Anthropology & Aging Quarterly

February/May 2010
Volume 31, Number 1-2

Anthropology & Aging Quarterly (ISSN: 1559-6680)
The official publication of the Association for Anthropology & Gerontology

Editor
Kimberly M. Jones, Ph.D.

Section Editors

Book Reviews Editor
Sherylyn Briller, Ph.D.

New Publications
Maria G. Cattell, Ph.D.

Student Column Editor
Philip Kao, Ph.D. Candidate

Member News
Margaret Perkinson, Ph.D.

Editorial Board

Annette Leibing, Ph.D.
Université de Montreal

Margaret Perkinson, Ph.D.
Washington University

Sarah Lamb, Ph.D.
Brandeis University

Mark Luborsky, Ph.D.
Wayne State University

John Traphagan, Ph.D.
University of Texas at Austin

Howie Giles, Ph.D.
University of California Santa Barbara

Samantha Solimeo, Ph.D.
North Carolina State University

Brenda Jenike Ph.D.
Lawrence University

Dawn Lehman, Ph.D.
Mather LifeWays

Anthropology & Aging Quarterly, Vol. 31, No. 1, February 2010. This periodical is printed quarterly and is produced by the Association for Anthropology & Gerontology (AAGE). Subscriptions are available through membership in AAGE. Correspondence regarding membership may be directed to the AAGE Treasurer, Sharon Williams, Ph.D., Assistant Professor of Anthropology, Department of Anthropology, Purdue University, 700 W. State St., West Lafayette, IN 47907. Annual membership fees and forms may be accessed through the AAGE web site at:
http://www.slu.edu/organizations/aage/
Advertising Inquiries Please direct any questions regarding advertising to the editor at the address below

AAGE Officers

President Sherylyn Briller, PhD
Department of Anthropology, 3054 Faculty/Administration Building , 656 Reuther Mall, Wayne State University, Detroit, MI 48202
E-mail: s.briller@wayne.edu
Immediate Past-President Bob Schrauf, Ph.D.
Dept. of Linguistics & Applied Languages Studies, Penn State University, 305 Sparks Building, University Park, PA
E-mail: rws23@psu.edu
Elections Chair Rebecca Berman, Ph.D.
Buehler Center on Aging, Northwestern University, 750 N. Lakeshore Drive, , Suite 601, Chicago, IL 60611-2611
E-mail: r-berman2@northwestern.edu
Treasurer Sharon Williams, Ph.D.
Assistant Professor of Anthropology, Department of Sociology and Anthropology, Purdue University, 700 W. State St., West Lafayette, IN 47907
E-mail: srw@purdue.edu
Secretary Boe Xie, PhD
College of Information Studies, University of Maryland, College Park, MD 20742
E-mail: boxie@umd.edu
AAGE Booth Coordinator Maria G. Cattell, Ph.D.
486 Walnut Hill Road, Millersville, PA 17551
E-mail: mgcattell@aol.com
Margaret Clark Award Coordinator Mark Luborsky, Ph.D.
Institute of Gerontology, Wayne State University, 87 E. Ferry Street, Room 252, Detroit, MI 48202
E-mail: m.luborsky@att.net
AAQ Editor Kimberly M. Jones
Department of Sociology and Anthropology, Elon University, 2035 Campus Box, Elon , NC 27244
E-mail: kjones14@elon.edu
Web site Editor Bob Schrauf, Ph.D.

Anthropology & Aging Quarterly

February 2010
Volume 31, Number 1

Contents

Columns

From the AAGE President
Sherylyn Briller ••••••

President's Message

Sherylyn Briller
Department of Anthropology
Wayne State University

In the Fall, AAGE had well-attended, productive and fun meetings at the Gerontological Society of America Conference in Atlanta and at the American Anthropological Association Conference in Philadelphia. We continue to work closely with the AAA Interest Group on Aging and the Life Course on a series of initiates. I'll say more about these a little later on in the column!

Now that our new Club Express website has been up and running for a year, we are seeing the real benefits of becoming more "high-tech". The website gives us a "place" to more easily communicate, share resources, post notices about upcoming events, run elections, collect dues, etc. I am certain that we will continue to expand our usage of this valuable tool in the future. Thanks to our webmaster Bob Schrauf who continues to educate the members on what is possible here, trouble-shoot problems and encourage us to maximize use of the website whenever possible.

We are likely to be in greater communication with the members during this year for several exciting reasons. At the AAA meeting in December, we discussed a new joint initiative with the AAA Interest Group on Aging and the Life Course to co-sponsor a book series on Aging, Culture and the Life Course. The publisher of this book series will be Berghahn Publications and they are very pleased about beginning this collaboration. We anticipate that our members will be interested in proposing topics for the series and contributing their own ethnographic work as well putting together edited work from panels given at the meetings and other salient projects.

From talking to various AAGE-ers, I know that many of you plan to come to New Orleans in November since GSA and AAA will overlap in their dates and location this year. As you well know, that does not happen too often – although probably all of us wish it would occur that way on a regular basis. We are in the process of doing some important planning now to have academic panels, social events – and even possibly performance(s) that are of interest to those who are involved with the sub-field of anthropology and aging. Jay Sokolovsky is taking a lead role in serving as the liaison between AAGE, the AAA Aging and Life Course Interest group and coordinating with folks doing key planning for GSA (e.g., Anne Basting, Chair of GSA's Arts and Humanities Committee). Please note that he is looking for input from AAGE members about what they would like to see happen - or even better help to make happen – at the upcoming joint meetings in New Orleans. If you have ideas and want to participate in this planning, please contact Jay.

Letter from the Editor

Kimberly M. Jones
Department of Sociology and Anthropology
Elon University

How did it get to be 2010 already? Perhaps an anthropology of aging is about the effects of the passage of time on our human experience and how the cultural environments people have lived in affect their experience of the present and outlook for the future. This issue features two studies designed to investigate how the lived experiences of being a socially stigmatized or socially segregated group in society affects the experience of aging. The diverse anthropological methods represented by these studies is noteworthy and are an exemplar demonstration of how quantitative, qualitative, archival, and ethnographic methodologies can be ethically applied to foster increased sensitivity to diversity in cultural experiences of aging in the United States.

In our first feature, "Toward a Contextually Valid Measure of Social Support Among Middle-Aged and Older African Americans in a Southern Urban Community", Dr. Dawn Lehman (Mather Life Ways Institute on Aging) considers the need to have a culturally valid instrument to evaluate the social networks available to Black American elders in the South of the United States. One reviewer noted that as the primary researcher on a multi-disciplinary team, the author developed an instrument that is anthropologically informed and designed for its value to practitioners. Additionally, in the process of developing this project Dr. Lehman shared the value of anthropological methods with her colleagues in the private sector. Another reviewer noted that considering the importance of social support networks in the lives of older persons, this scale would be especially valuable to test and adapt to other African American communities within and beyond the age (38-65) and geographic limitations of this study.

Our second feature, Just Kill Me When I'm 50: Impact of Gay American Culture on Young Gay Men's Perceptions of Aging, Dr. Rob Jay Fredericksen (Boston University Department of Anthropology and University of Washington Center for AIDS Research) gives voice to research collaborators regarding their negative stigmatisms of aging as a gay male. Through documenting the fears, expectations, and beliefs expressed by the younger generation of gay men, this manuscript substantively contributes to a better understanding of the external and internal stigmas experienced by aging gay men.

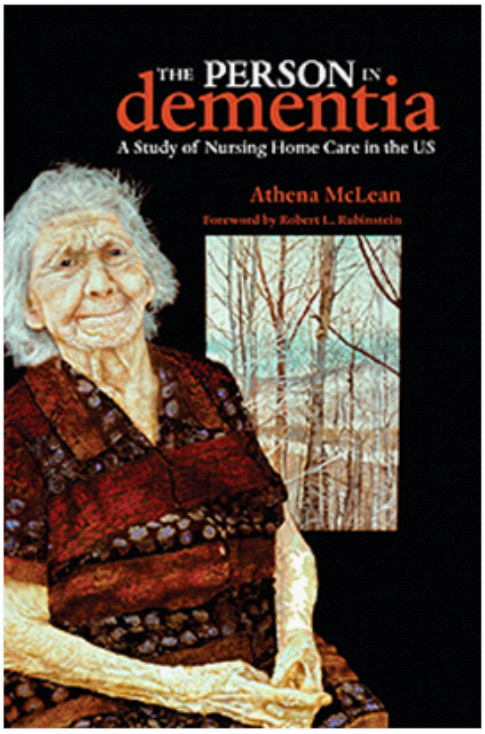
I hope you enjoy these noteworthy contributions to our discipline. Thanks to our dedicated columnists, book reviews, recent publications, member news, and a message from the president of the Association for Aging and Gerontology (AAGE) are also included in this issue. Lastly, I am pleased to announce the election of Lori Jervis as the President Elect of AAGE. Lori has contributed much to our discipline and organization and we are fortunate to have her assume this role.

AAGE Member News

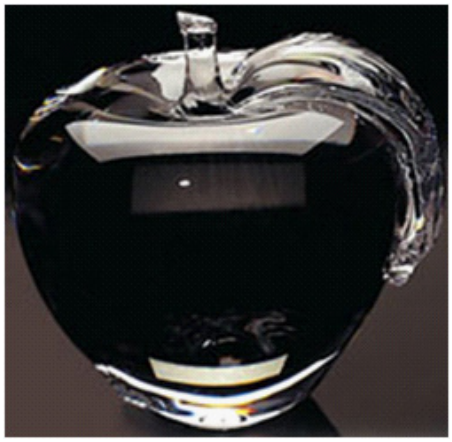
MEMBER NEWS COLUMN

Two long-time AAGE members recently won major awards! Congratulations on behalf of the entire membership to:

Athena McLean, PHD, winner of the Society for Medical Anthropology's 2009 ***New Millennium Book Award*** for her book, *The person in dementia: A study of nursing home care in the US.* University of Toronto Press. The New Millennium Book Award was established by the Society for Medical Anthropology to recognize and promote excellence in medical anthropology and is given annually to a scholar within the field of medical anthropology for a solo-authored (or co-authored) book published since the beginning of the new millennium. The New Millennium Book Award is given to the author whose work is judged to be the most significant and potentially influential contribution to medical anthropology.



Maria Vesperi, PhD, recipient of the **AAA/Oxford University Press Award for Excellence in Undergraduate Teaching of Anthropology.** This award was established in 1997 to recognize teachers who have significantly contributed to and encouraged the study of anthropology: "The successful teaching of anthropology is at the core of producing successful anthropologists. By transferring knowledge and encouraging interest and study, the teacher is able to contribute significantly to the increasing success of the field of anthropology. Without such people the growth of anthropology would be stifled." Recipients of the award are nominated by their peers and must demonstrate excellence in terms of their impact, creativity, and influence on the field of anthropology. To share vicariously in Maria's award ceremony, see the YouTube clip: http://www.youtube.com/watch?v=Pg0vrEdD53w



AAGE Member News

Introducing President-Elect of AAGE, Dr. Lori L. Jervis

(Ph.D. University of Minnesota, 1998). Associate Professor, Department of Anthropology, University of Oklahoma; Associate Director, Center for Applied Social Research, University of Oklahoma.

Research:
Principal Investigator, *Exploring the Mistreatment of Native Elders* (funded by the National Institute on Aging).
Co-Investigator, *Sociocultural Validity in the Context of DSM Comorbidity* (funded by the National Institute of Mental Health, Jan Beals, PI).
Principal Investigator, *Native Elders, Dementia, and Family Caregiving* (funded by the National Institute on Aging).
Co-Principal Investigator, *Winter Camp: Care in a Tribal Nursing Home* (funded by the Administration on Aging, Spero M. Manson, PI).
Co-Investigator, *Epidemiology and Service Utilization: American Indians* (funded by the National Institute of Mental Health, Spero M. Manson, PI).

Recent Publications:

Jervis, L. L. (2001). Nursing home satisfaction, biography, and the life worlds of psychiatrically disabled residents. Journal of Aging Studies, 15(3), 237-252.

Jervis, L. L. (2001). The pollution of incontinence and the dirty work of caregiving in an American nursing home. Medical Anthropology Quarterly, 15(1), 84-99.

Jervis, L. L. (2002). Working in and around the chain of command: Power relations among nursing staff in an urban nursing home. Nursing Inquiry, 9, 12-23.

Jervis, L. L., & Manson, S. M. (2002). American Indians/Alaska Natives and dementia. Alzheimer Disease and Associated Disorders, 16 (Suppl. 2), S89-S95.

Jervis, L. L., Beals, J., Arciniegas, D. B., & Fickenscher, A. (2007). Performance on the Mini-Mental State Examination and Mattis Dementia Rating Scale among older American Indians. Journal of Neuropsychiatry and Clinical Neurosciences, 19(2):173-178.

Jervis, L. L., & Manson , S. M. (2007). Cognitive impairment, psychiatric disorders, and problematic behaviors in a tribal nursing home. Journal of Aging and Health,19(2): 260-274.

Jervis, L. L., Shore, J., Hutt, E., and Manson, S.M. (2007). Suboptimal pharmacotherapy in a tribal nursing home. Journal of the American Medical Directors. 8:1-7.

Jervis, L. L., and the AI-SUPERPFP team (2009). Disillusionment, faith, and cultural traumatization on a northern plains reservation. Traumatology, 15(1):11-22.

Jervis, L. L., Beals, J., Fickenscher, A., Arciniegas, D. B., Cullum, C. M., Manson, S. M. (in press). Predictors of performance on the MMSE and the DRS-2 among American Indian elders. Journal of Neuropsychiatry and Clinical Neurosciences.

Professional Activities:
Advisory Committee Member, Alzheimer's Association's *2002 Invited Conference on Research in Diverse Groups of Older People: Issues and Barriers*, 2002.
Scholar, Advanced Research Institute in Geriatric Mental Health, Weill Medical College of Cornell University, 2005-2006.
Organizer and Program Chair, Seventh Annual Meeting of the Association for Anthropology and Gerontology's Annual Meeting, *Aging and the Indigenous People of North America, 2009.*
Reviewer, Gerontological Society of America 2009 Annual Meeting.
Guest Editor, Special Issue of Journal of Cross-Cultural Gerontology, 2010.

Statement:
Although very much a medical and gerontological anthropologist, I have spent my career in a variety of interdisciplinary contexts, collaborating primarily with nurses, psychologists, and psychiatrists. To my mind, bridge-building with like-minded practitioners, scholars, and researchers both inside and outside of anthropology is key to growing and sustaining a dynamic organization such as the AAGE. Organizing last year's annual AAGE meeting on

Aging and the Indigenous People of North America presented an excellent opportunity to see this process up close, as there are only a small number of anthropologists currently working on this topic, creating an imperative to connect with others outside of the field. In addition to continuing the work of previous AAGE leaders in fostering interdisciplinary connections, as President Elect I hope to further their efforts to attract new scholars and researchers to the field of anthropology and aging—especially crucial given the demographic shift to remarkably older populations both within the U.S. and many other nations as well. The AAGE is well positioned to play a role here, with connections to some of the best mentors many newer scholars could hope to find. I am eager to help facilitate the continued growth of the organization and broadening of the field through the resources of the AAGE.

Visit AAGE on the Web!

http://aage.clubexpress.com/

You can renew your membership, read *Anthropology & Aging Quarterly*, stay up to date on the Margaret Clark Award, and learn about AAGE's annual workshop.

New Publications in Anthropological Gerontology

Maria G. Cattell

Let me know about *your* publications: mgcattell@aol.com.

ABBREVIATIONS: *AI=Ageing International; IJAHD=Internatl.J.Aging & Human Development; JAG=J. Applied Gero.; JAH=J.Aging & Health; JAHA=J.Aging, Humanities & the Arts; JCCG=J.Cross-Cultural Gerontology; JG=J.Gerontology; JG/PS= JG/Psychological Science; JG/SS= JG/Social Science;QHR=Qualitative Health Research; SIR=Social Indicators Research.*

***Name in boldface** indicates AAGE member.

Congratulations to

***Sherylyn Briller** for her new book, *Designing an anthropology career: Professional development exercises* (Lanham MD: AltaMira, 2009) (with A. Goldmacher).

***Philip Stafford** for his new book, *Elderburbia: Aging and a sense of place in America*. See Environment & Housing.

Book Reviews—Of Members' Books / By Members

Review of ***Maria G. Cattell** & ***Marjorie M. Schweitzer**, eds., *Women in anthropology: Anthropological and historical narratives* (Left Coast Press, 2006) by N. J. Parezo in *American Ethnologist* 36(4):799-800 (2009), & another review by C.M. Counihan in *Rapportage* XI:92 (2009).

Aging

Berger, K.S. 2008 *The developing person through the life span,* 7th ed. NY: Worth.

Carr, D. 2009 Aging in America: The link between productivity and resources in the third age. *AI* 34(3):154-171.

Carstensen, L. 2009 *A long bright future: An action plan for a lifetime of happiness, health and financial security.* NY: Broadway Books.

Classen, A., ed. 2007 *Old age in the Middle Ages and the Renaissance: Interdisciplinary approaches to a neglected topic.* NY: Walter de Gruyter.

Dagg, A.I. 2008 *The social behavior of older animals.* Baltimore: Johns Hopkins UP.

Henderson, T.L., K.A. Roberto, Y. Kamo 2010 Older adults' responses to hurricane Katrina: Daily hassles and coping strategies. *JAG* 29(1):48-69.

Krause, N. 2009 Meaning in life and mortality. *JG/SS* 64B(4):517-527.

Krause, N. 2010 Close companion friends, self-expression, and psychological well-being in later life. *SIR* 95(1):199-213.

Roszak, T. 2009 *The making of an elder culture: Reflections on the future of America's most audacious generation* [Boomers]. Gabriola Island BC: New Society Publishers.

Sanjek, R. 2009 *Gray panthers.* Philadelphia: U of Pennsylvania P.

Thomson, D.M. 2009 "Are we there yet?": Challenging notions of age and aging through intergenerational performance. *JAHA* 3(2):115-133.

Uhlenberg, P. 2009 Children in an aging society. *JG/SS* 64B(4):489-496.

Aspects of Caregiving

Abramson, C.M. 2009 Who are the clients? Goal displacement in an adult care center for elders with dementia. *IJAHD* 68(1):65-92.

Eckert, J.K. et al. 2009 *Inside assisted living: The search for home.* Baltimore: Johns Hopkins UP.

Golant, S.M. & J. Hyde, eds. 2008 *The assisted living residence: A vision for the future.* Baltimore: Johns Hopkins UP.

Park, N.S. 2009 The relationship of social engagement to psychological well-being of older adults in assisted living facilities. *JAG* 28(4):461-481.

Qualls, S.H. & S.H. Zarit 2009 *Aging families and caregiving.* Hoboken NJ: John Wiley & Sons.

Richards, M. 2009 *Caresharing: A reciprocal approach to caregiving and care receiving in the complexities of aging, illness, or disability.* Woodstock VT: Skylight Paths.

Shippee, T.P. 2009 "But I am not moving": Residents' perspectives on transitions within a continuing care retirement community. *Gerontologist* 49(3):418-427.

New Publications in Anthropological Gerontology

Span, P. 2009 *When the time comes: Families with aging parents share their struggles and solutions.* NY: Springboard.

Cognitive Aging

***Leibing, Annette** 2009 From the Periphery to the Center: Treating behavioural and psychological symptoms in dementia. In *Do we have a pill for that? Treating dementia.* J. Ballenger et al., eds. Pp. 74-97. Baltimore: Johns Hopkins UP.

***Leibing, Annette** 2009 Tense prescriptions? Alzheimer medications and the anthropology of uncertainty. *Transcultural Psychiatry* 46(1):180-206.

***Leibing, Annette** 2009 Lessening the evils, online: Embodied molecules and the politics of hope in Parkinson's disease. *Science Studies* 22(2):44-63.

Shabahangi, S., G. Faustman, J.N. Thai, P. Fox 2009 Some observations on the social consequences of forgetfulness and Alzheimer's Disease: A call for attitudinal expansion. *JAHA* 3(1):38-52.

Simmons, S.F., P. Cleeton, T. Porchak 2009 Resident complaints about the nursing home food service: Relationship to cognitive status. *JG/PS* 64B(3):324-327.

Comparative Perspectives: Cross-Cultural & Cross-National

"Ageing in Place." Special issue, *AI* 32(3), 2008 [Hong Kong, Japan, Taiwan, UK].

Angel, R.J., J.L. Angel, T.D. Hill 2009 Subjective control and health among Mexican-origin elders in Mexico and the United States: Structural considerations in comparative research. *JG/SS* 64B(3):390-401.

Ardington, C. et al. 2010 The impact of AIDS on intergenerational support in South Africa: Evidence from Cape Area Panel Study. *ROA* 32(1):97-121.

Bonin-Scaon, S. et al. 2009 End-of-life preferences: A theory-driven inventory [France]. *IJAHD* 68(1):1-26.

Boon, H. et al. 2009 The impact of a community-based pilot health education intervention for older people as caregivers of orphaned and sick children as a result of HIV and AIDS in South Africa. *JCCG* 24(4):373-389.

Boon, H. et al. 2010 Correlates of grief among older adults caring for children and grandchildren as a consequence of HIV and AIDS in South Africa. *JAH* 22(1):68-83.

Celdrán, M., C. Triadó, F. Villar 2009 Learning from disease: Lessons drawn from adolescents having a grandparent suffering dementia [Spain]. *IJAHD* 68(3):243-259.

Chen, S. 2009 Aging with Chinese characteristics: A public policy perspective [China]. *AI* 34(3):172-188.

Chepngeno-Langat, G., J. Falkingham, N.J. Madise, M. Evandrou 2010 Socio-economic differentials between HIV caregivers and non-caregivers: Is there a selection effect? A case of older people living in Nairobi city slums. *ROA* 32(1):67-96.

Deaton, A.S. 2009 Aging, religion, and health [140 countries]. National Bureau of Economic Research Working Paper No. 15271.

Everingham, J-A. et al. 2009 Information provision for an age-friendly community [Australia]. *AI* 34(1/2):79-98.

Gray, M. & M. Heinsch 2009 Ageing in Australia and the increased need for care. *AI* 34(3):99-188.

Hansen, T., B. Slagsvold, T. Moum 2009 Childlessness and psychological well-being in midlife and old age: An examination of parental status effects across a range of outcomes [Norway]. *SIR* 94(2):343-362.

***Hegland, Mary Elaine** 2007 Grandmother lives alone in her little house: Old women in an Iranian village [in German]. At journal-ethnologie.de/Artikell80005295.html.

***Hegland, Mary Elaine** 2007 Independent grandmothers in an Iranian village. *Middle East J.of Age & Aging* 4(3). At www.me-jaa.com/me-jaa11June07/independentgrandmothers.htm.

***Hegland, Mary Elaine** 2008 Esmat's life of travail: "You yourself help me God" [Iran]. In *Muslim voices and lives in the contemporary world.* F. Trix, J. Walbridge, L. Walbridge, eds. Pp. 57-68. NY: Palgrave Macmillan.

***Hegland, Mary Elaine**, Z. Sarraf, M. Shahbazi 2008 Modernization and social change: Impact on Iranian elderly social networks and care systems. *Anthropology of the Middle East* 2(2):55-74.

New Publications in Anthropological Gerontology

Hodge, G. 2008 *The geography of aging: Preparing communities for the surge in seniors* [Canada]. Montreal: McGill-Queen's UP.

Honk, K. & M. Erlinghagen 2010 Volunteering in "old" Europe: Patterns, potentials, limitations. *JAG* 29(1):3-20.

***Ice, Gillian H.**, J. Yogo, V. Heh, E. Juma 2010 The impact of caregiving on the health and well-being of Kenyan Luo grandparents. *ROA* 32(1):40-66.

"Intergenerational wealth transmission in premodern societies: The emergence and persistence of inequality in premodern societies." Special issue, *Current Anthropology* 51(1), 2010.

Jang, Y., D.A. Chiriboga, J.R. Herrera, L.G. Branch 2009 Self-rating of poor health: A comparison of Cuban elders in Havana and Miami. *JCCG* 24(2):181-191.

Jawad, M.H., A.M. Sibai, M. Chaaya 2009 Stressful life events and depressive symptoms in a post-war context: Which informal support makes a difference? [Lebanon] *JCCG* 24(1):19-32.

Jorgensen, D. et al. 2009 Why do older people in New Zealand enter residential care rather than choosing to remain at home, and who makes that decision? *AI* 34(1/2):15-32.

Knodel, J. et al. 2010 Community reaction to older age parental AIDS caregivers and their families: Evidence from Cambodia. *ROA* 32(1):122-151.

Knodel, J., J. Kespichayawattana, C. Saengtienchai, S. Wiwatwanich 2010 The role of parents and family members in ART [antiretroviral] treatment adherence: Evidence from Thailand. *ROA* 32(1):19-39.

Koren, C. & A. Lowenstein 2008 Late-life widowhood and meaning in life [Israel]. *AI* 32(2):140-155.

Lee, J-J. 2009 A pilot study of living alone, socio-economically deprived older Chinese people's self-reported successful aging: A case of Hong Kong. *Applied Research in Quality of Life* 4(4):347-363.

Levy, B.R., O. Ashman, M.D. Slade 2009 Age attributions and aging health: Contrast between the United States and Japan. *JG/PS* 64B(3):335-338.

Lou, V.W.Q. 2009 Life satisfaction of older adults in Hong Kong: The role of social support from grandchildren. *SIR* 95(3):377-391.

Lombard, A. & E. Kruger 2009 Older persons: The case of South Africa. *AI* 34(3):119-135.

Mamolo, M. & S. Scherbov 2009 Population projections for forty-four European countries: The ongoing population ageing. At oeaw.ac.at/vid/download/edrp_2_09.pdf.

Menec, V.H., S. Shooshtari, S. Nowicki, S. Fournier 2010 Does the relationship between neighborhood SES and health outcomes persist into very old age? A population-based study [Winnipeg, Canada]. *JAH* 22(1):27-47.

Meri-Esh, O. & I. Doron 2009 Aging with pride in Israel: An Israeli perspective on the meaning of homosexuality in old age. *AI* 34(1/2):42-59.

Noël-Miller, C. & R. Tfaily 2009 Financial transfers to husbands' and wives' elderly mothers in Mexico: Do couples exhibit preferential treatment by lineage? *ROA* 31(6):611-637.

Norwood, F. 2009 *The maintenance of life: Preventing social death through euthanasia talk and end-of-life care – lessons from The Netherlands.* Durham: Carolina Academic.

Oliver, C. 2007 *Retirement migration: Paradoxes of ageing.* NY: Routledge.

Raja, I. 2009 Rethinking relationality in the context of adult mother-daughter caregiving in Indian fiction. *JAHA* 3(1):25-37.

Rasmussen, R.O. 2009 Gender and generation: Perspectives on ongoing social and environmental changes in the arctic. *Signs* 34(3):524-532.

Sayer, L.S. & J.C. Gornick 2008 Older adults: International differences in housework and leisure [Australia, Canada, France, Norway, Slovenia, Sweden, UK, US]. *SIR* 93(1):215-218.

Saxena, D. & G.F. Sanders 2009 Quality of grandparent-grandchild relationship in Asian-Indian immigrant families [in US]. *IJAHD* 68(4):321-337.

***Schrauf, Robert W.** 2009 Intracultural variation in cross-

New Publications in Anthropological Gerontology

cultural gerontology. *JCCG* 24(2):115-208.

***Schrauf, Robert W.**, ed. 2009 Special issue of *JCCG:* "Addressing intracultural variation in gerontology."

Simpson-Young, V. & C. Russell 2009 The licensed social club: A resource for independence in later life [Australia]. *AI* 34(3):216-236.

Sung, K-T. & R. Dunkle 2009 Roots of elder respect: Ideals and practices in East Asia. *JAHA* 3(1):6-24.

Tang, C.S., A.M.S. Wu, D. Yeung, E. Yan 2009 Attitudes and intention toward old age home placement: A study of young adult, middle-aged, and older Chinese. *AI* 34(3):237-251.

Tetley, J., G. Grant, S. Davies 2009 Using narratives to understand older people's decision-making processes [UK]. *QHR* 19(9):1273-1283.

Tsuno, N. & A. Homma 2009 Ageing in Asia—The Japan experience. *AI* 34(1/2):1-14.

Wangui, E.E. 2009 Livelihood strategies and nutritional status of grandparent caregivers of AIDS orphans in Nyando District, Kenya. *QHR* 19(12):1702-2715.

Comparative Perspectives: Ethnicity in the U.S. & Canada

Eunju, H. 2008 Exploring aging-in-place among Chinese and Korean seniors in British Columbia, Canada. *AI* 32(3):205-218.

Fiori, K.L., N.S. Consedine, C. Magai 2009 Late life attachment in context: Patterns of relating among men and women of seven ethnic groups [US]. *JCCG* 24(2):121-141.

Müller, N. 2009 Aging with French: Observations from southern Louisiana. *JCCG* 24(2):143-155.

Logsdon, R.G., J.R. Sharkey, A.K. Hochhalter, eds. 2009 "Promoting cognitive health in diverse populations of older adults." Special issue, *Gerontologist* 49(S1).

***Hegland, Mary Elaine** 2009 Losing, using, and crafting spaces for aging: Iranian American seniors in California's Santa Clara Valley. In *The cultural context of aging*. ***Jay Sokolovsky** (Praeger), ed. Pp. 301-323.

Liang, J. et al. 2010 Evolving self-rated health in middle and old age: How does it differ across black, hispanic and white Americans? *JAH* 22(1):3-26.

Park, N.S. et al. 2010 Transportation difficulty of black and white rural older adults. *JAG*(1):70-88.

Reynoso-Vallejo, H. 2009 Support group for Latino caregivers of dementia elders: Cultural humility and cultural competence. *AI* 34(1/2):67-78.

***Schrauf, Robert W.** 2009 English use among older bilingual immigrants in linguistically concentrated neighborhoods: Social proficiency and internal speech as intracultural variation. *JCCG* 24(2):157-179.

Sims, R.C. et al. 2009 An examination of de-differentiation in cognition among African-American older adults. *JCCG* 24(2):193-208.

Weitzmann, P.F., K. Ballah, S.E. Levkoff 2008 Native-born Chinese women's experiences in medical encounters in the U.S. *AI* 32(2):128-139.

Demography

Li, Q., M. Reuser, C. Kraus, J. Alho 2009 Ageing of a giant: A stochastic population forecast for China, 2006-2060. *J.Population Research* 26(1):21-50. [open access at springerlink.com]

Taylor, J. 2009 Indigenous demographic and public policy in Australia: Population or peoples? *J.Population Research* 26(2):115-130.

Education

Ligon, M., K. Ehlman, G. Moriello, E.A. Welleford 2009 Oral history in the classroom: Fostering positive attitudes toward older adults—the aging process. *JAHA* 3(1):59-72.

Environment & Housing

***Stafford, Philip B.** 2009 *Elderburbia: Aging and a sense of place in America*. Westport CT: Praeger.

Gender Issues

***Hegland, Mary Elaine** 2008 A discourse of complaint: Precursors to a mass women's movement in Tajikistan? *L'Homme* 18:47-65.

History of Gerontology

New Publications in Anthropological Gerontology

Andrews, G.J., L. Campbell, M. Denton, K.S. McGilton 2009 Gerontology in Canada: History, challenges, research. *AI* 34(3):136-153.

Humanistic Perspectives

Buettner, D. 2008 *The blue zones: Lessons for living longer from the people who've lived the longest.* Washington DC: National Geographic.

Chittister, J. 2008 *The gift of years: Growing old gracefully.* NY: BlueBridge.

Finch, C.E. 2009 Herodotus on diet and longevity: How the Persians fed on dung and lived to 80, while the tall, handsome Ethiopians ate boiled meat and lived beyond 120. *JAHA* 3(2):86-96.

Graham, B., ed. 2009 *Eye of my heart: 27 writers reveal the hidden pleasures and perils of being a grandmother.* NY: HarperCollins.

Hughes, H.J., ed. 2009 *Beyond forgetting: Poetry and prose about Alzheimer's disease.* Kent State UP.

Narratives/Life Review

Gardner, P.J. & J.M. Poole 2009 One story at a time: Narrative therapy. *JAG* 28(5):600-620.

Religion & Spirituality

Idler, E.L., J. McLaughlin, S. Kash 2009 Religion and the quality of life in the last year of life. *JG/SS* 64B(4):528-537.

Research Issues

Cagney, K.A. et al. 2009 Neighborhood-level cohesion and disorder: Measurement and validation in two older adult urban populations. *JG/SS* 64B(3):415-424.

Curry, L., R.R. Shield, T. Wetle, eds. 2006 *Improving aging and public health research: Qualitative and mixed methods.* Washington DC: American Public Health Association & Gerontological Society of America.

Feldman, S. & L. Howie 2009 Looking back, looking forward: Reflections on using a life history review tool with older people [Australia]. *JAG* 28(5):621-637.

JG 64B(Supp.1), 2009, special issue on The National Social Life, Health, and Aging Project.

Schumm, L.P. et al. (including ***Sharon R. Williams**) 2009 Assessment of sensory function in the National Social Life, Health, and Aging Project. *JG* 64B(Supp.1):76-85.

Suzman, R. 2009 The National Social Life, Health, and Aging Project. *JG* 64B(Supp.1): 5-11.

***Williams, Sharon R.** & T.W. McDade 2009 The use of dried blood spot sampling in the National Social Life, Health, and Aging Project. *JG* 64B(Supp.1):131-136.

***Williams, Sharon R.**, G. Pham-Kanter, S.A. Leitsch 2009 Measures of chronic conditions and diseases associated with aging in the National Social Life, Health, and Aging Project. *JG* 64B(Supp.1):67-75.

Retirement

Giandrea, M.D., K.E. Cahill, J.F. Quinn 2010 Bridge jobs. *ROA* 31(5):549-576.

Theory

Dillaway, H. & M. Byrnes 2009 Reconsidering successful aging: A call for renewed and expanded academic critiques and conceptualizations. *JAG* 28(6):702-722.

Ferraro, K.F. & T.P. Shippee 2009 Aging and cumulative inequality: How does inequality get under the skin? *Gerontologist* 49(3):333-343.

Morse, J.M. et al. 2009 *Developing grounded theory: The second generation.* Walnut Creek CA: Left Coast Press.

Widows

Gillen, M. & H. Kim 2009 Older women and poverty transition: Consequences of income source change for widowhood. *JAG* 28(3):320-341.

Work

Czaja, S.J. & J. Sharit, eds. 2009 *Aging and work: Issues and implications in a changing landscape.* Baltimore: Johns Hopkins UP.

Davis, M.H., L.A. Kraus, S. Capobianco 2009 Age differences in responses to conflict in the workplace. *IJAHD* 68(4):339-355.

Features

Toward a Contextually Valid Measure of Social Support Among Middle-Aged and Older African Americans in a Southern Urban Community

Dawn Bodo Lehman, Ph.D.
Director of Education
Mather LifeWays Institute on Aging
1603 Orrington Suite 1800
Evanston, IL 60201
dlehman@MatherLifeWays.com

Abstract

A gap in the literature on social support among middle-aged and older African Americans and limitations in scales measuring social support among this group indicate a need for a new measure of social support that is sensitive to the cultural context in which this population lives. The literature indicates that social support is a multidimensional, fluid phenomenon, i.e., it has many dimensions and each dimension may have significance for individuals and communities at different periods in time and in different geographical locations. The specific goals of this research were to (1) identify the domains and dimensions of support among middle-aged and older African Americans, ages 38 to 65, that potentially moderate the effects of psychosocial factors on health outcomes; (2) use the research findings to construct a new, contextually valid scale that measures social support among this population in a southern urban community; and (3) document the methodological process by which the first two goals were achieved. The iterative research process consisted of thirty-one methodological steps in nine phases over a four-year period. Six sets of data obtained from a content analysis of popular magazines, five types of interviews, a semi-structured questionnaire, a visual assessment of the community, and participant observation were analyzed for recurrent themes associated with social support. The findings were used to construct scale items that reflect culturally-relevant domains and dimensions of social support that are not typically assessed in traditional scales.

Introduction

There are a number of excellent scales that measure social support in the general population; however, few, if any, have tapped into the unique experiences of older African Americans. Furthermore, these scales are not comprehensive enough to elicit contextually-based responses from middle-aged and older African Americans, ages 38-65, who live in a southern urban community. This may result in investigators missing (or worse yet, misunderstanding) important information regarding social support among men and women in this age category and geographical location.

A gap in the literature and limitations in current scales measuring social support indicate a need for a new measure of social support that is sensitive to the cultural context in which middle-aged and older African Americans live. This study had three goals: (1) to identify, using qualitative and quantitative research methods, the domains and dimensions of support among African Americans, ages 38-65, that potentially moderate the effects of psychosocial factors on health outcomes; (2) to use the findings of this research to construct a new contextually valid scale that measures social support among this population in a southern urban community; and (3) to document the methodological process by which the first two goals were achieved.

Methodology

With NIA (National Institute on Aging) grant funding (5P02AG12058-02), The Duke University Exploratory Center (EC) for Research on Health Promotion in Older Minority Populations was established to conduct multidisciplinary pilot research and interventions and to initiate programs of health education and community outreach aimed at improving the health status of older African Americans. The scientific emphasis was on the interaction of psychosocial, behavioral, and physiological factors as they affect health and illness in older African American males and females. Duke investigators selected hypertension as their research theme. Researchers also were interested in filling a major gap in the scientific literature on health and aging in middle-aged and older African Americans. Duke EC investigators argued that social factors have received little attention in studies of hypertension among this older population.

In the proposal stage of the Duke EC grant, the NIA Study Section questioned whether the scales previously used by Duke (including Dressler's Scale of Chronic Role Stressors and the Duke Social Support Index) were "comprehensive enough to indicate the real life levels of support and environmental stress in this population, and were thus leading to an underestimation of the association of the 'environment' with hypertension." In response, the Duke EC decided to conduct a sub-study to develop new scales to measure stress and social support among older African Americans. This research focused on the development of one of the new scales: the African American Social Support

Scale.

Research Questions

Social support refers to having a variety of social contacts as resources for personal benefit. It includes the structure of an individual's social life (e.g., group memberships, existence of familial ties) and the explicit functions they may serve (e.g., emotional, instrumental support) (Cohen et al. 2000; Uchino 2006). The conceptual framework underlying this sub-study is based on the assumption that social support potentially moderates the effects of psychosocial factors on health outcomes. To design a culturally sensitive measure of social support, a number of research questions needed to be answered: What are the domains (sources) and dimensions (types) of the support convoy in the study community? How are these domains and dimensions characterized? Who/what plays a major role in supporting middle-aged and older African Americans?

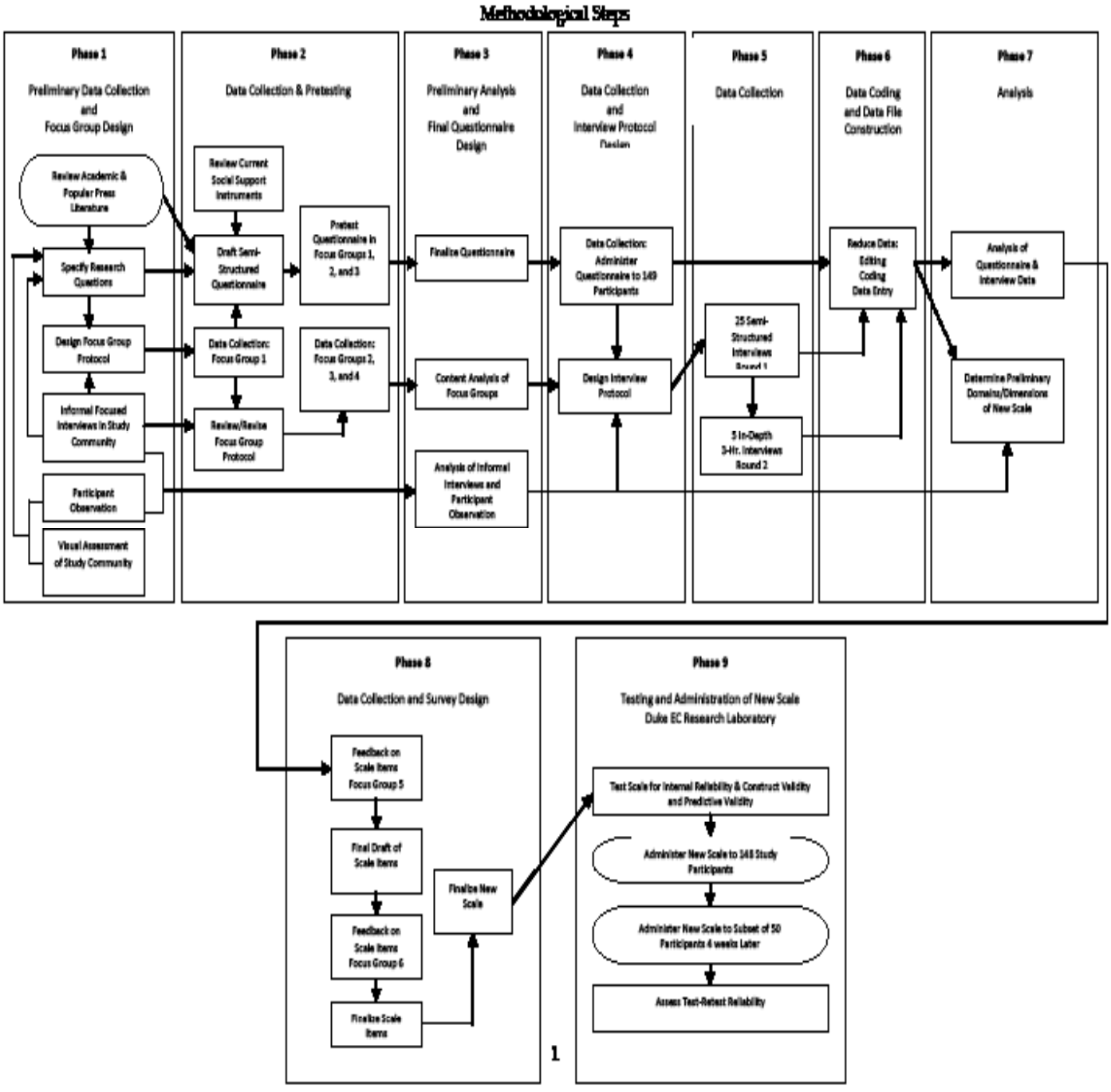
Research also focused on questions related to the literature and methodology: Will interview, questionnaire, and participant observation findings reinforce the social support literature on older African Americans? If so, in what ways and to what degree? Will the methods employed provide further insight into widely recognized domains of support among older African Americans? Will the methods elucidate new domains and dimensions not addressed in the current literature? How will anthropological methods (research and analysis) provide insights into attitudes, beliefs, and behaviors associated with social support among older African American men and women? How will anthropological methods contribute to the construction of a new, contextually valid scale?

Research Design

For the most part, this research followed a sequential study design, i.e., one type of research method followed another. The iterative research process consisted of a total of 31 methodological steps in nine phases over a four-year period (See Figure 1). Each methodological step provided insight into previous data, identified new questions, or informed the next step of the research process. The research methods used in this study provided six sets of data that were analyzed for recurrent themes associated with domains and dimensions of support. Throughout the study, a number of men and women provided feedback on the questionnaire, interview protocols, analyses, and construction of the new scale. For example, focus group participants offered suggestions related to word usage, phraseology, questionnaire and scale formatting, and scale item selection. Feedback resulted in appropriate modification of the questions in the preliminary semi-structured questionnaire, interviews, and preliminary social support scale. The iterative research process, which included feedback from study participants, was particularly important in this study because research that focused on unique domains and dimensions of social support needed to be sensitive to the cultural context in which African Americans live. By including study participants in the research process, there was less likelihood of researcher bias; participants' feedback continually challenged the researchers to step back and determine the objectivity and relevance of their questions.

The triangulation of qualitative and quantitative methods and data sets provided greater assurance of validity. These data were used to construct the new African American Social Support Scale, a paper and pencil instrument consisting of six domains and 96 dimensions of social support.

FIGURE 1. TOWARD A CONTEXUALLY-VALID MEASURE OF SOCIAL SUPPORT AMONG MIDDLE-AGED AND OLDER AFRICAN AMERICANS



Review of Academic Literature

A search primarily of the anthropological (urban, medical), African American studies, theological, psychosocial, historical, medical, and gerontological literature related to social support among African Americans was conducted to identify concepts, theories, and empirical findings associated with types, dimensions, and efficacy of social support.

Data set 1: Review of African American PopularPress

A review of the African American popular press (e.g., *Essence Magazine*, *Black Woman Magazine*, *Black Elegance Magazine*, *Ebony*, *Heart & Soul*) served as an unobtrusive observation method. An opportunistic sample of 839 feature articles from 118 issues of 10 prominent African American magazines was useful for detecting the presence or absence of key themes that may be associated with social support among African Americans and corroborating findings from other data sets. This method was particularly insightful because the literature was written for an African American audience. Authors openly addressed many issues in the African American community that would not be shared with non-African Americans in public forums. A content analysis was conducted by recording the most prominent theme/s emerging from each feature article, developing a list of the most discussed topics, and examining frequencies of mention. To confirm the relevance of the articles in the day-to-day lives of readers, letters to the editors in each issue were examined. Month after month, readers praised the editors for providing such needed support. For example, one reader wrote: "Just seeing my likeness as I turn the pages motivates me to act on the information I've just absorbed. As I read, I sensed that this information was put together just for me by people who genuinely care about me, my family, and the African American community at large. Your magazine is like a friend or a relative."

Data set 2: Focus Groups

Six focus groups, consisting of a total of 26 African American men and women from the study community, were conducted. Focus group participants were recruited through word-of-mouth to provide an overview of stress and social support in their community. The focus groups served several purposes. First, they provided access to data that would not be obtained easily with interviews and participant participation. For example, topics and themes emerging in the discussions sometimes were debated, revealing a diversity of attitudes, beliefs, and opinions. Second, the focus group discussions provided insight into the natural vocabulary and styles of communication among participants. A deeper understanding of phraseology and body language facilitated future discussions with African American men and women. The first focus group session served to identify general topics and issues of importance to the participants, their families, and the African American community. Participants told stories, gave examples, and described their day-to-day lives. The ensuing three focus group discussions explored, in more detail, the key issues (e.g., racism, discrimination, the church) raised in the first focus group. Participants discussed the efficacy of social supports in the study community and described the types of support they seek and provide. The last two focus groups were designed to obtain more detailed feedback on the construction of the new scale.

Data set 3: Semi-structured Sociocultural Questionnaire

In order to construct a contextually valid scale that measures social support among middle-aged and older African Americans, a 10-page questionnaire was designed to specifically identify the widest range of sources and types of social support among this population. The preliminary questionnaire was administered to all 26 focus group participants who provided feedback on the content and structure of the questionnaire. The final semi-structured questionnaire was administered to 149 participants in the larger, Duke EC hypertension study. The questionnaire identified cognitive categories utilized by, and meaningful to, respondents and determined patterns of responses related to social support. Questions were based on constructs identified in the academic and popular literature, informal interviews, and focus groups. Scales successfully used in other Duke EC studies (e.g., the Dressler Scale of Chronic Social Role Stressors and the Duke Social Support Index) also were useful in developing these questions.

A portion of the questions elicited demographic and social status information, e.g., marital status and living arrangement, educational and employment status, religious background, racial makeup of neighborhood, household income, and organizational memberships. Open- and close-ended questions associated with social support focused on the influence of spirituality and the church on respondents' lives, sources of support when respondents have problems, and quality and quantity of support respondents give and receive.

Several qualitative data gathering techniques were used. A number of questions requested listings (e.g., people from whom they receive/give support, types and amounts of support provided and received, most important person in life, causes of stress, and words associated with church) and written descriptions (e.g., difference between church in past and present, relationship between men and women today, and things they would change in their personal lives, community, and society.

An analysis of the study participants' social networks was conducted using a visual display method. Respondents were asked to list the people with whom they spend time and the amount of time spent with each person. After categories of people were identified, and hours of contact per month calculated, categories of people in each support network were listed horizontally in the order of time spent with each respondent. Figure II is an example of the listings in display form. The full display of 149 social networks identified *coworker* and *friend* as important sources of social support.

Figure II.
Visual Display of participants' social network

SPOUSE SON FRIEND MOTHER SISTER
SISTER FRIEND COUSIN
FRIEND COWORKER DAUGHTER SISTER
COWORKER FRIEND SPOUSE SON
MOTHER FATHER COWORKER BROTHER AUNT FRIEND
SPOUSE DAUGHTER DAUGHTER-IN-LAW FRIEND MOTHER SON

Data set 4: Interviews

Four types of one-one-one interviews were conducted over the course of the study: unstructured and non-directive, in-depth unstructured, semi-structured, and in-depth focused. Unstructured and non-directive interviewing was conducted in various locations where middle-aged and older African American men and women congregate (e.g., the workplace, church, community cultural center, community events, a wedding). The purpose of this type of interviewing was to get to know "the lay of the land" and build rapport in the study community. Interactions, behaviors, and beliefs among African Americans emerged from within their own personal and cultural context, i.e., topics of significance to each individual emerged naturally as (s)he talked. Typical questions were, "How would you describe your community?" and "What is daily life like here for African Americans?" When they described an interaction between men and women or African Americans and Caucasians, I asked for a description of what happened. Informants offered an "audio tour" of daily life.

Face-to-face, semi-structured, audio taped interviews with 25 study participants were conducted primarily in a community nutrition center where the informants were participating in the larger Duke EC hypertension study, and in their homes. These one-hour interviews served as a means by which to learn about issues of importance to middle-aged and older African American men and women and uncover topics of interest that may have been overlooked in the focus group discussions. An interview guide was used to identify individuals' perceptions and experiences of, and attitudes toward, social support. Participants also were invited to tell personal stories.

Of the 25 interviewees, five were interviewed a second time for a period of two to three hours. The purpose of conducting a second round of in-depth, focused interviews was to obtain more comprehensive explanations of attitudes, beliefs, and behaviors associated with social support and to identify ways in which social support intersected with the stressors in their lives. Participant availability and interest determined who would be interviewed a second time. A key informant emerged out of this group. She was always available to answer questions and provide feedback on findings throughout the entire research period.

Data set 5: Visual Assessment of Community

An overall assessment of the community from which the study sample was drawn was conducted in order to gain knowledge of the ecological and structural context in which the subjects lived. The assessment consisted of a "windshield survey" of neighborhoods and available formal (e.g., social service agencies) and informal (e.g., churches) support resources in the study community. This assessment continued throughout the entire research process.

Data set 6: Participant Observation

Participant observation included attending numerous churches; attending events such as weddings, parties, and community programs; and participating in group discussions with older African American women and men at schools, community meetings, and non-profit organizations. Throughout the entire research period, these observations informed the development of interview and focus group questions and the construction of the semi-structured questionnaire and final social support measure.

Discussion

The research findings support many of the hypotheses postulated by social support researchers. On a general level, there is a concatenation of sociocultural factors (identified as stressors) that negatively impacts the quality of middle-aged and older African Americans' lives. Social support is a mechanism through which African American men and women cope with stressors (e.g., psychological and sociocultural) (Kikusui et al. 2006; Cohen & Pressman 2004; Krause 2001; Harrison 1995; Lepore et al. 1993; Cohen and Wills 1985; Dressler 2000, 1991). The types of support study participants reported collapsed into four primary categories: emotional, instrumental, social (participation), and

spiritual.

Research shows that African American men and women experience and cope with these stressors in different ways at different times in their lives. Thus, their need for particular sources and types of support also fluctuates. This study suggests that social support among middle-aged and older African Americans is multidimensional and fluid, i.e., each domain and dimension of support may have significance for individuals at different periods of time and in different geographical locations. Additionally, ethnic and family bonds, American lifestyle, the Black church, and availability of institutional and social resources in the community influence the frequency and quality of support provided to men and women at any given time. The efficacy of support therefore moves back and forth on a *not enough/ enough* continuum.

The findings support the research of Taylor and Chatters (1989) and Antonucci (1985) which shows that the support convoy (i.e., the constellation of support providers) is a dynamic entity that develops and changes over time in response to individual, family, community, and societal changes. The interviews and participant observation findings reveal that men and women have their own decision criteria for seeking support. They have a cognitive map of available supports, and their decisions for selecting sources and types of supports are influenced by geographic relocation, major role changes (e.g., marriage, family, widowhood), accessibility to "trustworthy" coworkers and friends, and personal and family members' lifestyles.

Anthropological Research Methods Identify New Domains and Dimensions of Social Support

At the beginning of the study, two specific methodological questions were posed: Will the methods employed provide further insight into widely recognized domains of support among older African Americans? Will the methods elucidate new domains and dimensions not addressed in the current literature?

Five of the six methodological data sets provided new perspectives on domains (sources) and dimensions (types) of social support among middle-aged and older African Americans in the southern urban community. The range of dimensions identified in each data set varied, yet they complemented each other. The sum of dimensions identified in all of the data sets provided an in-depth picture of the range of sources and types of social support.

The cumulative findings from all five data sets reveal that the constellation of support providers consists of spouse, family, friends, coworkers, organizations and clubs, and the church. Each source provides one or more types of support to middle-aged and older African American men and women in the study community.

The previous Duke Social Support Index explored types, frequencies, and efficacy of support provided by *family* (including spouse/significant other) and *friends*; however, these sources of support were lumped into one domain. The findings of this study suggest a variation in types of support provided by *spouse*, *family*, and *friends*; thus, each should be explored independently in more detail. Furthermore, three additional sources of support emerged from the data: *coworker*, *organizations and clubs*, and the *church*. Since these categories were not included in previous social support scales, and the findings show that they are important sources of support, they also should be categorized as independent domains in the new social support scale.

Study participants provided more contextually rich information about the church than any other source of support. Most middle-aged and older men and women believed that the church continues to be the most supportive institution in the community, and it should continue to focus largely on providing emotional, instrumental, and spiritual support to members and nonmembers.

In discussing the role of the church with study participants, one key point became clear: The Black Church must not be essentialized. As argued by Baer and Singer (1992) and Lincoln and Mamiya (1990), the Black church is not one monolithic entity with one universal set of characteristics. Personal values and attitudes of pastors, denominational doctrines, and program emphases may influence men's and women's attitudes, beliefs, and behaviors in their day-to-day lives. Differences across denominations in terms of preaching style, sermon message, music selection, outreach activities, and worship practices often are mirrored in the various ways in which men and women attach meanings to their religious experience inside and outside the church.

In the same way that the Black churches move back and forth on a continuum of dialectical tensions (i.e., shifts in functions and missions), so too do men and women move on a continuum of religious experience. Men and women make unconscious and conscious choices regarding the degree to which they are committed to, and participate in, the church.

The study findings also support scholars (Baer and Singer 1992; Lincoln and Mamiya 1990) who contend that the church is a "pseudo-extended family" mimicking numerous functions of the Black family. Like the family, the church provides different types of support for each member.

Sources of Support

Tables 1-4 highlight the sources of emotional, instrumental, social, and spiritual support. Each source provides one or more types of support to middle-aged and older African American men and women.

Table I displays the sources of emotional support identified in each data set. All of the data sets highlighted spouse, family, friends, coworker, and church as important sources of emotional support. Organizations and clubs were mentioned in the popular literature and questionnaire.

Table I. Sources of emotional support

Source	Popular Literature	Focus Groups	Questionnaire	One-on-0ne Interviews	Participant Observation
Spouse			x		
Family	x	x	x	x	x
Friends	x	x	x	x	x
Coworker	x	x	x	x	x
Org/Clubs	x		x		
Church	x	x	x	x	x

Table II shows the sources of instrumental support identified by study participants. All of the data sets highlighted spouse and family as primary sources of support. The popular literature, focus groups, and questionnaire findings show that friends and the church also are sources of instrumental support, and the questionnaire findings indicate that co-workers and organizations and clubs are considered support providers.

Table II. Sources of Instrumental Support

Source	Popular Literature	Focus Groups	Questionnaire	One-on-One Interviews	Participant Observation
Spouse			x		
Family	x	x	x	x	x
Friends	x	x	x		
Coworker			x		
Org/Clubs	x		x		
Church	x	x	x		

As Table III shows, all five data sets identified family, friends, and the church as primary sources of social (i.e., social participation) support. All data sets except the focus groups also identified coworkers, organizations, and clubs as important sources of social support. Questionnaire findings showed that 71 percent of women and 58 percent of men said membership in a group had helped them socially. Women most frequently stated that membership in an organization or club helped them "become a better person." Spouse did not emerge as a strong source of social support. Many study participants attributed the lack of social togetherness to lifestyle choices, overwhelming responsibilities at home and work, and strong "sister" friendships among women.

Table III. Sources of Social Support

Source	Popular Literature	Focus Groups	Questionnaire	One-on-One Interviews	Participant Observation
Spouse			x		
Family	x	x	x	x	x
Friends	x	x	x	x	x
Coworker	x		x	x	x
Org/Clubs	x		x	x	x
Church	x	x	x	x	x

Table IV clearly shows that study participants considered family, friends, and the church as primary sources of spiritual support.

Table IV. Sources of Spiritual Support

Source	Popular Literature	Focus Groups	Questionnaire	One-on-One Interviews	Participant Observation
Spouse			x		
Family		x	x	x	
Friends	x	x	x	x	x
Coworker					
Org/Clubs					
Church	x	x	x	x	x

Constructing the new African American Social Support Scale

The first step toward constructing the new African American Social Support Scale was to analyze and interpret the questionnaire, interview (focus group and one-on-one), popular press, and participant observation data. This involved identifying emergent themes related to the research questions that crosscut all of the data sets. These themes were further categorized into sources or "domains of support" (e.g., *spouse*, *friends*, *church)* and types or "dimensions of support" (e.g., *goes to church with me*, *takes care of me when sick*, *prays for me*).

The second step involved creating lists of all possible dimensions that could be included in each domain. The lists consisted of actual phrases and sentences identified in the data. The dimensions showing the highest frequencies were selected for inclusion in the preliminary scale. Each domain consisted of between 7-29 dimensions. A Likert response format was developed to measure the amount (*none* to *as much as I want*) of support received by respondents.

In the third step, the larger lists (dimensions) were collapsed by eliminating redundant phrases, i.e., phrases that were similarly worded. This became the first draft of the scale. The fourth step consisted of gaining feedback on the preliminary scale from focus group participants. They critiqued the scale in the following ways: 1) theme selection; 2) item selection; 3) word usage; 4) sentence construction; 5) appropriateness of the Likert rating system and its anchors; 6) sensitivity to the study population; and 7) ease of use. Focus group participants prioritized scale items in terms of importance, noted oversights regarding relevant themes, and made further suggestions related to the development of the scale items. In particular, they did not like the long phrases and sentences. Focus group participants said the items would be easier to read, more understandable, and less likely to be misinterpreted if words and very short phrases were used. The response format was designed in such a way that individuals could respond along a continuum from *no support* to *as much support as needed*. The fifth and sixth steps involved making suggested changes and presenting the revised scale to the same focus group participants.

As Table V shows, the new scale has several distinct advantages over the previous Duke Social Support Index when used with a middle-aged and older African American population. The new scale includes four more domains and 61 additional items.

Table V. Comparison between Duke Social Support Index and African American Social Support Scale

	Duke Social Support Index	African American Social Support Scale
Domains # of items (questions)	2	6
Types of dimensions	34	95
Type: Emotional	3	4
Type: Instrumental	3	41
Type: Social	9	37
Type: Spiritual	1	6
	--	11

The Duke Social Support Index primarily focuses on quantity rather than types of support. For example, questions ask "how many," "number of times," "how often," "how much," and "how satisfied." Fourteen of thirty-four questions ask about types of support.

African Americans constitute a culturally distinct and ethnically diverse population. The domain that speaks most to the cultural sensitivity of the new social support scale is that of the *church*. Study participants reported a wide spectrum of types of support provided by the church, and key themes were included as items in this scale. The Duke Social Support Index did not include any items associated with the church or spirituality, and the Duke Religious Participation Scale only included two types of support from church: *helps me in marriage* and *helps me in getting ahead in life*. Study participants identified more specific types of church support: *spiritual atmosphere, guidance, relief, strength, peace/calm, comfort, understanding, sense of connection, stability, sense of freedom*, and *empowerment*.

Men and women reported that in addition to providing spiritual support and guidance, the church connects men and women with their African American heritage, functions as an extended family, enhances self-esteem through historically based messages of empowerment and freedom, fosters and nurtures talents and skills through such ministries as music and teaching, and connects them to other members of the African American community.

Themes such as "my spouse prays with me," "my friends go to church with me," "my family reads the Bible with me," and "my friends offer spiritual support," translated into culturally relevant scale items. Items associated with instrumental support (e.g., scholarships and helping to support the children's education), emotional support (e.g., physical affection, emotional healing), and social participation support (e.g., connection to the African American community, acts as extended personal family) also are culturally relevant. These items are not included in the Duke Social Support Index and other traditional support scales.

What sets the new African American Social Support Scale apart from the Duke Social Support Index is that it enables the researcher to conduct a more sensitive examination of social support among middle-aged and older African Americans, thus potentially picking up new relationships between types of support and mental and physical outcomes. Additionally, researchers investigating race, SES, and health can use the scale to determine two- and three-way interactions. Such studies will be valuable additions to the burgeoning literature on environmental influences on morbidity and mortality.

Reliability and Validity of New African American Social Support Scale

According to House and Kahn, when well-designed empirical research confirms theoretical ideas about the relationship between social support and health, confidence in both the theory and measures used to test it is enhanced… The litmus test of the validity of any measure of social support is its relationship to the major causes and consequences of social support (1985:87).

Toward that end, the African American Social Support Scale was constructed with the intent to conceptualize and measure the experience of social support in a multidimensional, reliable, and valid manner. The new scale was administered to 148 participants and was re-administered four weeks later to a subset of 50 of these participants. The scale was tested for internal reliability, test-retest reliability, construct validity (convergent and discriminant) and predictive validity.

Internal reliability was tested using Chronback's alpha. Chronback's alpha statistically tests to what degree items within a scale or sub-scale are correlated with each other. The higher the degree of correlations, the higher the internal consistency of the scale, and the more desirable the scale. As Table VI shows, results from this testing indicated that internal reliability on the African American Social Support Scale was excellent, ranking in the .90s.

Table VI. Internal and test-retest reliability

Domain of Support	Internal Reliability Cronback's Alpha	Test-Retest Reliability Interclass Correlations
Spouse/Partner	.95	.89
Family/Kin	.95	.73
Friends	.94	.64
Coworkers	.95	.70
Organizations/Clubs	.93	.84
Church	.95	.75

Test-retest reliability was tested using interclass correlations (ICCs). Interclass correlations provide a conservative estimate of test-retest reliability in that they take into account the mean and distribution of each sample, which Pearson correlations do not. Table VI shows the test-retest reliability to be good, ranging from .64-.89. Slightly lower reliability on the *friends* sub-scale was observed, which might have been due to some turnover in friends. Nonetheless, these correlations were equal to, or better than, those reported for other scales measuring factors that fluctuate over time.

Construct validity assessed whether the instrument actually measures the construct it is purported to measure. Construct validity was assessed by testing for convergent and discriminant validity. Convergent validity tests to what degree scales or sub-scales measure the same construct, whereas discriminant validity determines to what degree instruments measure different constructs. Convergent and discriminant validity in this study were tested by conducting correlations between the new African American Social Support Scale and the Duke Social Support Index (DSSI) – a standard, widely used scale that has been used frequently with older populations, including African Americans. Table VII indicates that the new support scale showed excellent convergent validity with the Duke Social Support Index. The expected discriminant validity was also observed regarding the sub-scale of *spouse/partner* support, since the Duke Social Support Index did not include that domain.

Table VII. Construct and predictive validity

Domain of Support	Construct Validity New vs. DSSI	Predictive Validity New Scale vs. BDI
Spouse/Partner	.23	-.13
Family/Kin	.51***	-.04
Friends	.40***	-.10
Coworkers	.24*	-.16
Organizations/Clubs	.37*	-.21
Church	.41***	-.17

Key: *p<.05; ** p<.01; ***p<.001

Predictive validity assesses whether scores on one measure predict scores on another scale. The predictive validity of the new African American Social Support Scale was tested by correlating scores on the support scale with scores on the Beck Depression Inventory (BDI) Scale. Previous research has shown that individuals with lower social support often experience higher levels of depression. Stated more broadly, there is an inverse association between social support and depression. As shown in Table VII, results from this testing indicate that, as expected, support was inversely correlated with depression scores, although the correlations were not statistically significant. This finding was anticipated with our sample since none of our participants was clinically depressed. Hence, the restricted range of scores on the depression inventory would be expected to reduce the likelihood of detecting significant relationships.

In summary, tests conducted by Duke EC researchers showed that the internal reliability, test-retest reliability, construct (convergent and discriminant) and predictive validity were excellent.

Cultural Relevance of Scale

The new African American Social Support Scale was constructed with the intent to conceptualize and measure the experience of social support in a multidimensional, reliable, and valid manner. To my knowledge, the new scale is the first to investigate 53 types (out of a total of 95 questions) of support provided by six primary sources of support in the African American community: *spouse*, *family/kin*, *friends*, *coworkers*, *organizations and clubs*, and the *Black church*.

Two primary comparisons can be made between the Duke Social Support Index and the new African American Social Support Scale. First, the new scale is empirically derived, i.e., an emic perspective, provided by a total of 245 people, significantly contributed to the development of scale items. Second, these data provide insight into a wider and more sensitive range of domains (e.g., church, coworkers) and dimensions (e.g., prays with me, pays for children's college education) of support among middle-aged and older Blacks than previously captured by other researchers. Because of its augmented sensitivity, the scale is more likely to identify new relationships among variables; the new scale will enable researchers to explore, in more depth, the relationship between social support and physiological outcome measures.

Limitations of Scale

Limitations of scale lie primarily in the sample: mostly female (77%), restricted SES, and healthy (with the exception of having hypertension). A higher percentage of participants were married and well educated compared to other residents in the study community. Similar to other community-based studies of African Americans, males were underrepresented in this study. A disproportionate sample size may occur, in part, because African American men are disproportionately represented among institutionalized populations and because the mortality rate among African American men is high. Additionally, many men did not meet the overall criteria for participation in the Duke EC hypertension study, did not have the time, or simply were not interested in participating in the study.

Since this research focused on social support among middle-aged and older African Americans, segments of the population that are important in the assessment of prevalence and efficacy of social support in the community (e.g., lower- and upper-class African Americans ages 38-65) were not included in the study. Men and women from these segments also did not meet Duke EC study criteria or were not interested. While the sample was primarily middle class, it must be noted that study participants had diverse economic, social, and educational backgrounds; were affiliated with various predominantly African-American denominations (e.g., African Methodist Episcopal, National Baptist Convention USA, Church of God in Christ); and had varied family structures (e.g., nuclear family, extended family, stepfamily, single-headed family) and functions. Thus, there was a universe of information to gather on this subgroup alone. Research focused on a subgroup located in a Southern community characterized by a unique culture and socio-historical pathway; therefore, further testing of reliability and validity may be required for studies of similar subgroups in other geographical locations (e.g., Midwest, Southwest).

Although the sample was adequate for the purposes of this study, further testing also should be conducted to determine reliability and validity of the scale for use with study populations comprised of African American males, younger adults, the elderly (over 65 years of age), and African Americans who are members of other faith communities.

Future directions include investigations of the relationships between the new social support scale responses and outcome variables of blood pressure, sympathetic nervous system activity (catecholamines/stress hormones), and sodium excretion. Considering that African Americans are at a higher risk for hypertension than any other ethnic group, further investigation of the effects of social support on health in African Americans is warranted.

Significance of Research and Scale

As many scholars have noted, the experience of support is a complex, multidimensional phenomenon. There are few instruments that attempt to capture the experience of social support in all of its complexity. The new African American Social Support Scale is reliable and valid; it captures the multidimensional experiences of social support among the study population. This scale provides not only an assessment of frequency of social support, but also advances the measurement of social support by providing an in-depth assessment of types of social support across sources of support. Statistical multiple techniques can be used by researchers to evaluate potential main effects and two-way interactions of social support among middle-aged and older African Americans. Potential covariates include age and gender, income, employment status, occupational status, marital status, depression (using the Beck Depression Inventory), and John Henryism (a psychological coping behavior). It is expected that the scale will elucidate within-group variations and provide a clearer picture of the ways in which social support, as a buffering factor, can moderate the effects of stress.

A key factor contributing to the success of this research and resultant scale was the research team's respect for multidisciplinary research methods. Being a member of Duke EC's team of scholars in the fields of psychology, sociology, community health, and medicine was an ethnographic experience in and of itself. The only anthropologist on the team, I brought to the table a new perspective and new qualitative research strategies. In order to help colleagues understand these perspectives and strategies, it was important to understand their methods and communicate in their language. As the study progressed, the Duke EC team learned that anthropological research took considerable time, and that "thick description" of the environment in which middle-aged and older African Americans lived required several types of data collection methods and different types of rigorous analyses. This study was most likely the first to use anthropological perspectives and methods (e.g., participant observation, unobtrusive observation, content analysis of popular literature, and interviews) to inform the construction of a culturally sensitive measure of social support among middle-aged and older African Americans.

The use of anthropological research methods serves as an example of the ways in which contextual information and culturally relevant language can be used to design culturally sensitive measures of social support among ethnic groups. The methodological process may be of value to urban and medical anthropologists interested in obtaining information from larger, more representative groups of people while at the same time collecting the rich material that comes from ethnographic fieldwork.

The methods employed in this study have not typically been used by health and social scientists to construct scales; thus, this research strategy serves as a model for future scale development. It informs health and social scientists how anthropological methods provide a holistic and culturally relevant approach to scientific inquiry.

Acknowledgements

I am grateful to Drs. Norman Anderson, Maya McNeilly, and Bernard Ortiz de Montellano, to the Duke EC research team, and to the 245 men and women participating in this study.

References

Antonucci, T.C.
1985 Personal Characteristics, Social Support and Social Behavior. *In* Handbook of Aging and the Social Sciences 2nd ed. Binstock, R.H. and E. Shanes, eds. New York: Van Nostrand Reinhold.

Baer, H.A. and M. Singer
1992 African-American Religion in the Twentieth Century: Varieties of Protest and Accommodation. Knoxville: The University of Tennessee Press.

Cohen, S., L.G. Underwood, and B.H. Gottlieb
2000 Social Support Measurement and Intervention: A Guide for Health and Social Scientists. New York: Oxford University Press.

Cohen, S. and S. Pressman
2004 Stress-buffering Hypothesis. *In* Encyclopedia of Health & Behavior. Anderson, N., ed. Thousand Oaks: Sage Publications.

Cohen, S. and T.A. Wills
1985 Stress, Social Support and the Buffering Hypothesis. Psychological Bulletin 98:310-57.

Dressler, W.
1985 Extended Family Relationships, Social Support, and Mental Health in a Southern Black Community. Journal of Health and Social Behavior 26: 39-48 March.
1990 Lifestyle, Stress, and Blood Pressure in a Southern Black Community. Psychosomatic Medicine 52:182-198.

Harrison, F.V.
1995 Give Me That Old Time Religion: The Geneology and Cultural Politics of an Afro-Christian Celebration in Halifax County, North Carolina. *In* Religion in the Contemporary South: Diversity, Community, and Identity. White Jr., O.K. and D. White, eds. Athens: University of Georgia Press.

House, J.S. and R.L. Kahn
1985 Measures and Concepts of Social Support. *In* Social Support and Health. Cohen, S. and S.L. Syme, eds. Orlando, FLA: Academic Press.

Kikusui, T., J.T. Winslow, and Y. Mori
2006 Social Buffering: Relief from Stress and Anxiety. Philosophical Transactions of The Royal Society Biological Sciences 361 (1476):2215-2228 December.
Krause, N.
2001 Social Support. *In* Handbook of Aging and the Social Sciences 5th Ed. Binstock, R.H. and L.K. George, eds. New York: Academic Press.
Lepore, S.J., K.A. Allen and G.W. Evans
1993 Social Support Lowers Cardiovascular Reactivity to an Acute Stressor. Psychosomatic Medicine 55:518-524.
Lincoln, C.E. and L.H. Mamiya
1990 The Black Church in the African American Experience. Durham: Duke University Press.
Taylor, R.J. and L.M. Chatters
1989 Family, Friend, and Church Support Networks of Black Americans. *In* Adult Black Development and Aging. Jones, R.I., ed. Berkeley, CA: Cobb and Henry Publishing.
Uchino, B.N.
2006 Social Support and Health: A Review of Physiological Processes Potentially Underlying Links to Disease Outcomes. Journal of Behavioral Medicine 29(4) August.

Features

Just Kill Me When I'm 50: Impact of Gay American Culture on Young Gay Men's Perceptions of Aging

Rob Jay Fredericksen, PhD, MPH
Boston University Department of Anthropology
University of Washington Center for AIDS Research
1312 S. Dawson St.
Seattle, WA, 98108
rob.fredericksen@gmail.com

The older you get is like a death sentence. [Carlos, 28]

After 30, that's like gay middle age, right? [Corey, 25]

Just kill me when I'm 50. [Roger, 21]

Introduction

Young gay men's negative perceptions of growing older have been indicated in prior research [Bergling, 2004; Jones & Pugh, 2005; Cohler & Galatzer-Levy, 2000]. A recent resurgence of HIV infection rates among young gay men [Mitsch et al, 2008] calls into question whether these negative perceptions contribute to a lack of future-oriented health investments; i.e., a "live for now" outlook. Strength of future orientation has repeatedly predicted risk aversion [McCabe & Barnett, 2000], hence, it is of great social and public health value to ask: what does aging mean to today's youngest generation of gay men? How do cultural norms in the gay community inform how today's young gay men imagine growing older? This research explores these questions.

Background

There is plenty of evidence to suggest that, for American gay men, one's sense of growing older may differ from their heterosexual counterparts. Despite advances in the gay and lesbian civil rights movement, the anticipation of homophobia continues to limit career options and mobility [Barrett, Pollack, & Tilden, 2002]. Gay "baby boomers" report being more worried about their financial outlook than their heterosexual counterparts [MetLife Mature Market Institute, 2006]. Gay men face an economic disadvantage in the U.S., contrary to popular myths of affluence [Badgett, 2001]. The institution of marriage, unavailable to most same sex-American couples, renders it a less definitive life-marker of imagined future identity than it is for heterosexuals. Finally, research among gay "baby boomers" has revealed anticipation of discrimination and/or unhappiness in old age; more than half [n=1000] were not confident that they would be treated "with dignity and respect" by health care professionals [MetLife Mature Market Institute, 2006]. At best, these factors create a sense of an ambiguous future; at worst, a dismal one.

Unfortunately, aspects of gay male culture add to these insecurities. The gay "mainstream" culture represented in gay men's print, televised and online media, does little to resolve fears about aging. Images of younger men are disproportionately featured, as with its counterpart in popular American media. The images perpetuate the notion that youthfulness, athleticism, muscular physique, and sexual power are a community standard. These standards of beauty are often reinforced in communities and spaces where gay men congregate, such as retail corridors in gay neighborhoods and entertainment venues.

Meanwhile, American popular media representations do little to create a positive sense of gay male future, as most gay characters on television lack long-term development as individuals, existing more visibly on the situation-comedy front, to provide little beyond comic relief [Raley & Lucas 2006; Fouts & Inch 2005]. The following analysis of the relationship between young gay men's beliefs about aging and gay male culture is divided into four themes: young gay men's experience of time, body, community, and personal resilience.

Methods

Individual interviews were conducted with a convenience sample of young gay-identified males living in the metropolitan Seattle, WA area, ages 18-28. Recruitment of men occurred through the use of posted fliers, Seattle's Craigslist.com, and by recruiting from the "Seattle Citywide 1" room on Gay.com. Fliers were posted at every major university, and throughout the main gay-oriented retail neighborhood.

Following informed consent[1], hour-long semi-structured interviews were conducted in public venues [i.e., coffeehouses] with 42 gay-identified men. The interviews explored experiences and perceptions of time, and of the gay community. These men were paid $25 for the interview.[2] Many of these interviews lasted well over an hour, by choice of the participants. All interviews were audiotaped, and conducted by this author. The participants were made aware of the author's identity as a gay man, in hope of establishing rapport and increasing the men's comfort level in discussing issues and experiences specific to gay men. Given that the subject matter concerned aging, it is worth noting that the author was in his mid-thirties at the time, older than these men, a factor which may have influenced responses.

The men who participated in the one-on-one interviews closely represented Seattle's ethnic diversity [Census Bureau, 2006]. Asian-Americans were overrepresented [24% of study participants, compared to 13% of Seattle's population], and included members with Chinese, Filipino, Vietnamese, Samoan, Thai, and Cambodian ancestry. The latter six were second-generation [parents were born abroad]. The sample also had 12% mixed ancestry, 8% African-American, 7% Native American, and 7% Latino-identified. Just over two-thirds identified as Caucasian. With respect to age, respondents skewed a bit older. 43% of men were between ages 26-28, while 28% were 23-25, 24% were 21-22, and 22% were 18-20. Approximately one-third were Seattle-area natives, typically from its suburbs or adjacent counties. One-fourth were from Western states, particularly California, Oregon, and Montana. The remainder were from points further east. Approximately 40% had had substantial exposure to gay culture in other large cities, either through living there or frequent visits.

In the area of academics, 40% had no higher-education aspirations or experience; the remaining 60% did. Of the latter, 60% were [or planned to be] liberal arts majors. The remainder were divided roughly evenly between the sciences and mathematics. Two-thirds of participants were employed at least part-time. 15% of the men identified themselves as artists. The remainder were primarily in school. Three were in substance abuse recovery, two from crystal meth, and one from alcohol abuse. Two identified themselves as HIV-positive.

Audiotaped data was transcribed and coded for themes within the categories of "experiences/perceptions of time" and "experiences/perceptions of community", using inductive, open-coding. Two separate categories arose from this coding process: experiences of body and experiences of resilience. Themes within these two new categories were also coded using this method.

Young gay men's experience of time

The developmental context in which gay men's identities emerge creates a perception of time unique to their heterosexual counterparts. Due to widespread stigmatization of homosexuality in adolescence, many young gay men, for social and physical survival, must conceal their true identity. Opportunities to date other men came later for the men interviewed here- typically once relocating to an urban or college environment. Those who had done so expressed an intense need to "make up for lost time":

> As a teenager, I had no vision of the future as a gay man. I didn't know what to do with myself. I wanted a life partner. I didn't know where to look. I hid from peers in high school, because I knew I'd be stigmatized. Finally, when I got to the city, I just wanted to explore the sensory aspect. Like a kid in a candy store. [Frank]

Often, "making up for lost time" came at the expense of planning for the future:

> When I first came here, I was partying a lot [with gay friends], doing a lot of cocaine, smoking more, not really caring about what happened to me, just kind of having fun and living for the day…I didn't want to worry about what was going to happen down the line. I didn't want to be old or worry about tomorrow. [Corey]

Three of the men even turned down college scholarships, two of them full scholarships, prioritizing the need to concentrate on their newfound freedoms. Two of them explain:

> Law school sounded so ordinary, so lame. My parents are furious of course [about declining the scholarship]; they've cut me off financially. I can understand. But I've worked really hard to do well in [high] school, hit all the right marks, save money, be responsible. I was trapped out in the suburbs for so long...I don't want to be weighed down like that anymore. It's my turn to have fun. [Andrew]

---

1 Boston University IRB approval #1633E.

2 Funding provided by the Boston University Department of Anthropology.

> I turned down full ride minority scholarship to [rural in-state university]…but I got so caught up in making money, being out [as a gay man] and on my own terms, I lost track of that. I couldn't get into the idea of being out there in the middle of nowhere. [Curtis]

From the comments of these men, the need to experience and explore this aspect of themselves heavily informed decision-making. The isolation of young gay men in their adolescence prevents opportunities for learning from experiences of flirting, dating, or interacting with same–sex romantic partners. The delay has been called a "developmental disruption" [Kertzner 2001, p.80]. Youth-focused standards of beauty boost the importance of this exploration period as critical for seizing dating opportunities. In the young gay male perspective of time, the period of one's late teens and early twenties comprise a highly compressed period between post-isolation and pre-"oldness"; a limited window to avail oneself of the opportunities afforded by youth and freedom. At the cultural level, this creates both a dynamic yet high-pressure environment for partner selection and dating. Some, like those who forewent college scholarships, discounted the future in order to concentrate on meeting these developmental needs. Some men felt pressured to attract long-term relationships in their twenties while it is still felt to be possible:

> Once you get out of your 20s I think people start considering you to be too old. Like you're not going to be wanted, won't be able to get a boyfriend. [David]

> The type of guy I'm looking for is out there somewhere. But sometimes I'm like, if it's not going to happen now, when is it going to happen? [Corey]

The need to "make up for lost time" in one's twenties stands in contrast to the heterosexual experience, in which goals of marriage, child-rearing, and career mobility are pursued during this same time period. By contrast, heterosexual life is often viewed as normative and stable "in relationships and markers of aging…social status and a sense of place in life", accounting for why some middle-aged gay men have described feeling "off sequence" relative to their heterosexual peers [Kertzner, 2001, p. 85]. Similar sentiments have been expressed by gay men in their 30's [Cohler & Galatzer-Levy, 2000]. For some, the lack of clear expectations or longitudinal structure in gay male identity was discomforting. A common fear was that they would remain feeling unhitched to anything, i.e., careers or romantic partners, or that they would never figure out "what it is [I'm] supposed to be doing". As one man lamented: "there's no handbook of gay life. You figure it out as you go."

It has long been theorized that gay men undergo an accelerated sense of middle and old age compared to heterosexual men due to a sense of "role loss" [Francher and Henkin, 1973], which leads gay men to go from a kind of "youth" to "not-youth" with little gradation in between. This resonates today: recent research has found "old" in gay subculture to mean age 40, and sometimes as early as the mid-30's [Bergling, 2004]. The sharp transition between what it means to be "young" vs. "old" was echoed in some of the men's comments:

> …the point where you turn 30. That's when you're considered old. [Frank]

> I've felt like I've had to hang out in [older men's gay bar], since I've been losing my hair, I look older. [Michael]

Temporal perceptions like these front-load one's post-adolescent years with a sense of urgency to meet intimacy and relationship goals before one is "old". This leaves the period after age 30 to be regarded as frighteningly ambiguous territory, as young gay men find themselves facing the prospect of diminished self-worth and quality of life in the future. As will be discussed in the next section, young gay men's experience of community adds to the ambiguity to one's sense of self in the future.

Young gay men's experience of community

All of the men interviewed for this study had migrated to large cities or college towns to live, from contexts of relative isolation from other gay men. This move was often eagerly anticipated:

> When I was a teenager it felt like gay culture was just a matter of getting there…it seemed like another nation was waiting, Pride flags and all. [Michael]

The "Pride flag" Michael references is a multi-colored "rainbow flag" well known to most gay Americans, meant to convey a gay cultural attribute of embracing cultural, ethnic, and sexual orientation-based diversity. However, this attribute was felt to be more aspirational than actual, particularly to men of color:

> The idea that we [as a community] actually stand up for everyone that's just like us is false. [Tyson, African-American]

> This week's Pride parade…diversity [refers only to] sexual orientation in 'gay pride' terms. We don't really accept everyone. We're in fact fueled by race, by age…the irony of the alphabet soup [of LGBTQ[3]], the pink elephant, is that we *don't* embrace diversity. We're not all 'one'." [Mark, Asian-American]

While most men felt it important to be a part of a gay community, nearly all reported feeling "outside" of both gay male culture and community. This was best summarized by Adam:

> I feel more like I'm part of a [gay male] culture than a community. I see a lot of [the same] people, but I don't *know* a lot of people. When I think of 'community' I think of first name basis, support…I don't really feel that …we don't hit it off because of our sexuality necessarily…this is an illusion.

In fact, alienation was a strong theme among men's discussion of gay men's culture and community. The men's emotional connections with the gay community followed a common pattern: initial fear/dread of being publicly known as gay men, typically before migrating away from family-of-origin; pre-migration excitement and anticipation of connection to an idealized gay community; subsequent "let down" when expectations are not met upon arrival; and acceptance/integration of expectations with reality. The men represented all parts of this continuum, with most in the "let down" phase. Some had hoped to have already established a long-term relationship, but had not, or had experienced heartbreak along the way. Others had envisioned a stronger sense of interpersonal connection. Others had hoped for more stimulating night life. Gay men's bars bore the brunt of the blame for these "let downs" and feelings of alienation, and were widely resented as what was felt to be a "default" social outlet:

> The power of the bar is enormous in gay life. When it's good you're all 'this is the best time *ever*!', but when it's bad, it's devastating. [Stephan]

> Unless you're out in the bars, you feel like you're invisible….[Carlos]

Another observed the irony of bars as a default social setting:

> …we hunker down and go to bars by default, but then complain because we feel like we are around 'bar people'. [Matthew]

Unmet utopian expectations may resonate at the cultural level as collective disillusionment, sometimes to the point of disdain, for gay men and gay culture. Some of the older men had moved beyond the "let down" period and began to accept the realities of gay culture, both positive and negative. Many, however, remained in a state of disappointment, still positioning gay cultural realities against their previous utopian ideals. The unmet expectation of belonging within a culture or community, and the resulting disillusionment, has negative implications for young gay men's visualization of the future. The prospect of isolation leaves the quality of one's future in question, again, rendering aging as something to be feared.

Finding older gay male role models sometimes proves difficult. Few of the men interviewed acknowledged knowing any older gay men. There is a documented lack of communication between generations of gay men [Bergling 2004, Peacock et al., 2001] confirmed by this research. This is at least partly attributable to the very different social climates in which each generation of gay men came of age: the sexual revolution and prior repression; the devastation of the AIDS epidemic; advances in human rights; the rise of the gay consumer market [Bergling, 2004; Bohan, Russell, & Montgomery, 2002; Kertzner, 2001]. It has even been suggested that a "generation" in gay life "is a matter of a few years rather than a matter of decades" [Bohan et al 2002, p. 21]. There was a lack of desire to connect with older gay men. Reasons for this included perceived bitterness and pessimism, especially about monogamy:

3 Lesbian, gay, bisexual, transgendered, and queer community. This acronym is commonly used describe these parts of the community.

> Guys in their 30s and 40s seem bitter and harsh. If you're only in an open relationship because you think you can't have monogamy, that's not good. [Michael]

> Some [older gay men] are bitter that some young guys have more powers such as coming out in early age, have more rights than they did when they were our age. [Jeff]

The perception of older generations as less monogamous fed into a more general stereotyping of older gay men as promiscuous and predatory of younger gay men.

> It's a rarity of connection, across generations. Some of them just go, oh, so you're a young stud…imagine the possibilities. [Tyler]

There was also a perception of older gay men as socially exclusive. Some men felt it was difficult to connect with older men when attempting to participate in social activities beyond the bar scene, many of which were felt to be more for older men:

> [Gay resource center] has coffee talks, but who wants to sit around. I just prefer more active social things. There is [running group] and gay hiking, but these are a lot older guys…certainly not anyone college age. I don't like that bar or online feels like the only way to meet single guys…it's tough to interact in those settings. I wish there were other social things that weren't way out of my age range. [Michael]

> When you're in those groups, it's hard to break through [to a personal level] to make strong friendships/ relationships…easy to join, hard to connect. It feels like exhausting work. [Clark]

> Guys who are older have their own little circle. There's not much interaction in between generations, not a lot of opportunities. [Matthew]

In general, perceptions of gay male life past 30 are based on stereotypes. The impact on imagined futures of younger gay men are easily apparent: absence of role modeling, and difficulty visualizing positive older versions of oneself. The sum of these perceptions, suspicions, and experiences, limit opportunities for young gay men to glimpse positive futures through their older peers.

Young gay men's experience of body

The prospect of deviation from a youthful, muscled standard, amplifies a fear of aging, which becomes associated with "loss":

> I'm afraid of losing my looks. You lose your worth in gay society. 40% of your angle is your looks. People don't really want to lend you a hand, but step up to the plate if you're cute. [Jake]

> I feel like after you kind of reach a point it's all downhill…you get older, you get gross. [Roger]

> When I get older, I guess I'll ...dye my hair, change my diet, work out, get plastic surgery. [Derek]

Gay male culture mirrors itsWestern host in its high value of a youthful, fit physique. Gay media equates male desirability with youth, sexual skillfulness, athleticism, confidence, aggressiveness, and strength [Wierzalis, Barret, Pope, & Rankins, 2006]. Muscled pectorals and torsos are a key convention in gay media advertising as well as gay male pornographySeveral of the men expressed concerns over meeting and/or maintaining this standard of beauty:

> If you don't have an A & F[4] body, it's like you don't exist. [Nick]

> Acceptable gay standards are very limited and very small. Abercrombie, 6ft 180, white, muscles, athletic,

4 Abercrombie & Fitch, a clothing retailer catering to young men. Their advertisements frequently feature shirtless young men, typically Caucasian, with muscular bodies.

> straight looking. I feel bad about this sometimes, but I see a fat gay guy and I think, oh, that's unfortunate…he doesn't get laid very often. My friends and I will even joke around about it. [Corey]
>
> I was a very chubby child. I've lost a lot of weight. I got addicted to working out. But I noticed that you get treated really differently. I'm really caught up in that, it's bad. But it's good too…it's such a release for me. [Curtis]

At the opposite end of the spectrum, Todd describes his experience of stigmatization for being "too skinny":

> I was at Revival [local club], I never go there, but decided to check it out on a Sunday. It was a total meat market, muscle market. A meat factory- I couldn't help but feel like the grade B meat mixed in by accident…

Some men recognized the irony of being both owner and object of the male gaze: as "objects", resentment was high over the felt need to conform to high standards; as "owners", desire for people and products perpetuating these standards persists.

While many noted that Seattle felt less pressured than other places in terms of conforming to body image, all felt the effect of these expectations from mainstream media, and gay media sources, which heavily promote this body type. While weight control and building muscle reap positive health rewards, intimacy rewards, and psychological benefits, perception of the quality of one's future is bound tightly to one's perception of their conformity to this ideal. The prospect of deviating from this ideal threatens one's anticipated quality of life. Again, the implications are a perceived loss of community, perceived loss of citizenship in gay culture, and loss of personal self-worth.

Young gay men's resilience as predictive of the future

All of the worrisome aspects of gay male culture, taken in total, create a fairly dismal picture. Each of the men I spoke with had been deeply affected by one or more of the future-inhibiting factors listed in this paper. In addition, the men survived violence, family disownment, workplace discrimination, clinical depression, accidental drug overdoses, addiction, HIV infection, and/or suicide attempts. Only 14% of these men had *not* been affected by at least two of these factors.

Yet, resilience prevails. Most gay men do reach their 30's without contracting HIV, without succumbing to drug or alcohol addiction; careers advance, relationships flourish; positive sense of self as an older individual strengthens. Literature provides strong evidence that things get better for gay men. Nearly all studies of older gay men indicated satisfaction with age [Bergling, 2004, p. 56]; a meta-analysis of studies found a trend of positive adjustment, rich lives, strong social networks, and long-term relationships [Wierzalis et al., 2006]; a 1982 study found that there was no difference in levels of depression compared to the general U.S. population [Berger, 1996]; this is especially compelling since those men came of age, in far more repressive times. This finding also proved true for the gay elderly [Dorfman et al., 1995]. Adding to the chorus, Cruz [2004] found gay men over 55 to be vibrant, well-connected, not lonely, reporting high quality of life [n=125]. In addition, gay men may parallel the trend noted for the general population of middle-aged adults, who "increasingly perceive themselves and their relationship to the social world with greater cognitive complexity and a heightened appreciation for paradox, ambivalence, and uncertainty in life" [Kertzner, 2001, p. 78]. Younger age sets, by contrast, may feel uncertainty to be more of a threat.

Confidence in one's capacity for resilience is critical for a positive long-term future outlook. The men regard gay culture itself as a dynamic and resilient force in recent history, given the de-criminalization of homosexuality, response to the AIDS crisis, and the movement for equal treatment and rights. Before these men migrated to the city, gay culture was a beacon for a better life: more acceptance, less isolation. Several men interacted with others online on gay-themed social networking sites. Gay-specific online venues such as gay.com helped several of the men navigate the "coming out" process, through informal supportive friendships with men around the country. These contacts, through chat rooms and social networking sites, helped facilitate the [typically] mid-to-late adolescence moment where their validity as a human being was realized, and where negative or homophobic messages received by family, religion, or media were rejected. Many drew, and continue to draw, strength from this powerful moment.

> When I first came out, I felt betrayed by God. How could all that I believe be suddenly so suspect? But [homosexualty] didn't *feel* like a disorder, so I questioned religious messages. I became more aware of gay culture, found out what I was taught didn't connect to reality. It was a definite turning point. If I can make it through that, I can make it through anything.

> Will power. Just keep going, going. Don't stop, don't let anything discourage you. I have done a good job at not letting things hamper what I think I can achieve. This comes from my family always telling me that I won't be anything. It drives me. [Evan]

The men drew strength from having seen the gay community directly confront discrimination at national and local levels, and followed suit in their own environments:

> Freshman year someone wrote fag on the white board on my door…so I asked my RA to call a floor meeting. I lectured all these straight college men about, 'you need to accept me for me…I'm not here to get with you. I'm here for me. To have to put up with that shit …I basically let them know that you can spray paint my door, you can harass me, I'm still gonna be here…deal with it'. [Todd]

For some, a history of being the lone gay person in many past and current settings prepared them leadership roles:

> It was really weird [as the only openly gay man on campus] because when I came out, people were like 'you have to be an activist on campus'…so I became one. I even got quoted in the newspaper. [Clark]

> I became a cheerleader in a high school in a very small town. If you're going to be looked at as different, you might as well just go for it and try out. [Philip]

Another form of resilience was the use of humor to negotiate hetero-normative or homophobic space. Witty banter and exchange of one-liners and insults, celebrated in gay male culture, serve the dual purpose of reducing the tension in relationships with other gay men and the heterosexual world alike. Scott explains:

> When you deal in a homophobic environment all the time, you're always…distrustful. Is this person going to make fun of me? That's why I think gay men are so catty. We're catty to stave off those who would do us harm, either emotionally or physically. Strike back before you get struck.

Gay men's selection of careers in the expressive and liberal arts were spoken of as a means of distancing from, critiquing, and meaningfully participating in the world:

> What brought me out of feeling bad about being gay? In my senior year of high school I was encouraged to write. I was told I was good at it….writers, artists in general that I like are commenting on society from the margins. I like that art gives pop culture the [middle] finger. The arts are good for gay men because they can be 'in it' but not 'of it'. I like the fact that some gays don't completely assimilate. [Dylan]

> Dancing for me is a real expression of empowerment…it's the time when I feel most attractive. No one can stop me when I'm out there on the floor. I feel like I'm exuding happiness, warmth, that I'm in the reality when I dance. I'm both more desired and desirable. [Todd]

> Making music is what keeps me from blowing up things. [Antoine]

Some men entered helping professions, particularly education and social work, as a form of personal resilience:

> [I went into youth social work because…]I have a sense of devotion to people. I really believe the only reason for my being is to give back…to help people stand up when they fall down is really just what I want to do. I've seen the suffering and understand it. [Joe]

> I wanted to teach because I want there to be a positive place for kids to come to school and not be afraid to go to school because they're different. To have a great place where they won't be pointed at and laughed at. [Seth, 21, sign language interpreter]

The physical body also acted as a conduit for symbolizing and conveying strength and resilience, to oneself and others. This may be a positive aspect of the pursuit of fitness and muscularity. Alteration of the gay male body has been described as a landscape for asserting power which directly fuels self-validation [Jones & Pugh, 2005]. Resilience is also performed through sense of personal style and dress. Vincent, Tyson, Tyler, Andrew, Nick, Clark, and Manuel all described their style choices in terms of self-empowerment and resistance against constrictive mainstream male and gay male style norms. These styles include tattoos, large earring plugs, black gothic clothing and make-up, gender-blurring style, and thrift store wear.

> I've run out of skin space [for tattoos]…but all of it is about being more clear on who I am, clarity, more realization. [Clark]

> For me doing drag [at night] is a form of empowerment… a way of celebrating my femininity. Doing drag was a way of accessing pride I guess. Before that I grew up feeling accepted, but not proud….[later] I got into activism as [my drag persona]. I decided 'if you're gonna look at me, you're gonna hear from me'. [Manuel]

> I really appreciate people who take clothing seriously. Style is power…like my friend Rachel, she has her own distinct look and works at it. It's a decision you make. Clothes are a language of their own, a way of communicating, being in the world. [Vincent]

Several men were highly skilled at social networking. In earlier development, it is possible that the use of personal qualities to distract from, or unravel, homophobia, such as sense of humor, academic wisdom, or ability to hold court among a group of people, translates later into professional skills in the fine and liberal arts, politics, business, or the ability to simply reinvent oneself in a new place. The ability to manage other people's perceptions translates into all of these skills as well. The idea of personal resilience, and of belonging to a culture made up of others who are resilient, was also a structuring force in guiding a new philosophy of living, including delineation of personal boundaries regarding what is/is not acceptable treatment, placing life's challenges in perspective, and bolstering altruism.

Conclusion

Young gay men face a particularly difficult mix of barriers against constructing a positive view of aging. To review: this includes the general stigma against aging in mainstream society; lack of clear institutional markers of age progression; limited and/or perceived limited career trajectories; the anticipation of discrimination and/or unhappiness in old age; the association of aging with loss of control and lack of physical appeal, bolstered by gay male cultural valuation of the muscled, youthful physique; lack of media representations of future-oriented gay men; effects of previous isolation creating a bias toward present-oriented, sensory reward when dating finally becomes viable; and lack of intergenerational trust and connection within the gay community. Clearly, this is a lot to navigate.

Thankfully, for those that survive these disillusionments and pressures, resilience prevails. For these men, this transpired through forming alliances with others experiencing similar challenges; through manipulation and management of public perception; through focusing efforts on moving to and surviving in a more urban environment; through physical alterations; through self-selection into helping professions, education, liberal/fine arts, and careers that would minimize their experience of homophobia and afford them a critical distance from society; through serious revision or complete abandonment of homophobic religious beliefs. These experiences foster a high degree of personal re-invention, creativity, innovation, analytic skill, and adventurousness. Gay men's contributions to several industries, including fine arts, fashion, entertainment, non-profit development, politics, higher education, and entrepreneurship are byproducts of this resilience, and institutions both within and outside the gay community reflect this.

To the extent that these experiences are shared and communicated, a dynamic community can emerge which interrogates and transcends that which holds it back. Young gay men survive both in spite of and because of gay culture. The rapid change of social and legal status adds a mix of ambiguity and hope, as young gay men imagine growing old.

References

Badgett, M.V.L.
2001 Money, Myths, and Change: The Economic Lives of Lesbians and Gay Men. Chicago, IL: University of Chicago Press.

Barrett, D.C., Pollack, L.M., & Tilden, M.L
2002 Teenage Sexual Orientation, Adult Openness, and Status Attainment in Gay Males. Sociological Perspectives 45(2): 163-182.

Berger, R.M.
1996 Gay and Gray: The Older Homosexual Man. Urbana, IL: University of Illinois Press.
Bergling, T.
2004 Reeling in the Years: Gay Men's Perspectives on Age and Ageism. Binghamton, NY: Haworth Press.
Bohan, J.S., Russell, J.M., & Montgomery, S.
2002 Gay Youth and Gay Adults: Bridging the Generation Gap. Journal of Homosexuality, 44(1): 15-41.
Cohler, B.J. & Galatzer-Levy, R.M.
2000 The Course of Gay andLesbian lives: Social and Psychoanalytic Perspectives. Chicago, IL:University of Chicago Press.
Cruz, J.M.
2003 Sociological analysis of aging: The gay male perspective. Binghamton, NY: Haworth Press.
Dorfman, R., Walters, K., Burke, P., Hardin, L., Karanik, T., Raphael, J., Silverstein, E.
1995 Old, Sad and Alone: The Myth of the Aging Homosexual. Journal of Gerontological Social Work. 24(1-2): 29-44.
Fouts, G., & Inch, R.
2005 Homosexuality in TV Situation Comedies: Characters and Verbal Comments. Journal of Homosexuality, 49(1): 35-45.
Francher, J.S., & Henkin, J
1973 The Menopausal Queen: Adjustment to Aging and the Male Homosexual. American Journal of Orthopsychiatry, 43, 670-674.
Jones, J., & Pugh, S.
2005 Ageing Gay Men: Lessons from the Sociology of Embodiment. Men and Masculinities, 7(3): 248-260.
Kertzner
2001 The Adult Life Course and Homosexual Identity in Midlife Gay Men. Annual Review of Sex Research, 12, 75-92.
McCabe, K. & Barnett, D.
2000 First Comes Work, Then Comes Marriage: Future Orientation among African-American Young Adolescents. Family Relations, 49(1): 63-70.
Metlife Mature Market Institute
2006 November Out and Aging: the MetLife Study of Lesbian and Gay Baby Boomers. Westport, CT: Metlife Mature Market Institute.
Mitsch, A., Hu, X., Harrison, K.M., Durant, T.
2008 Trends in HIV/AIDS diagnoses among men who have sex with men -- 33 states, 2001-2006. Morbidity & Mortality Weekly Report, 57:681-686.
Peacock, B., Eyre, S.L., Crouse-Quinn, S., & Kegeles, S.
2001 Delineating differences: Sub-communities in the San Francisco gay community. Culture, Health, & Sexuality, 3(2): 183-201.
Raley, A.B., & Lucas, J.L.
2006 Stereotype or Success? Prime-time Television's Portrayals of Gay Male, Lesbian, and Bisexual Characters. Journal of Homosexuality, 51(2): 19-37.
Wierzalis, E.A., Barret, B., Pope, M., & Rankins, M.
2006 Gay men and aging: Sex and intimacy. In D.C. Kimmel, T. Rose & S. David [Eds.], Lesbian, Gay, Bisexual, and Transgender Aging: Research and Clinical Perspectives: 91-109. New York, NY: Columbia University Press.

Abel, Emily & Subramanian, Saskia. *After the Cure: The Untold Stories of Breast Cancer Survivors*. New York University Press. 2008. ISBN 13: 978-0-814-0725-8. 183 Pages $22.95 (Hardcover)

After the Cure: The Untold Stories of Breast Cancer Survivors is a collection of post cancer ethnographies of women who are breast cancer survivors. The book details the physical and emotional side effects of contemporary breast cancer treatment (surgery, radiation and chemotherapy). Central to these ethnographies is a chronicle of the lack of recognition by the biomedical community of post cancer treatment side effects. Abel and Subramanian make clear that there is an urgent need for post operative and post chemotherapy aftercare therapies for women otherwise "cured" of breast cancer. The book draws from a study of thirty-six African American and thirty-eight white women, both young and middle aged, who were interviewed from one to three hours (Abel and Subramanian 3). The stories reveal how unexpectedly life altering cancer treatments as well as the post treatment side effects (lymphedema, loss of short-term and long-term memory, other cognitive dysfunctions, and debilitating fatigue) can be, even after cancer recedes (Abel and Subramanian 33-34).

The authors are succinct in answering a difficult question: how can medical practitioners who treat hundreds of breast cancer patients annually fail to recognize a pattern in recurring post treatment complaints? The authors write, "Readers may wonder why symptoms with such profound implications for survivors' lives may lie in the way drugs are tested" (Abel and Subramanian 5). They suggest that this is, in part, motivated by pharmaceutical companies who wish to get Food and Drug Administration (FDA) approval for drugs must first prove these drugs are both safe and effective. Clinical trials of chemotherapeutic agents tend to focus on survival rates rather than side effects (Abel and Subramanian 5). The book was written from a critical perspective, but also one that reflects the personal life trajectories of its authors. Six months after breast cancer surgery, chemotherapy, and radiation in 1993, Abel experienced severe side effects from the treatments. When she shared her problems with other survivors, several expressed their own difficulties. When Abel, a historian of medicine and public health, met Subramanian, a medical sociologist and a women's studies scholar whose own mother had died of breast cancer, they began to converse about breast cancer, its treatments and side effects. Ultimately, Abel suggested they collaborate on a study to examine how women who have completed breast cancer chemotherapy and radiation cope with ongoing problems doctors failed to take seriously (Abel and Subramanian 2). Many of the women they talk to were never told of the possibility of chronic, life altering side effects – a problem that seemed unreal in the face of the medical community's obsession with informed consent.

The authors faced the challenge of epidemiologically describing the problem while simultaneously "legitimizing" individual women's complaints of side effects. The study, however, became unwieldy. The authors write, "even if a study identified a population, how could we know whether it was caused by the cancer in a particular case?" (Abel and Subramanian 3). Their attention turned towards the women's stories themselves. Abel and Subramanian are effective in conveying the suffering felt by individual women, however one weakness of the book is its lack of focus on the important role of the nursing profession in aftercare. For example, when one of the women in the study is given information from a doctor about lymphedema, the patient says, "he told me well you got to soak it [the arm] in warm water." The patient continues, "I stopped by to chat with the nurse, and thank goodness, she was there. Hearing the doctor's recommendation, the nurse exclaimed no, no, no!" (Abel and Subramanian 58). Given the centrality of the nursing role in the context of cancer aftercare, it seems something that needs even further careful analytical consideration. The authors do point out the gendered aspects of care, and why it is important to think in–depth about how this dynamic matters in understanding this particular healthcare context.

Race and gender seem to be two (sometimes competing) axes in the book. Given this, sometimes the ethnographies in the book could benefit from longer engagement, and more in depth analyses. One story that stood out was a conversation with Ida Jaffe, a fifty-eight year old African American woman, who stated, "she did not know that black women got cancer." The statement by Jaffe shows how difficult it is to reconcile morbidity rates in African American women with the realities of being diagnosed with breast cancer. It did seem odd, however, with the detail (both physical and social) the authors offered to describe white women (eye color, dress, affect, etc.) and the lack of the same detail when describing African American women.

With these critiques in mind, it is important to point out that Abel and Subramanian have taken on an ambitious and important topic, and do so in a highly thoughtful manner. A few chapters that stand out as the most thought provoking are "Like Talking to a Wall" and "Narrowed Lives." Both chapters demonstrate the long haul that breast cancer treatment really is. In these chapters, the authors stress the need for repositioning the idea of a former cancer-free self with a new notion of the cancer survivor – a process that can be as grueling as the cancer therapies themselves. In *After the Cure: The Untold Stories of Breast Cancer Survivors*, Abel and Subramanian show us not only that breast cancer patients are surviving, but also what survival looks like far from public view. For those interested in anthropology and aging, the topic of how women deal with breast cancer and its side effects over time is highly relevant. As more women live longer and experience breast cancer and aging post breast cancer, this book has much new information to offer on that critical topic.

Mary Hollens
Development Administrator, School of Law
Anthropology Student
Wayne State University

Book Reviews

Dagg Innis, Anne. *The Social Behavior of Older Animals*. The John Hopkins University Press. 2009. ISBN 13:978-0-8018-9050-5, 240 Pages, $35 (Hardcover).

The Social Behavior of Older Animals, by Anne Innis Dagg, addresses the various effects of aging on older animals that live within social groups. Focusing on large mammals and birds, the book discusses the differing roles that older animals can play within their social groups. It considers how the remaining presence of these animals, after the age of reproduction, is probably due to their contribution to the survival of their species. Dagg makes the argument that older animals are, for some species, imperative to their survival, and for others they still play a significant role in their social groups. Dagg briefly mentions the difficulty in finding supportive information on older animals, attributing this to older animals being overlooked in past research studies. She also points out that older animals in the wild, either on land or in the water, were often poached or hunted out of existence. However, the older animals that do exist in the wild are considered to be "winners, because most of their peers have long since died" (Dagg 2009, 11). Dagg supports this statement with several reasons such as, genetic inheritance in terms of reproductive success and behavior within the social group, and a lifetime of knowledge about the environment they live in.

Other reasons that older animals may remain in a social group, when they have passed the age of reproduction and the purposes served are further explained. For example, Dagg discusses several ways that older animals participate in the success and survival of their species which include being leaders and teachers in behavior. They may act in important ways such as calming a group down, and serve as a source of past knowledge therefore deciding where to best find resources. Interestingly, these points may seem quite familiar to those who are aware of the gerontological literature that has advanced similar ideas about the roles of older humans specifically. Dagg addresses the stages of older life looking at changes in reproductive success, social interactions, aggression and behavior, and death and dying. The arguments Dagg made for the role of older animals, certainly offer a possible explanation for their remaining in their social group long after reproductive age. In short, much documentation is offered throughout to show how older adults play an important role in the continuation of their species through their usefulness as leaders, owners of important knowledge and life lessons, and by lending a "helping hand" in their social groups.

Throughout this book, the examples given for older animals in social groups are very enlightening and it is hard to understand how we have truly overlooked such an important aspect of animal behavior. The many interesting and revealing stories of the complex nature of animals and also the similarities that we humans share with them are truly eye-opening. With so many other species on this planet, it is important to see the similarities that we have as a reminder that we are not all knowing about animals, and that they are, just as humans are, very diverse and complex. This book fits into the study of gerontology by covering important changes in older animals socially, physically, and mentally – as well as contemplating the roles they play in their social groups.

Georgia Richardson-Melody, M.A.
Student
Department of Anthropology
Wayne State University

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 (February, May, August, November) 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.

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*.

*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. Endnotes are permitted but should be used sparingly and with justification. *Articles* should not exceed 6,500 words, including all materials.

Manuscript Submission All submissions should be submitted via e-mail to the Editor, Kim Jones, at kjones14@elon.edu. Unsolicited Book Reviews are currently not accepted. If you are interested in authoring a book review please contact the Book Reviews Editor, Dr. Sherylyn Briller, at the Department of Anthropology, Wayne State University, Detroit, MI, 48202. All manuscripts should use the citation style outlined by the American Anthropological Association, available online at: http://www.aaanet.org/pubs/style_guide.pdf

Evaluation Manuscripts will be evaluated by the Editor and a combination of Editorial Board members and peer referees. Every effort will be made to expedite the review process, but authors should anticipate a waiting time of two to four months.

Submission deadlines

For August 2010, Issue 31(3): June 15, 2010
For November 2010, Issue 31(4): September 15, 2010
For February 2011, Issue 32(1): December 15, 2010
For May 2011, Issue 32(2): March 15, 2011