

Book Reviews

Coughlin, J. & D'Ambrosio, L.,
Eds. *Aging America and
Transportation: Personal
Choices and Public Policy*. New
York: Springer. 2012. ISBN-
10: 0826123155. 288pp. \$65
(Hardcover)

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

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

To illustrate the implications, Chapter 4 by Sandra Rosenbloom provides a helpful discussion on land-use, urban design, and projections for residential patterns. The picture that is painted includes the increase of "aging-in-place" trends, where people will demand to "age in place" at home- whether that

be in urban, rural, or suburban areas- instead of in specialized care facilities. However, Rosenbloom argues that policy changes in urban housing and pedestrian planning could lead the way in reversing these trends.

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

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

Section 3 moves us beyond the material players of infrastructure and

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

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

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

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

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

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

All of the chapter contributions in the book are well researched and thorough, offering generous statistics, examples, and proposals for improvements for future implementation. Although I find this book to be an excellent resource, it was not quite the launch pad for a creative conversation about the future of mobility as I had hoped. The writing is bold yet the projections are still conservative and I feel presents a bit of a one-dimensional picture of the future. The authors consider current technology but do not do a great job

of projecting future developments in technology that will provide even more profound changes to our landscape and how we move through space. As a designer, I feel that this volume could use a little bit more futurism in its attempt to visualize and move forward design options nowadays.

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

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

The book sets the stage by dispelling misunderstandings that universal design is a concept that is special to people with disabilities (and the guidelines and codes of the People with Disabilities Act) and that universal design is more costly and of a low aesthetic quality. This introduction is

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

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

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

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

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

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

In Chapters Five and Six, Sanford carries us through the areas of the home,

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

Sanford provides a similar analysis of the workplace, arguing further for the social benefits to be had when a workplace is designed for diversity and integration over exclusion. This chapter provides further suggestions not only for design strategies for architecture but also for computing, communicating, and comfort during a variety of work-related activities. Sanford concludes Part Two of the book with a discussion on policies and the current model of the U.S. healthcare system as the key barriers to widespread and effective implementation of universal design strategies. Ultimately, Sanford concludes that a greater deal of power

is in the hands of the consumer/user. He believes that a greater awareness of universal design strategies and benefits will help bring about positive change in our built environments and our increased capacity to navigate healthily and happily through our lives.

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

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

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

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

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

Goldsmith uses fictional characters as examples to show how baby boomers are different from past generations, and highlight intragroup variation among the baby boomers too. And while the situations he describes are somewhat predictable, they do prove his point that a single solution to the baby boomers’ aging issues may also be fiction. Acknowledging that there is not one simple solution to Medicare, Social Security, and other such programs, is key to finding more innovative ways to solve some of the problems that are facing the baby boomers and American society.

Goldsmith’s argument that the future is bright and baby boomers will continue to contribute in meaningful and relevant ways is the core of the book. He discusses each topic in detail explaining the positive impact they can continue to have on American culture. In short, the book

“explores the baby boomers’ current state: their lives, health, and wealth and how they differ from the generations of older American that preceded them (Goldsmith 2008: xv).

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

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

Goldsmith also discusses a common perception in American society that– that the baby boomers are a “social burden.” His argument is that as the baby boomers work longer, and stay healthier than their parents their aging will be less of a burden. To illustrate, Goldsmith would

like to see a way for people who are still working after they turn 65 to defer enrollment in Medicare and allow their employer to continue coverage on them, which would create less of an impact on the system and less of a burden on the program (Goldsmith 2008: 126).

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

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

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

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

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

In this book, Manderson uses case studies to explore "catastrophes of the body". In particular she seeks to

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

In chapter one, Manderson draws on the theoretical work of scholars from multiple disciplines who have written extensively about the body. She uses these ideas to understand the complex processes that individuals undergo as "they seek to make sense of the necessary, yet often undesirable embodied changes" (Manderson 2011: 24). She begins with a discussion of Descartes, in particular his views on the distinction of the body and mind. Further, Manderson draws on the work of Leder, Canguilhem, and Striker for understanding ideas about identity and what are often

categorized as bodily abnormalities. As part of this discussion, it is noted that throughout much of our lives we pay very little attention to our bodies. However, as we experience bodily changes resulting from illness or accident, we are confronted with the physiological challenges as well as the socially and culturally constructed views of the body. Importantly, Manderson describes her rationale for including the conditions/experiences discussed in subsequent chapters. This rationale involves choosing cases where there "appeared to be surface tension for individuals, usually above the surface, although in the case of transplants, the discordance is largely below the surface" (p. 46). Lastly, she provides an explanation of the ethnographic methods used to collect data on functional loss, living with a stoma, what it means to be feminine after breast cancer, and organ transplantation.

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

of more controversial areas such as radical transplantations (e.g., face, hand) as well as cloning. One of the most significant points articulated in this chapter is the notion that as we age we are more likely to fall into the category of cyborg (e.g., hip, knee, and other joint replacement, pacemakers, adaptive equipment/technology, etc.) and yet the cultural representations of the cyborg are young, beautiful, stronger, faster, and smarter. For example, consider here many of the cultural examples are taken from popular television shows and films including but not limited to the Bionic Woman, the Six Million Dollar Man, and the Terminator. While Manderson does not address it, it may be inferred that these representations of the young super-able cyborg is possibly due to ageism. Importantly, Manderson acknowledges that universal access to such “high tech” medical techniques and adaptive equipment does not exist. Noted barriers include health care infrastructures and resources to pay. In chapter three Manderson explores how people cope with loss, whether it be loss due to amputation, stroke, or traumatic injury. Throughout the discussion, Manderson provides insightful commentary on many of the challenges that individuals face as they rehabilitate themselves in their everyday lives. As part of this process, individuals need to both learn to care for the “sites of trauma” as well as reinvent their ways of being and doing. A challenge to this effort is dealing with the cultural and social expectations which often involve inclusion/exclusion and stigma/acceptance. A significant amount of this chapter’s discussion is related to the construct of masculinity and how it is impacted by amputation and other forms of loss. Manderson describes how men experiencing loss use sports to “use their bodies as

vehicles of agency and control.” She describes similar concerns among women regarding femininity and their efforts to restore feeling feminine in chapter five as she explores life post-mastectomy.

Manderson begins chapter four, “Body Basics: Living with a Stoma” with data documenting the numbers of individuals dealing with issues of incontinence, bladder and colorectal cancer both in the United States and Australia. Importantly, she notes that often individuals do not seek medical care until their symptoms are severe and their medical condition is advanced. Many of the stories in this chapter illustrate the challenges one experiences when his/her body is permanently altered by the need for a stoma. Manderson acknowledges that stoma surgery never results in uncomplicated medical histories; therefore there are many factors that come into play as individuals seek to understand “the stoma in relation to their sense of self and being in the world” (Manderson 2011: 148). Manderson revisits the point that when no physiological symptoms are present, we go through our daily lives with little if any thought to our internal bodily processes. However, bodily change as significant as the need for a stoma brings these bodily processes to the center requiring new ways of doing (e.g. toileting and care of stoma site) as well as managing the cultural perceptions about adult hygiene and intimacy. Chapter five explores what Manderson refers to as “the feminine in question.” This chapter addresses the importance of breasts in how women identify as “being women” as well as “being feminine”. All of the women interviewed for this chapter, except one, reported not feeling “normal” after their mastectomy. Moreover, they described feeling incomplete or no longer the woman they were

prior to the surgery. Throughout the discussion Manderson focuses on the “meaning of the presence or absence of breasts” (Manderson 2011: 184). She notes the contrast in male/female experiences of loss especially as women tend to tie notions of self-worth to both their perception of appearance and others perceptions of appearance. She addresses the aspects of embodiment that women have difficulty adapting to (e.g., scarring, lack of symmetry). To overcome these negative feelings many women chose reconstructive surgery to restore them to what they perceived as their “normal” selves.

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

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

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