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Center for Applied Social Research, University of Oklahoma, 2 Partners Place, 3100 Monitor Avenue, room 100, Norman, Oklahoma 73072
E-mail: lori.jervis@ou.edu

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Department of Anthropology, 3054 Faculty/Administration Building, 656 Reuther Mall, Wayne State University, Detroit, MI 48202
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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 Jason Danely, Ph.D.

Department of Anthropology, Rhode Island College, 600 Mt Pleasant Ave., Gaige 111, Providence, RI 02909
E-mail: Jason.danely@gmail.com

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President's Message

Lori L. Jervis, Ph.D.
Department of Anthropology and Center for Applied Social Research
University of Oklahoma

Greetings, AAGers!

AAGE met twice this fall as usual, at the American Anthropological Association Meeting in Montreal, Quebec on November 19th, as well as at the Gerontological Society of America Meeting in Boston on November 20th, 2011. It is interesting serving an organization whose membership is divided (or torn?) between these two national organizations, whose annual meetings nearly always occur at the same time. If only we could be in two places at once!

Samantha Solimeo, a long-time AAGE member, was voted President-Elect of the AAGE. She will assume the Presidency in Fall 2012. Congrats, Samantha!

Our website continues to serve us well. Thanks to Robert Schrauf for keeping it going! Jason Danely has made a number of improvements that have improved the website's aesthetic appeal. Speaking of technology, did you know that AAGE has an Anthropology and Gerontology Facebook page? Examples of recent postings: An article on the economic wellbeing among older Americans, a video on LGBT elders, and a posting on the AAA Aging and the Life Course Interest Group. This is another way for us to communicate with each other and share mutually beneficial information. Please join in, if you haven't done so already.

To keep doing what we are doing—and to do more for our members—takes funds. Getting those expired memberships renewed is a high priority for AAGE. If your membership has expired (or if this applies to someone you know), please renew. It only takes a few minutes at https://aage.clubexpress.com/content.aspx?page_id=0&club_id=497336. While you are at it, please update your profile in the membership directory.

As for the future, we are thinking ahead to the next annual AAGE conference. If you think you might be interested in hosting the next annual AAGE conference or would like more information, please contact me at lori.jervis@ou.edu.

Until next time!

From the Editor

Jason Danely
Rhode Island College

The continued rise of interest in anthropological perspectives on aging and the life course presents incredible opportunities for the future of AAQ. As editor, I realize both the potential and the challenge of staying at the center of new research and scholarly activities, which, like other fields, is increasingly global, digital and interdisciplinary. In consideration of these factors, I have planted a few seeds of change for this year's AAQ that I invite all of us to watch over as they spring up. These include:

- New designs and accessibility options, including greater fluidity with the AAGE website
- Diversification of submission categories to include new media, pedagogy, interviews and dialogues
- Expansion of the editorial board to accommodate more and diverse submissions
- More issues dedicated to special topics in aging and anthropology
- Public, searchable online access to selected content through our website
- Increased graphics content, especially photographs of AAGE members

These changes will be gradually phased in over the next two years. In the meantime, AAQ will continue to bring members regular content, such as commentaries and reviews; field, research and conference reports; and carefully reviewed articles from both junior and senior scholars around the world. The current issue contains some great examples of this, with a detailed report on aging in Native American communities and two timely book reviews. I will also be introducing new members of the AAQ editorial board beginning with this issue, and encourage everyone to continue submitting content for them to look at. Looking forward to an exciting 2012 at AAQ!

New Publications in Anthropological Gerontology

Maria G. Cattell

It's snowing as I write this. But I know that under the snow, snowdrops and aconites are a-bloom. And if you've been hiding your latest publications under some bushel, please let me know about them—things I've missed, book chapters, articles in specialized journals, whatever: mgcattell@aol.com.

ABBREVIATIONS: AI=Ageing Inter-national; A&S=Ageing & Society; EJA=European J.Aging; Geront.=The Gerontologist; JAH=J.Aging & Health; JAHA=J.Aging, Humanities & the Arts; JCCG=J. Cross-Cultural Gerontology; JG=J. Gerontology (P=Psychological; S=Social); JPA=J.Population Aging; QHR=Qualitative Health Research.

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

About a former member, by himself:

***von Mering, Otto** 2008 *Anthropology on the margin: Changing an academic career into a professional calling.* In *The Tao of Anthropology*, ed. A.J. Kelso. Pp. 201-225. Gainesville: University Press of Florida.

(I have fond memories of Otto, who died in December 2010.)

Aging

Behuniak, S.M. 2011 The living dead? The construction of people with Alzheimer's disease as zombies. *A&S* 31(1):70-92.

Cohen, P. 2012 *In our prime: The invention of middle age.* NY: Scribner.

Fingerman, K.L., C.A. Berg, J. Smith, T. Antonucci, eds. 2011 *Handbook of lifespan development.* NY: Springer.

Friedman, H.S. & L.R. Martin 2011 *The longevity project: Surprising discoveries for health and long life from the landmark eight-decade study.* NY: Hudson Street Press.

Friedman, M. 2011 *The big shift: Navigating the new stage beyond midlife.* NY: Public Affairs.

Fry, P.S. & C.L.M. Keyes, eds. 2010 *New frontiers in resilient aging: Life strengths and well-being in late life.* NY: Cambridge UP.

Gullette, M.M. 2011 *Agewise: Fighting the new ageism in America.* U Chicago Press.

Kirkwood, T. 2010 Why can't we live forever? *Scientific American* 303(3):42.

Liechty, T. & C.M. Yarnal 2010 Older women's body image: A lifecourse perspective. *A&S* 30(7):1197-1218.

Margolies, L. 2010 The anthropologist as caregiving daughter: Lessons from the world of the frail elderly. *JAHA* 4(2):119-132.

McFadden, S.H. & J.T. McFadden 2011 *Aging together: Dementia, friendship, and flourishing communities.* Baltimore: Johns Hopkins UP.

Piachaud, D., J. Macnicol, J. Lewis 2009 *Just ageing? Fairness, equality and the life course: A think piece on intergenerational equality.* London: Centre for the Analysis of Social Exclusion.

Portacolone, E. 2011 The myth of independence for older Americans living alone in the Bay Area of San Francisco: A critical reflection. *A&S* 31(5):803-828.

Powell, D.H. 2011 *The aging intellect.* NY: Brunner-Routledge.

Sanjek, R. 2010 Sustaining a social movement: Gray Panther ideal and tactics. *JAH* 4(2):133-144.

Scheibe, S. & L.L. Carstensen 2010 Emotional aging: Recent findings and future trends. *JG/PS* 65B(2):135-144.

Settersten, R.A. Jr. & J.L. Angel, eds. 2011 *Handbook of*

Congratulations to

***Caitrin Lynch** for her new book due out in 2012 *Retirement on the line: Age, work, and value in an American factory.* from LR Press/Cornell University Press!

New Publications in Anthropological Gerontology

sociology of aging. NY: Springer.

Biogerontology

Biogerontology 12(1): Special issue on "Biogerontological Research in Europe."

Caregiving

Guberman, N., J-P. Lavoie, I. Olazabal 2011 Baby-boomers and the 'denaturalisation' of caregiving in Quebec. A&S 31(7):1141-1158.

Joo, J.H., M. Witthink, B. Dahlberg 2011 Chared conceptualizations and divergent experiences of counseling among Africa American and White older adults. QHR 21(8):1065-1074.

Shura, R., R.A. Siders, D. Dannefer 2011 Culture change in long-term care: Participatory action research and the role of the resident. Geront. 51(2):212-225.

Talley, R.C., K. Chwalisz, K.C. Buckwalter, eds. 2011 Rural caregiving in the United States. NY: Springer.

Comparative Perspectives: Cross-Cultural & Cross-National

Albuquerque, P.C. 2011 Grandparents in multigenerational households: The case of Portugal. EJA 8(3):189-198.

Buse, C.E. 2010 E-scaping the ageing body? Computer technologies and embodiment in later life [UK]. A&S 30(6):987-1009.

Chen, S. & J.L. Powell, eds. 2012 Aging in China. NY: Springer.

Childs, G., M. Goldstein, P. Wangdui 2011 Externally resident daughters, social capital, and support for the elderly in rural Tibet. JCCG 26(1):1-22.

Choi, Y. & J.W. Kim 2010 Contrasting approaches to old-age income protection in Korea and Taiwan. A&S 30(7):1135-1152.

Chou, R.J-A. 2011 Filial piety by contract? The emergence, implementation, and implications of the "Family Support Agreement" in China. Geront. 51(1):3-16.

Chu, H. et al. 2011 The effects of a support group on dementia caregivers' burden and depression. JAH 23(2):228-241.

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Cliggett, L. 2010 Aging, agency, and Gwembe Tonga getting by. JAHA 4(2):98-109.

Daatland, S.O., K. Herlofson, I.A. Lima 2011 Balancing generations: On the strength and character of family norms in the West and East of Europe. A&S 31(7):1159-1179.

Deindl, C. & M. Brandt 2011 Financial support and practical help between older parents and their middle-aged children in Europe. A&S 31(4):645-662.

Ghazi-Tabatabaei, M. & Z. Karimi 2011 Socio-demographic, economic and structural correlates of intergenerational support of the elderly in Iran. AI 36(4):428-444.

Giles, J., D. Wang, C. Zhao 2010 Can China's rural elderly count on support from adult children? Implications of rural-to-urban migration. JPA 3(3/4):183-204.

Higgs, P. & C. Gilleard 2010 Generational conflict, consumption and the ageing welfare state in the United Kingdom. A&S 30(8): 1439-1451.

Hung, L-W., G.I.J.M. Kempen, N.K. de Vries 2010 Cross-cultural comparison between academic and lay views of healthy ageing: A literature review. A&S 30(8): 1373-1391.

Izuhara, M., ed. 2010 Ageing and intergenerational relations: Family reciprocity from a global perspective. Bristol UK: Policy Press.

JPA 3(3/4) 2010: Special issue on "Ageing, health, and well-being in China."

Karinek, K., Z. Zimmer, D. Gu 2011 Transitions in marital status and functional health and patterns of intergenerational coresidence among China's elderly population. JG/SS 66B(2):260-270.

Kawano, S. 2010 Nature's embrace: Japan's aging urbanites and new death rites. Honolulu: U Hawaii P.

Khadr, Z. 2011 Differences in levels of social integration among older women and men in Egypt. JCCG 26(2):137-156.

Kim, E.H-W. & P.J. Cook 2011 The continuing importance of children in relieving elder poverty: Evidence from Korea. A&S 31(6):953-976.

New Publications in Anthropological Gerontology

Kodzi, I.A., S.O. Gyimah, J.B. Emina, A.C. Ezeh 2011 Understanding ageing in sub-Saharan Africa: Exploring the contributions of religious and secular involvement to life satisfaction [Kenya]. *A&S* 31(3):455-474.

***Lamb, Sarah** 2010 Rethinking the generation gap: Age and agency in middle-class Kolkata. *JAHA* 4(2):83-97.

Lawrence, V. et al. 2011 Threat to valued elements of life: The experiences of dementia across three ethnic groups [UK]. *Geront.* 51(1):39-50.

Li, B. & S. Chen 2011 Aging living arrangements and housing in China. *AI* 36(4): 463-474.

Li, Y. & I. Chi 2011 Correlates of physician visits among older adults in China. *JAH* 23(6):933-953.

Lundgren, A.S. & K. Ljuslinder 2011 Problematic demography: Representations of population ageing in the Swedish daily press. *JPA* 4(3):165-183.

Matsumoto, Y., ed. 2011 *Faces of aging: The lived experiences of the elderly in Japan*. Stanford UP.

McLaughlin, D., J. Adams, D. Vagenas, A. Dobson 2011 Factors which enhance or inhibit social support: A mixed-methods analysis of social networks in older women [Australia]. *A&S* 31(1):18-33.

Ng, K-H. 2011 Review essay: Prospects for old-age income security in Hong Kong and Singapore. *JPA* 4(4):271-293.

Nimrod, G. 2011 The fun culture in seniors' online communities [Israel]. *Geront.* 51(2): 226-237.

Nyanzi, S. 2011 Ambivalence surrounding elderly widows' sexuality in urban Uganda. *AI* 36(3):378-400.

Ogunmefun, C., L. Gilbert, E. Schatz 2011 Older female caregivers and HIV/AIDS-related secondary stigma in rural South Africa. *JCCG* 26(1):85-102.

Oliver, C. 2010 Between time not there and time not theirs: Temporality in return migration to Spain. *JAHA* 4(2):110-118.

Österlind, J. et al. 2011 A discourse of silence: Professional carers reasoning about death and dying in nursing homes [Sweden]. *A&S* 31(4):529-544.

Oswald, F., D. Jopp, C. Rott, H-Wahl 2011 Is aging in place

a resource for a risk to life satisfaction? [Germany] *Geront.* 51(2):238-250.

Porter, M. 2010 Health, longevity, and the role of the family in China. *JPA* 3(3/4):103-109.

Sabzwari, S.R. & G. Azhar 2011 Ageing in Pakistan—A new challenge. *AI* 36(4):423-427.

Shah, N., H.E. Badr, K. Yount, M.A. Shah 2011 Decline in co-residence of parents and children among older Kuwaiti men and women: What are the significant correlates? *JCCG* 26(2):157-174.

***Shea, Jeanne L.** 2011 Older women, marital relationships, and sexuality in China. *AI* 36(3):361-377.

Social Indicators Research 105(2) 2012 Special issue on "Comparing the well-being of older Europeans."

Tohme, R.A. et al. 2011 Socio-economic resources and living arrangements of older adults in Lebanon: Who chooses to live alone? *A&S* 31(1):1-17.

Ward, R. & C. Holland 2011 'If I look old, I will be treated old': Hair and later-life image dilemmas [UK]. *A&S* 31(2):288-307.

Westius, A., K. Kallenberg, A. Norberg 2010 Views of life and sense of identity in people with Alzheimer's disease [Sweden]. *A&S* 30(7):1257-1278.

Wu, T. & A. Chen 2011 Older women, health, and social care in Singapore. *Asia Europe J.* 8(4):513-526.

Yang, J.H. & B.S. Yang 2011 Alternative view of health behavior: The experience of older Korean women. *QHR* 21(3):324-332.

Ziegler, F. & T. Schwanen 2011 'I like to go out to be energised by different people': An exploratory analysis of mobility and wellbeing in later life [UK]. *A&S* 31(5):758-781.

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

Diwan, S., S.E. Lea, S. Sen 2011 Expectations of filial obligation and their impact on preferences for future living arrangements of middle-aged and older Asian Indian immigrants. *JCCG* 26(1):55-69.

New Publications in Anthropological Gerontology

Geront. 51(S1) 2011: Special issue on "The science of recruitment and retention among ethnically diverse older adults."

Krause, N. & E. Bastida 2011 Religion, suffering, and self-rated health among older Mexican Americans. *JG/SS* 66B(2):207-216.

Laditka, J.N. et al. 2011 Older adults' concerns about cognitive health: Commonalities and differences among six United States ethnic groups [African, Chinese & Vietnamese Americans; American Indians, Latinos, Whites]. *A&S* 31(7):1202-1228.

Lanting, S., M. Crossley, D. Morgan, A. Cammer 2011 Aboriginal experiences of aging and dementia in a context of sociocultural change: Qualitative analysis of key informant group interviews with Aboriginal seniors [Canada]. *JCCG* 26(1): 103-117.

Demography

Fishman, T.C. 2010 Shock of gray: The aging of the world's population and how it pits young against old, child against parent, worker against boss, company against rival, and nation against nation. NY: Scribner.

Harper, S. 2011 Demographic transition: Positioning the age-structural change perspective. *JPA* 4(3):119-120.

Siegel, J.S. 2011 The demography and epidemiology of human health and aging. NY: Springer.

Vettori, S., ed. 2010 Ageing populations and changing labour markets: Social and economic impacts of the demographic time bomb. Farnham, UK: Gower.

Ethics

Gems, D. 2011 Aging: To treat, or not to treat. *American Scientist* 99(4):278-280.

Holstein, M.B., J.A. Parks, M.H. Waymack 2011 Ethics, aging, and society: The critical turn. NY: Springer.

Family Matters

Caspari, R. 2011 The evolution of grandparents. *Scientific American* 305(2):45-49.

Dykstra, P.A. & T. Fokkema 2011 Relationships between parents and their adult children: A west European typology of late-life families. *A&S* 31(4):545-569.

Musil, C.M. et al. 2011 Grandmothers and caregiving to grandchildren: Continuity, change, and outcomes over 24 months. *Geront.* 51(1):86-100.

Gender Issues

Clarke, L.H. 2011 Facing age: Women growing older in anti-aging culture. Lanham MD: Rowman & Littlefield.

Gerontology

Phillips, J., K. Ajrouch, S. Hillcoat-Nallétamby, eds. 2010 Key concepts in social gerontology. London: Sage.

Health

Whitfield, K.E., ed. 2010 Focus on biobehavioral perspectives on health in late life. NY: Springer (Annual Review of Gerontology & Geriatrics 30).

Humanistic Perspectives

Black, H.K., J.T. Groce, C.E. Harmon 2011 From zero to eighty: Two African American men's narrative of racism, suffering, survival, and transformation. Bloomington IN: iUniverse.

Chapman, R. & J. McCormick, eds. 2010 Love over 60: An anthology of women's poems. Woodstock NY: Mayapple Press.

Chase, K. 2009 The Victorians and Old Age. Oxford UK: Oxford UP.

Kivnick, H.Q. & R. Pruchno 2011 Bridges and boundaries: Humanities and arts enhance gerontology [editorial]. *Geront.* 51(2):142-144.

Lustbader, W. 2011 Life gets better: The unexpected pleasures of growing older. NY: Torcher.

Nanda, S. & J. Gregg 2011 Assisted dying: An ethnographic murder mystery on Florida's Gold Coast. Lanham MD: AltaMira.

Smith, G.J. 2010 Old Maine woman: Stories from the coast to the county. Yarmouth ME: Islandport.

New Publications in Anthropological Gerontology

Whitman, L., ed. 2010 Telling tales about dementia: Experiences of caring. London: Jessica Kingsley.

Narrative Gerontology

Kenyon, G., E. Bohlmeijer, W.L. Randall, eds. 2011 Storying later life: Issues, investigations, and interventions in narrative gerontology. NY: Oxford UP.

Policy

Beer, A. & D. Faulkner 2011 Housing transitions through the life course: Aspirations, needs and policy. Bristol UK: Policy Press.

Cann, P. & M. Dean 2011 Unequal ageing: The untold story of exclusion in old age. Bristol UK: Policy Press.

Grenier, A. 2012 Transitions and the lifecourse: Challenging the constructions of 'growing old'. Bristol UK: Policy Press.

Tanner, D. 2010 Managing the ageing experience: Learning from older people. Bristol UK: Policy Press.

Religion & Spirituality

Bouwer, J., ed. 2010 Successful ageing, spirituality and meaning: Multidisciplinary perspectives. Walpole MA: Peeters.

Coleman, P.G. 2011 Belief and aging: Spiritual pathways in later life. Bristol UK: Policy Press (Ageing & Lifecourse Series).

Richmond, L. 2012 Aging as a spiritual practice: A contemplative guide to growing older and wiser. NY: Gotham.

Research Issues

Ageing & Society 31(3) 2011: Special issue on "Methodologies for ageing populations."

Bytheway, B. 2011 Unmasking age: The significance of age for social research. Bristol UK: Policy Press.

Hennessy, C.H. & A. Walker 2011 Promoting multi-disciplinary and inter-disciplinary ageing research in the United Kingdom. A&S 31(1):52-69.

Lowenstein, A., R. Katz, S. Biggs 2011 Rethinking theoretical and methodological issues in intergenerational family research. A&S 31(7):1077-1083.

*Schweitzer, Marjorie M. Age is more than a number. In Expanding American anthropology 1945-1980: A generation reflects. A.B. Kehoe & P.L. Doughty, eds. Pp. 50-57. Tuscaloosa: U of Alabama Press.

Tyler, D.A. et al. including *Renée R. Shield 2011 How valid are the responses to nursing home survey questions? Some issues and concerns. Geront. 51(2):201-211.

Retirement

*Lynch, Caitrin 2012 Retirement on the line: Age, work, and value in an American factory. Ithaca: ILR Press/ Cornell UP.

Theory

Adams, K.B., S. Leibbrandt, H. Moon 2011 A critical review of the literature on social and leisure activity and wellbeing in later life. A&S 31(4):683-712.

McDonald, L. 2011 Theorising about ageing, family and immigration. A&S 31(7):1180-1201.

Pearlin, L.I. 2010 The life course and the stress process: Some conceptual comparisons. JG/SS 65B(2):207-215.

Conference Report: 2009 Meeting of the American Anthropological Association Session on Culture, Health and Aging in Native North American Communities

Introduction

Wayne Warry
Anthropology
McMaster University

In June 2009 Lori L. Jervis organized a meeting on 'Aging and the Indigenous Peoples of America' in Norman, Oklahoma that was sponsored by the Association of Anthropology and Gerontology. The idea of organizing a session for the 2010 American Anthropological Association meetings in New Orleans arose at this meeting. Subsequently Lori L. Jervis and I organized a session titled 'Culture, Health and Aging in Native North American communities.' This article summarizes the papers and presentations given at that session.

As noted in the AAA Session Abstract, despite the often-stated value of Elders as cultural resources and spiritual leaders, little is known about the actual contemporary social and health statuses of Native North American Elders. The anthropological and health science literature on older Native people is sparse; by some accounts less than 2 percent of all studies focus on seniors. In the United States and Canada the percentage of older Native peoples are projected to double in the next decade. Despite these projected increases, the number of anthropologists studying aging in Native populations has remained small. This AAA session brought together anthropologists from Canada and the United States who are engaged in research with Native/Aboriginal Elders in order to examine how anthropological approaches may further our understanding of this small, but growing component of the Native population— one which has traditionally been influential beyond their numbers with respect to their roles as culture bearers and socializers of future generations. What follows are short summaries of these presentations and papers, following the order of presenters at the session.

Conference Report: 2009 Meeting of the American Anthropological Association Session on Culture, Health and Aging in Native North American Communities

Marie's Story Of Aging Well: Toward New Perspectives On The Experience Of Aging For Aboriginal* Seniors In Canada

Sylvia Abonyi, University of Saskatchewan and Marie Favel, Ile a la Crosse, Saskatchewan, Canada

This paper, co-authored by a university researcher (Sylvia) and an Aboriginal community Elder (Marie), considers the construction of a framework of healthy aging for Aboriginal peoples in Canada. There has been limited work in this area, and a clear need for it identified as the cohort of aging Aboriginal people in Canada grows. Our contribution begins with Marie's story of aging well as a launch point from which we plan to collect more stories like hers. Our goal is to build a framework of aging well within which to locate issues like dementia, cancer, and other challenges of aging that are emerging for Aboriginal peoples. Many of these challenges are not unique to Aboriginal populations, but their magnitude and manner of expression and the colonial context in which they have unfolded is different from other populations in Canada, demanding that we build our understanding anchored in these realities. Research by Collings (2001) with the Inuit, and by Edge and McCallum with Métis (2006) noted that the most important determinants of successful aging for their participant groups are ideological (rather than material), noting the importance of history, culture, and language, as well as their successful transmission to new generations, for understanding the health, healing, and wellness needs of these populations. As Marie's story reveals, these ideological themes, coupled with their transmission to younger generations, are key elements of her life as well.

Marie: A Brief Biography: Marie was born in 1939 and has lived most of her life in and around the Métis community of Ile a la Crosse in Saskatchewan, Canada. She married her husband Jimmy in 1958 and over the next 58 years she raised 8 children, became a teacher, a religious educator, a community health worker, and an advocate for the inclusion of Aboriginal influence in the education and governance of their people. Throughout this time she attended post-secondary training, worked with her husband to help him overcome an alcohol addiction, and together they reconnected with their Aboriginal heritage. She does not see herself as a strong person, but points to people around her, such as Jimmy, as her source of strength. Together they are dealing with health challenges that come with aging and at the same time continue to make tremendous contributions to the well being of their community and the Métis nation in Saskatchewan. As she looks back on her life, Marie observes:

"...I see that I have moved through the medicine wheel; that my pursuit of more education and experience has taken me through all four quadrants as a teacher (mental & emotional), as a religious educator and sweat leader (spiritual), and in community health education (physical). And having searched the wheel I found the last piece in health education. And this is where I feel I can make the most contribution to the health and healing of my community. So today I am still involved in many things that are about sharing my life experiences, about helping our youth stay in school, about helping our young people parent well and drawing on the old ways, and about dealing with the hurt that is still there in the high suicide rates among our youth."

Frameworks for understanding aging experiences for older Aboriginal people:

As Marie and I talk about her story we see there are some important elements of her aging well experience that need to be reflected in frameworks that we might develop to explore other stories of aging for Aboriginal people. Central is the significance of her ongoing contributions to community life. It is clear that she is valued in this role as she can scarcely keep up with the invitations to present in classrooms, workshops, and conferences. Consistent with Collings (2001) research among the Inuit for successful aging, Marie is dedicated to the transmission of her accumulated knowledge and wisdom to younger generations. Her capacity to engage in this way has its roots earlier in her life, when she was able to pursue her passion for further education, to advocate for the inclusion of Aboriginal voices where there were none, and importantly, to connect with cultural traditions that were denied to her earlier in life. These latter two factors are directly linked to the colonial context of Aboriginal populations in Canada. These linkages to culture and agency are also important aspects for inclusion in any framework that would shape our understanding of aging experiences –good and bad, for these populations. Marie's story, and other research, provides evidence that the role and value of older Aboriginal peoples has remained strong in Aboriginal communities, and has been growing, since they are valued as an

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Mistreatment and the Meaning of Respect for Native Elders

Lori L. Jervis, *Anthropology and Center for Applied Social Research, University of Oklahoma, William Sconzert-Hall, Anthropology, University of Oklahoma and the Shielding American Indian Elders Project Team**

Respect—particularly respect for elders—is frequently said to be a central value in many American Indian communities. Assertions of its continued cultural salience are often accompanied by the lament that this important value is in decline. Based on findings from a community based participatory research study of Native elder mistreatment, we examined respect as it appeared in the discourse of what constituted good and poor treatment by family members (as broadly defined) among 100 elders from 2 data collection sites, 50 from a tribal elder center on a northern plains reservation and 50 from Protestant Indian churches in an urban area in the southcentral region of the US. The interview consisted of both a survey meant to assess the usefulness of several measures of elder abuse, neglect, and financial exploitation in this population, as well as a series of open-ended questions that allowed elders to expound on the treatment of elders in their communities. Nearly $\frac{3}{4}$ of the sample were female (72%), 46% age 70 or older, 52% married, and 26% spoke their tribal language moderately to very well.

The scholarly and academic literature on conceptualizations of respect of elders is scarce among all U.S. ethnic groups, and is especially thin for American Indians. Dillon sees respect as “a particular mode of apprehending something, which is the basis of the attitude, conduct, and valuing, while “To ignore, neglect, or disregard something, or to dismiss it lightly, thoughtlessly, or carelessly is to not respect it” (Dillon, 1992:108). Although frequent assertions are made in Native communities about the importance of respect for elders, the constituent elements of the respect concept are seldom explicated. It is clear, however, that elderhood without respect is not truly elderhood. In Weibel-Orlando’s (Weibel-Orlando, 1989:152) distinction between elders and elderlies, she notes that an American Indian elder is recognized by his/her community for “...one’s embodiment of certain exemplary and ethnically valued traits (e.g., sagacity, high moral standards, responsibility).” An elderly, on the other hand, is dependent, impaired, and non-productive—a social problem rather than a respected member of the community.

Findings

In this study, no questions were specifically asked about respect. Participants were asked what it meant to be treated well by family members, however. Here, almost $\frac{1}{2}$ of the participants equated respect with good treatment of elders. A thematic analysis of respect revealed that it had a number of dimensions, with behavior (e.g., the provision of various kinds of assistance) and status (e.g., exhibiting courtesy, demonstrating admiration, asking for and heeding advice, and honoring) the most prominent. Disrespect, on the other hand, was often seen as synonymous with mistreatment (e.g., financial exploitation or verbal abuse). Some participants presented the disrespect leveled at today’s elders as unthinkable in comparison to the traditional tribal norms with which they were raised. These changes were often attributed to assimilation and culture loss, sometimes to alcohol.

In summary, several themes emerged in this study: The continued centrality of respect as a tribal ideal, the decline of respect as a reality, and the equating of disrespect with mistreatment. The ideational aspects of elder respect are crucial to understand its prominence in Indian country. If attitudes about respect toward elders have indeed so dramatically shifted in such a relatively short period of time, presumably this reflects a decline in their social worth. Where once, in the absence of a written tradition, elders would have been highly valued as the transmitters of tribal culture and history (Weibel-Orlando, 1989), they now must compete with popular culture and a number of pressures that push people toward a “modern” future where elders’ contributions to the community are not nearly so obvious. Unpacking the complexities around respect is essential to understanding how elders are treated in tribal contexts, and will be an important aspect of our continuing analysis.

* The Shielding American Indian Elders Project Team includes David Baldrige, Janette Beals, Connie Bremner, Dedra Buchwald, John Compton, Alexandra Fickenscher, William Foote, Julie Holden, Yvonne M. Jackson, Lisa James, Chebon Kernell, Anne Libby, Crystal LoudHawk-Hedgepeth, Spero M. Manson, Traci McClellan-Sorell, Lisa Nerenberg, Emily Matt Salois, Bessie Smith, Charlene Smith, and Gloria Tallbull.

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Forgetting and Forgotten: Dementia in Aboriginal Seniors

Kristen Jacklin, Human Sciences, Northern Ontario School of Medicine and Wayne Warry, Anthropology, McMaster University

Our research concerns Alzheimer's Disease and Related Dementias (ADRD) in Aboriginal communities in Ontario, Canada. The title "Forgetting and Forgotten" is meant to convey that like mainstream society Aboriginal communities are also experiencing high rates of ADRD as their senior population increases. However because of historically low rates of ADRD in these communities their specific needs as Aboriginal people are overlooked by mainstream service providers as well as by the government funding agencies that provide services on reserve. Our research aims to bring light to this new health issue through community-based anthropological investigations into the experience of ADRD in diverse Aboriginal communities in Ontario.

The preliminary results highlighted here focus primarily on the cultural influences on the experiences of ADRD in this population at two of our research sites: (1) The Haudensaune Six Nations Reserve in Southern Ontario and (2) the seven rural Ojibwa, Odawa, and Pottawatomi First Nations of Manitoulin Island in Northeastern Ontario. Our methodology is community-based and participatory and is qualitative. At each site semi-structured depth interviews were conducted by the authors and community based researchers with: seniors (≥ 55); persons with dementia (PWD); family caregivers for PWD; health care providers for PWD; and key informant interviews with physicians, traditional knowledge keepers and healers, and specialists (Manitoulin Island $n=20$; Six Nations $n=16$). Focus groups with Personal Support Workers were also carried out in each location. The preliminary results presented concern the similarities and diversity in the experience, knowledge and traditions of Aboriginal people with ADRD at these two culturally distinct sites.

Preliminary Results

Differences in access to health care resources are evident between the sites. At Six Nations we see a high degree of medical system involvement in public education, diagnosis and care for people with symptoms of dementia. On Manitoulin Island where medical services are more restricted and focused on primary health care we see much less involvement from physicians and specialists and very few reports of official diagnoses or screening. Other than those who are in nursing homes, at both sites we have found very few people on prescription medications for dementia. The analysis of the interview data has revealed that these two different cultural traditions display many similarities in the way people describe understandings of ADRD and cognitive health. At both sites respondents spoke about how their culture helps them cope and care for those with dementia. For example, cultural beliefs around the role of family was a positive influence on the experience of ADRD; the value of humour is important in coping with ADRD in the family and community; and Aboriginal language use was highlighted as an important part of caring. Further similarities between the sites are noted in relation to understandings of prevention and overall cognitive health. Seniors at both sites noted that listening to Indian music or language tapes, speaking the language, storytelling, taking Indigenous medicine for ailments, and participating in ceremony are good for keeping your mind healthy. Participants at both sites also reported that they did not have knowledge of ceremonies specific for dementia but that traditional remedies that thinned the blood could be used for people with dementia.

Taking an explanatory model approach (Kleinman 1981), we are finding that there are some similarities in the way people think about and experience ADRD at the two sites. At both locations the majority of participants agreed that ADRDs are new diseases in various senses: for example, new in magnitude and new in the way people are now being identified and labeled (i.e., diagnosed). Participants at both sites also suggested that despite the increase in cases, ADRD was not a major health concern in their community because (1) the majority of people face complex health concerns and dementia is very low on their health priority list and that of their physicians; and (2) because the symptoms and behaviours associated with ADRD were consistent with cultural understandings of what is expected as one ages and becomes closer to the eastern doorway on the medicine wheel. Further to this, some commented that the behaviours associated with late stage ADRD (what we call hallucinations) set people apart as "special" as they are closer to the creator. The very idea that "we" would label visions as hallucinations was outright offensive to some participants. When ideas of causation were explored participants cite causes which can be classified as (1) physiological -- genetics, aging, brain chemistry, vascular disease, medication side effects and Parkinson's disease; (2) psychosocial -- unresolved

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Understanding Aging: Culture, Cognitive Health and Contemporary Aboriginal People's Experience with Dementia

Jessica Pace, Ph.D. Candidate, Anthropology, McMaster University

Introduction

Past research about aging and health has focused on "the elderly" as a homogenous group, resulting in an underrepresentation of the unique concerns of marginalized and minority seniors. This bias can be overcome if researchers attempt to understand the perceived expectations for successful aging of specific groups. Doing so can lead to a better understanding of the impacts of pressures, such as illness, on the aging process and can create opportunities for culturally-relevant health promotion. My PhD research attempts to understand expectations for successful aging among Aboriginal peoples on Manitoulin Island, Ontario with the goal of gaining perspective into the way that individuals, families and communities in this context react to and cope with the pressures associated with age-related memory loss and cognitive decline (i.e. Alzheimer's disease and related dementias [ADRD]). Using qualitative, ethnographic methods (see Jacklin and Warry, this issue), this community-based research attempts to understand 1) How culture shapes the experience of being and becoming old in contemporary Aboriginal communities on Manitoulin Island? And; 2) How perceptions of aging and the elderly impact the knowledge, attitudes, beliefs and behaviours about ADRD in this context?

Successful Aging and Expectations for Growing Old

Successful aging theory has been critiqued for the use of biomedically-determined criteria for success in aging and terminology that connotes failure for those who do not achieve these criteria. However, recent research indicates that a successful aging paradigm can be productive when the criteria used to define success in old age are drawn from people in a specific context or community and the focus for success in aging is directed away from physical and cognitive capacity and towards values, attitudes and behaviours. The relevance of this approach for research with Aboriginal peoples has been demonstrated in recent research which shows that for Aboriginal peoples success in aging is characterized more by a positive attitude, ability to manage declining health, community engagement and spirituality than by good physical health. These findings are compatible with my PhD research.

Alzheimer's, Dementia and Successful Aging in Manitoulin Island First Nations

In Manitoulin Island Aboriginal communities aging is expected to be a time of teaching and respect, when family and community assist seniors when they need help with day to day tasks and activities. For traditionally-oriented individuals, the process of growing older is shaped by beliefs related to the medicine wheel and the seven Grandfather teachings, which emphasize balance, respect, teaching, acceptance and maintaining a purpose in life by staying engaged in social, physical, spiritual, intellectual and emotional realms. Aboriginal seniors have expressed that these teachings help them to accept the changes that occur as they grow older. Prior research suggests that Aboriginal people are generally respectful and accepting of seniors with dementia, believe dementia is a natural part of life's cycle and that the patient may be moving closer to the creator. Aboriginal people with dementia are thought to be less stigmatized than their mainstream counterparts, but embarrassment and denial about the condition emerge as symptoms worsen.

Although Aboriginal people on Manitoulin Island are aware that Alzheimer's disease (AD) exists and that it causes memory loss, there is little clinical knowledge of what causes AD or that there are other conditions that can cause similar symptoms. However, experiential knowledge of the symptoms of cognitive decline in old age has resulted in local explanatory models that accurately describe symptoms of ADRD. These symptoms include memory loss, a tendency to return to previous life stages, lack of recognition of family members, wandering, suspiciousness and a loss of awareness of time and place. Beliefs about the causes of memory loss are varied, and include food, environmental contaminants, stress and emotional trauma, imbalance in the medicine wheel, substance abuse and prescription medications.

Aboriginal people's beliefs about dementia and cultural tendency for acceptance and respect act as both enablers and barriers to the care of persons with dementia. Although acceptance can be beneficial, attempts to normalize the symptoms may cause people to put off seeking help until the person with dementia's condition has deteriorated beyond the point where the family is able to cope and provide adequate care.

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Perspectives on Brain Autopsy, Diabetic Amputation, and End-of-Life Issues among Elderly American Indian People

Neil Henderson, Health Promotion Sciences, University of Oklahoma Health Sciences Center, L. Carson Henderson, Health Promotion Sciences, University of Oklahoma Health Sciences Center, Ryan Blanton, Anthropology, University of Oklahoma and Steven Gomez, Anthropology, University of Oklahoma

The American Indian (AI) population is rapidly aging and, consequently, at increased risk for dementing diseases like Alzheimer's disease and other dementias (AD/RD). While the exact epidemiology of AD/RD among AI people is unknown, current research shows that AD/RD is certainly present among North American indigenous people. The net result is that more cases of AD/RD will increase among AI's due to more people living into the ages of greatest risk. Moreover, there is an association between AD/RD and diabetes which remains at epidemic proportions among AI's.

AD/RD are fatal diseases and/or contribute to mortality. Unfortunately, very little is known about contemporary AI beliefs and practices regarding end-of-life (EOL) phenomena in general. Even less is known about EOL in relationship to death caused by dementia. This gap is important because 1) caregiving and coping are stressful and benefit from appropriate information and counseling, and 2) neuroscience efforts to ameliorate AD/RD require post-mortem brain tissue for pathophysiologic process examination and definitive diagnosis. However, a common cultural principle demands that bodies be buried intact which, in turn, reduces post-mortem opportunities for AI-specific research.

Cultural Context Of Post-Mortem Body Alteration

Among many AI's there is a belief that the body should be physically whole at burial. "Physically whole" means without loss of body parts from amputations, other surgical interventions, or retention of body parts at autopsy. The overarching reason for this belief is that in the after-life, the person will need all body parts in order to be as functional as they were in life. The implied concept is that in some way, the death of the person who has had pre- or post-mortem body part loss will be hampered in their ability to travel the spiritual path to the after-life. Stated more emically, the concept is that all body parts are required for full spiritual coherence, peace, and function in the after-life.

Clearly, the value placed on body intactness at burial is a significant one of long-standing history. Surgical resection of diseased body parts, particularly for life-saving purposes, is commonly accepted by AI people. Surgical amputations of limbs and digits to prevent general sepsis beyond the local dead tissue are also unfortunately common. For many people, these surgical procedures evoke a conflict of belief and practice even if they are not always voiced. However, because autopsy, of course, does not save the autopsied person's life, it still is subject to the intact body value referred to above.

Methodology

The research design is from the interpretivist paradigm using grounded theory. The theoretical wellsprings include David Mechanic's Health Belief Model, Help-Seeking Behavior and Arthur Kleinman's Explanatory Model of disease. Data was collected by a one-time, 45-minute, semi-structured interview with AD/RD caregivers in five Federally recognized Oklahoma AI Nations (n=77). There was an assessment of the Degree of Cultural Identification (DCI) using a 20 item questionnaire.

Findings

There is a range of willingness to have post-mortem brain autopsies. The range is a function of age and degree of tribal cultural identification. For example, the post-mortem intact body preservation value is strong among those with age above 60 and high DCI loading. However, for those younger and with low DCI loading, the value is weak. There is also a "Conditional Belief-Flexibility" in which post-mortem brain autopsy is potentially acceptable if, there would be a small amount of brain tissue removed, there were a way to non-intrusively extract brain tissue (e.g., nose, mouth, eye orbit, ear canal), the brain tissue was examined and returned for burial, or medical progress was an outcome. This "Conditional Belief-Flexibility" position may represent a conceptual adaptation between contemporary sociocultural conditions abutting older more non-Western cultural systems. Such an interpretation may also help explain that post-mortem brain autopsy was often reconceptualized as similar to the more generally familiar "organ donation" concept which is commonly noted on driver's licenses.

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Discussion

Robert C. Harman, Professor Emeritus, Cal State, Long Beach and Wayne Warry, McMaster University.

We conclude by noting some general comments on the papers and presentations. As most of the papers are coauthored, for simplicity's sake we refer to the papers by the first author or presenter's name.

The papers submitted are based on recent, qualitative and in some cases ongoing research among Aboriginal/Native American peoples of Canada and the United States. All the papers differ somewhat in methods and interpretive orientations. Jervis's and Abonyi's papers most explicitly address the cultural ideal of the preeminence of Elder's status or role within Aboriginal cultures; but several of the papers speak to the changing perceptions and roles of Elders, and of course, cite idealized conceptions of health and appropriate behavior that cannot or are sometimes not met by others. Abonyi and Jervis's papers concern more general aspects of aging and qualities of health and care. In contrast Jacklin, Pace and Henderson's papers address aspects of dementia or end of life health within the cultural and social context of Aboriginal health and illness.

Each of the four papers has somewhat different objectives and data. Abonyi's paper is a biographical account of Maria's life that reflects on traditional ways and changes affecting the lives of older Aboriginal peoples. The research highlights beliefs about healthy aging which are linked to notions of community, community involvement and engagement. That is, the analysis suggests that health is produced not simply by individual action, but through socially constructed behaviors and interactions. Jervis analyzes Respect as an American Aboriginal concept, specifically as it applies to the social and cultural status of Elders. Her analysis shows the linguistic complexity of the concept "Respect," as it pertains to elders. Jervis's paper also addresses changes in Aboriginal society and culture. Professor Harman notes at one point Jervis found that some, perhaps most, Aboriginal families want to enjoy the presence of older relatives and provide them with care. Harman says he believes that "Implicit conventional understandings and generous care giving, smack of what Westerners call unconditional love."

Jacklin's analysis in two cultural and geographic areas of Ontario emphasizes attitudes toward Alzheimer's disease from both traditional Aboriginal and Western Perspectives. She develops explanatory models of diagnosis and treatment that contrast traditional Aboriginal and biomedical understandings. Her analysis makes the important point that language and ceremonial participation with the requisite knowledge of traditional teachings and values are integral to good health. That implies healthy living, cognitive health, and developing meaningful systems of care. Pace is primarily concerned with cognitive aspects of Aboriginal health and aging and with cultural constructions of healthy aging. Henderson's research focuses on beliefs and behaviors around end of life and medical interventions that necessitate bodily interventions or transformations of the "whole" body and thus clash with traditional beliefs.

The common threads that seem to run through these research projects are that of changing or contested values and beliefs which come with what Henderson calls degrees of cultural identification and which other authors refer to as traditional or cultural orientation. The flip side of such analytic focus is the extent to which biomedicine, and the values represented by the dominant medical system, have been accepted by individuals and communities. The papers quite naturally analyze the nature of changing systems of care, emerging values around health and aging, and the diversity of behaviors that arise from the interaction of Western and Indigenous values and health beliefs. The tension between cultural identification and biomedical values or power are manifested in many ways throughout the papers, for example, in how Abonyi refers to Aboriginal Peoples relying less than other segments of the population on formal care

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AAGE activities

Jay Sokolovsky

Professor and Chair, Dept of Society, Culture and Language
University of South Florida, St. Petersburg

I just wanted to offer a follow-up after the AAA meetings. I just received a list of members and we have 575 who are signed up! Perhaps it is even time to think of forming a AAA unit. As you might have noticed from the program there continues to be a strong showing of sessions and papers in this area. There also was a continuation of strong participation of scholars from Europe in these sessions and the promise of continuing cross-national collaboration. Our sponsored interlocutor session involving two anthropologists working within Intel Corporation on technology and late life drew strong attention and will likely form the basis of a new book on the "Digital Life Course" in the Berghahn Series on Aging and the Life Course (hint, I am still looking for future manuscripts).



There was also some discussion of the following issues: Facebook page - thanks to Sari Hale - Alper there is now an Anthropology&Gerontology web book page (<http://www.facebook.com/groups/125155407560016/>). This will be a good place to plan sessions for the 2012 AAA in San Francisco.

SFAA 2012 (Baltimore March 27-31) has a number of sessions on aging and the life course and Maria Vesperi and I have organized a Saturday morning Breakfast Workshop - co-sponsored by the Interest Group and AAGE. Please let me know if you will be in attendance at SFAA:

- Maria Vesperi and Jay Sokolovsky - "Innovative Approaches to Teaching about Aging and the Life Course"
- Samantha Solimeo - "Public Sector Anthropology of Late Life"
- Phil Stafford - "Nurturing Age-Friendly and Life-span communities"
- Sherri Briller & Janelle Christensen - "Crafting an Anthropology Career in Aging and Life Course Studies"
- Maria Cattell - "Aging and Life Course Research in Non-Western Cultures"



At the meetings there was active discussion of the interest group seeking to become an AAA unit with low dues, such as \$10. Such a unit would not compete but complement AAGE which would keep its journal AAQ (see below). I would like your thoughts on this. We need to start planning for the 2012 AAA meetings in San Francisco - please let me know about any sessions you are planning and especially any ideas for another special event like the ones we had during the past two meetings. You can listen to our event with Anne Basting at <http://blog.aaanet.org/2011/10/31/interview-with-anne-basting/>



Participation in the 2013 IUAES meetings; the 17th World Congress of the International Union of Anthropological and Ethnological Sciences, which has the overall theme "Evolving Humanity, Emerging Worlds." The congress will be held in the city of Manchester, United Kingdom, from Monday, August 5 to Saturday, August 10, 2013. See <http://www.iaaes2013.org/> Maria Cattell mgcattell@aol.com and Leng Leng Thang lengthang@nus.edu.sg are the main organizers for the IUAES Commission on Aging and the Aged. See the attached file for more information. You should send session ideas to them as soon as possible: Sessions being developed:

Phil Stafford: Age Friendly communities: two tracks

A. Age-friendly Communities: Research Track
Seeks papers describing research into the social, health and/or economic impact of efforts to create age-friendly communities, both rural and urban.

B. Age-friendly Communities: Practice Track
Seeks papers describing culturally diverse methods, practices, designs and organization of age-friendly community development initiatives.
staffor@indiana.edu

Jay Sokolovsky (jsokolov@mail.usf.edu) and Maria Cattell (mgcattell@aol.com) - Globalization and the Life Course

Book Reviews

McLean, Athena. *The Person in Dementia: A Study of Nursing Home Care in the U.S.* Peterborough, Ont: Broadview Press. 2007. ISBN – 13: 978-1-55111-606-8. 312 pp., \$27.95 (USD and CAD)

Using the comparative method, Athena McLean beautifully illustrates the sharp contrasts between two distinct models of “care” for cognitively-impaired adults in a large, multi-unit nursing home on the eastern U.S. coast. In this book – which won the New Millennium Book Award from the Society for Medical Anthropology – McLean uses ethnographic techniques, case studies, and robust theoretical and historical framing to describe and explain the care philosophies and practices employed in the two nursing home units she studied. One of the units is characterized by a regimented, task-oriented approach to elder care that ignores the resident’s remaining cognitive and relational abilities. In the other unit, a holistic, person-centered approach is in place in which attention is paid to resident needs, desires, and overall well-being. McLean successfully demonstrates the success of the person-centered care model in terms of resident outcomes, as well as employee and family satisfaction.

The six case studies focus on the resident-staff microcosm as a way to explore personhood and illustrate differences in nursing home unit culture. McLean identifies and explains key unit differences as a function of the autonomy, background and approach of each unit’s head nurse. The unit of analysis, the resident-staff dyad, frames the presentation of the data to capture her theoretical and empirical

interests with precision.

Readers from many walks of life will find this book compelling. Some chapters will appeal to social scientists and gerontologists, while others will attract health care and aging professionals and/or those interested generally in the elderly in American culture. In many ways, this book is a work advocating for solutions to the deficiencies in the long term care system in the U.S. Indeed, the book’s strong conclusion about respect for the whole person recommends a particular path for dementia care in the future.

As someone with a new and growing interest in long term care, but engaged in organizational issues throughout my career, this book prompted me to think about alternate ways of exploring the culture of McLean’s field setting. I believe that her priority and focus on particular roles (e.g., nursing home resident and caregiving staff) could be enhanced and extended by researchers who bring an organizational-culture lens and an applied orientation to long-term care organizations. This dual emphasis might include an analysis of roles, but would likely explore roles in relation to organizational relationships, strategies, and functioning. For example, I kept wondering why the two systems of care co-existed, why there was little to no transfer of knowledge or personnel across the two units, and whether the presumed efficiencies of the regimented, task-oriented approach collided with the described superiority of the person-centered approach.

McLean is clearly interested in policy – changing the way older persons with dementia are treated. She offers a whole section of recommendations for change. Yet the absence of an

organizational research component and an approach to organizational change diminishes, to a certain extent, the effectiveness and practicality of her recommendations. An organizational research design ideally would have included an examination of the larger nursing home administrative structure, ideology, and behavior. That vantage point would have illuminated the cultural patterns, skillfully described by McLean, within the context of rules and resources available to the larger organizational entity. Organizational researchers would have focused on those factors that allowed the variation in unit care to continue, thereby shedding light on broader nursing home goals, decision making, and internal conflict. Moreover, the metrics used to evaluate the performance of all roles within the nursing home hierarchy – including those in the management chain – would have been gathered to compare unit behavior with overall organizational expectations and effectiveness. In McLean’s study, nursing home management appears not to have been actively involved in the study or in its output. An ability to fully learn from the two-unit comparison, and innovate based on the results, seem to have been lost.

These criticisms are actually compliments to the author. She has powerfully shown how the culture of nursing homes and the treatment of older adults with dementia need to change. Her important, insightful, and well-written book is a call to action – but that action may in part require a different approach and orientation for the anthropologist or gerontologist, not just the nursing home.

*Elizabeth K. Briody, Ph.D.
Founder and Principal
Cultural Keys LLC*

Book Reviews

Jacoby, Michael. *Ten More Good Years*. New York, NY: Look Out Films, 2008. 71 min. \$15.95 (home version) \$195 (Institution with educator guide), \$75 (Community groups and non-profit organizations with educator guide)

"I'd like to know would you really like to show me where you live, I'd like to know were you really ever there and when it all goes down I hope you'll still be there."

These lyrics from the opening song in *Ten More Good Years*, performed by Sorenson & Mechlowicz, speak to the often misunderstood experiences of gay elders in America—a segment of our population whom social science scholars often call "invisible".

In this documentary, Michael Jacoby presents views of growing old in the gay community through ethnographic interviews with four LGBT (lesbian, gay, bisexual, transgender) elders. Why does the aging experience of gays merit an in-depth look? In his article, *Honoring our Pioneers*, Jacoby relates that in his younger years, after forming a friendship with an elder gay man he learned about the plight of "a whole generation of men and women out there who had been left behind and forgotten . . . They came out of the closet at a time when they could lose their jobs, family, and friends and even get arrested for doing so. They are the men and women who survived the AIDS crisis, battled government, and built LGBT-friendly communities in major cities across America . . . It boggled my mind that so many of our heroes were facing such an onslaught of so many unfair circumstances with so little support and so few resources to turn to" (*The Advocate*, Sept. 12, 2009). Contemporaneously incorporating some of the commonalities and challenges of aging experiences in America, the film also explores some

important particular realities of aging for gay elders. Jacoby presents a tapestry of personal stories, media clips, and factual data with an interweaving of expert testimony and commentary from what he offers as a series of reputable sources. Included are representatives of SAGE, NY (Service and Advocacy for GLBT Elders); New Leaf Services, San Francisco; The Task Force, NY; Brian deVries, PhD, Director of Gerontology at San Francisco State University; NCLR, San Francisco, (National Center for Lesbian Rights); and the NY Chapter of NOW (National Organization of Women), among others. Commentaries by these experts highlight numerous injustices facing members of the gay community as they traverse the unknown terrain of growing old, shedding light on some unique challenges facing gay elders. Terry Kaebler (SAGE) explains why aging experiences can be different and present some particular challenges for those in the gay community. These challenges include an erroneous assumption by some care providers that all elderly are straight. This scenario can lead to difficulties or even an inability for some gay elders to access programs and services. Other evidence shows how social service agencies, even those which receive federal dollars for senior services, too frequently indicate that "they are not accepting of gay elders." Jacoby's sensitive exploration into the lived experiences of gay elders often speaks to the loneliness, isolation, and many losses—of life partners, financial security, health, and housing. He documents how some gay seniors, who were at the forefront of the Gay Rights Movement in the 1970s, now find themselves, in their "golden years" returning to the closet—to secure housing, access community resources, and find acceptance.

This film reveals a compelling truth:

despite these harsh realities of what it means to be gay and old, there is often resilience among gay elders, an understanding of what it means to be different. A common thread among those interviewed is one that confirms, "we will take care of our own." Jacoby's portrayal of being old and gay demonstrates their determination, survival, and pride in identity—giving voice to an often-overlooked segment of the American population.

A strength of *Ten More Good Years* is its inclusion of personal life stories of gay elders and testimony by gerontologists and LGBT experts. A weakness is its primary focus on aging gay males' experiences, too often "hiding" aging lesbians' experiences and perspectives. A more accurate portrayal of the lived experience of gay American elders would also have more diversity represented in terms of socioeconomic differences, rural vs. urban experiences and so forth.

As a gerontologist, novice anthropologist, and member of the aging gay community, Jacoby's film opens the dialogue for continued exploration into what it means to age in America, and what it means to be human. This is an important film for anyone interested in LGBT, gender, and aging studies. *Ten More Good Years* raises societal awareness, answers questions, and calls for programs and services that are sensitive to the needs of all elders, including those within the gay community.

*Terri Ann Liller, MBA, PhD Student
Department of Anthropology
Wayne State University*

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important part of the cultural renewal process taking place for many years now among Aboriginal people in Canada. The importance of retaining aging seniors in communities and supporting their aging well in place requires us to consider, for example, the nature and value of community- and kin-based informal care systems in Aboriginal contexts. This one example highlights that there are substantive and meaningful differences in the aging experiences of Aboriginal and non-Aboriginal seniors. It is timely that we now turn in Canada to the inclusion of Aboriginal ideas about aging in frameworks applied to Aboriginal contexts. In collecting more stories about aging well, we will ask, "what does aging well mean to you?" The answers to this question may allow us to be better positioned collectively to navigate the interface between western and other contexts in the design of effective policies, programs, and support for the growing cohort of aging Aboriginal seniors in Canada.

* The term Aboriginal refers to the descendants of the original inhabitants of Canada, as defined by the Constitution Act 1982; Indians, Inuit and Métis.

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Acknowledgements

We wish to express our appreciation to our research participants and collaborating tribes and host organizers

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and more on the informal sector, especially within their large tended family networks and in Jacklin's observations about negative perceptions of Nursing homes and a preference for family care giving for elders with memory loss.

Whether these ideological tensions are framed in terms of older notions of resistance, cultural resiliency or more contemporary notions of post colonialism or hybridity anthropologists are confronted with the analytic challenge of teasing out the nature of contemporary Aboriginal health beliefs and behaviors that are the product of culture change and the contestation of beliefs that ultimately shape peoples pursuit of health, their desire for appropriate care, and their experience of illness and disease. Collectively these papers exemplify anthropologists' desire to ensure the best of biomedicine, while identifying the hazards potentially dangerous aspects of mainstream medical care in the Aboriginal cultural context. The papers advocate on behalf of safe and effective care for aged Aboriginal peoples. Agencies that provide health care for Aboriginal communities must become better informed about the cultural orientations of those Aboriginal individuals and communities they serve. More collaboration by mainstream health care personnel with anthropologists will help to ensure that Aboriginal beliefs and values are honored by Western practitioners.

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In summary, a post-mortem intact body preservation value exists as a strongly positive relationship among those with high age and DCI loading whereas it is an inverse relationship among those with low age and DCI loading. Essentially, those older, more “traditional” people were more likely to reject brain autopsy and those less traditional and younger were more likely to accept it. Those with the Conditional Belief-Flexibility” position that made brain autopsy potentially acceptable was characterized by two positions: 1) if changes to the medical protocol could be made that honored the value, then it could be more acceptable, and 2) if there is general social benefit, then it could be more acceptable. To the extent that AI’s may have some unique characteristics due to the indigenous origins compared to the majority population, participation in medical research could generate significant insights that could assist with the development of better understandings and treatments for all people. Consequently, there is a significant need to better understand EOL sociocultural phenomena so that at least a chance for negotiation of AI models and biomedical models can be tried.

Acknowledgements

Funding for this study was provided by the Centers for Disease Control and the Alzheimer’s Association.

Jacklin and Warry, continued from page 13

grief and historical trauma, stress, alcohol and drug abuse; and (3) Indigenous -- Disruptions in the relationship to the land and traditional life ways and bear-walking (we understand bear-walking to refer to a form of ‘bad medicine’ that is directed towards an individual). We have found the relative proportion of people placing importance on physiological explanations of causation to be much greater at Six Nations suggesting that in a relatively short period of time a medicalized explanatory model of causation has emerged for participants at Six Nations. This is likely related to the availability and accessibility of western health care services. In contrast, the communities on Manitoulin Island appear to still be in a period of explanatory model negotiation. The tendency has been for respondents to look at the onset of dementia as a natural part of aging or to engage in a discourse of social dis-ease; for example, failure and suspicion of the medical systems especially in relation to prescription medications, Indigenous beliefs about balance, historical trauma, and bear walking. Very few people recognized this as a genetic disease, vascular disease or a brain disease. We feel comfortable in saying that at this time ADRD has not been medicalized for the First Nations on Manitoulin Island.

Conclusion

In the case of new illnesses explanatory models and specifically those around causation serve to highlight cultural dis-ease as it is related to the struggle between biomedical and traditional approaches to aging and health and much broader socio-political struggles to protect Indigenous epistemologies under the pressures of colonial and post-colonial states. The process of medicalization we see in relation to dementia provides us with an opportunity to examine the relationship between the colonial system of biomedicine and modern indigenous communities; and, the struggle to negotiate models of understanding that incorporate traditional values and understandings with biomedical explanations. This site-specific depth of understanding will allow for knowledge translation activities that are sensitive to the specific needs and beliefs of these diverse communities.

While the sites differ in their level of adoption of biomedical ideas of causation of dementia we see at both locations a model emerging that places value and emphasis on traditional values, cultural attributes, and traditional methods of prevention and healings in the prevention and care of individuals with memory loss and confusion. This represents a strong assertion of the place of Indigenous health in an increasingly medicalized domain.

Acknowledgements

We express our gratitude to our research partners Six Nations Health Centre, Noojmowin Teg Health Centre, Mnaamodzawin Health Centre, and Nahndahweh-Tecigehgamig Wikwemikong Health Centre; the participating First Nations: Six Nations, Wikwemikong Unceded Indian Reserve, Zhiibaahaasing, Sheshegwaning, M’Chigeeng, Aundeck-Omni-Kaning, Whitefish River, and Sheguiandah; research assistants Karen Pitawanakwat, Jessica Pace, Trisha MacDonald and Lisa Boesch; and research coordinator Agnes Kanasawe. Our research is funded by the Alzheimer’s Society Canada and the Ontario Mental Health Foundation.

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This can lead to increased caregiver burden and can also raise the level of stress faced by the person experiencing symptoms. Further, poor understanding of the condition, what causes it, and how to manage symptoms may increase the risk for shame and stigma. Knowledge about how to support a person with dementia, and available medical interventions are low. Culturally-appropriate educational materials and increased health promotion would be of value to the seniors and families in these communities. In particular, education about when, where and how to get help for dementia is needed.

It is inherently difficult for people with dementia to meet the criteria for successful aging. Fear about their condition or stigma related to mental health often cause people to withdrawal from social activities, and the symptoms of dementia can make it difficult for individuals to participate in activities and interests in the way they were able to before the onset of the condition. If people with dementia withdrawal and isolate themselves, or are isolated by family members out of embarrassment or shame, the problem becomes invisible to the community, and potentially to healthcare providers. This can be a barrier to both care provision and awareness. However, cultural perceptions of aging and what it means to age successfully can be used to positively impact the lives of people experiencing dementia. The value of maintaining a purpose in life and an active engagement with the intellectual, spiritual, emotional and physical realms is particularly relevant in the context of promoting personhood and the continued integration of persons with dementia in community activities. If we can determine what 'purpose' elders in contemporary Aboriginal communities want to have we can better assist people with dementia to achieve value in their lives in a way that has meaning to them thus, allowing for the promotion of better quality of life. With adequate support from family, friends and health care providers many elements of successful aging can be approached, if not achieved, for people with dementia. However, in today's changing world, the challenge is to continue to keep families engaged in the care and support of seniors with dementia, which can be difficult when adult children work or move away from the reserve.

Conclusion

Aboriginal peoples on Manitoulin Island hold values that are generally supportive of seniors and that promote healthy and active aging, even in the face of complex health concerns. However, the care needs of seniors with dementia are complex and demanding and the lack of access to information, services and culturally-appropriate supports put a great deal of pressure on individuals with ADRD as well as family caregivers. In a discourse about acceptance and respect there is denial and a lack of knowledge about the realities of the needs of people and families coping with dementia. This lack of awareness of dementia can lead to inherently disrespectful actions which can compromise the dignity and safety of elders with dementia. It is necessary to better promote culturally safe knowledge, education and training related to this condition for seniors, families and care providers and to work with the cultural values of purpose, acceptance and respect to promote better health and quality of life for Aboriginal people dealing with dementia.

Acknowledgments: Sincere thanks to all of the individuals and organizations on Manitoulin Island who lent their time and expertise to this research project. Special thanks to Mnaamodzawin Health Services, Noojmowin-Teg Health Services and the Wikwemikong Health Centre. I would also like to express thanks to my research assistant, Karen Pitawanakwat, for her hard work and dedication, and to the Principle Investigators of the project, Dr. Wayne Warry and Dr. Kristen Jacklin. This research was supported by the School of Graduate Studies at McMaster University, the Indigenous Health Research Development Program, Ontario Mental Health Foundation and the Alzheimer's Society of Canada.

AAGE Member News

Congratulations to Maria Cattell, PhD, outgoing President of the Association for Africanist Anthropology (AFAA), a section of AAA. Maria presented the AFAA Distinguished Lecture, "Gender, Generation, and Time in Sub-Saharan Africa," at the recent AAA meetings in Montreal. In her talk, Maria explored the changing dynamics of gender and generation in the context of transformations in African societies over the past century, with a focus on shifts in intergenerational relations in such everyday practices as kinship and reciprocity, conflict, and the uses of tradition.



Meet the New Editorial Board

The editorial board of the AAQ is essential to defining who we are and the work that we do. Bringing in more board members not only opens more doors for finding the very best scholarly content, but it reinforces our commitment to recognizing and cultivating the diversity and depth of our field. Of the current thirteen individuals on the editorial board, five are new this year. Over the next three issues I will introduce them all and extend my own appreciation for their service to AAGE.

Judith Corr, Ph.D.

Department of Anthropology Grand Valley State University, Allendale, MI



Professor Corr is a primatologist, receiving her Ph.D. in Anthropology From Ohio State University. Her research and publications are unique not only because they have focused on social aging among primates, but also because she has studied aging among both Rhesus Macaques and chimpanzee populations. Her publications include "Social Behavior Among Aged Rhesus Macaques," (*Collegium Antropologicum*, 2006), "Nuns and Monkeys: Investigating the Behavior of our Oldest Old" (In, *Science of Aging Knowledge Environment*, 2004), and "Comparative models of cognitive decline in aging great apes" (in *Aging in Nonhuman Primates*, 2002)

Professor Corr's expertise in Biological Anthropology is a first step in introducing a broader range of anthropological approaches and research to AAQ and we are thrilled that she has agreed to sit on the board.

Welcome to AAQ Judi!

Meet the New Editorial Board

Jon F. Nussbaum

Communication Arts and Sciences & Human Development and Family Studies, Pennsylvania State University, Philadelphia, PA

Professor Nussbaum has a vast amount of experience and a prolific publication record on issues surrounding aging, communication and quality of life. This unique field of research interests highlights the anthropological concentration on the everyday lived experiences and institutional complexity of aging and the life course, and provides an important link for this journal to related areas such as human development, language, and healthcare policy. Some of Professor Nussbaum's recent publications that peaked my interest include *Communication and intimacy in older adulthood* (with Miller-Day and Fischer, 2009) and "Ageism and ageist language across the life span: Intimate relationships and non-intimate interactions" (with Pitts, Humber, Krieger and Ohs, in *Journal of Social Issues*, 2005). Over his career he has presented over 150 papers and served on over 120 dissertation committees across numerous disciplines.

Welcome aboard Jon!



Call for Submissions: Special Issue: Aging in East Asia

Anthropology & Aging Quarterly

Deadline for submission: March 20, 2012

This issue will focus on research on aging in East Asia (North and South), with particular interest in the everyday lived experiences that highlight the region's cultural diversity and shared challenges. We particularly encourage submissions that acknowledge and explore the influence of transnational movements of people, technologies, health practices and welfare policies that are creating new linkages and relationships across East Asia and the world.

Topics might include:

- The effects of the March 11, 2010 Tsunami on older Japanese adults
- The immigration of geriatric health care workers in Asia
- Integration of grassroots and local welfare systems for older adults into state policies
- Changing understandings of "successful aging" with increasing longevity
- Medical pluralism among older adults, including traditional medicine and treatments
- Cultural influence of intergenerational relationships and family dynamics on care systems
- East Asian perspectives on end-of-life and death with dignity
- Role of religious beliefs and practices for older adults
- Nursing homes in Northeast and Southeast Asia

See the general submission page for details on submission process, or contact Jason Danely (Editor) jdanely@ric.edu for further inquiries.



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 Reports 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, Jason Danely jdanely@ric.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

30(2) March 20th, 2012

30 (3) June 15th, 2012

30 (4) September 15th, 2012