Hyner
2009 Principal Barriers to Health Promotion Program Participation by Older Adults. American Journal of Health Studies 24(1), 215-222.

Social Dance for Successful Aging
Models for Health, Happiness, and Social Inclusion amongst Senior Citizens

Jonathan Skinner
Department of History and Anthropology
Queen's University, Belfast

Abstract
This article presents findings from a qualitative study of social dancing for successful ageing amongst senior citizens in three locales: in Blackpool (GB), around Belfast (NI), and in Sacramento (US). Social dancers are found to navigate an intense space in society, one of wellbeing accompanied by a beneficial sense of youthfulness. Besides such renewal and self-actualisation, findings also attest to the perceived social, psychological and health benefits of social dancing amongst senior citizens. They also articulate three different social dancing practices: social dance as tea dance (Sacramento), social dance as practice dance (Blackpool), social dance as motility (Belfast and environs).

Keywords: aging, senior citizen, social dance, ballroom, health, nostalgia, leisure

"You see, the thing is when you retire you don't have to live the same kind of life you did before. Alright, I worked in science all my life, but that doesn't mean that I can't change and become a dancer. So it's a different phase of life. A lot of people they don't realise that this is the best time of your life."
(Bill, Sacramento)

"They opened a new ice rink in Bangor [N. Ireland] and my daughters brought me down and said, 'Mum, would you like to go skating?' And I said, 'Well, I've never skated'. But they said, 'You do roller - you did roller skating when you were younger'. It was great then: we had a road to fly down and every hill we went on. Well there were no bicycles in those days and not many cars. I could do ballroom dancing so I wanted to see what it was like to do dancing on skates. And I must say I was very impressed and it's great: flowing and speed! I've been doing it for twelve years now. We do rumba, waltz, quickstep, foxtrot, tango. She [ice skating instructor] did want me to compete, but I thought, no, I'd leave it to the younger generation."
(Sarah, Bangor)

Introduction

Bill is sixty-five and has been retired for the past fifteen years. In that time, Bill took up social ballroom dancing. He dances two or three times a week around the Greater Sacramento environs, California, attending the tea dances or social dances in the afternoons, and occasionally the weekly Friday or Saturday night dance nights when live bands play. Healthy, fit and comfortably well-off, Bill feels that he is making the most of his retirement. Indeed, it is a new lease of life for him. Sarah has just celebrated her seventieth birthday in Bangor, a seaside resort town outside Belfast, Northern Ireland. Since the recent loss of her husband, she has re-entered the local dance world that she was a part of in her teenage and courting years in the 1950s and early 1960s. She started again with the ballroom dancing, added the new salsa dance craze, and is developing her ballroom-on-ice skills that she started in the mid-1990s.

This article is about social ballroom dancing amongst senior citizens. It presents the results of a research project exploring social ballroom dancing amongst senior citizens

in Blackpool (England), around Belfast (Northern Ireland), and in Sacramento (California) undertaken in 2008. The types of social dance practices found constitute loose 'models' that range as follows: daily social practice time on the famous Victorian ballroom floor in the Blackpool Tower; a weekly Dance4Life programme of dance for senior citizens by a dance studio – The Ballroom – in Sacramento; and a programme of escorted visits to a church or village hall for social dancing in and around Belfast. Each of these case studies presents a group of people countering the erosion of social and cultural capital associated with ageing as they actively and successfully resist enfeeblement (Tulle 2008). As such, this article contributes, then, to the growing ethnography of the body (see Turner 1996; Waquant 2004; Wainwright and Turner 2006). Research was carried out over 10 months as part of a four year study of social dancing (2004-2008) between Belfast and Sacramento in which I positioned myself as an 'observing participant' rather than participant observer (Daniel 1995:21, 22), as an active dancer seeking to understand the meaning of dance by doing it and having it done to me rather than just hearing about it. This embodied fieldwork gave particular insights and connections with the people I was working with – such as Sarah - beyond the usual dance connection.

Dance is non-utilitarian human movement, aesthetic and universal. 'To dance is human' states Judith Hanna (1979); and, indeed, dance may be the 'mother of cognition' (Sheets-Johnstone 1966) as human movements precipitate human thoughts not just in early childhood development. This 'structured movement system' (Kaeppler 1985) can be analysed within its sociopolitical context (Campbell 1988; Ranger 1975; Skinner 2007; Wulff 2007; 1973), and interpreted differently as part of 'the layered "choreography" underlying lived activity' (James 2003:91; see also Laderman and Roseman 1996; Cowan 1990; Kirtsoglou 2004; Román-Velázquez 1999; Waxer 2002; Savigliano 1995; Wulff 1998).

Social ballroom dance, in particular, has its own distinctive history. Jonathan Marion (2008:20) defines 'ballroom' as 'a formalized style of partnered dancing', noting that it has both competitive and social aspects to it. Whilst the ballroom partner dancing derives in part from fifteenth century French courtly dancing, the modern twentieth and twenty first century ballroom dancing is split between social and competitive follows national divisions and trends. For example, competitive ballroom dancing typically features Standard (or Modern) dances such as waltz, tango, Viennese waltz, foxtrot and quickstep; and Latin dances such as cha cha, samba, rumba, paso doble, and jive. Social dancing at ballroom events or in ballrooms or between ballroom dancing competitions can include all the dances above as well as other popular partner dances such as lindy hop, nightclub two step, West Coast swing, the hustle, merengue, salsa and Argentine tango. Indeed, a dance studio will typically teach all of the dances named here, the social as well as the competitive. Social ballroom dance events, however, do not have to have regulation or syllabus guidance and can also be found in night-clubs, community centres, church halls and hotels.

The ballroom partner dances and locations evolved from dances taught by dancing masters in Renaissance European courts to eighteenth century 'dancing schools' for deportment and nineteenth century 'assembly room' social dances for the leisured class to perform their social skills: take tea, socialize, 'court' and, of course, dance (see Franks 1963). This report shows that little has in fact changed. In the 1920s, ballroom dancing's popularity spread to the masses. In Britain, popular 'palais de danse' and were run independently or through chains such as Mecca or Rank - formerly two British multinationals now merged into the Rank Group and which now concentrate upon bingo and casino gaming, perhaps following their ageing clientele. The World War II years of deprivation, resistance and rationing, and immediately thereafter, are the golden era of the dance halls in Britain as dance crazes such as the jitterbug jostled with social ballroom dancing to fill out these cavernous public performance spaces. To give an example, London's largest venue, The Empress Hall, catered for some five thousand dancers. Victor Silvester - a ballroom dancing pioneer and champion of the 1920s – rode this modern capitalist bandwagon (Hall 1991) with a franchise of over twenty dance studios, and the harnessing of new communication technologies with a BBC dance show (The Dancing Club 1941-1958), and over 75 million record sales between 1930 and 1980 (Silvester 1977).

In the US, Moses Teichmann, a young Austro-Hungarian immigrant draftsman repackaged himself as Arthur Murray, an entrepreneur with the idea of mail order 'dance footsteps' which by the fifties had grown into a franchise of 3,500 dance studios (now currently 225 [Anon. 2008a]) and a hit US television learn-to-dance programme (The Arthur Murray Party). This is another example of twentieth century globalization and transnationalism as cosmopolitans at ease in a new world order (Wallerstein 1990; see also Hannerz 1996) harness the new communication technologies, and emerging mediascapes and finanscapes (Appadurai 1990) to their own ends. These cases also show how dance trends and flows are tied to social change as well as economic change. Cressey (1968), for example, studied the rise of the 'dime-a-dance'

taxi-dance hall in Chicago in the 1920s, describing them as a consequence of urbanization, the commercialization of recreation, a decline in moral standards, and the growth in immigration levels with a young male social grouping wanting to pay for entertainment with a member of the opposite sex. Sociologically, he saw them as an expression of the anomie of large modern city life. More recently, Thomas with Cooper (2002a; 2002b) have described this urban phenomenon less critically. In a study of older 'social' dancers in south-east London and Essex, Thomas (2003a: 210; see also 2003b; 2004) refers to the social dancing as an opportunity for senior citizens to experience a "strong sense of communitas," coming together, sharing a common interest, perceiving a common history, moving together with an embodied inter-subjectivity. These observations are reiterated in my more recent study of social dancing amongst senior citizens in three very different locations.

Three Cases of Social Dancing

In the following sections, I present findings from a study of senior social dance in Blackpool, in Belfast and around Northern Ireland, and Sacramento. Rather than compare locations, this report is an examination of different cases of senior social dance. It challenges the stereotype of the actively retiring body and confirms the beneficial effects of social dance amongst senior citizens. The research is in very different locations, with dance organizers, dance teachers, and dancers themselves with variable levels of dance knowledge and mobility. It triangulates on the position of the social dancer via a selection of qualitative mixed-methods (interview, observation-participation, questionnaire).

1. *Blackpool, England – Social Dancing as 'Serious Leisure'*

For this leg of the research, I spent a week in The Ballroom in the Blackpool Tower, dancing, interviewing, dancing, observing, and talking with the senior social dancers. Blackpool is the Mecca of ballroom dancing. It is where the British National Dance Championships, and the Blackpool Dance Festival are held. Typically the adult ballroom dance events take place in the Empress Ballroom in the Winter Gardens, a cavernous Victorian ballroom which can hold up to three thousand people. The British public, however, will be more familiar with the Blackpool Tower Ballroom from regular Come Dancing TV broadcasts. It is the Blackpool Tower with its built-in circus, aquarium, amusement rides and ballroom where you find regular social dancing taking place. There, in the middle of this mass leisure centre structure, is a large ballroom - with a capacity of 1,900 people - with Victorian-like paintings and ceiling decorations and a world-renowned Wurlitzer organ. It is a place dating back to 1894 and now billed as 'The Ballroom Experience' where tourists and locals can visit, dance to the organ or circus band, and take tea and cakes.

During a Winter Season week at Blackpool, I was able to interview staff, visitors and dancers at The Blackpool Tower Ballroom. The dancing was genteel and proficient but also 'serious leisure' (Stebbins 2007) for social dancers who train and practice their dancing skills and used the Blackpool floor to enjoy the social dancing environment, the live music and organ, their fellow dancers and transient audience. Despite the constant movement in and about the room between 10am and 11pm, it had a relaxed atmosphere and a feeling of timeless continuity about it. Chris Hopkins, one of the Ballroom organists, noted that it was only in a new era from 1980 that all-day dancing had been introduced.

A veteran organist, Chris 'reads' the audience and the dancers and tries to tune into their tastes whether ballroom, Latin or sequence dancing. During the summer high season, a resident band plays to the visitors. During the winter low season, the organist plays with occasional breaks from the circus band as they move from the circus to the Ballroom to play a set. The social dancers appreciate the live music, responding to it and following it just as much as the musician is responding to and following the dancers. Román-Velázquez (1999) found similar emergent relationships between dancers and musicians in social salsa clubs in London.

The social dancing takes on a party atmosphere during the weekends when the retired dancers are joined by the dancers who are at work during the week. Then, over the weekend, the social dancers swell from the week-day numbers of between two and thirty to several hundred dancers all dancing and socializing. These reappearances gave it "a cruise ship feel" for Hopkins who would talk to them from the stage.

The Social Dance Manager in charge of The Ballroom also had favourite couples: a "gentleman who's 96 and his 87-year-old wife" who can only walk with the assistance of sticks, but can dance around The Ballroom as soon as the music starts playing.

Manager: I was shopping one day and that elderly couple – you know in their nineties - came walking towards me, both of them with a stick. And I looked and went,

> "Oh it's you, I recognize from the dancing!" And she said, "Oh hello, you work there don't you?" And I said, "Well what's the sticks for?" "Oh we have to walk with a stick in the streets." I have never seen them walk in here with a stick. All of them are like that even if it's a bad day sometimes he does bring the stick in. But when he's on that floor you would never believe that's he's a gentleman that has to walk with a stick. So, it's amazing … and I'm sure a lot of it is mental: these steps, they learn them parrot fashion but you have to have the mental capacity to know that. And it is actually quite physical. He doesn't dance with a stick. And I'm sure it keeps them going.

Here, social dancing contributes to the longevity of the dancers, giving them something to enjoy and focus upon - to live for. It quite literally fires off the endorphins and takes away the aches, pains and disabilities associated with old age. It is only when the music is over and the moving connection with one's partner subsides that the arthritis and rheumatism return to haunt the social dancers.

I interviewed approximately another dozen dance couples, individuals and groups. In all cases, bar two, I found the employees' words and sentiments echoed and reiterated. The other dancers were all retired and committed to their ballroom dancing. One couple had spent their retirement money buying a flat near to the Ballroom so that they could enjoy the social dancing, another couple traveled from London once a month for a weekend of dancing there, and the others seemed to travel within an hour and a half's driving distance. All attested to the benefits of the dancing whether physical health (weight management, blood pressure, posture, cardiovascular health and suppleness/mobility) or mental health (social contact, alertness). One couple from Huddersfield danced three times a week and spend the weekend visiting The Ballroom at Blackpool. They have been dancing ballroom for more than fifty years – thirty of those years together as a social dancing couple. In cases such as this, there is a strong togetherness and familiarity in their joint hobby. Also, there is nostalgia for the dancer's past in the sense that they and others were returning to an earlier time, a time of possibilities and a life to lead. This was, especially in the 1950s ballroom dancing and dance hall context, a time when the dancers were courting, looking for a partner to marry and raise a family with. In other words, the ballroom had been a space and activity of potential, possibility and uncertainty, whereas now it was a space for memory, nostalgia and comfort.

The social dancers perceived themselves to be "a community with similar interests": those proactive against the debilitations of old age, fitting in with the ballroom dance scene and knowledgeable about their hobby whether new or not. Mary likes to come out dancing at least once a week and to stay in touch with "the personalities on the floor" and to heed her mother's words, "don't be a wallflower". Jenny "felt like a lemon" at her twenty-fifth wedding anniversary, sitting watching all the dancing, not knowing how to join in. For Jackie, it was watching the dancing on a holiday cruise in the Mediterranean that started her interest in ballroom dancing. She and her husband have now been social dancing ballroom for thirteen years. Both pairs of dancers enjoy feeling "elegant" in the "nice" surroundings. They have more time for their hobbies now that their children have left home for university, and they wanted an activity that they could do together. Currently, dancing suits their lifestyle and life-course. Jenny's husband has prepared for his retirement by carefully phasing down his hours driving a taxi, slowly replacing them with more golf, swimming, choir and dancing. Whereas he is less enthusiastic about the dancing as Jenny, he is glad that they are doing a very affordable activity: "dancing is fair cheaper than drinking as a hobby," he declared. He also preferred it for its sociability:

> It's one of those social things, dancing. It brings people together and they start talking. You can sit in a pub and just talk with each other but no one speaks to you. Then you go into a dancehall and you're talking to people and dancing and making eye contact.

Another couple danced for "emotional pleasure" juggling their part-time business shifts so that they could dance together in the middle of the week – "the high-point of the week for us; it got us through it all." The dancing is a constant in their changing lives. It is their comfort zone that they have been familiar with for decades. In salsa, I have argued for a 'salsa second skin' as dancers use the dancing to relocate easily in a modern mobile society (Skinner 2007:498). This concept, this physical knowledge, 'decontextualised' according to Hannerz (1992:257) is not new, nor is it a symptom of a 'disembedded' malaise about society as Giddens (1991) would lead us to believe. These social dancers have danced through the generations and are intimately grounded with their localities and with their dance compatriots. They jealousy guard their ballroom space at Blackpool. Children were only briefly tolerated, and were often encouraged to do a hokey-cokey on the dancefloor in the hope that afterwards they would leave.
Interviews suggested that the social dancing is rooted in the history of the dance, the dance hall, and their lives:

> JS: Can I ask, you've been at it a while, has it changed over the years?

DANCER 2: Well we have danced to Victor Silvester music.

DANCER 1: It's the speed of the dancing that's changed.

DANCER 1: Yeah. The tempo has changed. Victor Silvester, he's very slow where it's a little bit quicker now.

The nostalgia for the dancing and the dancers' youth was apparent whether the dancers were in high-spirits or even depressed and lonely. A number of dancers were dealing with bereavement on and around the dance floor. They were revisiting the places where they danced with husbands of wives, reliving memories, or breaking the boredom and monotony of old age with a trip to the ballroom.

RES: When you get to my age, all you've got to think about really are the good times and there aren't many good times you can see in the future. Life gets boring when you get older. What are we going to do? Like at your age, whatever you're going to do at your age do it now. You just get up in the morning and just go from one day to the next.

In this interview, the dancer, a lone man, was returning to his lost partner's love for the dance. He watched and relived and replayed memories rather than make new ones. This was poignancy to his viewing the social dancing, all of the serious leisure taking place around us.

2. *Belfast, Northern Ireland – Social Dancing "For the Craic"*

If the social dancing found in the Blackpool Tower was one of serious social dancing, part practice for other occasions, then the majority of examples of social dancing in Northern Ireland follow a more self-entertaining model of social dancing "for the craic." Whilst this study does not claim to be all-comprehensive, it has looked at social dancing amongst senior citizens around Northern Ireland: in Belfast, Bangor, Hilltown, Aldergrove, Lurgan and Banbridge, a range of dance and performance events and practices where I have used a triangulation of research methods from participant to observer, interviewer and questionnaire sampler. Key evenings studied have been public classes and social nights, social dancing between ballroom competitions, and charity and community social service provision with a key Reminiscence through Dance programme supported through a Help the Aged grant and facilitated by senior citizen Ms Philomena Gallagher.

Social dancing in Northern Ireland has a particular social history and context to it given the history, scars and social traumas of 'The Troubles' (the ethnopolitical conflict over Northern Ireland's constitutional status that manifested itself in violence between the late 1960s and the late 1990s between broadly Protestant Unionists wanting NI to remain a part of the UK, and Catholic Nationalists seeking a United Ireland). Music and marching have, in the past as well as the present, been used as markers to distinguish peoples and to mark out territories (Jarman 1997; Bryan 2000). Ballroom dance – unlike Irish folk dance - however, has always been an opportunity to bring people together; that is when they are able to (one participant who grew up during The Troubles noted that she could not cross town to get to dances [see Lysaght 1995]) or was allowed to (the 1935 Dancehall Act banned un-licenced dancing in the Republic of Ireland, and even recently former First Minister for Northern Ireland the Reverend Ian Paisley denounced dance as 'an occasion of sin' [Wulff 2003; 2008]).

Recently, the social ballroom dancing in Northern Ireland has been shaped and encouraged by an Actively Ageing Well Programme (2002-2007) that was run between Age Concern Northern Ireland and the Health Promotion Agency for Northern Ireland. This was an initiative to put in place 6-week physical activity introductions for older people ranging from salsa to ballroom dancing, tai chi to walking and swimming (Beattie and Greer 2006). Over sixty community and older groups were supported throughout Northern Ireland, many of which are still very active. I attended and participated in a sample of the 'Reminiscence through Dance' events. This community development programme - about inclusive and successful ageing - was rolled out across Northern Ireland, but has a particularly strong base of support around Craigavon and Banbridge. There, social dancing features in the Craigavon and Banbridge Health and Social Services Trust programme of activities. This means that independent living senior citizens and those needing transport can be catered to. Events such as social dances are arranged in the community and parish halls and can range in size from small groups of 30-40 (see Figure 1) with a hired DJ, to 300+ dancers with a live band and featured artists. For the 'Reminiscence Through Dance' programme, facilitated by staff over fifty years old and so accepted by the attendees, band music by the likes of Victor Silvester was played and a microphone was passed around the room for the participants to describe what they remembered from their dancing youth and from the music. This then prompted dancing in those able to dance with those unable to dance

Figure 1 'Reminiscence Through Dance' programme, Lurgan – Northern Ireland (photo by author 2008)

joining in by clapping, singing and tapping their feet as they sat and watched.

Ms Gallagher commented upon the programme as follows:

> It's a way of educating them and enjoy starting to take care, better care of yourself, as well as keep physically active but most importantly keep socially active, and one of the ways that they love doing that is through dancing because this would have been the culture.

The senior citizens are aware of the physical benefits of dance, less so the social and mental. The companionship with peers is important. The getting ready for a dance reminds them of when they would have dressed up for 'steppin' out' dancing in the 1960s to big marquees in the countryside which would hold several hundred dancers dancing social waltz and Irish ceilidh dancing to traveling Irish showbands. In many respects the dancing on offer to senior citizens here followed a community care model of church, charity and state provision as opposed to the private serious leisure practice found in Blackpool. It too is based upon nostalgia, but nostalgia for a fun past. Dancing in these social dancing moments takes the dancers back in time. Again, Ms Gallagher notes:

> It's such a great feel-good factor [yeah] and they will just say, "we felt alive", "we felt young again", "we felt excited", "we felt we could take on the world", and that was all through dance.

Lewis Erenberg (1998) coins the term 'Swingin' the Dream' when describing the creative transition from jazz to big band swing in the 1930s Depression era of post-Prohibition United States. This movement - and the showband movement in Northern Ireland and Eire of the 1950s and 1960s - is when dancing became a part of working class and youth culture, occasions when post-World War economic, social and sectarian (religious or colour) differences could be subordinated for the 'ephebism' of the dance (Gottschild 2000:14). Sarah's experiences of growing up in Northern Ireland put her at the heart of this leisure explosion. She grew up in a liberal mixed Catholic family from the Upper Falls Road, encouraged by her parents to dance as they did. As she recalls, "my mother always thought that it would help me in my life and bring me ... me confidence to be with people and to be able to communicate with people and give them confidence too." After a day working in a shirt factory, Sarah's evenings were "exhilarating, dancing the night away! […] Happy memories!" More poignantly, Sarah is now dancing approximately three nights a week with a new, younger crowd of friends, maintaining the routine of life she promised to her dying husband four years ago. She has lost weight from her new-found dancing ("it keeps your body in good repair"), and is experimenting and playing with her balance and weight with the dancing on ice where edges are so critical. She feels uplifted and "invigorated" from the dancing and meeting new people, and her heart is relaxed and strong from the waltzing in time with the music (cf. Belardinelli et al. 2008). Finally, Sarah attributed her dancing to keeping her safe and not just sound; the dancing made her a more tolerant and cosmopolitan individual. It kept her out of The Troubles:

> Well I think that's why I never was involved with the Troubles because the dancing was a mixture of everybody. They come from the Shankill Road and the Falls Road. And nobody would ask you what you were or who you were. We just loved dancing full stop. And I had friends ... actually I danced with men, partners that come from the Shankill Road but we never had any problems like. If you like dancing, you go dancing. You're not ... it doesn't matter what people are or who they are really.

3. *Sacramento, USA - 'Dance4life' Social Dancing*

Sacramento, California, is the legislative capital of the wealthiest state in the United States. It has a population of

approximately 2 million if one includes the metropolitan districts, and it has expanded some 10-15% since 1990 with in-migration from Asia, Latin America, the former Soviet Republics, and considerable resettlement from Los Angeles and San Francisco (Anon. 2008b). It is the most integrated and diverse city in the United States (Stodghill and Bower 2002). This is evinced in the composition of the population: in the city precinct of 400,000 residents, a 2000 census (AreaConnect 2000) estimated a population breakdown of 20% latino (88,000 people) and 40% white (165,000 people) with 63,000 African American and 68,000 Asian. Eleven percent of the population is over 65 years of age. Furthermore, whereas Belfast has the one main dance studio that has survived The Troubles, Sacramento has five or six key dance studios, some of which have been in existence since the 1930s. There is, then, more of a tradition to dance and to attend dance studios and dance nights about Sacramento, and an affluence to be able to afford to. There are dance programmes of visiting professional teachers teaching the elderly in residential homes; private dances put on for the retired and semi-assisted living communities; and a public dance programme – Dance4Life – organized bi-weekly in The Ballroom of Sacramento, Sacramento's largest dance studio at 3,750 square ft, a newish studio founded in 1996 and now grown to support some 17 professional teachers. This studio caters to most forms of dance ranging from social hustle and West Coast Swing to competitive ballroom, Argentine Tango, Zumba fitness (latin dance aerobics), and on Tuesday and Thursday afternoons it has a popular social ballroom dance for "seniors 55 plus."

James is one of The Ballroom organizers and describes the afternoons as "popular, very social times." They begin with 30 minutes of dance music that acts as a warm up session. This is followed by a short ballroom lesson for another 30 minutes, and then two hours of non-stop ballroom dancing music. Attendance is between 30 and 80 people for the afternoons, with over a hundred coming in for the party dance nights on the weekends that are for all ages. The progamme has been running for 12 years and has been deliberately modeled on the tea dance, with refreshments and cake freely available at all times. It has become a regular meeting place, drawing retired dancers from a sixty-mile radius. The clientele is of a similar age span as those dancing in Blackpool:

> The ages range from as young as 55 up to 95. We have people in their late 70s who are very avid and capable dancers. That couple just passing us, they are in their 80s and they have been dancing together for 50 years. It is wonderful exercise for them. They recognise that and they come to be able to socialise as well as practise their dance. It is tremendous exercise and improves their balance, their physical abilities.

At the start of this article we heard from Bill, a dancer at The Ballroom of Sacramento. Bill is a scientist who took early retirement when he was fifty. The last fifteen years of his retirement have been "the most wonderful fifteen years" in his life. Bill's retirement has enabled him to change his life and to take on the identity of a dancer. He dances in the evenings as well as the afternoons, and finds his thirst for dancing unquenchable:

> BILL: So it's a different phase of life. A lot of people they don't realise that this is the best time of your life because you have more from your life, if you have a little bit of pension left, because you get some money so you don't have to worry about money. You don't have to worry about competing with anyone.
>
> JS: How does the dancing make you feel?
>
> BILL: Oh absolutely wonderful. There is nothing in the world like it to me. When you get the right partner that can move with the music you do and synchronise it's the highest high that you can get! It's almost like on drugs, almost. But even better. It's amazing! Really great. I come here at 7 o'clock, I leave at 10/11.

Bill also reflects upon the other dancers around him and how the dancing has been a new – and in many cases improved – lease of life for them

> BILL: The people that you see in here, and they started two to four years ago, most of them they could barely move with the music, they couldn't dance. They were not … I would say they were not even healthy, they were very timid. But now a few years later they've been taking lessons, they move around, they talk to people, they ask you to dance.

The social dancing makes the dancers more self-confident, more agile and mobile, more healthy and more happy. Bill's friend Penny has been dancing at The Ballroom since the inception of Dance4Life twelve years ago, and has been social dancing around Sacramento for twenty-seven years. She likes to feel herself moving and being moved. It keeps her young and is a part of her weekly timetable of activities: she only dances four times a week now since a knee operation curtailed her daily dancing. Now in her seventies, Penny has used her dance hobby to transition into retirement. And it continues to help her: "It's good for your heart and your lungs and your muscles. I don't know of anything it doesn't help, even your outlook on life because you see people and see how other people are." Jessica has gone even further and has used

her retirement to change employment as "a computer programmer of twenty-five years sitting" to that of trainee dance instructress teaching in a converted room at home and practising, training and recruiting students at the weekly tea dances. Now sixty, and dancing since 2000, Jessica felt that she burnt out from the demands of her programming job, but that she could never feel the same way about her dancing:

> My husband and I started dancing in 2000 and we became really addicted to it: I love it. I absolutely love it. We practised every day and then about a year and a half ago I decided to become a Dance Instructor. It's very good exercise and as a teacher I also had to learn to lead and I really appreciate what the men have to do because they really have to use their brains. It's not what step am I doing, but where - how does that go, where does the lady go, how do I get her to go there, how do I make sure I don't run into somebody else. They have to think a lot. The lady's good, she just has to follow. But she should know.

For Jessica, Penny, Bill and many of the other dancers at the Dance4Life afternoons, they have never been more active, more healthy and more alert. Other dancers came for related reasons: the transition into retirement; the physical connection with another person; "an afternoon not wandering around the Mall"; a practical form of relaxation and exercise; or to entertain new girlfriends, some of whom could not speak English but could join in by dancing instead.

There were two regular characters at the Sacramento Ballroom Dance4Life dance afternoons, a retired racehorse jockey and a retired US Marine. Frankie trained Sea Biscuit and other horses in the 1940s before getting injured and retiring. Now eighty-eight years old and still a ladies man, he dances twice a week to get rid of his arthritis ("I've got arthritis, but when I'm dancing, there's no arthritis pain. It goes away completely"). He is practising for a dance holiday cruise up the West Coast to Alaska with his new girlfriend. Jacob is nicknamed 'the road runner' for his speed around the ballroom. He is eighty-four and has been social dancing ballroom for the past 71 years. As a young Marine fighting in the Pacific during World War Two, Jacob used his dance skills to get guest passes off base so that the officers wives could have a man lead them in their dancing. He met his wife during the war and has been dancing with his "Irish feather" ever since.

Figure 2 'Dance4Life' programme at The Sacramento Ballroom – Sacramento, USA (photo by author 2008)

Dancing is their self-medication. They are dancing with each other for approximately six hours a week: they try to be on their feet for six hours a day doing weight bearing activities to maintain muscle density; moreover, Jacob's wife has Parkinson's Disease and on dance-days Jacob loads her up with pro-enzymes to stop her shakes. They find that there is more space and it is safer dancing at The Ballroom. There is a dance etiquette and people are careful not to bump into each other, so they are unlikely to injure themselves or fall over. They are able to pace themselves and are even able to use the next-dance signs to work out which dances to sit out on (see Figure 2).

Andy K., the dance programme co-ordinator, has been running the dance programme for the last three years. He sees it as "a sort of low impact aerobics for seniors." In other words, the Dance4Life programme targets dance as exercise for the actively retired. The programme started as a tea dance but with a schedule and a lesson, it has become a bi-weekly dance exercise session with tea and cake supplied (including free day-old bread supplied by a ninety-two year old baker and social dancer). Because it is an indoors activity, the dancers are not affected by the vagaries of the weather or by the insecurities of the shopping mall. The dancers are "having a good time and have people of their own age to talk to." Finally, Andy pointed out – and reiterated the point from other interviews – that the social dancing was especially good at helping offset Alzheimer's disease:

> ANDY: It helps with Alzheimer's disease because it makes you think. Especially for the men. Because, as they're men, you have to lead the lady and at the same time you have to basically dance in two directions, you have to dance in the present and the future and that keeps your mind going and it forces you to think.

In these three cases of social ballroom amongst senior citizens, dancers come together in a variety of fashions, connecting – mostly with their life partners – for several hours of exercise, enjoyment and practice. At each of these dances, cakes, sandwiches and tea are provided. In the Blackpool Ballroom, dancers are able to practice their moves and routines on a quality dance floor. There is more socializing on the dance floor in the Northern Ireland case studies with party dances such as the conga and hokey cokey. There is a strong group feel at the Dance4Life events that begin with dance lessons and cater for bringing on a range of dancers. There is more switching of dance partners there too, though the dancing was the most conventional with no same sex dancing visible (male to male same sex dancing was apparent in Blackpool, and female to female dancing was commonplace in Northern Ireland – largely due to the sex imbalance with a higher male mortality rate than female). Except for the Blackpool dancing, the social dance events all had a localness to them with the hustle and West Coast Swing included in the dance programme in Sacramento, and some ceilidh set dances in the Northern Ireland dance programme.

Dance In-Tense

Whether performing, practicing, or dancing for fun, the senior citizens in Blackpool, Sacramento and around Northern Ireland attest to the benefits of social ballroom. The dancing gives them an agility and nimbleness that is both physical and mental. It gives the dancers - whether new to the dancing like Jessica or a dance veteran like Jacob – an enthusiasm for living, a happiness and sense of wellbeing, and releases unrealized or previously dormant levels of motility. It creates *communitas*. It makes people feel young again, in touch with others for Sarah, or even renewed as in Jessica's case. It staves off illness, and even counteracts decline.

Medical and health studies attest to the qualitative findings presented in this article: dance augments mental, emotional and physical well-being and counteracts social isolation (Corbin and Metal-Corbin 1997; Young and Dinan 1999); the mental challenges of dance decreases dementia (Verghese et al. 2003); dance is restorative and recuperative in its marshalling of levels of concentration and release and dissipation of accumulations of energy (Lagan 1986); and dance fosters inclusion, understanding, acceptance and tolerance. In fact, Lima and Vieira (2007:140) conclude their study of ballroom dance as therapy amongst the elderly in Brazil by suggesting that through partnered social dance, "the body may change from being a source of oppression to a source of freedom."

One particularly interesting finding from this comparison of social ballroom dancers in Blackpool and Sacramento, and around Belfast, has been the role *tense* plays in the social dancing, and how the past, the present, and the future all feature in the dance afternoons. Nostalgia for 'days gone by,' as well as 'bygone days', is evident in all three tea dance afternoons. It is in the Blackpool venue, live organ music, reliving dancehall nights from the 1950s in Belfast, as well as those moments of pleasure grasped during World War Two amongst the Sacramento dancers. Moreover, in social ballroom dancing, the dancers are rekindling body memories of former movements and intimacies. "Dancing precipitates an incredible longing. To recover the pleasure - in the imagining and remembering, the connecting again with my limbs, my breath, my body is to ignite desire," recalls Gotfrit (1988:123) during her participatory study in discos of women's nights out. This is a form of nostalgia not just for the authentic, or for the real of an organic sense of community. It is a sense of nostalgia for one's former self. Gotfrit felt this pull, the "pleasures of memory" in her body, her locating of her self by "interfacing" with others through the dance. This was all triggered in her as soon as she heard the first bars of music and felt a wooden floor beneath her dancing shoes. These nostalgia strings are played upon expressly by the new compilation of Victor Silvester (2001) tracks traded under the evocative title "You Danced to these Bands."

These senior social dancers are not dancing retrospective mental and physical memories, repeating themselves from their earlier years, replaying poignant memories with the mind and the body. Gotfrit (1988:129) claims that the dance floor is where "desire and pleasure are courted and orchestrated," where its public regulation can be relaxed, especially for women. Furthermore, she adds that it is on the dance floor that one experiences "the preamble to other pleasures of the body, in the forms of flirtation, romance, and sex" (126). My experiences participating and observing dancing amongst senior citizens suggest to me that it is generally less predatory than Gotfrit's reported dance environment. The dancers I worked with were either there as couples, or were there for the entertainment

and community than finding a new life partner. As such, for all the nostalgia which attracted them to the dance events, and their memories of previous dance nights and dance partners, they are very much dancing in the present. They are concentrating and their bodies are flowing anti-clockwise around the dance floor in the "here and now" of the dancing. The stimuli of the music, the ambience, the people brought about their responses. The immediacy of dancing, rather than the prelude to the dancing or the tea or return home after the dancing, resulted in the feelings of happiness, the sudden absence of aches and pains, the release of endorphins, the loss of self-consciousness, and the sudden motility realised.

The dancers were also dancing for the future in several senses of the word. The leaders were dancing their moves, leading their partners, and leading into the future as moves fill space ahead of them both physically and temporally. The leader has to think ahead and predict where moves will take the social dancing couple, what will best show them off, how to avoid other couples in their anti-clockwise rotation around the dance floor. Furthermore, in terms of a future, the dancers are acting out a fantasy of the imagination. They are playing a 'Fred and Ginger' in a new era, creating and dancing-out their proto-narratives. Appadurai (1996:3, author's emphasis) describes "*the work of the imagination* as a constitutive feature of modern subjectivity." He argues that we live in a postmodern condition wherein we can realize our fantasies and are no longer curtailed by class, feudalism or slavery. On the dance floor, these twenty-first century social dancers have been able to develop perhaps dormant *alter egos*, to have motility realized, to become new subjects such as in the case of the new dance instructor Jessica, or the new dance addict Bill. Whether or not there was a disconnect in one's "body-self relationship" - a break between 'storied bodies and storied selves' (Sparkes 1999:26), between lived body and self and imagined body and self before dancing, or during the period when dancing lapsed in one's life as with Sarah - social dancing in ballrooms and community centres is a performance of self-actualisation. Renewal can be seen on and around the dance floor.

In sum, this leisure engagement makes the "young-old" category of senior citizen and can be considered "an egalitarian [people's] version of the high life as they come together for social dancing" (Walsh 1993:118). Brown et al. (2008:91) conclude their study of Carolina shag dancing amongst the elderly on similar lines to mine: that meaningfulness derived from social dancing leads to a continued engagement with life - past, present, and future - and holds the "promise for successful ageing." This article has sought to bring social dancing "out of the dark" (Ward 1993:29). The study of social dancing amongst senior citizens has hardly been a study of dancing by twilight it has been one of altered premises, shattered stereotypes, and pleasant memories.

Acknowledgements
Research for this article was funded and supported by the Atlantic Philanthropies, the British Academy, Department of Anthropology at California State University Sacramento, the Institute of Social and Cultural Anthropology at the University of Oxford.

References

Anon.
2008a Arthur Murray International Inc. franchise. http://www.arthurmurray.com/index.htm, accessed November 12, 2008.

Anon.
2008b Sacramento, California. http://en.wikipedia.org/wiki/Sacramento,_California, accessed December 8, 2008.

Appadurai, Arjun
1996 Modernity at Large: Cultural Dimensions of Globalization. Minneapolis: University of Minnesota Press.

Ardener, Edwin
2006 Belief and the Problem of Women and the 'Problem' Revisited'. In Feminist Anthropology: A Reader. Ellen Lewin, ed. Pp. 47-65. Oxford: Blackwell Publishing.

AreaConnect
2000 Sacramento California Population and Demographics Resources. http://sacramento.areaconnect.com/statistics.htm, accessed December 9, 2008.

Beatie, Alison, and Elma Greer
2006 Actively Ageing Well: Key Achievements. http://www.ageconcernni.org/key_ach_doc_download.htm, accessed December 9, 2008.

Belardinelli, Romualdo, Francesca Lacalaprice, Chiara Ventrella, Loretta Volpe and Ernesto Faccenda
2008 Waltz Dancing in Patients With Chronic Heart Failure: New Form of Exercise Training. Circulation: Heart Failure 1:107-114.

Brown, Carroll, Francis McGuire and Judith Voelkl
2008 The Link Between Successful Aging and Serious Leisure. International Journal of Aging and Human Development 66(1): 73-95.

Bryan, Dominic
2000 Orange Parades: The Politics of Ritual, Tradition and Control. London: Pluto Press.

Campbell, Susan
1988 Carnival, Calypso, and Class Struggle in Nineteenth Century Trinidad. History Workshop Journal 26(1): 1-28.

Corbin, David and Josie Metal-Corbin
1997 Reach for it: A handbook of health, exercise and dance for older adults. Dubuque, IA: Eddie Bowers Publishing Company.

Cowan, Jane
1990 Dance and the Body Politic in Northern Greece. Princeton, NJ: Princeton University Press.

Cressey, Paul
1968[1932] The Taxi-Dance Hall: A Sociological Study in Commercialized Recreation and City Life. New York: Greenwood Press.

Daniel, Yvonne
1995 Rhumba: Dance and Social Change in Contemporary Cuba. Bloomington and Indianapolis.

Erenberg, Lewis
1998 Swingin' the Dream: Big Band Jazz and the Rebirth of American Culture. Chicago, Ill: University of Chicago Press.

Franks, Arthur
1963 Social Dance: A Short History. London: Routledge & Kegan Paul.

Giddens, Anthony
1991 Modernity and Self-Identity: Self and Society in Late-Modernity. Cambridge: Polity Press.

Gotfrit, Leslie
1988 Women Dancing Back: Disruption and the Politics of Pleasure. Journal of Education 170(3): 122-141.

Gottschild, Brenda
2000 Waltzing in the Dark: African American Vaudeville and Race Politics in the Swing Era. New York, NY: St. Martin's Press.

Hall, Stuart
1991 The Local and the Global: Globalization and Ethnicity. In Culture, Globalization and the World-System: Contemporary Conditions for the Representation of Identity. Anthony King, ed. Pp. 19-40. London: Macmillan.

Hanna, Juduth
1979 To Dance is Human: A Theory of Nonverbal Communication. Chicago, IL: University of Chicago Press.

Hannerz, Ulf
1992 Cultural Complexity: Studies in the Social Organization of Meaning. Chichester: Columbia University Press.

Hannerz, Ulf
1996 Transnational Connections: Culture, people, places. London: Routledge.

James, Wendy
2003 The Ceremonial Animal: A New Portrait of Anthropology. Oxford: Oxford University Press.

Jarman, Neil
1997 Material Conflicts: Paraders and Visual Displays in Northern Ireland. Oxford: Berg.

Kaeppler, Adrienne
1985 Structured Movement Systems in Tonga. In Society and the Dance. P. Spencer, ed. Pp. 92-118. Cambridge: Cambridge University Press.

Kirtsoglou, Elizabeth
2004 For the Love of Women: Gender, Identity and Same-Sex Relations in a Greek Provincial Town. London: Routledge.

Laderman, Carol, and Marina Roseman, eds.
1996 The Performance of Healing. London: Routledge.

Lima, Maristela, and Alba Vieira
2007 Ballroom Dance as Therapy for the Elderly in Brazil. American Journal of Dance Therapy 29(2): 129-142.

Lysaght, Karen
1995 "Catholics, Protestants and Office Workers from the Town": The Experience and Negotiation of Fear in Northern Ireland. In Mixed Emotions: Anthropological Studies of Feeling. Maruska Svašek and Kay Milton, eds. Pp. 127-144. Oxford: Berg.

Marion, Jonathan
2008 Ballroom: Culture and Costume in Competitive Dance. Oxford: Berg Publishers.

Murray, Arthur
1959[1938] How to Become a Good Dancer. New York: Simon and Schuster.

Ranger, Terence
1975 Dance and Society in East Africa 1880-1970. Berkeley, CA: University of California Press.

Román-Velázquez, Patria
1999 The Making of Latin London: Salsa music, place and identity. Aldershot: Ashgate.

Savigliano, Marta
1995 Tango and the Political Economy of Passion. Boulder, CO: Westview Press.

Sheets-Johnstone, Maxine
1966 The Phenomenology of Dance. Madison: The University of Wisconsin Press.

Silvester, Victor
1977 Modern Ballroom Dancing: History and Practice. London: Barrie & Jenkins.

Silvester, Victor
2001 You Danced to these Bands. CD compilation. London: Castle Pulse.

Skinner, Jonathan
2007 The Salsa Class: A Complexity of Globalization, Cosmopolitans and Emotions. Identities 14(4): 485-506.

Sparkes, Andrew
1999 Exploring Body Narratives. Sport, Education and Society 4(1): 17-30.

Stebbins, Robert
2007 Serious Leisure: A Perspective for our Time. Piscataway, NJ: Transaction Publishers.

Stodghill, Ron, and Amanda Bower
2002 Where Everyone's a Minority. Time. http://www.time.com/time/magazine/article/0,9171,1003163-1,00.html, accessed May 6, 2012.

Thomas, Helen
2003a The Body, Dance and Cultural Theory. New York: Palgrave Macmillan.

Thomas, Helen
2003b Dancing into the Third Age: Social Dance as Cultural Text. Research Report, The Centre for Urban and Community Research, Goldsmiths College, University of London.

Thomas, Helen
2004 Mimesis and Alterity in the African Caribbean Quadrille: Ethnography meets History. Cultural and Social History 1:281-302.

Thomas, Helen, with Lesley Cooper
2002a Dancing into the Third Age: Social Dance as Cultural Text: Research as Process. Dance Research 20(1): 54-81.

Thomas, Helen, with Lesley Cooper
2002b Growing Old Gracefully: Social Dance in the Third Age. Ageing & Society 22:689-708.

Tulle, Emmanuelle
2008 The Ageing Body and the Ontology of Ageing: Athletic Competence in Later Life. Body & Society 14(3): 1-19.

Turner, Bryan
1996 The Body & Society: Explorations in Social Theory. London: Sage.

Verghese, Joe, Richard Lipton, and Mindy Katz
2003 Leisure activities and the risk of dementia in the elderly. The New England Journal of Medicine 348(25): 2508-2516.

Wacquant, Loic
2004 Body & Soul: Notebooks of an Apprentice Boxer. Oxford: Oxford University Press.

Wainwright, Steven, and Bryan Turner
2006 "Just Crumbling to Bits"? An Exploration of the Body, Ageing, Injury and Career in Classical Ballet Dancers. Sociology 40(2): 237-255.

Wallerstein, Immanuel
1990 Culture as the Ideological Battleground of the Modern World-System. In Global Culture: Nationalism, Globalization and Modernity. Mike Featherstone, ed. Pp.31-56. London: Sage.

Walsh, David
1993 'Saturday Night Fever': An Ethnography of Disco Dancing. In Dance, Gender and Culture. Helen Thomas, ed. Pp. 112-118. London: Palgrave Macmillan.

Waxer, Lise
2002 The City of Musical Memory: Salsa, Record Grooves, and Popular Culture in Cali. Columbia. Middletown, CT: Wesleyan University Press.

Wechsberg, Joseph
1973 The Waltz Emperors. London: Weidenfeld.

Wulff, Helena
1998 Ballet Across Borders: Career and culture in the world of dancers. Oxford: Berg.

Wulff, Helena
2007 Dancing at the Crossroads: Memory and Mobility in Ireland. Oxford: Berghahn Books.

Young, Archie, and Susie Dinan
1999 Active in Later Life. In ABC of Sports Medicine. Mark Harries, Greg McLatchie, Clyde Williams and John King, eds. Pp.51-66. London: British Medical Journal Publications Group.

WINTER FIRES
Art and Agency in Old Age

Portraits by Mik Godley
From the book by François Matarasso

About "Winter Fires"

François Matarasso writer, researcher

Mik Godley, artist

The starting point of the book was a certain frustration that, while more attention is being paid to the value of art in old age, it is usually in the context of doing things for, or at best with, old people. I was interested in how people can to act as artists through the whole of life, whether that action is that of a trained professional, an enthusiast or an occasional creator. During 2011 and 2012, I therefore set about meeting artists who are in their sixties, seventies and eighties to explore what their practice meant to them.

Because I see art itself as, among other things, an irreplaceable way of knowing, I invited Mik Godley to work on some portraits that would sit alongside my text. They would not be illustrations but artworks as capable of communicating understanding of the people I was writing about as the words. Together, images and text, might create a deeper knowledge than either could achieve alone.

Mik seemed the right artist for this task for several reasons. First, I had the greatest admiration for his artistic ability and integrity: he is, above all, a great painter. Secondly, we had worked together on an earlier project in a kidney dialysis unit that had left us both feeling there was more to discover about this process. Finally,

one aspect of Mik's own practice is about exploring representation through deconstructing and reworking photographs published online. Because of travel, time and cost constraints, it was going to be necessary for Mik to work from photographs.

A simple process quickly established itself. At the end of my conversations with artists, we discussed the possibility of doing a portrait and how they might wish to present themselves. Everyone I asked was happy to do this, and they approved the final photographs before they were given to Mik. He then used an iPad with an application called 'Brushes' to turn the photographs into drawings:

'One of the things I knew I could do, to try it out, was to trace off from the photograph as a starting point. And those were the very tight drawings that were abandoned – because it made the drawings very stilted and awkward. So we had to start again.'

After this, Mik's approach was exploratory, even experimental, as he tried different ways of capturing something of the sitter without the usual opportunity to meet them.

'Because it was done over quite a long period of weeks, and I was testing new ideas with it, they all ended up being completely different. If I'd done each one all the way through, I think they'd have been more similar. But working on them together and taking quite a lot of time, I'd naturally get to a point where I'd think I don't know quite what to do with that so I'd go on to another one and then return to it.'

Mik showed me work in progress and we discussed what we liked or didn't like, what seemed to be working in different images. As he worked he found a way of remaking the images into something new, something that existed in its own right as a work of art.

'There were certain things that I thought fitted the personalities. So with the lady in the red shirt that you'd photographed against a red wall, what I did was start with a solid mass of that red as a background, and then painting it, if you like, so that that red came through in certain parts of what would be flesh.'

Each sitter was shown their portrait and sometimes it was a bit of a jolt. However, as they got used to them, almost everyone approved the images. One person didn't like the way her half-finished work on the easel had been represented. That was solved by dropping in the actual photograph of her work. One other person, after some hesitation, decided that she didn't want her portrait included in the book, for reasons of vanity as she said. It was a disappointment, as both Mik and I had liked that image, but that was the agreement I'd made with all the sitters.

The portrait of Lena West, the woman in the red shirt, felt very risky when I first saw it. But it captured so well the spirit of the book, that I chose it as the cover image. We knew it was right when Lena came to the book launch having specially chosen to wear her red top again.

Winter Fires is an experiment, like the whole series of Regular Marvels, to which it belongs. It tries to find other ways of making sense of what art is and what it does for people that bypass or even undermine some of the assumptions and power relations that dog both community art and research. It's in the nature of such exploratory work that its results are more likely to be interesting than wholly successful, but that is enough. I'm hugely grateful to Mik Godley for his work, and for being so generous with his own exploration of representation.

Winter Fires: Art and Agency in Old Age
is published by the Baring Foundation
available free of charge

The Baring Foundation
60 London Wall, London EC2M 5TQ

Tel: +44 20 7767 1348
baring.foundation@uk.ing.com

The book can also be downloaded as a PDF

http://regularmarvels.com

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.

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 Report*s are brief discussions of ongoing or recently completed study and should be no longer than 2,000 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 1,000 to 4,500 words.

Articles are peer-reviewed and manuscript submissions should include the following: a cover page with the author's full name, affiliation, mailing address, and manuscript title; a 200 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 9,000 words, including all materials. Published materials will publically accessible and 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 the Editor-in-Chief, Jason Danely jdanely@ric.edu.

Evaluation As an online journal, AAQ stresses timely publication. Manuscripts will be evaluated by the Editor and by a combination of Editorial Board members and anonymous peer referees. Every effort will be made to expedite the review process, but authors should anticipate a waiting time of two to three months.

Book Reviews

Coughlin, J. & D'Ambrosio,L., Eds. Aging America and Transportation: Personal Choices and Public Policy. New York: Springer. 2012. ISBN-10: 0826123155.288pp. $65 (Hardcover)

Aging America and Transportation is a collection of essays that focus on the growing concerns about mobility and transportation that will be needed to accommodate the aging Baby Boomer generation.

Section 1 of the book provides a backdrop to set the reader up for a contextual understanding of the ways is which the Baby Boomers are currently and will continue to be a generation to age in their own way at their own time. The projected impact of the aging Boomers will be more widely felt than in prior generations of older adults. The authors force us to consider the tremendous impact that the Boomers will likely have on the shaping of policy, technology, services, and infrastructure. Trends will be strongly influenced by the Boomers' statistically high income and education levels; delayed retirement and improved medical care; desire for travel and recreation; and for continued personal independence as they age. Projecting ahead, we will see more Boomers caring for both children and parents, adding to a picture of continued strong social and economic engagement that will require high levels of mobility.

To illustrate the implications, Chapter 4 by Sandra Rosenbloom provides a helpful discussion on land-use, urban design, and projections for residential patterns. The picture that is painted includes the increase of "aging-in-place" trends, where people will demand to "age in place" at home- whether that be in urban, rural, or suburban areas- instead of in specialized care facilities. However, Rosenbloom argues that policy changes in urban housing and pedestrian planning could lead the way in reversing these trends.

Section 2 introduces us to emerging technological trends in the automotive industry. This part of the book mainly addresses integrated driver assistive technologies and emergency response systems and increased connectivity. All of these can help accommodate diminished cognitive and physical abilities that may currently prevent older people from driving. This section delves into scenarios for technological advancements between now and 2021. The suburbanization of the landscape has resulted in a near-complete reliance on the automobile for commuting, shopping, and socializing and this is a key concern in looking at the at the Boomers' past, present, and future relationship with the automobile. Year 2021 projections are shared through some thoughtful and plausible concepts for innovative integration of technology in automobiles.

Chapter 6 addresses changes to infrastructure to provide for better safety for older drivers, offering a number of examples of design adjustments that have been made to account for visibility, readability, signaling, and overall sharing of the road. Chapter 7 focuses on both private and public transportation, including many useful suggestions to improve services and the transportation experience for older riders. These suggestions range from simple wayfinding design strategies, to car sharing programs, to smart parking (or the use of wireless technology to reserve parking and more seamless trip planning).

Section 3 moves us beyond the material players of infrastructure and technology to the actual players - the drivers themselves. In this section of the book, behaviors and characteristics of future generations of older drivers are projected through charts and graphs that show rising rates across the board from the 2020s through to the 2050s. While it is projected that these older drivers will be healthier and more active than the older drivers of today, it is known that there is greater concern about physical inactivity, obesity, and effects from smoking with the Boomer generation. Based on these predictions, concern about chronic medical conditions (e.g., cardiovascular disease and obesity) will continue to grow.

This section also addresses, through a variety of statistics, the sobering reality that, next to drivers in their 20s, older folks in their 70s and beyond are the most vulnerable to deaths from automobile accidents. To maintain safe roads, licensing and legal policies will have to be adapted to provide for the increasing number of older drivers who will require licenses. One of the authors, Bonnie Dobbs, argues strongly for increased involvement of the medical community in setting standards for driving ability.

The chapters that follow reveal the other side of the coin, discussing the shamefully apparent lack of public transportation options for senior citizens and, aside from a few glimmers of hope, the lack of design for disabilities in much of the public transportation infrastructure that does currently exist. However, projections for 2021 indicate that public and community transit systems will be greatly improved. Chapters 11 and 12 review and critique current driver education and training options for older adults. These chapters point out that evidence of the efficacy of these programs is currently inconclusive while offering many suggestions for

improvement of these programs for the future. These suggestions include curriculum changes to existing programs, integration of technology, customized content for individuals, policy change, shifts in service, distribution and overall accessibility to mature drivers, and incentives that would further encourage participation in mature driver education.

The book concludes with Section 4, which provides ideas for the integration of a variety of services, systems, programs, and policies. All of these strategies could be implemented to address the transportation needs and goals of an aging population including driving and alternatives to driving.

Ultimately, I found that the discussion of technology and policy in Part 2 was a useful section of the book for students in urban planning or design. Technology in the form of mobile communication devices, the widespread integration of GPS, surveillance devices, sensors, etc. is nothing new or surprising. However, understanding this technology in the context of the needs of the older driver and/or rider (like GPS as a tool for people with Alzheimer's) takes a bit more legwork. With this is mind, the rich content of these chapters provides an excellent basis for creative discussion.

All of the chapter contributions in the book are well researched and thorough, offering generous statistics, examples, and proposals for improvements for future implementation. Although I find this book to be an excellent resource, it was not quite the launch pad for a creative conversation about the future of mobility as I had hoped. The writing is bold yet the projections are still conservative and I feel presents a bit of a one-dimensional picture of the future. The authors consider current technology but do not do a great job of projecting future developments in technology that will provide even more profound changes to our landscape and how we move through space. As a designer, I feel that this volume could use a little bit more futurism in its attempt to visualize and move forward design options nowadays.

Siobhan Gregory, M.F.A.
Senior Lecturer in Design
Wayne State University

Sanford, J. Universal Design as a Rehabilitation Strategy. New York: Springer. 2012. ISBN-10: 0826125522. 304 pp. $55. (Hardcover)

Universal Design as a Rehabilitation Strategy is a comprehensive addition to the literature on the history, approaches, successes, and limitations of universal design. Sanford proposes that universal design in the context of rehabilitation strategies can be a "change agent" in fostering social equality of the elderly and people with disabilities. Sanford argues that design for rehabilitation is all-too-often specialized. Instead he contends that when the concepts and principles of universal design are applied to rehabilitation, the stigma and social segregation associated with disabilities can be diminished or, at best, eliminated.

The book sets the stage by dispelling misunderstandings that universal design is a concept that is special to people with disabilities (and the guidelines and codes of the People with Disabilities Act) and that universal design is more costly and of a low aesthetic quality. This introduction is critical in positioning the text within existing design literature discussing some skepticism about the "universalness of universal design". For example, one of the most popular books in the field of industrial design is Donald Norman's The Design of Everyday Things (1988). It is widely referenced in the area of design education. Although a bit dated, Norman presents the built environment by providing imagery and narratives that help the reader to begin to critique for themselves how the designed objects of our lives - door handles, appliances, technological devices, etc. - make us feel enabled or disabled. Norman's work resonates because he forces us to see that it is the built environment, which in essence is simply a series of design decisions (good and bad, sensitive and insensitive), that serves to create inherent categories of ability and disability.

Beforehand Sanford also addresses this idea in his introductory chapter, which critiques the usefulness and limitations of a number of "social construction models." Through his critique of these models, he helps the reader understand universal design as a shift in philosophical design approaches from the intrinsic towards the extrinsic and from the individual towards the social. He also lets us know that these models are still insufficient when it comes to rehabilitation strategies and that clearly there is work to be done. His main critique is that these models are conceptual and do not help in fostering an understanding of the "real and tangible."

It is possible that some social scientists could take issue with this way of looking at things. However, Sanford dives more fully into this critique in Chapter Two. Here Sanford more clearly illustrates (with the use of many examples including the 2000 Presidential Election butterfly ballot, countless barriers in

urban infrastructure, and complex menu navigation in electronic kiosks), how everyday design "disables," leaving room for specialized design to "enable." Sanford prefaces this discussion by presenting the spectrum of established levels of ability to disability and that in reality most humans fall below maximum mental, physical, and communication abilities.

Chapters Three and Four offer solutions through an introduction on assistive technology, accessible design, and specialized design. Sanford then contrasts these categories with universal design, which rather than being approached as an add-on strategy, is factored in from the very first phases of the design process, considering a better experience for everyone and not just people with disabilities. Guiding principles of universal design are discussed including flexibility, simplicity, equality, modes of communication, designing for human error, physical exertion, and consideration to sizing, positioning, and arrangement. Stanford also discusses the importance of social and cultural context in this section. Lastly, he includes rating systems, which begin to identify the evaluation of successful universal design.

Part Two of the book addresses housing and workplace environments and the need for these environments to work for us at all the points in our lives. In these two chapters lies the strength of the book as a teaching tool for designers and a resource for critical evaluation of design. Sanford builds the argument that with rising healthcare costs and the widespread prevalence of chronic conditions, the home is playing an increasing role in health maintenance and health care.

In Chapters Five and Six, Sanford carries us through the areas of the home, from the point of entrance through the various rooms in a home, and the many activities that are performed in the home, identifying various physical barriers as well as opportunities for the successful integration of a broad range of modification strategies and home healthcare technologies. His suggestions range from the simple use of labels and signs as cognitive reminders, to the integration of color and texture change on flooring to help prevent falls in transition spaces, increasing light levels for better visibility, increasing heights of toilets seats and other seating surfaces, wider doors and entrances, the integration of sensors and forms of electronic monitoring, and much more. The overview on bathing and toileting is especially useful. As a resource for designers and design educators, Sanford's audit of design opportunities provides a variety and breadth of suggestions to begin a robust conversation in the classroom and beyond. Additionally, these sections would be useful for industrial designers, interior designers, assistive technology engineers, healthcare professionals, or non-professionals looking for strategic ways to update their interior environments to better serve them as they age.

Sanford provides a similar analysis of the workplace, arguing further for the social benefits to be had when a workplace is designed for diversity and integration over exclusion. This chapter provides further suggestions not only for design strategies for architecture but also for computing, communicating, and comfort during a variety of work-related activities. Sanford concludes Part Two of the book with a discussion on policies and the current model of the U.S. healthcare system as the key barriers to widespread and effective implementation of universal design strategies. Ultimately, Sanford concludes that a greater deal of power is in the hands of the consumer/user. He believes that a greater awareness of universal design strategies and benefits will help bring about positive change in our built environments and our increased capacity to navigate healthily and happily through our lives.

When I am teaching design students about universal design, I ask them to imagine a world where the majority of the population are wheelchair-bound, where the use of our legs would be rare and considered a special need. What would the built environment look like? Everything we design from cars, planes, buildings, furniture, and appliances would be different. I ask this question because this vision of a flipped reality encourages designers to accept that difference in physical abilities should be reflected through design. Universal design, in its most successful examples is not special or specialized- it is just better. Sanford's book provides the evidence to help communicate this idea. I will gladly be teaching from this book.

Siobhan Gregory, M.F.A.
Senior Lecturer in Design
Wayne State University

Goldsmith, J. The Long Baby Boom: An Optimistic Vision for a Graying Generation. Baltimore: The Johns Hopkins University Press. 2008. ISBN-10: 0801888514.
232 pp. $25.95 (Hardcover)

The Long Baby Boom written by Jeff Goldsmith, the president of Health Futures, Inc. and an associate professor

of public health sciences at the University of Virginia, discusses his view of the continuing positive impact that the baby boomer generation can make on society.

This approach is different than the "doom and gloom" attitudes frequently predicted about the impending economic burden that will be caused by baby boomer aging in the US. Jeff Goldsmith's book considers at length what the value of this next generation of older adults will be. To frame this discussion, Goldsmith reflects on what baby boomers have contributed to this society in a wide-range of important areas such as civil rights and environmental issues. Goldsmith talks about the baby boomers, not as a burden on Social Security and Medicare, but in the ways they will continue to be important societal contributors. For example, Goldsmith asserts that the baby boomers are likely to be working longer, staying healthier, and having impact on social policy for much longer than earlier generations of retired people. "This is an optimistic book about a generation of optimists." (Goldsmith 2008: xvii)

Goldsmith uses fictional characters as examples to show how baby boomers are different from past generations, and highlight intragroup variation among the baby boomers too. And while the situations he describes are somewhat predictable, they do prove his point that a single solution to the baby boomers' aging issues may also be fiction. Acknowledging that there is not one simple solution to Medicare, Social Security, and other such programs, is key to finding more innovative ways to solve some of the problems that are facing the baby boomers and American society.
Goldsmith's argument that the future is bright and baby boomers will continue to contribute in meaningful and relevant ways is the core of the book. He discusses each topic in detail explaining the positive impact they can continue to have on American culture. In short, the book "explores the baby boomers' current state: their lives, health, and wealth and how they differ from the generations of older American that preceded them (Goldsmith 2008: xv).

The book is divided into two basic parts. The first half gives some history and perspective on who the baby boomers really are, since the term is used so often without full understanding of what it means to be a boomer. Starting with the prologue, Goldsmith tells of three different fictional baby boomer characters all with very different life circumstances who are each approaching retirement age. These different sets of circumstances allow Goldsmith to "test" what the impact of the different policy solutions discussed throughout the book would be. It is important to remember how diverse a group the baby boomers are not just culturally, but they cross the spectrum of socio-economic class as well, so the "one size – fits all" solutions will most likely fail to address the needs of this generation.

The first half of The Long Baby Boomer explores topics such as music, TV, college, the women's movement, Vietnam, civil rights, how the work place has been redefined, the divorce rate and the "disintegration of the nuclear family," (Goldsmith 2008:15) which influenced the baby boomers. Goldsmith discusses why all of the events and culture shifts that have taken place in the baby boomers' life times directly impacted the way they think of themselves. Additionally, he argues that these views will impact the choices that the baby boomers make as they enter retirement.

Goldsmith also discusses a common perception in American society that– that the baby boomers are a "social burden." His argument is that as the baby boomers work longer, and stay healthier than their parents their aging will be less of a burden. To illustrate, Goldsmith would like to see a way for people who are still working after they turn 65 to defer enrollment in Medicare and allow their employer to continue coverage on them, which would create less of an impact on the system and less of a burden on the program (Goldsmith 2008: 126).

The second half of the book is focused on entitlement programs like Medicare and Social Security; it discusses ways to reform the programs that would be beneficial. In his chapter on Medicare aptly named the "Mt. Everest of Entitlements", Goldsmith outlines a four-step plan for positive changes in the program. By simplifying, changing incentives for health care providers, allowing people to buy into Medicare starting at 55, and deferring enrollment if they are still working, Goldsmith maintains that the Medicare system would have the flexibility to serve the baby boomers' needs without bankrupting the system. His plan is well thought out, and can contribute to the broader national discussion on needed changes to Medicare currently going on in Washington.

Goldsmith also dedicates a chapter to Social Security. He sees the debate over this program's reform as the bitterest domestic political debate in the last decade. As the centerpiece of Roosevelt's New Deal, Social Security was designed for the past generations of retired workers, but since the baby boomer generation is generally living longer, this demographic reality has put a huge strain on the system. Goldsmith discusses several ideas that might help with this problem, but his section regarding raising the age of eligibility really shows the conundrum of the whole system. Goldsmith believes in the creation of private accounts, and explains five different sources for the funds. However, he believes that there is too little popular or political will to fully discuss some of these ideas at this time.
Lastly, Goldsmith presents his overall conclusions on the state of the baby

boomer generation and hopes for the future. Importantly, Goldsmith reiterates how certain kinds of culture change would need to occur for the political machine to correspondingly react with truly innovative new aging policies and programs.

The Long Baby Boom is a positive book about one the nation's most significant issues. Goldsmith feels that too many critics want to predict the worst regarding the potential economic burden the baby boomers represent. They fret about will happen when the baby boomers start to retire in larger numbers and collect on the benefits they have come to expect. Goldsmith is worried that the inability or the lack of flexibility, on the part of the politicians will thwart making positive and productive changes needed with the large baby boomer population of retirees. This book is a good start to understanding the complexities that are involved in such a shift. The ideas that Goldsmith presents are a useful contribution to the meaningful current debate on how the United States needs to think about baby boomers as they enter their golden years.

Susan Ward, M.A.
Department of History
Wayne State University

Manderson, L. Surface Tensions: Surgery, Bodily Boundaries, and the Social Self. Walnut Creek, California: Left Coast Press. 2011. ISBN-10: 61132-098-5. 294pp, $ 32.95 (Paperback)

In this book, Manderson uses case studies to explore "catastrophes of the body". In particular she seeks to understand how people respond to extreme bodily changes in terms of functional ability, personal and social identity, and aesthetics. Manderson sets the stage for her approach to this topic by briefly explaining her own experience of "catastrophe" which involved the rupturing of a nerve in her arm resulting in permanently reduced function in her left hand. As part of this altered bodily reality, Manderson needed to start regularly wearing a splint. Over the years, she has engaged with the split as a functional device and also as a site of artistic expression since she treats it as a piece of jewelry. Manderson's own experience informs her analysis of the other case studies she goes on to present in this book. Next Manderson provides a moving case study of Perdita, a woman whose life was irreversibly altered first by colon cancer and then by breast cancer. Perdita's story which includes both the need for a stoma and a mastectomy gives the reader a glimpse into the complex bodily issues that will be explored in the following chapters. These issues include but are not limited to: experiences of the body and what they mean, the relationship between the body and mind, identity development, and cultural beliefs about the body.

In chapter one, Manderson draws on the theoretical work of scholars from multiple disciplines who have written extensively about the body. She uses these ideas to understand the complex processes that individuals undergo as "they seek to make sense of the necessary, yet often undesirable embodied changes" (Manderson 2011: 24). She begins with a discussion of Descartes, in particular his views on the distinction of the body and mind. Further, Manderson draws on the work of Leder, Canguilhem, and Striker for understanding ideas about identity and what are often categorized as bodily abnormalities. As part of this discussion, it is noted that throughout much of our lives we pay very little attention to our bodies. However, as we experience bodily changes resulting from illness or accident, we are confronted with the physiological challenges as well as the socially and culturally constructed views of the body. Importantly, Manderson describes her rationale for including the conditions/experiences discussed in subsequent chapters. This rationale involves choosing cases where there "appeared to be surface tension for individuals, usually above the surface, although in the case of transplants, the discordance is largely below the surface" (p. 46). Lastly, she provides an explanation of the ethnographic methods used to collect data on functional loss, living with a stoma, what it means to be feminine after breast cancer, and organ transplantation.

In chapter two, Manderson explores "our cyborg selves". In particular, she reflects on the role of science and technology that enhance lives through the use of advanced surgical techniques, implanted devices, and adaptive equipment, many of which are now viewed as commonplace. She notes that enhancements in surgical technology has allowed for increasingly more innovative and effective treatment for skeletal/muscular conditions as well as opportunities to minimize hearing and sight loss (e.g., cochlear implants and laser eye surgery). As one example, she uses her mother's aging experience and resulting bodily changes to demonstrate how as we age we often move into the realm of the cyborg (e.g., hip replacement, cataract surgery and lens replacement, dental crowns, use of walkers and pick up reachers for activities of daily living). Manderson takes the discussion further by moving into the realm

of more controversial areas such as radical transplantations (e.g., face, hand) as well as cloning. One of the most significant points articulated in this chapter is the notion that as we age we are more likely to fall into the category of cyborg (e.g., hip, knee, and other joint replacement, pacemakers, adaptive equipment/technology, etc.) and yet the cultural representations of the cyborg are young, beautiful, stronger, faster, and smarter. For example, consider here many of the cultural examples are taken from popular television shows and films including but not limited to the Bionic Woman, the Six Million Dollar Man, and the Terminator. While Manderson does not address it, it may be inferred that these representations of the young super-able cyborg is possibly due to ageism. Importantly, Manderson acknowledges that universal access to such "high tech" medical techniques and adaptive equipment does not exist. Noted barriers include health care infrastructures and resources to pay.

In chapter three Manderson explores how people cope with loss, whether it be loss due to amputation, stroke, or traumatic injury. Throughout the discussion, Manderson provides insightful commentary on many of the challenges that individuals face as they rehabituate themselves in their everyday lives. As part of this process, individuals need to both learn to care for the "sites of trauma" as well as reinvent their ways of being and doing. A challenge to this effort is dealing with the cultural and social expectations which often involve inclusion/exclusion and stigma/acceptance. A significant amount of this chapter's discussion is related to the construct of masculinity and how it is impacted by amputation and other forms of loss. Manderson describes how men experiencing loss use sports to "use their bodies as vehicles of agency and control." She describes similar concerns among women regarding femininity and their efforts to restore feeling feminine in chapter five as she explores life post-mastectomy.

Manderson begins chapter four, "Body Basics: Living with a Stoma" with data documenting the numbers of individuals dealing with issues of incontinence, bladder and colorectal cancer both in the United States and Australia. Importantly, she notes that often individuals do not seek medical care until their symptoms are severe and their medical condition is advanced. Many of the stories in this chapter illustrate the challenges one experiences when his/her body is permanently altered by the need for a stoma. Manderson acknowledges that stoma surgery never results from uncomplicated medical histories; therefore there are many factors that come into play as individuals seek to understand "the stoma in relation to their sense of self and being in the world" (Manderson 2011: 148). Manderson revisits the point that when no physiological symptoms are present, we go through our daily lives with little if any thought to our internal bodily processes. However, bodily change as significant as the need for a stoma brings these bodily processes to the center requiring new ways of doing (e.g. toileting and care of stoma site) as well as managing the cultural perceptions about adult hygiene and intimacy.

Chapter five explores what Manderson refers to as "the feminine in question." This chapter addresses the importance of breasts in how women identify as "being women" as well as "being feminine". All of the women interviewed for this chapter, except one, reported not feeling "normal" after their mastectomy. Moreover, they described feeling incomplete or no longer the woman they were prior to the surgery. Throughout the discussion Manderson focuses on the "meaning of the presence or absence of breasts" (Manderson 2011: 184). She notes the contrast in male/female experiences of loss especially as women tend to tie notions of self -worth to both their perception of appearance and others perceptions of appearance. She addresses the aspects of embodiment that women have difficulty adapting to (e.g., scarring, lack of symmetry). To overcome these negative feelings many women chose reconstructive surgery to restore them to what they perceived as their "normal" selves.

Chapter six, "Replaceable Parts: The end of Natural Life" explores the notion of embodiment as it relates to organ transplantation. She begins by contrasting the visible embodied changes that result from amputation to the "under the surface" changes that come with organ transplantation. She argues that when we notice the limb loss of others we react based on preconceived notions about the potential cause of this loss. This response is not the case in response to those who have undergone organ transplantation as the visible signs on the body can be concealed from the casual observer. Manderson goes on to note that embodiment for organ recipients is equally complex because of the number of bodies involved in the transplant process (e.g., donor, recipient, family members). Included in the discussion is how cultural values impact notions of living donors, the reality that in many cases that someone had to die in order for another to live, and what connections if any exist between the donated organ, the donor, and the recipient.

In the concluding chapter, Manderson reiterates many of the key points presented in previous chapters. She reiterates the notion that "bodies are gendered, and gender does not

dissolve with disability or illness; rather, it provides one way of both receiving and doing disability" (Manderson 2011: 262). Overall, I found the ideas throughout the book to be well articulated and thought provoking. I highly recommend it for anthropologists interested in notions of embodiment and how these notions change as we experience disability and bodily change at different moments in the life course. The ideas presented in this book may be used to inform how notions of embodiment and social identity change as one ages, and in light of bodily changes.

Amy Paul-Ward, Ph.D.
Department of Occupational Therapy
Florida International University

If you are interested in writing a book, film, journal or exhibit review for Anthropology & Aging Quarterly, please contact the Book Reviews Editor, Joann Kovacich jkovacich@rochester.rr.com. Include your name, areas of expertise, current ation (research, professor, graduate student, e.g.) and any titles you would be interested in reviewing from the last three years.

AAQ does not accept unsolicited reviews.

AAGE