

Book Reviews

Whitfield, Keith E., ed. Annual Review of Gerontology and Geriatrics: Focus on Biobehavioral Perspectives on Health in Late Life. Springer Publishing Company. Volume 30: 2010. ISBN 978-0-8261-0613-1, pp. 296. Price \$90.00 (Hardcover)

The Annual Reviews of Gerontology and Geriatrics (ARGG) have been in existence for almost three decades. The focus in this volume is on how biobehavioral perspectives impact health and aging and is edited by Keith E. Whitfield, Ph.D. of Duke University who brings a wealth of knowledge and experience to the editor position. Together with twenty-nine interdisciplinary expert contributors, the authors present approaches and conceptualizations on how complex biological, behavioral, and social systems interact to create and impact aging health. Chapters take in to consideration the life span and life course approach to aging as a process. The content is organized in three distinct sections with the goal of “stimulating thinking about how biobehavioral perspectives help to accurately account for complex phenomena relative to aging” (2).

Whitfield explains the broad conceptualization of biobehavioral as the descriptor of choice when referring to interdisciplinary research that encompasses the biological and social foundation of behavior. This approach accentuates the expanding interest in exploring the aging process by determining complex connections between social and behavioral factors that impact all other processes and may help to explain the etiology, symptomatology, and life course of chronic disease states in late life.

Szanton and colleagues offer a society-to-cells resiliency theory

that represents theoretical synthesis but highlights the impact the social environment can have on aging resilience. This proposed theory “posits that resilience can be manifest in resistance, recovery, or rebound processes, viewing resilience as a process in which all individuals engage as they progress in life” (7). This approach seems logical when thinking about aging Baby Boomers and their desire to maintain physical, mental, and social function for as long as possible – their need and desire to be resilient.

In chapter 3, authors present an overview of biobehavioral methodology including implications, strengths, and weaknesses. More integration of theory-driven explanatory models needs to occur in education and research training. Analysis of data from biobehavioral aging research is difficult given the complexity and lack of formal training in biobehavioral design; something to think about when designing undergraduate and graduate research courses for future leaders in aging research.

Cells to Homeostatic Systems: Chapters 4 through 8 cover an interesting range of topics: the roles of oxidative damage, exercise and caloric restriction to late life health; genetic and environmental contributions to cognitive decline in aging and Alzheimer’s disease; hypertension and neurocognitive function; vascular depression and the cardiovascular implications for mental health; and, stress and aging. Interesting and current aging topics that give the reader pause when thinking about crossing the behavioral, psychological, social, organ systems and molecular levels. Or perhaps the mind-body connection within a social context would be the take home message. The

study of psychoneuroimmunology - the interactions among emotions, neural, endocrine, and immune functions - exists. What might we term the study of environment, social, behavioral, psychological, genetic, cellular and molecular levels? Optimageresilientology? Another point to ponder in our quest for understanding the process of aging so we can make an impact on the quality of aging.

Person to Society: The final 6 chapter topics include: religious involvement; personality; an ethnographic treatise on poverty and health; breast cancer biology and behavior; the socioeconomic gradient in healthy life expectancy; and, neighborhoods and health in later life. In chapter 9, Hill presents his model of how religious involvement impacts health and longevity. Social and psychological resources, health behaviors and biological markers are identified from a biopsychosocial perspective. Generally, religious involvement impacts aging in a positive manner. However, Hill does include the “dark side” of religious involvement which was insightful as I am sure many clinicians working with older adults have witnessed the negative as well as positive aspect. I would have liked to see an exploration of spirituality, especially since the importance of religion is currently being defined differently by the aging Boomers.

Hooker and colleagues remind us of how important knowing the lifelong personality of the older adult assists us to understand their health issues of today. Gaps exist and further research is essential. Burton and Bromell report on the cumulative health disadvantage of being born in to poverty by using an ethnographic approach. The reader is reminded that “cancer in the older adult is increasing and regarded by

some as a geriatric syndrome" (295). The work by Harden and colleagues reminds us that with advancing life expectancy and cancer treatment advances, we have an obligation to treat older adults past the typical end dates of 70 years and work toward updating current evidence-based guidelines for health prevention. And lastly, Crimmins and Hagedorn tell us that "estimating healthy and unhealthy life is an attempt to estimate life of varying quality" (p. 317). Using and understanding how socioeconomic factors impact aging can help us to change health policy and determine appropriate resources for leveling the playing field regarding quality.

This book is a relevant resource for researchers and educators in many disciplines as well as clinicians and health care profession students. Traversing levels of analysis helps us to think about aging as a process impacted from birth by external and internal factors that combine to formulate health and longevity for all aging individuals. Understanding the impact of life on living is essential in healthy aging.

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Peggye Dilworth-Anderson and Mary H. Palmer, eds. Annual Review of Gerontology and Geriatrics, Volume 31, 2011: Pathways Through the Transitions of Care for Older Adults. New York: Springer Publishing Company. 2011. ISBN #978-0-8261-0793-0. pp. 270, \$95 (Hardcover)

This installment of the Annual Review of Gerontology and Geriatrics is organized as an answer to the complex question of what is needed to improve the quality of care adults aged 65 and older during their transitions from one health care setting to another. Pathways focuses on care transitions because this is where things are most likely to go horribly wrong for the patient, and the overarching goal is to improve patient outcomes, which in turn will reduce spending.

The complications facing older adults who are experiencing care transitions are broadly contextualized within the recent public policy issue of health care reform, and even more broadly in the rapidly shifting age demographics of the U.S. that is slated to exacerbate an already strained system. While the many factors contributing to poor health outcomes during transitions are not unique to older adults, comorbidities like dementia do occur at higher rates in this population, further complicating their care.

Pathways (and specifically "Coming Full Circle") casts transitional care as a way of reorienting how health care is provided in the U.S. Because transitional care as the authors frame it focuses on the patient, with care providers and family members coordinating the patient's care in symphonic harmony, transitional care is held up as a site for the catalysts that could systematically increase the quality of care provided while

reducing its overall cost.

The health care system's current state of disarray can be located in the five thematic "pathways" that this volume treats as the current health care system's greatest weaknesses as well as its areas of greatest hope: family involvement, education and retention of the health care workforce, patient care quality and outcomes, reimbursement policies, and the fundamental fragmentation of the system. Taken together, these themes have the power to make or break continuity of care as patients transition from one health care setting to the next.

Several solutions also recur thematically throughout the volume. Among the most popular are patient-centric care models, interdisciplinary team (IDT) coordinated care, multi-directional and ongoing communication, judicious use of technology, tying reimbursement rates to care quality, including family and direct care workers in decision-making, and holding health care providers and institutions accountable via standard performance measures.

A few chapters, notably "Public Policy Implications" (Reinhard and Lind) and "Educating Direct Care Workers on Transitions of Care" (Stone and Bryant), highlight the models and best practices that currently exist, and what promising programs the recently-passed Patient Protection and Affordable Care Act (PPACA) and other public policies may facilitate. But these same chapters also note the particular barriers that exist to further implementation of these best practices.

All of the authors admit there are quite a few stakeholders who are not exactly eager to see things shift to a patient-centric model. In response, "Coming

Book Reviews

Full Circle” advocates that we consider stakeholders “in relation to each other” so that common interests can be identified and leveraged for the improved health of the system and the people it affects (252). And the contributors also hold up the potential of PPACA as a way to implement systematic changes. But knowing what we do now about the potentially dire straights the PPACA is in given the current political climate, how do we read the contributors’ optimistic suggestion that this federal policy is something we will be able to leverage to change the system for the better?

Despite this shadow of doubt, the *Pathways* is thoughtfully written, its sections building easily upon one another. The recurring themes are interwoven throughout to create a consistent whole, allowing the volume to logically reach its conclusions and policy recommendations of the final chapter. The research herein has obvious widespread implications not just in the arena of public health, but also for our society as a whole. After all, as the authors point out, this crisis in health care is part of a larger socio-economic crisis. And while this volume focuses on the impact the system’s shortcomings is having and will continue to have on older adults, the authors consistently stress that it is not only patients who experience their health crises, but also their families and friends.

The authors employ a variety of research methods, statistical sources, and ethnography to build their cases. A broad spectrum of people contributed to the solid scholarship in this volume, giving *Pathways* a rich, interdisciplinary scope that bolsters its insightful suggestions for future research and policy. Many of the contributors hail from the medical field, and there is representation of

the health policy, social work, and psychiatric fields, as well. These are researchers who may actually have the influence necessary to change the lives of the people they have so meticulously studied.

Like all the volumes in this Annual Review series, *Pathways* is intended for students, researchers and clinicians in the fields of gerontology and geriatrics. But this volume contributes useful knowledge not only to the field of aging studies, but to multiple disciplines and public policy. Anyone interested in aging studies or health care would find this volume useful and enlightening.

After reading this book, it seems that by improving care during transitions using the various suggestions the authors put forth, the impending health care and socio-economic crisis that the influx of older adults poses could be averted. However, the disconnect that all the authors identify as so dangerous during transitions of care mirrors the disconnects that tend to occur during the transitions of knowledge from research to policy and from policy to implementation. *Pathways* is undeniably successful in what it aims to do: providing tools to think through ways of improving the quality of transitional care for older adults in America. And the contributors do an admirable job of discussing the underlying, systematic barriers to the application of its important and well-researched conclusions. I simply wish its contributors had provided clearer pathways through the transition from research to practice.

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Hayslip, Bert, Jr.; Smith, Gregory (eds.), Annual Review of Gerontology and Geriatrics, Volume 32 2012: Emerging Perspectives on Resilience in Adulthood and Later Life. Springer. 2012. ISBN# 978-0-8261-0874-6, 299 pp, \$99 (Hardcover)

This collection is a timely and excellent contribution to the study of resilience and the field of gerontology. Recognizing that resilience as a construct is complex and lacks a unified and agreed upon definition, the editors conceptualize resilience as multifaceted and multidimensional, while demanding “attention to a virtually unlimited array of interacting biological, psychological, and environmental variables that must be truly viewed from an interdisciplinary and life span perspective” (p.24). As a result, the volume is organized in two parts: the first (chapters 1 through 7) addressing domains (physiological, biopsychosocial, and environmental aspects) of resilience and the second (chapters 8 through 14) discussing application (intervention and value of resilience in specific age-related contexts). Contributors to this volume address the multidimensional nature of resilience while considering how the research has evolved and developed given its historical context. Additionally, contributors present the most pertinent issues related to the measurement and application while advising and encouraging scholars to explore the complex and unanswered questions as they investigate and develop programs of resilience research. This volume showcases prominent scientists studying resilience. Additionally, contributors review the current state of the literature and articulate trends in the frontier of resilience research at large. The content in almost every chapter is accessible, compelling, and

Book Reviews

stimulating. The collection is intended for both lay and expert readers wishing to understand the state of resilience research as it pertains to later adulthood, and would be an excellent text for graduate courses allied with aging and adult development.

Part I of this volume details various domains and contexts for which resilience is important. Key themes are: defining and conceptualizing resilience, resilience as it pertains to major issues related to aging (immunity, cognition, stress and coping, environment, and spirituality), and the call for future research that better measures and models resilience in later life i.e., research that deals with the temporal nature of resilience as a process. In chapter 1, Smith and Hayslip provide a comprehensive discussion of resilience as a construct and adequately define and situate resilience in relation to protective factors, risk and adversity. Fagundes, Gillie, Derry, Bennett, and Kiecolt-Glaser in chapter 2 examine the biophysiological aspects of resilience in the context of immunological functioning. In chapter 3, Lavresky explores the relationship between stress, resilience, and mood disorders such as depression and anxiety. In chapter 4, Ryff, Freidman, Morozink, and Tsenkova deal with resilience in the context of emotional expression and regulation. Stine-Morrow and Chui in chapter 5 explore the need for maintaining and coping with cognitive functioning in later life as a way to enhance resilience. Aldwin and Igarashi in chapter 6 treat resilience as the key factor enabling older adults to successfully manage poor person-environment fit. In chapter 7, Ramsey discusses the role resilience plays in promoting spirituality as a resource and component of successful aging.

Part II of this volume “focuses on the

application and value of resilience to a variety of issues key to successful development” (p.151). Key themes are: translating resilience into the lives of older adults and best practices for doing intervention based work in the context of resilience. In chapter 8, Walsh applies key components of resilience to later life families using a family systems perspective. In chapter 9, Rybarczyk, Emery, Guequierre, Sharmaskin, and Bethel look at indicators of resilience of individuals in rehabilitation following a stroke, fall, or onset of a chronic condition. Bonanno, Westphal, and Mancini in chapter 10 discuss resilience in the context of individual differences in adaptive coping. In chapter 11, Sterns and Dawson consider resilience in the workplace and how it relates to the older worker. Coon in chapter 12 explores the resilience of caregivers. In chapter 13, Diehl, Hay, and Chui discuss the role stress plays in the process of recovery and resilience in the everyday lives older adults. Lerner, Schmid, Weiner, Arbeit, Chase, Agans, and Warren in chapter 14, using person-environment interactions, consider the constructs of biological and psychological resilience in the context of a lifespan developmental perspective.

Traversing the life course promises that individuals will encounter a multitude of life events, and for some these events will be sources of hardship, adversity, and trauma. What determines whether people thrive or survive when encountering these events? What circumstances increase the likelihood of having resilience, or the capacity to maneuver through adversity in a manner that protects health and well-being? Is it simply inner strength, self-regulation, or innate human capacity? Why is it important that we investigate resilience in the later

decades of life? How do we translate the underpinnings of resilience into interventions and policies that benefit older adults and society at large? If you are looking for a volume that addresses these questions and more while offering new and exciting ways to fill existing gaps in resilience research, reading this volume is a worthy investment of your time and energy.

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Jean-Marie Robine, Carol Jagger, and Eileen M. Crimmins, eds., Review of Annual Review of Gerontology and Geriatrics. v 33, 2013. Healthy Longevity: A Global Approach. Springer Publications. New York: 2013. ISBN-10: 0826109942 \$95.49 (Hardcopy)

This volume is part of the series of reviews of research in aging. As the subtitle specifies, it addresses research on living longer. The sixteen chapters, each by different sets of authors, included have a consistent conclusion: with appropriate medical care, older people will live longer with less destructive effects from debilitating conditions. More people will live to be the older elderly and men will live longer than before. The effect of this older elderly aging has significant policy and fiscal implications, because appropriate treatment and monies will need to be applied to them.

The chapters address different issues that are of interest to students of gerontology, geriatrics, and especially the members of AAG. Chapter 2,

Book Reviews

for example, by Mikael Thinggard, Matt McGue, and Kaare Christensen, "Age Trajectory of High Cognitive Functioning," notes that: "It is reassuring that exceptional longevity does not necessarily lead to high levels of cognitive disability in the 1905 cohort. (p.45.)" The authors ask that this finding be tested in later born Danish cohorts as well as cohorts in other countries. They go on to suggest appropriate statistical methodologies be used to make certain any missing data be addressed

These findings are further confirmation of earlier results. Zarit and Zarit, in their review of aging disorders, explore cognitive functioning longitudinally and across cohorts. They note data drawn from the Seattle Longitudinal Study that show stability in most areas as people reach older ages (2011:25.) Of course, both medical and psychological factors can detrimentally affect cognitive skills. This is reassuring as we find ways to diagnose both sets of factors.

From this example, and others to follow, it is clear that except for Japan, the volume focuses on European and North American studies. The editors and chapter writers note that comparable studies should be done elsewhere and continue to be done throughout the First World, with particular reference to appropriate statistical methods that connect both longitudinal and cohort studies.

Several of the chapters focus on biological factors in health aging. In Chapter 7, "Optimizing Human Health Span and Life Span," Bradley J. Wilcox et al. look at the phenotypes that define human aging. They conclude from a number of studies: "...the phenotypes of 'healthy' or 'successful' aging or 'health span' are complex and ill defined. It is difficult

to assess predictors or correlates of these phenotypes and even more difficult to replicate findings if the phenotypes are unclear and differ from study to study. (p.156.)" They suggest continued use of autopsy studies, especially given the advances in micro-technology that allow more accurate study of organs to determine aging issues.

Others focus on medical service, education, and self-care factors. Chapter 13, for example, in Karine Peres, et al., "Recent Trends in Disability Free Life Expectancy in the French Elderly," follows the general theme of the chapter reviews and studies in this book. The authors suggest that "...the health of older people has significantly improved over the last two decades concurrent with a rise in LE [Life Expectancy]..." They go on to note that healthier life styles—e.g., better diets, more exercise, decreased consumption of nicotine—have helped as well. Furthermore, they note that some of the gender differences of the past seem to be changing outcomes: "Men and women may have developed some competency in areas traditionally dominated by the other gender in previous cohorts, such as doing the shopping or preparing meals among men and driving a car or handling finances among women. (p.306.)" Some alternative research suggests that women may report more disability than men: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448463/> Consequently, in this reviewer's experience as an anthropologist and psychologist treating the elderly, researchers and therapists should be sensitive when doing assessments and treatment to this possibility when working with the elderly.

As this chapter and other chapters throughout the volume suggest,

there are policy implications for this healthier aging. In simple terms, as the later chapters portray, more elderly are living longer. The readings suggest that appropriate medical and psychological care, with suitable funding, can help the elderly achieve a more successful and fruitful experience during these years. The various authors do note the limitations in the research they do and suggest further research in the First World should be done to address uncertainties in their findings. Meanwhile, those of us concerned with issues of aging will find this collection welcome in terms of enhancing positive outcomes for the elderly.

2011 Zarit, Steven H. and Judy M. Zarit. *Mental Disorders in Older Adults: Fundamentals of Assessment and Treatment*. 2nd. edition. The Guilford Press. New York.
2004 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448463/>

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Book Reviews

Levine Madori, Linda. Transcending Dementia through the TTAP Method: A New Psychology of Art, Brain, and Cognition. Baltimore, MD: Health Professions Press. 2012. ISBN 978-1-932529-72-2, 243 pp. Price \$42.95 (Paper)

Dr. Linda Levine Madori has developed an approach to enhance the quality of life for people with dementia. The twelve-step Therapeutic Thematic Arts Programing (TTAP) offers a way for administrators to implement person-centered dementia care for residents of nursing homes and assisted living facilities. The TTAP embraces finding out what animates a person and taps into what Levine Madori refers to as the mind's eye throughout the book. TTAP allows the individual to reminisce, reflect, and share with others in a group setting by utilizing a variety of communication and self-expression forms. TTAP focuses on the arts which include painting, music, dance, sculpture, and writing. The resident is empowered by their ability to choose colors, media, word choices, and music styles. The resident is further empowered to plan social events celebrating their accomplishments by planning events such as themed meals for other residents, staff or family members. Finally, the most important opportunity to engage in empowerment and self-advocacy is when the individual is asked to evaluate their experiences and offer suggestions for improvement and options for future TTAP experiences.

Upon first impression, I felt that this book was directed towards Therapeutic Recreation and Activities professionals. The text provides an overview of Alzheimer's disease and dementia, an overview of the TTAP,

basic brain anatomy and physiology, and details of neurophysiological responses in clients engaging in the TTAP. Upon further reflection, this book is meant for everyone. Culture change within a care center, regardless of the method chosen, can only happen with support from administration. Once administration has chosen the method of culture change there must be education and acceptance by all stakeholders, particularly the nursing assistants. In the final chapters there is discussion about the replication of Levine Madori's TTAP at multiple care facilities. As an administrator, the part that caught my attention was that one facility claimed an estimated cost savings of over \$160,000 in one year (170). As an educator, I could see this text being utilized in gerontology, activities, and recreation courses. Of further interest to the academicians is the chapter that highlights how the TTAP is grounded in interdisciplinary research with foundations from theories in developmental, life span, recreation, psychology, life review, neurodevelopmental, object relations, and gerotranscendence.

I found the appendixes to be a great strength of the book and helpful to me as an administrator. In Appendix A, Levine Madori provides sample protocols for the TTAP which details the treatment protocol, the materials needed for the session, the rationale for the session, how clients are referred to the sessions, risk management, the structure of the session, time allotment, outcome and evaluation gathering as well as personnel needed for implementation. Appendix B provides sample assessment tools. Appendix C provides ideas for programming using affordable, everyday supplies that are budget friendly. Appendix D provides samples of graphic visual organizing tools to help clients to develop themes

for the session. Appendix E provides a list of suggested themes to initiate the session. A weakness for me is that I personally would have liked to have seen more detail in Appendix A as well as more information on actual implementation. However, upon further research at www.levinemadoripdd.com I found that the author has written other companion books that may provide the additional information I am seeking. As my interest was piqued by the cost savings at one facility, I would like more information in this area.

As facilities and those who regulate them struggle to meet the changing demands of the industry and their clients, I find this book to provide an excellent opportunity to begin or advance current progress on implementing person-centered care. Finding the method that meets your facilities personality and culture can be a challenge. Whether the TTAP is the right one for a particular facility, only the staff and residents can tell. Regardless of the method adopted, there are definitely lessons to be learned and incorporated into any activity or recreational program.

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Karen L. Fingerman, Cynthia A. Berg, Jacqui Smith & Toni C. Antonucci, Eds. Handbook of Life-Span Development. Springer Publishing Company, New York, 2011. ISBN 978-0-8261-1079-4. pp881. E-book ISBN: 978-0-8261-1080-0. Price \$125.00 (Hardcover)

Book Reviews

(Karen L. Fingerman et al. continued)

Karen Fingerman, PhD is Professor of Developmental and Family Studies at Purdue University; Cynthia Berg, PhD is Professor of Psychology at the University of Utah; Jacqui Smith, PhD is Professor of Psychology at the University of Michigan; Toni Antonucci, PhD is Professor of Psychology and Research Professor of the Institute of Social Research at the University of Michigan.

The handbook is an impressive collection of research studies and theories provided by knowledgeable contributors on life-span development from conception to old age. The 32 chapters are organized within four major thematic sections: 1) Theory and Overviews; 2) Physical and Cognitive; 3) Socio-emotional; and 4) Contexts of Development. Exemplars from each section are selected to demonstrate related content. Relationships, the environment and socialization threads are interwoven throughout the text. Study findings of population and generational groups are discussed; however, the uniqueness of the individual is addressed.

Theory and Overviews (8 chapters)—Several theories and models used by scientists and their study approaches are included in this first section of the book. Attention is given to biological and cultural processes involved in the human complex development system. Heredity accounts for only a portion of variance in human development, for from the moment of birth, a child's experiences and behaviors are shaped by the culture and customs of the environment. The parent-child attachment has a great influence—whether positive or negative—on the child's socialization processes. Socialization continues through interaction with important others that

make up the immediate and social environments. The environment shapes a person's interpretation of self, relationships with others, social networks, and aids the individual in finding a sense of meaning in the past, present, and future life. Socialization represents stability and is composed of many discrete and related acts over an extended period of time.

The authors present an overview of the early research that influences the current work about human development. Erik Erikson (1950/1963 and 1968) based his psychosocial theory of task development on the work of the early 19th century scientists, Charles Darwin and Sigmund Freud. According to Erikson the success of completing an age specific task before moving to the next task, or failure to do so, is measured by sociocultural expectations. Robert Havinghurst, whose work was influenced by Erikson, stated that task development is accomplished through biological maturation, sociocultural pressures, and the values and goals of the individual. Many theorists have selected these theories as the basis for cross-sectional and longitudinal studies in education, sociology, anthropology, psychology and other sciences. Life-span developmental theory emphasizes that human development continues from birth to death; therefore, this theory can open new paths for examining the tasks of adulthood that have not been fully explored.

The Convoys of Social Relationships: Past, Present and Future model can be an excellent tool for an individual as the central person to identify the people that make up a support system in three concentric circles in the order of most importance. The scientist and the individual can, then, explore the type of support these

people provide, and how the circles constrict and expand throughout the individual's life span. Each life cycle has its own challenges and rewards. The model can, also, help to explain how the individual adapts to these gains and losses. To date there is scant research on the transitional phases of life. Recommendations for future research include frequent observations of a cohort group and individuals to discover the subtle changes that occur over a life time.

Physical and Cognitive (9 chapters)—The authors in this section provide an overview of neurological anatomy and the structural changes in the developing brain. Study findings revealed that neurogenesis occurs prenatally and that the majority of brain growth volume occurs in infancy and the toddler years. Axons and new synapses are formed throughout life, yet some are eliminated as the person becomes more efficient in processing information. Additional studies were conducted to understand individual differences in behavior and cognition. Other research designs were used to study the effects of maturation on sensory, motor, cognitive, linguistic and social processing through childhood and adolescence. Magnetic Resonance Imaging (MRI), Positive Emission Tomography (PET) scans and other technologies have permitted scientists to begin mapping the brain structures.

Technological advances have also assisted neuroscience researchers in examining and identifying the changes in the aging mind and brain. Researchers have learned that long term memory in older adults varies, and some people use different brain areas to preserve their cognitive abilities. Research on these areas is relatively new. There is evidence that the brain is particularly sensitive to

Book Reviews

social stimuli. Theories derived from these studies may provide key insights in ways to combat adverse effects of aging on cognition such as perception attention, working memory, executive control functions and long-term memory. The aging population is ripe for studying brain disorders like dementia which is not part of normal aging; however, the risk increases with age and the etiology is still not understood.

Socio-emotional (8 chapters)- The control of emotions is not an easy task for the very young. Researchers usually observe the mother as the principal care provider who serves as the external regulator of the behavior of the infant and young child. Personality and temperament are, also, frequently associated with emotional responses to environmental stimuli. Emotion control is particularly difficult for teenagers due to the changes in hormone levels and the effects on rapid changes in moods. Studies have found that the most dramatic increase in clinical depression rates peak during the ages of 15 and 18 years. However, maturity and the pressure of social behavior expectations have a great impact on the person's control over emotional responses and coping mechanisms.

Narratives have been important methods for centuries to convey historical facts to generations of people. Children enjoy listening to stories, and frequently create their own life stories about their identity and who they want to be. During the middle years, individuals focus their narratives on their memories of a specific life event or happenings over an extended time frame. Their accounts depict the "high and low points, turning points, and other emotionally charged events" (p. 596). Reflecting on these events

may build social relationships, strengthen connections with family, and can substantiate the person's identity. Story telling can, also, be therapeutic in coping with losses and other negative life events. Research with older adults has revealed that narratives are a means for discovering the various strengths as survivors over their personal life challenges. Researchers have discovered that intergenerational story telling can affect the development of people of all ages. The narrative can be a legacy to leave for the next generation.

Contexts of Development (7 chapters)- The authors comment that research on cognition, emotions, and motivation development can be dependent upon the changes or consistency of social environments for individuals and groups. The context should be used to develop the research questions. Researchers are concerned about the inequalities that include race, ethnicity, gender, sexual orientation, class, age, and geographic location. Additional factors include citizenship, and the concentration of living in affluent or in high poverty neighborhoods.

The neighborhood environment is of particular interest to researchers in public health, sociology, developmental psychology, economics, and epidemiology. Residents often describe their neighborhood as an expansion of the family. Socialization that begins in the home moves on to the schools and into the neighborhood. Many researchers have examined neighborhoods from ecological and sociological perspectives. Several theories are needed to adequately explore the many variables involved. However, due to the inevitable changes and instability in neighborhood environments, researchers have difficulty in conducting longitudinal studies. The

authors suggest that interdisciplinary collaboration and different methods of inquiry including inter- and intra-generational studies are required in order to capture all concepts that are involved.

There is a need for additional theoretical guided empirical studies related to racial and ethnic inequalities associated with neighborhoods where there is disproportionate allocation of economic and social services. Poverty neighborhoods can be dangerous living environments. Research has revealed that infant and pregnancy mortality rates are greater, unemployment is prevalent, and poor healthy lifestyles contribute to poorer outcomes including acute and chronic illnesses.

Reflecting back and Looking Forward to the Future- Our world is changing rapidly. The turbulent nature of post-modern society has resulted in many social roles that did not exist for older adults when they were young. Today's family roles have different responsibilities and realignment of activities than a few decades ago. Technology has a major impact on the lives of everyone, and will continue to do so. One often wonders what our world will be like in 2025, 2050 and beyond. My review was conducted within the health care perspective. I can envision many possibilities for research in the future. Perhaps a legacy for this book is being the first edition of handbooks that will follow.

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Book Reviews

Aldwin, Carolyn M. and Gilmer Fox, Diane. Health, Illness, and Optimal Aging: Biological and Psychosocial Perspectives Second Edition. New York, NY: Springer Publishing Company. 2013. ISBN 978-0-8261-9346-9, 416 pp. e-book ISBN 978-0-8261-9347-6 Price \$90 (Soft cover)

The rising number of aging adults has increased exponentially both within the United States and abroad. This increase warrants a critical examination of the ways in which these adults can obtain and maintain optimal health and address illnesses throughout the aging process. Drs. Carolyn Aldwin and Diane Gilmer explore, address, and articulate ways in which optimal aging is understood. They revisit their earlier work with regards to optimal aging in the second edition of *Health, Illness, and Optimal Aging: Biological Psychosocial Perspectives* with the intent of expanding their current arguments, providing a useful toolkit for researchers, scholars, caregivers and health providers, to use in continued gerontological studies.

Aldwin and Gilmer have written a text that is accessible to senior level and honors undergraduates as well as graduate students across disciplines and orientations. This book also will appeal to researchers across the social, biological, and psychological sciences. It serves as an excellent medium for fostering and engaging in interdisciplinary research. Clinicians and care providers will find this text to be a useful tool in exploring integrated health care of the aging.

The authors are very explicit in stating that one of the primary goals of this expanded text is to advance and be a facilitator of knowledge as it relates to optimal aging. Throughout the

text the authors intricately weave a multi-dimensional tapestry for late life studies. Each chapter critically examines emergent gerontological themes across disciplines. They posit that late life research and scholarship cannot be understood through a singular theoretical model; however, these areas of study would greatly benefit from an integrated and holistic approach. Aldwin and Gilmer argue that "gerontology is not yet at a stage in which a unified theory can be proposed. The book is organized so that it illustrates the various ways in which multiple theories can be used to advance research and scholarship. The authors indicate that their overall goal in this edition was "to examine the biological and psychosocial aging literatures to determine whether they can be organized using the aging accelerators and decelerators model, in order to enhance understanding of the many facets of aging and to promote optimal aging and to create a bridge for understanding across disciplinary boundaries (3,6)."

The book is organized into four very distinct sections: 1) Demographic, Theoretical, and Methodological Issues; 2) Aging of Biological Systems; 3) Psychosocial Factors Affecting Physical Health; and 4) Practical and Clinical Aspects of Aging. Each section is underpinned with the theme of accelerators and decelerators that factor into the ways in which individuals participate in aging. These sections serve as a backdrop for the anthropologist, psychologist, medical practitioner, and lay person to glean important interrelated components of aging.

Like the ways in which an individual progresses through various life stages, the strengths of the sections and chapters in this text follow similar trajectory. One of the many

strengths of this book begins in the introduction, is followed by chapter 4, and concludes with chapter 14. In the introduction, Aldwin and Gilmer carefully outline the basic concepts in aging. They provide the reader with a set of definitions that puts aging and identity into context as well as delineates the notions of health and illness. In chapter four they walk the reader through the processes of aging research. This is a particularly useful section for the senior level or honors undergraduate student that desires to engage in aging research. Chapter fourteen defines and articulates the notion of optimal aging. Of interest in this chapter, are the sections on wisdom and optimal aging, religiousness, spirituality, and optimal aging, and *ars moriendi*-the art of dying. These sections portend a literary artful finality to the text. Finally, the primary strength of this book is the implicit optimistic tone of the text. Aldwin and Gilmer illustrate that an individual has the ability to age gracefully they need not take "the lay down and die approach" to aging. The aging adult is equipped with different ways of aging well (6). They are able to live sustainable healthy physical and mental lives.

Aldwin and Gilmer have supplied an interesting textual model for examining health, illness, and aging. Their homogenized approach to aging research is refreshing and insightful.

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Book Reviews

Van den Hoonaard, Deborah K. By Himself: The Older Man's Experience of Widowhood. University of Toronto Press. 2010. ISBN #978-1-4426-4109-9. 198 pp. \$45.00 (Hardcover)

Deborah K. van den Hoonaard is a sociologist, professor and qualitative Research Chair at St. Thomas University in Canada. Her recent book, *By Himself*, provides a revealing look at the lived experience of widowhood for older adult men. The book is divided into four parts. Part One introduces the conceptual basis for van den Hoonaard's research, with Parts Two, Three and Four containing in-depth chapters that explore various aspects of widowhood for these men.

Part One orients the reader by describing the theoretical and methodological issues of van den Hoonaard's study. Chapter 1 situates her research within the wider body of literature on widowhood that is often based on the perspectives of women or younger widowed men. Van den Hoonaard's work is distinct in this area of research given its focus on older adult male widowers, a group that is relatively unknown in the literature. Grounding her study in a symbolic interactionism framework, van den Hoonaard interviewed older adult men living in rural Atlantic Canada and Florida retirement communities to explore how widowhood is conceptualized from their perspective. The author began recruiting for her study exclusively in rural Atlantic Canada. Yet she notes that "widowers were not easy to find" (van den Hoonaard 2010: 13), and expanded her recruitment to include widowers living in Florida. Although this geographic expansion of her research was not anticipated, the author felt the more diverse sample provided deeper analytical insights. In chapter 2, van den Hoonaard discusses

how widowhood is inherently a gendered experience and consequently emerged as a key theoretical issue that she effectively integrates throughout subsequent chapters. She notes how the men never considered widowhood a possibility in their lives, operating under the assumption that their spouses would outlive them. When the men became widowers, they felt disoriented and "did not know where they belonged in the foreign country which they had entered when their wives died" (van den Hoonaard 2010: 21). Their sense of masculinity, already threatened by age, also became threatened by widowhood, a status that deprived these men of "visible heterosexuality" (van den Hoonaard 2010: 20).

Part Two focuses on the men's experiences coping with their wives' illnesses and deaths. In chapter 3, van den Hoonaard provides a compassionate account of the widowers' experiences interacting with and caring for their wives once they became ill. The author analyzed the widowers' discourse, which revealed speech patterns that "emphasize their masculinity" (van den Hoonaard 2010: 31). For example, when describing their caring presence at their wives bedside, the men's discourse revealed how they embodied the gendered role of the committed husband. The period immediately after their wives' deaths, the subject of chapter 4, brought a range of emotions from "shock" to stoicism (van den Hoonaard 2010: 49) for the widowers. The men described various forms of social support from friends, family and religious affiliations that provided a needed sense of comfort during this difficult time. The men also took comfort in how well their wives were thought of, symbolically represented in high number of funeral attendees. Yet the harsh realities of widowhood

existed beyond these comforting social networks as some men had to settle financial affairs that included continuously furnishing death certificates, which acted as a stark reminder of their profound loss.

Part Three describes the widowers' various social relationships. Chapter 5 focuses on how the widowers interact with their children, and provides numerous ethnographic examples illustrating the multidimensionality of these relationships as well as boundary issues. Some of van den Hoonaard's findings about these relationships are not unexpected, such as daughters fulfilling some of their mother's gendered roles like cooking or maintaining traditional family events. Interestingly though, the author also discovered that some of the widowers used the interview as an opportunity to openly discuss their children's "flaws" and that "the men tended to blame their wives" for these issues (van den Hoonaard 2010: 76). Chapter 6 focuses on female companionship and begins with the author acknowledging that her data "reinforced the commonly held belief that finding a new woman is an intrinsic part of widowhood for men" (van den Hoonaard 2010: 84). Van den Hoonaard draws cultural contrasts between the men in Atlantic Canada and those in Florida regarding how each interprets their relationships with women. For instance, the Atlantic Canadian men describe a great sense of discomfort if women are too forceful when vying for their attention. Chapter 7 provides another viewpoint into the men's social networks through examining their friendships. The closing of one's social network after the death of a spouse is a common experience of many widowers, both male and female, according to the author. The men in van den Hoonaard's study

Book Reviews

are no exception. For example, some of the men found that their widower status made them “the odd man out” (van den Hoonaard 2010: 109) when socializing with their married friends. Yet van den Hoonaard’s method of qualitative inquiry reveals that the closing of one’s social network is not experienced by all widowers. One of her participants, a widower living in a Florida retirement community, discussed how his friends rallied to his side after his wife’s death and continued their friendships with him thereafter.

Part Four describes how the widowers conceptualize “everyday life” (van den Hoonaard 2010: 121), which includes “keeping busy” (van den Hoonaard 2010: 123), the focus of chapter 8. To stay busy, the men describe volunteering, doing “odd jobs” (van den Hoonaard 2010: 133) and informal socializing as opportunities for them to leave their home and engage in activities that reinforce their masculinity (such as fishing). Leaving the home is highly important for these men, as an empty home is a significant symbolic reminder of the loneliness associated with widowhood. Interestingly, van den Hoonaard notes that the men preferred spur-of-the-moment over pre-planned activities as it asserted their independence. Cleaning the home and cooking is the subject of chapter 9, and the men perceived these tasks traditionally female oriented. As a result, they had no desire to “to master” (van den Hoonaard 2010: 159) this domain; rather they preferred doing just enough cooking and cleaning to get by on a daily basis. When the widowers did clean or cook, they spoke about their experiences using very masculine language to justify engaging in these feminine tasks. In the following chapter, chapter 10, Van den Hoonaard concludes her book with an overview

of key themes, and provides some insights for future inquiry.

Overall I found myself immediately engaged by van den Hoonaard’s book that paints a poignant ethnographic picture of these men’s lives as widowers. What makes this book so engaging is her ability to iterate detailed ethnographic examples with theory to provide a robust analysis of this experience, yet one that is firmly grounded in the men’s experiences. This book showcases her skill as a qualitative researcher and storyteller, and provides a significant contribution to the gerontological theory on widowhood. This is a highly readable text that would be appropriate for both undergraduate and graduate courses in gerontology, sociology, anthropology and aging studies. Researchers interested in conducting qualitative studies with populations that are more difficult to access will also find this book a valuable resource. Van den Hoonaard includes her interview guide at the end of the text.

The views expressed in this review are those of the author and do not necessarily represent the views of the Department of Veterans Affairs.

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Feil, Naomi and de Klerk-Rubin, Vicki. The Validation Breakthrough: Simple Techniques for Communicating with People with Alzheimer’s and Other Dementias. 3rd edition. Baltimore, MD: Health Profession Press. 2012. ISBN 978-1-932529-93-7, 304pp. \$34.95 (paper).

Nearly five decades have passed since Naomi Feil originally developed Validation as a therapeutic tool and in this time, organizations and families throughout the world have experienced and attested to its benefits. In this most recent edition of *The Validation Breakthrough* (3rd ed.), Ms. Feil, along with co-author and master-teacher Vicki de Klerk-Rubin, continue to refine the terminology, concepts, theoretical underpinnings, and techniques of Validation. The authors have expanded the number of case studies and testimonials from certified Validation teachers, and updated resources for readers who seek additional training and information.

Stated simply, Validation is a method of empathetically communicating with and caring for disoriented older adults who have Alzheimer’s disease or other types of dementia. It is intended to benefit very old persons who are disoriented and who frequently exhibit challenging behaviors, as well as the persons caring for them. The authors contend that challenging behaviors often arise from a person’s struggle to resolve unfinished business during their last stage of life. As the disoriented person progresses through phases of resolution, caregivers can employ the Validation techniques to connect with the person and assist them with expressing repressed emotions.

As with previous editions, the book

Book Reviews

is organized into three parts. Part one begins with descriptions of the theoretical underpinnings, concepts, assumptions, benefits, limitations, target populations, and techniques of Validation. A substantive chapter is then devoted to each of the four phases of resolution (i.e., maloriented, time confused, repetitive movers, vegetation) and one brief chapter is devoted to people with early-onset Alzheimer's disease. Although the authors attempt to review some of the literature about the efficacy of Validation (Ch. 8), this is by far one of the weakest chapters in the book. The authors conclude this section with a useful albeit brief discussion of how Validation compares to other therapies commonly used with disoriented older adults who have dementia (Ch. 9). Part two of the book focuses on case studies and testimonials from certified Validation teachers. It features stories of older adults in each of the four phases of resolution and how Validation benefited them and their caregivers. Part three provides a detailed description of how an organization can set up a Validation group.

Unquestionably, the greatest strength of this publication is the large number of real-life examples that portray the challenging behaviors commonly exhibited by the target population and how Validation techniques were, or could be, applied to the situations. These cases make the book easy and enjoyable to read, while also providing an accurate portrayal of challenges constantly faced by professional and informal caregivers. Testimonials from Validation teachers and authorized organizations throughout the world appear at the end of each chapter and also in the appendix, providing compelling stories about how Validation has helped their residents and staff.

This book has broad appeal to a variety of audiences, but is especially appropriate for health professionals and other caregivers who interact frequently with the Alzheimer's and dementia population. It is a useful guide for activity directors and nurses working in long-term care facilities and adult day centers. Students seeking an introduction to this particular method of care or seeking insight into the disoriented, dementia population will also benefit. The content is particularly germane to the fields of interpersonal communication, nursing, gerontology, rehabilitation therapies, psychology, and anthropology. Professional caregivers who are already familiar with Validation and researchers seeking a thorough discussion of the scientific merits of this method, may not gain much additional insight from this new edition. It is an essential read, however, for persons considering Validation certification as well as facilities that are considering becoming an Authorized Validation Organization. Family members and other informal caregivers struggling to understand and communicate with a disoriented older adult may experience greater empathy and may be able to more frequently connect with the person after reading this book and implementing the recommended techniques. Students, health professionals, and family members alike will most likely enjoy reading this book due to the numerous cases and examples of application. While Validation is not intended for all disoriented elderly populations, it is an important therapeutic tool for caregivers to have in their tool box.

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FILM REVIEW

Grandma, a Thousand Times (Teta, Alf Marra). 48 minutes. 2010.
UAE/Qatar/Lebanon: Veritas Film.
(Mahmoud Kaabour).

'Grandma, a Thousand Times' is a sweet and poignant documentary about an aging and spirited Lebanese matriarch in a memory-inducing neighbourhood of Beirut. Writer and director, Mahmoud Kaabour, pours his heart out in this measured yet never over-sentimentalized film about his grandmother Teta Kaabour (a.k.a. Hajjeh Fatima). Mahmoud, who has been living abroad, is haunted by an audiotape of his grandfather's violin playing. The seven taqsims (melodic improvisations) on the tape bring the filmmaker back to his home, to the house of Teta. There, we are treated to acts of love; love of a supra-motherly kind that only a grandmother knows how to impart. Mahmoud and Teta reconnect on the screen, and we are witnesses to acts of intimate kinship. We see Teta peeling an orange with a small knife expertly, and then feeding Mahmoud with her clean bare hands.

Part of the charm in this documentary rests with the fact that Mahmoud not only looks like his grandfather, but also bears his first name. In an intricate weaving of intergenerational ties and the annoyances for Teta surrounding Mahmoud's uncanny resemblance to his grandfather, grandma is once again ignited in her anguish and longing for her deceased husband. This is compounded when Mahmoud takes Teta down the street in the morning dressed up in fine clothes, donning a red fez hat before he gets married to Eva Star Sayre.

For most moviegoers, this short

Book Reviews

film will function as a window into a family, largely kept together by Teta, and what she means to them and their memories of Beirut. They may also empathize with Mahmoud and his siblings' desires to keep their snapshot of Beirut and Teta alive and unchanged for as long as possible, even if that means turning a blind eye to Teta's hobby of Arguileh smoking.

What I came away with, however, were some other aspects that captured my attention. To begin with, the documentary showcases a very ethnographic account of what old age is like. Grandma realizes that she needs to exert herself intermittently, probably because of her lack of regular exercise and stamina. This amounts to getting out of the chair and taking a few more steps to fetch something instead relying on Hasna the hired caregiver to do so, and haggling on the phone with a desirous feistiness for the freshest and leanest cuts of meat from the butcher.

Her feet are old and swollen, and we see them juxtaposed against the newly laid out winter Ajami rugs. Teta tells her grandson, that she also likes gum, but she only puts it in her mouth; she is unable to chew it fully. We see how she moves, and waves deliberately and methodically without wasting energy or flexing unnecessary muscles. She inhabits her empty house, but for her children (and their children) she is the warden of their 'home'. Furthermore, Teta is not a boastful matriarch. She is a survivor thrust into her position by the people around her who invest their memories with and in her. Teta inherits and negotiates this role with a mixture of good humor and good politics.

We are often told that the elderly need to tell their stories, that reaching back

is a way of providing continuity and narrative therapy. In this film, it is apparent that it is Mahmoud and his siblings that need the narrative as a reminder and a lodestone for their own history making and ontologies. We may need narratives of our elders, but for the aging, they need real time commentary, commentary on their lives as things change around and with them. Teta has perfected her daily rituals of smoking Arguileh, of sitting outside on the balcony, and of providing her own life commentary. It is this subtle and dual commentary: of us talking about our elders and our elders reflecting on themselves that merges the past, present and future.

Even though this documentary is all too brief, there are beautiful images that lace seamlessly with spiritual solo violin, lingering on well after the film's ending. In one gorgeous scene, a marble gravestone is being cut with a wet saw, and we can't help but feel the intensity and sorrow associated with the bleeding white tears of the marble slab. Teta is called upon by her family a thousand times, and Insha'Allāh she will remain Teta for thousand and one more nights.

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If you are interested in writing a book, film, journal or exhibit review for *Anthropology & Aging Quarterly*, please contact:

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