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Imagining Possibilities: A Conversation with Dr. Aaron T. Seaman, President of AAGE

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“[What] really excites me about anthropology... is it opens the imagination. It broadens the landscape of what could be.” One cannot help but be energized by Dr. Aaron T. Seaman’s optimistic view of anthropology. I took to Zoom in August 2021 to interview Dr. Seaman, the current president of AAGE. The theme of imagination—and anthropology as a tool to expand the possible—permeated our discussion of his career, research, and vision for AAGE and the anthropology of aging.

Dr. Seaman is the Assistant Professor of Internal Medicine, with a secondary appointment in the College of Public Health’s Department of Community and Behavioral Health, at the University of Iowa. He is a medical anthropologist with expertise in dementia, caregiving, implementation science, and cancer survivorship. Dr. Seaman holds an M.A. in Communication from the University of Illinois at Urbana-Champaign and a Ph.D. in Comparative Human Development from the University of Chicago.

It is a commitment to imagining possibilities, in part, that unites Dr. Seaman’s diverse research interests. For example, his doctoral dissertation research examined shifting relationality among family caregivers and individuals diagnosed with Alzheimer’s disease. He undertook this project at a time when families living with Alzheimer’s disease were increasingly medicalized. Consequently, many scholars assumed that biomedical frameworks would obscure other possibilities for relationality. However, Dr. Seaman found that caregivers drew on biomedical and family models to make sense of their new interdependent relationships. For instance, caregivers often conceptualized spouses with Alzheimer’s disease as child-like. Dr. Seaman reasoned: “Our language for thinking about dependency is pretty anemic. So, the fact that somebody would move from a spousal dependency to a parent-child dependency only makes sense because we have so few other ways to conceptualize it.” He went on to explain that—while the infantilization of individuals with Alzheimer’s disease had been widely criticized, and often rightly so—the reconceptualization of dependence in this way allowed families to cultivate intimacy and tenderness. Indeed, this blending of critique and openness is representative of the type of scholar Dr. Seaman aspires to be: “My favorite anthropology doesn’t stop with criticism. But offers that broadening... It broadens that imaginary in ways that let you come out of it feeling possible.”

Dr. Seaman also brings this approach to his current work on cancer survivorship. He seeks to assess how care is provided to survivors of head and neck cancer and how that provision—and patients’ and providers’ experience of it—is shaped by the broader context of health care delivery, discourses of cancer, and understandings of survivorship. Head and neck cancer is compelling to Dr. Seaman because it often requires invasive multimodal treatment, leading to long-term physical, psychological, social, and financial consequences that are quite different from those of more common cancers (e.g., breast, colorectal, prostate); these factors drive understandings of what survivorship care is, as well as its policy and practices. To this end, he has completed a multi-sited, mixed-method study which aimed to identify barriers to and facilitators of effective head and neck cancer survivorship care practices. In

addition, he is currently working to identify those who discontinue their survivorship care in order to understand why and what their care needs, if any, still are. This work helps us rethink what cancer survivorship might look like while engaging the complexities of putting new care guidelines into practice.

In the future, Dr. Seaman plans to grapple with the challenge of applying anthropological tools outside of anthropology, including his own work in clinical and team science settings. The challenge, for Dr. Seaman, is two-fold. The initial challenge concerns how to incorporate ethnographic methods across diverse disciplinary settings, where funding mechanisms, methods, writing styles, and requirements for promotion vary. Dr. Seaman wondered, “How do we keep that looking like ethnography?” The second challenge—and the most intriguing to Dr. Seaman—concerns incorporating an anthropological orientation to research beyond a particular method. He asked, “What does it mean to be a person who thinks like an anthropologist in this space [where colleagues tend to think clinically and epidemiologically]? What does it add?” Dr. Seaman considers anthropologists to be experts in “messiness,” who by virtue of anthropology’s nuanced and holistic approach are well-suited to understanding the “messiness of encountering real people” outside of the more tightly controlled environments where health care interventions often are developed.

The challenge of applying anthropological tools outside of anthropology may spark new possibilities for anthropologists as well. Noting the common assumption that anthropology happens alone, Dr. Seaman argues that working in teams has many advantages. He described his decision to pursue team science after completing his doctoral dissertation: “I like thinking across groups of people. Other people make me a better thinker, and I think I make them a better thinker.” Dr. Seaman enjoys collaboration at every step of the research process—from research design to data collection and analysis. Ultimately, he feels collaboration makes his research stronger.

Dr. Seaman brings this collaborative spirit to AAGE. As president, he envisions a more inclusive and interconnected future for our organization. This entails being globally-minded as he builds on his predecessors’ efforts to facilitate dialogue among international scholars through the AAGE website, social media, and virtual conferences. Dr. Seaman also hopes to “encourage scholarship from non-traditional sources,” particularly those who have expertise but are not necessarily academically trained. He is enthusiastic about *Anthropology and Aging* being open-access and about the editorial team’s efforts to “increase the reach... and lower the barriers to submission to the journal.” Dr. Seaman elaborated that increasing the journal’s reach goes beyond offering more seats at the table; it is about finding new tables where the journal and its readership might take a seat, learn, and partake in conversation.

Ironically, the COVID-19 pandemic and related constraints on socializing, for Dr. Seaman, revealed untapped potential for connection among AAGE members. The shift to virtual engagement—including the 2020 slow conference and the new AAGE Book and Movie club—motivates Dr. Seaman to reimagine the possibilities for connection. “I think it’s made us more aware that we have the potential to be a group in conversation all the time and not just at the moment when a journal issue comes out or when a conference is occurring... These conversations can be continued among us.” The small size of AAGE is particularly advantageous in that it’s possible to have organization-wide conversations: “We have this kind of cool opportunity to engage every one of our members,” Dr. Seaman noted.

The future is bright not only for AAGE, but also for the anthropology of aging. Dr. Seaman anticipates two exciting research directions in our field. The first concerns theorizing age as an analytic. Inspired by the “Aged-Subjectivities: Making and Unmaking Personhood Across the Life Course” roundtable

organized by Elise Berman and Jason Danely at the 2017 meeting of the American Anthropological Association, Dr. Seaman explained:

One of the things that I think needs to happen to push things forward is to bring aging and age out of marginalized ends of the life course. If we think about aging as part of the human condition—or part of how we understand and interpret the human condition—then it is something that is happening all the time, so I would love to see it discussed more as a piece of what is happening all the time.

The second research direction concerns moving beyond medical anthropology approaches to think more broadly about aging:

I think aging happens in a lot of ways that have nothing to do with medicine, health, or illness... I'm interested in what we think about aging when we're not thinking about people who are sick... What does a good life mean as you age and move across these circumstances? And that can have nothing to do with health.

Of course, as a medical anthropologist himself, Dr. Seaman acknowledges that health and disease are salient to older adults' aging experiences; but he is concerned that the focus on medical anthropology may inadvertently limit the types of questions we ask and the types of answers we are open to finding. He looks forward to what a broader approach might reveal about aging.

For students interested in anthropology and gerontology, Dr. Seaman suggests that they consider what really excites and drives them. It may be an intellectual puzzle, a commitment to improving the lives of older adults, or teaching. For Dr. Seaman, it was the belief that "the most interesting things happen between people." This belief has not only guided the topics of his research but informed his decision to pursue a career in team science settings. Dr. Seaman also highlights the importance of students expanding their professional networks through organizations like AAGE. These organizations provide support and expose students to the range of career options available to them.

Although the job market is competitive, Dr. Seaman is hopeful about students' prospects:

People are continuing to age and there are continued needs and questions out there, so I think there is great opportunity for thinking meaningfully about what it means to grow older and about how to... broaden the imaginaries around that. So, I definitely think there's exciting work to be done.

Anthropology—as a tool to expand the possible—will continue to be vital. Students, like myself, would do well to follow Dr. Seaman's example by engaging the anthropology of aging with optimism, openness, and imagination.

About the Author

Brooke is a Ph.D. candidate in the Department of Anthropology at Case Western Reserve University, specializing in the study of aging and migration. Her dissertation research examines how im/mobility regimes—or power structures enabling, promoting, and restricting migration—relate to older Puerto Rican adults' conceptualizations, pursuits, and experiences of "good" lives in old age. Brooke's previous work broadly examines inequality throughout the life course. She has published on intergenerational relationships, child well-being, and child maltreatment.