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# Cultural Gerontology: Towards an Understanding of Ethnicity and Aging

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### Résumé de l'article

Même si l'on admet généralement que le processus de vieillissement a des répercussions psychologiques, biologiques et sociologiques, les gérontologues n'attachent pas suffisamment d'importance aux facteurs culturels qui affectent pourtant cette étape de la vie. Cet article insiste sur la nécessité d'entreprendre des recherches plus poussées en gérontologie culturelle, en présentant un compte rendu critique de la littérature non anthropologique sur les « minorités » et les groupes ethniques âgés. À la lumière de quelques exemples tirés de son milieu de travail parmi la population juive âgée du Toronto Baycrest Centre, l'auteur démontre à quel point le facteur ethnique (une variante culturelle) contribue à soulager les problèmes sociologiques et psychologiques qui accompagnent fréquemment le processus de vieillissement dans les villes nord-américaines.

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# Cultural Gerontology : Towards an Understanding of Ethnicity and Aging <sup>1</sup>

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Old age can only be understood as a whole: it is not solely a biological but also a cultural fact.

Simone de Beauvoir  
*Old Age* (1972: 20)

... the meaning or lack of meaning that old age takes on in any given society puts that whole society to the test, since it is this that reveals the meaning or the lack of meaning of the entirety of the life leading to that old age.

*Ibid.*, p. 16

## *Introduction*

While it is often taken for granted that the process of aging has its psychological, biological and sociological dimensions, gerontologists have not sufficiently explored the importance of *cultural* factors as these differentially affect the aging individual or social group. Anthropologists on the other hand have long recognized the significance of cultural beliefs and norms in determining the role, status, and position of the elderly in society (Bateson, 1950; Simmons, 1945a). To this end, they have examined the "cultural patterning of the human life cycle" (Clark, 1967: 55) in an effort to demonstrate how dominant societal values (Culture)<sup>2</sup> may structure, facilitate or hinder individual and group adaptation to the physical and biological constraints of aging.

Unfortunately, much of the anthropological research has been carried out in what are now extinct or

pre-industrial and industrializing societies (Benet, 1974, 1976; Cox and Mberia, 1977; Goody, 1976; Myerhoff, 1978a; Simmons, 1945a, 1945b, 1946, 1948; Sweetser, 1956). While this has been helpful in isolating regularities and patterns in the treatment of the elderly in underdeveloped and Third World countries, it is very difficult if not impossible to generalize from these studies to our own society. Cultural descriptions are in fact localized and relative. They have meaning only for the particular group for which they were examined.

It is only recently that more than a mere handful of anthropologists have turned their attention away from the technologically unsophisticated societies of hunter-gatherers, horticulturalists and pastoralists to the large-scale, complex and highly industrial United States.<sup>3</sup> Their work has mainly followed two major directions. The first has been on the level of the micro—or small—scale community studies, where the methods devised for the examination of "primitives" have been particularly useful in getting at the processes and dynamics of community formation and the development of age-stratified sub-cultures. The researchers have collected life histories, conducted participant observation and carried out questionnaire/interview surveys in such diverse settings as old age homes, senior centers, and hospitals for the aged (Hendel-Sebestyen, 1979; Henry 1963; Holzberg 1979; Myerhoff, 1978b) as well as age-segregated housing projects, age homogeneous retirement com-

munities and age-stratified voluntary associations (Angrosino, 1976; Byrne, 1974; Cuellar, 1978; Fry, 1979a; Jacobs, 1974a, 1974b, 1975; Jonas, 1975; Kandel and Heider, 1979; and Keith, 1979).

The second emergent area of anthropological research on the elderly has largely focused on American (U.S.) society at the macro-level, taking off from the gerontological and non-anthropological studies of Barron (1953), Rose (1965) and Streib (1965). Focusing on the dominant values and attitudes that prevail in American *Culture* (U.S.), this second lot of anthropologists have come to the pessimistic and somewhat depressing conclusion that the aged can be viewed as a "minority" sub-culture. The macro-level studies have pinpointed the "discontinuities" (Benedict, 1938), "contradictions" (Clark and Anderson, 1967), "anachronisms" (Anderson, 1972), "pathogenic ironies" (Henry, 1963) and "cultural imperatives" (Clark, 1969) that transform the aged from an amorphous category into more or less unified and socially active age-stratified interest groups. The group identification is the end result of growing older in a society that "goes to great extremes in emphasizing contrasts between child and adult" (Benedict, 1938: 161). The penalties of aging in a Culture that devalues old age are of course much more severe for women and the members of other "deprived" minorities. These marginal segments of the population are often described as suffering from "double jeopardy" or multiple hazards, that is, they are severely afflicted by the negative effects of being old, female and/or non-white (Dowd and Bengston, 1975).

The paper will begin with a few brief comments on the way in which American society is reputed to dehumanize, humiliate, and create an underclass of those arbitrarily defined as *old*.<sup>5</sup> This elaboration is necessary in order to provide a conceptual bridge to the third direction that anthropological research must take if the elderly are not to be treated as if they have a contagious disease, that is, segregated and isolated from "the viable body of tradition that constitutes the daily pattern of younger Americans" (Anderson, 1972: 211). The first part of the paper will therefore present some of the contradictions and discontinuities in American Culture, to show how aging is much more a moral judgement than it is a biological constraint.

The second part of the paper will discuss the importance of doing in-depth case studies of "ethnic" population segments who are not solely identified as members of the deprived "minorities" of Blacks, Hispanics, Native Americans and Pacific/Asians. Research conducted on the "minorities" thus far has for the most part not been done by anthropologists. Thus the investigators often fail to distinguish "ethnic" or cultural factors from the effects of social class and racial discrimination. What results is an analysis of the "minority" cultural context in terms that to some

extent parallel Lewis' much criticized "culture of poverty" (1965, 1966),<sup>6</sup> that is, including as part of the minority culture situational factors that are determined by the wider society.<sup>7</sup> As Eames and Goode suggest (1977: 308) unemployment is not a minority cultural trait, it is the generator of poverty itself. The same can be said for such minority "problems" as low levels of education, high dropout rates, alcoholism, sub-standard housing, and poor health.

Even though researchers theoretically recognize that it is imperative to avoid confounding ethnic differences with those of social class (Kalish, 1971: 80), this methodological plea is consistently by-passed every time "ethnicity" and minority are treated synonymously. For example, Taylor (1979) in her doctoral dissertation on aging Black women (in the United States), falls into this trap. She claims her research focuses on the effects of ethnicity which she defines as the distinctive repertoire of beliefs and customs common to her sample as a result of similar backgrounds (the majority were born in the south and migrated north to join family or to find work), historical experiences and socio-economic factors. Yet while she states that her research is about the effects of culture (values, traditions, self-concepts, attitudes, standardized lifestyle) and cultural continuities on the coping strategies of these women, one wonders what is distinctively *ethnic* about three of the four "cultural" mechanisms she isolates to show how elderly Black women cope with aging, that is, what is distinctly "Black" about the reciprocal relations maintained with 1) kin, 2) friends and neighbors, 3) social service workers, and 4) individuals in general on account of their religious beliefs. It is only with respect to her discussion of religious behavior and religious beliefs that one gets an intimation of cultural distinctiveness, and even this treatment is somewhat shallow.

A similar objection can be lodged against Kiefer (1971) who attempts to show how immigrant sub-cultures in the city and in the "working class" manifest interpersonal relations characterized by "structural intimacy". Labelling both the immigrant sub-culture and the sub-culture of the working class as "folk sub-cultures", he explains that group cohesiveness "is valued above any immediate value of membership, either material or emotional" (1971: 95). But if the quality of intergroup relations is more the result of situational socio-economic exigencies, to what extent is it possible to conclude that we are in fact witnessing distinctive and ethnic-specific *culturally* conditioned beliefs, values, and attitudes, especially if "structural intimacy" is characteristic of all "folk" sub-cultures. In fact what we may be observing are short term coping responses rather than generationally transmitted or culturally devised and relatively permanent adaptive strategies.

In general, there is little concern with elaborating

those adaptive cultural prescriptions that are not specifically related to the structural imperatives of poverty and racism. Benedict's article (1972) on the Indian aged is another good case in point. By quoting figures for life expectancy, level of education, drop out rates, low income, unemployment and homicide rates, he sets the stage to conclude "Perhaps these figures can give us a better sense of what it means to grow old on Indian reservations" (1972: 56). The question that immediately comes to mind of course is "means" to whom, for nowhere in this article is there any evidence that he in fact asked the "natives" on these reservations what it *means* to grow old and how they cope with aging in such a harsh situational environment.

Another consistent problem with the "minority" literature, though perhaps not as pervasive as the tendency to subsume culture under social class, is the treatment of the various ethnic population segments as if they were culturally homogeneous. Kalish (1971: 83) makes this point when he warns against assuming comparability among members of an ethnic group because they share ethnic membership. In reality, these minorities are often socially and culturally heterogeneous, having come from different regions in their countries of origin and/or linguistically divided into somewhat opposing camps. This has been noted for the Chinese-American population segment (Kalish and Yuen, 1971; Sacks, 1979). It has also been recognized for the Jewish-American population amongst whom it is clear that there are "many Jews whose specific life styles are not that of Eastern European descent, that is, Russian or Polish" (Simos and Kohls, 1975: 206). Yet generally, when researchers refer to Jewish life in America, sub-cultural differences among them are ignored and those of German, North African and Israeli descent are overlooked.<sup>8</sup>

Kandel and Heider (1979) in their research on friends and factionalism in a HUD housing project ("Fresh Pond") in North Miami, refer to their sample as "tri-ethnic", yet their population consists of 13 Black residents, 30 Cubans and 62 *Anglos*, where Anglo refers to a "loose classification... as the Anglos are a varied group, unified simply by the exclusion of dark-skinned and Spanish-speaking people" (1979: 51). One cannot help but inquire what exactly constitutes the markers of *Anglo* ethnicity. Similarly, for the study done by Reynolds and Kalish (1974) investigating three demographic variables—sex, age, and ethnicity—in Los Angeles in an attempt to focus on ethnic variability and anticipation of futurity. Four ethnic groups/categories were chosen for the study: Japanese-Americans, Blacks, Mexican-Americans and Whites. Again one cannot help but question the conceptual validity of a project whose major focus was upon ethnicity ("our most elaborate tests and most extensive analysis were for this", p. 226) and yet

Whites are treated as culturally homogeneous. Furthermore, no systematic discussion of ethnicity is ever presented. These criticisms are justified because in the end, the researchers could not explain why Blacks wanted to live longer than any of the other ethnics in the sample.

In another study of "aging in minority populations" Dowd and Bengtson divide their sample into "all Blacks, Mexican-American and Anglo residents of Los Angeles County aged 45-74" (1978: 428). The investigators refer to these populations as racial groups/ethnic categories where race (phenotype) and ethnicity (culture) are treated as conceptual equivalents. How Anglos can be treated as a racial group, let alone structurally homogeneous is an incredible oversimplification of the data. Similarly, Cantor focuses on the three major groups of elderly in New York City "*White*, Black and Spanish-speaking (mainly Puerto Rican)... in an attempt to document the basic similarities, but more importantly, the *differences*, in the life styles and needs of the three major groups of elderly and thereby provide the *specificity* of data needed for immediate and long-range physical and social planning..." (1979: 243, emphasis added). That she can refer to Whites as one of the "three major ethnic subgroups", failing to differentiate Jews from Irish, from Italians, will obviously reduce the significance of her findings regarding the influence of ethnicity and culture on the lifestyles of older people. This is unfortunate because some of the questions she asks and some of the suggestions she makes can be really helpful in directing ethnic research and servicing ethnic populations.

Following a discussion of contradictions and discontinuities in American Culture, the remaining portion of the paper will present a general discussion of ethnicity and cultural pluralism in the United States in an effort to pinpoint the influence of culture on the process of aging. One must always remember that there are elderly "ethnics" in the United States who are White and not necessarily members of the deprived minorities.<sup>9</sup> As there is a tendency on the part of policy makers to engage in "expedient planning" (Golden, 1976: 40), that is to rely on research findings more appropriate to elderly middle-class White Anglo-Saxon Protestants, for the design of programs intended not only for Blacks but also for Poles, Italians, Jews, Lebanese-Americans, Irish, etc., research which treats ethnicity as an independent variable can only benefit those non-Anglo ethnics of post-retirement age.

#### *Contradictions and Discontinuities in American Culture*

In the United States, old age has become a "social problem" (Clark, 1973: 79) and older American suffer

from a kind of “social death”, that is, “long life accompanied by social attitudes appropriate only toward the dying” (Anderson, 1972: 212). One wonders how this curious turn of events has come about given that American society is one of the most technologically sophisticated countries in the world, having a relatively high standard of living and per capita income and providing for its numerous citizens relatively many opportunities for adequate nutrition, shelter, medical care, and education.<sup>10</sup> Why is it that those who reach the age of 65 become “victims”, doomed inevitably to suffer from diminished self-dignity and sense of worth? What are some of the social, cultural and historical factors that have paved the way for the moral degradation of one of the fastest growing segments of the population? And, as de Beauvoir poignantly inquires: “What should a society be so that in his last years a man might still be a man?” (1972: 264). These are a few of the questions that will be considered in this somewhat abbreviated section on the contradictions and discontinuities in American Culture, in an effort to demonstrate how gerontologists have been quick to take the logical step from focusing on the aging sub-culture as one of “minority” status to an investigation of the elderly in the various “minority” sub-cultures as special objects of need.

Clark and Anderson (1967), Clark (1973), and Cowgill (1974) all suggest that one of the reasons why old age has become identified as a social problem relates to the sharp increase in the numbers of those persons who survive beyond the age of 65. At the turn of the century, the majority of people did not live past the age of 50. Today the life expectancy for White American men is 69 and for White American women 77.<sup>11</sup> At the turn of the century the number of people in the population over the age of 65 was less than five percent; today, it is about 11.3 percent. And, as the birthrate is expected to drop, the proportion of elderly in the population will inevitably rise. Thus the over-65 year old age stratum is anticipated to increase in size from 24 million in 1980, to

32 million in 2000, and then to 45 million by 2020. All age segments of the elderly population are expected to grow rapidly, but particularly the extremely aged, so that by the year 2000 there will be about 17 million persons 75 and over, and about 5 million who are 85 and over (National Institute of Health, 1979: 1).

The increase in numbers and proportion of the elderly will have a tremendous effect on the labor market as it will probably increase “intergenerational competition for jobs” resulting in more and more older people being pushed into retirement (Cowgill, 1974: 130).

Older people suffer from “social death” inevitably facing social ostracism and segregation, because at age 65, they are forced into a situation of unemploy-

ment, euphemistically called “retirement”. Their obsolescence is assured through the unyielding operation of bureaucratic rules that legally institutionalize their social exclusion from the “responsibilities and economic activities of adult life, sometimes two decades before they experience serious functional impairment (Anderson, 1972: 212). This particularly harmful to individual self-esteem, as social status and prestige in American Culture are equated with the level of income earned and conspicuous consumption made possible through steady employment. As Cowgill points out, “loss of income is probably a fairly accurate index of the decline of status” (1974: 130). Add to this the fact that in American Culture productivity is highly valued, while self-reliance, personal autonomy and independence are dominant norms. Thus with forced retirement and the concomitant loss of income, the retired person is rendered hopeless and is inevitably faced with the dilemma of increased dependency, the inability to sustain self-reliance and the loss of personal autonomy. In short, the elderly are forced to become a “burden” on others—neighbors, friends, kin and the state—and with this increased dependency their identification as a growing social problem is assured.

Clark and Anderson point out that American Culture is plagued by discrepancies between the functional capacities of its elderly population and the cultural mandates of the wider society resulting in a situation whereby there “remains for most older people a long span of years devoid of social meaning” (1967: 10). They suggest that the roots of the dilemma “lie in the normlessness of this newly extended life epoch of relatively healthy old age” (*Ibid.*), which derives from a) the residential segregation of the elderly in age-homogeneous communities spatially separated from their families and therefore physically cut off from familiar social support networks and b) the rapidity of technological and industrial change which makes them “carriers of a dying culture”. In other words, “Progress has made obsolete the technical skills and knowledge they once painstakingly mastered when they were learning the work and ways of the world” (*Ibid.*, p. 15).

Maxwell and Silverman (1970) make similar comments about the general devaluation of the elderly in industrial societies owing to the fact that status is determined by immediate utility to the group. As the elderly maintain little control over society’s informational resources, they are rendered useless and hence can make little contribution to the maintenance and survival of the entire system. Their superfluousness is inevitable because of improved artifactual storage of information and rapid socio-cultural change. This technological development soon makes what little information they do carry with them trivial and useless. Hence their social participation is minimized and

the end result is the decline of respect by society for its elderly population segment, a consequence which only increases the aged individual's loss of self respect and feelings of personal redundancy.

What Clark and Anderson (1967) and Maxwell and Silverman (1970) refer to are the contradictions and discontinuities in American Culture. Benedict (1938) came to these same conclusions when she noted that strains will result in a society when no provisions for adequate cultural arrangements and social institutions are made to support individuals in their changes from role to role as they get older. In small-scale traditional and technologically primitive societies, role changes are usually marked by formalized ceremonies and ritually elaborated rites of passage (Van Gennep, 1908). Thus individuals do not experience the sense of ambiguity that may accompany their new status, as ample provision is made to ease them into their new social identity. In American Culture, this does not happen to people who age and undergo mandatory retirement, although they may be given a parting gift (the proverbial gold watch) after 20 years of devoted service to the company. The majority of those who retire however, are not ushered into their new identity with any major celebrations, and for the reasons cited above they cannot rely upon their previous training to handle their new "retired" role. Hence an inevitable anxiety will result owing to growing old in a culture that lacks viable social roles for its elderly.

It has been postulated that the Cultural context in which aging occurs in the United States does not leave many opportunities for the elderly to achieve a sense of importance. Mead (1970: 132-136) enumerates the set of American attitudes and practices that will have to be modified in order to insure greater sensitivity to the needs of each human being, the aged not withstanding. Some of these have already been cited, but their significance is such that they bear repeating.

1) American Culture values *autonomy*. Thus in order to preserve autonomy for the elderly not only are ample financial provisions required but also physical settings (housing) adapted to age that is, "no steps, simple housekeeping devices, availability of visiting nurse and cooked food services, and easy access to the society of other people of different ages" (1970: 132).<sup>12</sup> 2) American Culture values *upward gradients* or the achievement of greater and greater success. But the way in which society is presently organized relatively few people can reach these normative heights until they die.<sup>13</sup> Furthermore, retirement often exacerbates prestige loss. Mead suggests that, "This tendency to recognize only continuous immediate success and to ignore past successes or high status which is unlikely to be capped by higher status, could be met... by cultural provisions for men and women of 50-60 to begin entirely new activities within which they might again rise" (p. 133). 3) American Culture values the *two-generation nuclear family*, consisting of

parents plus dependent children. This essentially ignores the contribution that grandparents could make as baby sitters and "in stabilizing children's personalities by giving them a coherent picture of what their later years may in part be like" (p. 134). It is therefore important to give greater recognition to the grandparental role within the family. 4) American Culture perceives the task of husband-wife as basically that of a childrearing rather than that of an economically productive unit. Hence there is only a limited basis for building common interests other than those pertaining to the raising of children. When the children are grown up and leave home, the task is essentially completed and the "empty nest" syndrome may result. Parents may then suffer from depression and anxiety on account of role loss. Mead suggests that possible solutions might revolve around having a second set of children late in life, postponing the age at which parents are abandoned, or changing occupation and residence during middle age thus resulting in a new basis for the development of additional common interests. 5) The American emphasis placed on the "cult of youth" and the importance of physical vigor leaves little room for the acceptance of wrinkles and decreased physical energy. Hence the change in American values recommended for solving this dilemma, must be in the direction of appreciating "experience", "connoisseurship", and "wisdom"—qualities that are ever-present among the aged. What they possess is a kind of cultural vitality and this they could be called upon to share with others.

Mead concludes that it is not impossible for Americans to develop new cultural orientations in order to modify the current values and attitudes that are detrimental to an appreciation of the aged. She arrives at this conclusion from her work in foreign societies (Bali in particular) where the elderly are often treated with more respect and "the later years of life are stylized and given significance" (1970: 131). Perhaps Mead is being overly optimistic regarding the ease with which she believes that Americans can modify their dominant norms and values, guiding precepts that have been prevalent in the United States for centuries. Perhaps she is being somewhat superficial and simplistic in the solutions she offers to the problematic values she poses. But what is particularly noteworthy in her approach is her recognition and identification of those normative axioms which must be adjusted and even discarded and for this reason, she makes a significant contribution towards rectifying the social problem of aging.

In view of the fact that individuals in America are apparently culturally disenfranchised once they reach the age of 65, "hampered if not prevented from fully participating in the social patterns and sharing the economic benefits of the general society" (Francher, 1969: 29), it is no wonder that an increasing number of researchers have come to label them as a "minority

group". Many of these investigators ultimately derive the dimensions for their minority group concept from the definition posed by Wirth more than 30 years ago. For Wirth, a minority is

a group of people who, because of their physical or cultural characteristics, are singled out from others in the society in which they live for differential and unequal treatment and who therefore regard themselves as objects of collective discrimination (1945: 347).

Because the aged constitute a highly visible population segment, stereotyped and discriminated against by others on account of their age and moved to greater and greater collective self-interest in order to overcome their subordinate position in society, the minority group concept originally developed to describe the disadvantaged position of certain racial/ethnic groups has been extended to include the elderly as well. But as some scholars have suggested, however,

ideological considerations appear to have played an important part in encouraging the extension of the minority group concept or perspective to the study of women, the aged, and other subordinate groups... to label a subgroup as a minority serves to announce some humanitarian inclination in regarding the group (Abu-Laban and Abu-Laban, 1977: 108).

Given the "ideological lure" of the "minority group" concept, its scientific utility has been called into question. Experiential similarities (frustration and anxiety) suffered by the aged, Blacks and women on account of exclusion from full participation in society may be equivalent in some respects, but the structural locus of these population segments in society is not. Furthermore, the clarity with which each articulates a collective group consciousness, as well as the full extent of their respective degree of subordination are two other structural factors that serve to differentiate the 3 population segments. As Barron (1953), and Streib (1965) have argued, the aged are not socially organized into independent subgroups and so they cannot be considered as true minorities. Similarly, Streib (1965), Atchley (1972) and Turner and Kahn (1974) have pointed to the disproportionate representation of elderly among those holding the highest political offices in the United States. In other words, the American political system can be characterized as a "gerontocracy" (Turner and Kahn, 1974: 572). Not only are the aged over-represented among the local political elites, but they exercise considerable influence at the national level as well (Streib, 1965: 41). But as one of the structural characteristics of minority group status precludes wielding power and influence in society, these scholars make a convincing argument against extending the application of the minority group concept to the elderly. What soon becomes apparent is an experiential analogy that breaks down at the structural level because Blacks and women are not disproportionately represented at the higher levels of the American political

system. Thus the aged, Blacks and women do not constitute homologous social groups. They are merely analogous population segments.

As a result of the tendency to view the aged as a deprived minority group it is understandable why researchers have come to focus on the minorities within the minorities as special problems of the utmost urgency. In the 1978 report of the U.S. Senate's Special Committee on Aging it was noted that while poverty has declined markedly during the past ten years, the reduction has been concentrated among aged Whites.

However, the number of aged poor minority members has remained essentially unchanged... (742 000 in 1976 compared with 751 000 in 1977)... More than 200 000 aged Whites escaped from poverty from 1976 to 1977, while the number (from 680 000 in 1976 to 751 000 in 1977) and the percentage (from 32.7 percent in 1976 to 31.9 in 1977) of low-income aged Blacks and other races actually increased (1979: 151).

What the government has recognized in addition to the high correlation of poverty and minority group membership is that the various deprived minorities, Blacks, Hispanics (Puerto Ricans, Mexican Americans, Cubans), Native Americans and the Pacific/Asians (Japanese and Chinese) cannot be serviced in the same way owing to differentiated cultural heritages. But the extent to which culture/ethnicity has been treated as an independent variable has been relatively uneventful.

#### *Ethnicity and Aging: More than Just the Minority Elderly*

In an environment where "old age is a form of illness to be lamented but not mentioned earlier than necessary" (Mead, 1970: 137), where there are a multitude of cultural discontinuities in the transition from adult status to old age and where the dominant values of self-reliance and independence make it difficult for the elderly to age successfully, "ethnicity" stands out as a potential corrective alternative enabling individuals to better cope with the physical and psychical constraints of decreased biological vitality. Ethnicity, that is, social differentiation based on cultural criteria such as a sense of peoplehood, shared history, a common place of origin, language, dress, food preferences, participation in particular clubs or voluntary associations, etc.,<sup>14</sup> creates a sense of exclusiveness and self-awareness that one is a member of a distinct and bounded social group. Often times individuals who share ethnic ties will reside in spatially contiguous areas, will evince ethnic-specific social institutions (e.g., the family, education, religion) and may even hold similar occupations. Aronson (1976) defines ethnicity in the following manner

an ideology of an for value disensus and disengagement from an inclusive sociopolitical arena, that is, for pursuing major values deemed not shared by others in the arena... An ethnic ideology says in effect that we do not agree on the ultimate values (or goals and ends) of the system, and we want to be left alone (perhaps with enough resources) to pursue "our" own ends... (1976: 14-15).

Unlike class ideologies which do not challenge the dominant values of the society, ethnic ideologies tend to pursue cultural norms not shared by others in the society. What ethnic membership thus implies for the elderly, is the opportunity for individuals to sustain continuity in their repertoires of already familiar social roles. As long as they keep up their ethnic affiliation, their exclusion from participation in the wider society via forced retirement (unemployment) may not be as frustrating. Consider the following 3 examples as interesting illustrations of how ethnic identity and interaction may help to sustain, perpetuate and even encourage the maintenance of familiar patterns of culturally stylized social involvement.

The first case derives from data collected in a *Sephardi* (Jewish) old age home in New York City. Hendel-Sebestyen (1979) demonstrates how active ethnic affiliation among the elderly in this total institutional setting, fosters the creation of a community, with the result that instead of losing roles and experiencing social and psychological deculturation, the residents maintained role diversity and so overcame the limitations of total institutional confinement. This was accomplished largely by the persistence of cultural and religious traditions which they carried with them into the home. For one thing, they were not cut off from contact with the outside Jewish community. Those who governed the institution were the close kinsmen of those admitted as residents. In addition, the residents formed voluntary charitable organizations in the home which were carbon copies of those they had belonged to on the outside. They also maintained a synagogue, selected officers for its administration and were very active in the hiring of a rabbi. Furthermore, newcomers were socialized by those residents who had been in the institution for a time and not by the staff. In other words, the *Sephardi* elderly in the old age home were able to interact with one another in terms of "multiple" identities and

not just the ones assigned to them by the organizational framework. The opportunity to function in terms of previous identities is especially important in an aged population because senility usually affects recent memory most adversely. Many may easily forget where they are now, but they are less likely to forget what they *were*. And it is in terms of what they were that they continue to interact in the Sephardic Home (Hendel-Sebestyen, 1979: 22-23)<sup>15</sup>

Hendel-Sebestyen's ethnography is significant for the way in which she views ethnicity as an impor-

tant factor in the adjustment of the elderly to the process of institutionalized aging. The second example of how ethnicity may help overcome some of the ambiguity, normlessness, and identity loss that is often associated with growing older derives from my own work among *Ashkenazi* Jews in the Toronto Baycrest Center, a multi-faceted geriatric institution that provides social services and health care for the city's aged Jewish population. In many ways despite the Eastern European background of this Jewish population, the experiences of the residents at the Baycrest parallel those documented by Hendel-Sebestyen for the *Sephardim* in New York.

The individuals that I worked with were relatively healthy, able to take care of themselves and resided in the Baycrest Terrace,<sup>16</sup> an eleven-story high-rise apartment complex, situated at one end of the three-block Baycrest tract of land. My involvement with the "Memoirs Group" of the Baycrest Terrace began in July 1977, about three months after the initial formation of the group. A few of the residents were meeting once a week under the supervision of the program director to read aloud and discuss their life histories. When I joined commitment to the project was very low and attendance at the weekly sessions was somewhat irregular. Individual perceptions seemed to be in tune with what Kramer and Masur discovered in *Jewish Grandmothers*. "They had grown old surrounded by children who knew very little about their lives. Many felt that they had nothing left to contribute to society." (1976: XX)

As the weeks went by however, the participants in general developed a more positive self-image of themselves and expressed a somewhat opposite feeling. They came to believe in how important it was to record their memoirs. Recognizing that since the Holocaust, they were the last remaining links to the social and cultural traditions of turn of the century eastern European Jewry, they frequently remarked on how good they felt about the project, how they were challenged intellectually, no experience being too insignificant to record. Each memoir would be valuable for the generations to come. They would no longer remain as the "forgotten and unimportant elderly". Their families helped to reinforce this development of this self-esteem by requesting copies of the individual accounts.

What eventually started off as an *ad hoc* activity in 1977, with 12 members in irregular attendance, turned into a very important formal project for 25 Terrace residents, who obtained federal funding from the Canadian government to publish their memoirs in a monograph entitled, *From Our Lives* (Mosaic Press, 1979). Throughout the project their rejuvenation and development of self-worth were obvious consequences of their involvement with the group. Some of their comments reflect the nature of this development. "In



situations where you are not really a person, projects like these make you feel important and give you self-confidence." "We did it ourselves. Nobody thought about us." "The stories bring us new life giving us something interesting to do." They believed that their memoirs would preserve the past by drawing out what lay buried. They also believed that these stories would provide their descendants and especially their grandchildren with something concrete to remember them by. It was most important for the children to learn about their cultural roots.

Wherein lies ethnicity as a factor in easing adjustment to the Baycrest institutional setting? Again, it is the common denominator for admission into the Terrace. It is also the medium through which a group of Terrace residents were able to achieve a sense of importance while at the same time sustaining continuity with past lifestyles and traditions. And, because these people are the last direct links to an already extinct way of life, it is only through recording their "ethnic" life histories that a cultural heritage can be preserved. This they fully recognized and this brought meaning into their lives.

For the third illustration of the importance of ethnicity as an independent variable, often instrumental in providing the elderly with something of positive value in a society that has little to offer them, I would like to refer to Cool's work among the Corsican immigrants to Paris. Cool (1979) shows how ethnicity as manifested by her particular community in a pride in having all originated from the Niolan Valley in Corsica, a collective strength owing to a redefinition of group history, and participation in Niolan voluntary associations in Paris, all enabled the elder Corsican immigrants to function as guardians, teachers of traditional knowledge and values, and cultural brokers linking the more recent and younger arrivals to the larger French culture. Cool observes that "rather than being ignored by Niolan networks and organizations in Paris, the old are encouraged to participate and are listened to with respect and interest" (1979: 155). This is done so that they may teach and pass on the traditional ways (language, history, customs, etc.). Thus the elderly are not neglected, nor are they socially isolated from a cultural context in which they have grown old. Rather they are called upon to make consistent and creative contributions to the perpetuation of a transplanted ethnic community.

Though ethnicity is obviously a variable that cannot easily be ignored, it is extremely important not to get carried away by stereotypic idealizations regarding the role and position of the elderly in the "ethnic" scheme of things. Both Maldonado (1975) and Cuellar (1978) have come to this conclusion from their work among Chicanos/Mexican Americans. As Maldonado points out, popular sociological theory assumes that the aged Mexican-Americans find the

emotional and social support they need to maintain a positive self image, within the realm of the strong extended family. But in reality, the extended family is only a myth. At one time however, the extended family did predominate among Mexican-Americans but this was when the community was largely rural and the extended family of multiple generations was extremely valuable and even necessary for economic productivity on the land. It was under these agrarian conditions that the elderly could perform useful roles and hence their needs were taken care of totally within the extended family context. But with increasing urbanization and the consequent break up of the extended family, the place of the older person has largely been undermined. Hence,

Governmental social agencies, in "respecting the culture", may be avoiding their responsibility to provide services since they place responsibility on the Chicano family. At the same time, the agencies are not providing the family with the resources for making the needed services available to the aged (Maldonado, 1975: 213).

To say that the extended family among Mexican Americans is a myth should not deter the investigator from seeking out other possible "cultural" mechanisms adopted by the elderly that are still operational within a predominantly ethnic specific context. In fact Cuellar (1978:216) has discovered an emergent senior citizen sub-culture in the Chicano community that has developed largely as a consequence of the fact that the older Chicanos are no longer honored, respected, obeyed, and indulged like they were in the past. Because Mexican-Americans like other Americans have come to adopt the Cultural ideology of the dominant society such that the elderly are predominantly viewed as superfluous, in order to compensate for their loss of status, many of them have been increasingly attracted to joining Chicano senior citizens' organizations. In Cuellar's community (the Chicano barrio of East Los Angeles), the numbers of elderly Chicanos who have joined these senior citizens clubs are still relatively few. But he notes that there has been a "rapid proliferation of these age-graded organizations within the Mexican-American community... precisely because the traditional arenas of engagement no longer completely respond to their needs" (1978: 208).

Cuellar's work among the Chicano aged is not only extremely valuable for the insightful analysis he presents on the role of the ethnic voluntary association among the Chicanos of East Los Angeles but also for indirectly presenting data which show how ethnicity is not an immutable cultural system. For this reason, definitions of ethnicity that rely solely on attribute analysis or content miss the point that ethnicity constitutes a dynamic system constantly changing, adjusting and adapting to the wider environment of which it forms a part. What remains constant in the ethnic

sub-system is the boundary that distinguishes “them” from “us” but even the nature of the boundary will change over time as ethnics tend to modify their distinctive interaction patterns and cultural characteristics. However, it is to be noted that whenever ethnicity is modified its new forms are usually generated from their previous conditions so that there is some degree of continuity with the past. Culture change does not take place by the instant total replacement of one system by another as Schneider (1976: 218) so cogently points out. Rather the changes that take place are in bits and pieces so that only portions of the ethnic sub-system will be modified at a given point in time.

If as Henry (1963: 418) and Kalish (1971: 78) suggest that individual adjustment to aging is a function of social role and expectations, it is clear from the above examples why researchers ought to consider ethnically-derived cultural values in planning services for the “ethnic” elderly.<sup>17</sup> Zay (1978) for instance amplifies this point when he notes that native peoples in Canada (Indians and Inuit) are much more willing to use community services when these are provided by the local group itself. Furthermore, he finds a commonality among the diverse Canadian native populations in that institutionalization (whether it be in a hospital or a home for the aged) is always viewed with distaste by these peoples “not only because they feel transplanted into a totally foreign environment but also, and above all because they have to abandon their natural environment and resistance to this is fierce” (1978: 11).

The relevance of ethnicity in shaping family relationships, attitudes toward elderly relatives, and the role of the elderly in the family has also been noted (Fandetti and Gelfand, 1976; Woehrer, 1978). But relatively few studies have been carried out and especially among the less “volatile”<sup>18</sup> ethnic communities. The problem of doing studies among the “deprived” minorities is that the researcher often fails to distinguish between ethnicity and social class factors, treating as cultural those situational responses that in reality may be more the result of socio-economic exigencies and racial discrimination. A good case in point derives from the work of Joan Moore (1971) on the minority aged. While she suggests that variant sub-cultures develop among the minority groups, including “value sets” of significance to aging, she cites as her example the following :

... the old black woman is in some respects “better off” than the old white woman because the combination of poverty and a prolonged period of child-bearing have tended to permit her to retain a meaningful functional role... Further, the role of the old person in a poor family may be significant because he may make a substantial contribution to the whole family’s economic welfare. The small sums provided by

social security or other pension or welfare plans may be a substantial portion of the household income (1971: 91).

The suggestion from Moore’s analysis is that family support systems among “old blacks” and other minorities are not really due to *sub-cultural value-sets* but rather serve as functional or instrumental responses to socio-economic deprivation. These strategies are therefore class-based rather than culturally-patterned coping mechanisms. One cannot help but wonder if the upwardly mobile or more affluent “old blacks” respond in the same manner. Wherein lies “the black experience as a cultural phenomenon” (Kent, 1971: 27) in her discussion?

This is not to say that wherever ethnicity or culture is concerned that socio-economic variables are meaningless and that the effects of cultural traditions and values always take precedence over those of social class. It is well known that an individual’s place in the class structure exerts an influence over behaviour and attitudes. It has also been shown that friendships, marriages, and feelings of solidarity tend to occur with greater frequency within rather than between individuals from different social classes. I am not arguing in favor of “cultural determinism”, for culture is not the sole determinant of social action. There is always the influence of biology, psychology, the environment and social institutions which play influential roles as well (Schneider, 1976: 197). But the point is that if one hypothesizes a culture based on shared history, collective identity, sense of peoplehood, and unique heritage, then one must demonstrate how the distinctive social patterns and meaningful symbols that result make for bounded social differentiation such that people will respond differently due to variations in expectations, values, and attitudes. Do not take ethnicity for granted. Document the value sets, world views, and normative structures that constitute the dynamic aspects of the cultural heritage, for these elements serve as the context in which early socialization will take place (Kent, 1971).

#### *Cultural Gerontology: Towards an Understanding of Ethnicity and Aging*

What is needed is a more rigorous investigation of ethnicity and aging, that is, an examination of those cultural criteria that may facilitate and/or hinder the way in which people grow older. Hence my plea for an intensive study of “cultural gerontology” (Clark, 1973: 78) in modern industrial complex society, not only to show how normative expectations may vary from sub-culture to sub-culture but also to demonstrate how these expectations actually structure the way in which a person may perceive, define and seek solutions to problems associated with aging. Bohannon has said that by the time individuals reach old age, the long experience of culture has over-

whelmed their initial genetic/somatic base in determining what they have become (Foreward, in Fry, 1979b: vii). Ethnicity constitutes one of the many possible, valid, and impinging cultural systems of complex society that function to provide a contextual medium wherein individuals can find warm and supportive networks to ease their role transitions. Other cultural systems that may be just as meaningful include political affiliation and religious identification. But as Woehrer emphasizes,

as of the 1970's there were estimated to be 5 million Polish Americans, 20 million Italian Americans, two million Greek Americans, one and a half million Puerto Rican Americans, six million Mexican Americans, five and a half million Eastern European Jewish Americans and over a half million Japanese Americans (1978: 329).

We should also not forget the Irish-Americans and German-Americans who also constitute visible cultural elements in the United States. Thus the importance of needed research on how individual life experiences have been influenced by country of origin, historical point of entry, processes of acculturation, and social integration cannot be overemphasized.

Cultural pluralism in the United States requires that researchers be sensitive not only to the social problems and service needs of the minority elderly but also to these same phenomena for the ethnically heterogeneous white population. For as has been stated, "the fact that people of different cultural backgrounds put their social worlds together differently means that their needs and resources as well as the ways in which they use the services available to them will vary (Woehrer, 1978: 335). This observation is true not only for policy planning and service design regarding social welfare, but also in the planning of medical, nutritional, and voluntary association accommodations as well.

## NOTES

1. The following paper was written while I was a Visiting Fellow at the School of Education-Hills South, University of Massachusetts-Amherst. I would like to thank the Social Sciences and Humanities Research Council of Canada for providing me with a Post-Doctoral Fellowship in "Population Aging" in order to be able to carry out the research. I would also like to thank Dr. Barbara Turner, Director of the Gerontology Planning Project of the University of Massachusetts-Amherst for her encouragement and guidance. In addition to Dr. Turner, Dr. Victor Marshall has made helpful comments and cogent criticisms on an earlier version of this paper. Responsibility for the final draft of course, rests solely with me.

2. Throughout this paper the term Culture will be used to refer to Culture at the macro-level of societal integration, that is the Culture of the wider society, while the term Culture will refer to the Culture of a particular sub-group of the larger society.

3. The work on community formation in a French retirement residence in Paris by Keith Ross (1974a, 1974b, 1977) and Keith (1979) is also noteworthy.

4. For a well-written and informative non-anthropological treatment of the "double standard of aging" as regards women, see Sontag (1972).

5. In the United States, definitions of who is and who is not "old" derive from the legislative convenience of making age 65, the point at which a person can begin to receive social security benefits. In other words, old age is defined chronologically rather than functionally. I prefer to follow the pattern adopted by Cox and Mberia in their discussion of aging in two Kenyan settings. They chose to call "those who continue to exert their energies as productive adults to the benefits of themselves, their families, and their community, "elderly". Those who have withdrawn from adult activities because of the frailties of increasing age are defined as "old" (1977: 4).

6. For a particularly good critique of the "culture of poverty" see Leacock (1971) and Eames and Goode (1977).

7. In particular see Moore (1971) who writes about the development of "variant subcultures" and "value sets" among minority groups characterized by a special history or a collective experience that entails subordination. More will be said about Moore's analysis of minority aging later on in the paper.

8. See also Guttmann (1973) who addresses the sub-cultural differences between Eastern European Jews and American-born Jews.

9. Sherk (1979) in her work on aging Lebanese-Americans is a good start in this direction.

10. As a recent National Institute of Health publication points out, two hundred years ago, when the United States of America became a reality, "only 20 percent of newborns survived into old age. Today the reverse is true: 80 percent of newborns survive into old age, while only 20 percent do not. The shift in life expectancy is largely the result of triumphs over maternal, childhood, and infant mortality, although advances in cardiology and other aspects of health care have led to decreased mortality in later life as well" (1979: 3).

11. Again there are variations not only by race and ethnic group but by social class as well. As de Beauvoir points out: "Today a miner is finished, done for, at the age of fifty, whereas many of the privileged carry their eighty years lightly (1972: 263).

12. Francher suggests that of the three most important values in American Culture, self-reliance is central to the system enjoining the individual to stand alone. It not only dominates a person's orientation toward social life but "functions to isolate the individual from deeper contacts and affiliations with others... In socializing the child, the American family... with its emphasis on independence training charges the individual to face life and crisis alone" (1969: 30).

13. A similar point is made by Francher who points out that America is a future-oriented society where one is not really judged on how much one has accomplished but on how much one has yet to do. Thus the aged are under valued because they are perceived as having little time left as well as little to contribute (1969: 33).

14. The definition of ethnicity based on a list of attributes such that one is or is not a member of an ethnic group to the extent that one measures up to the traits on the list is one of the least useful ways of conceptualizing ethnicity. I

have included these criteria only to provide the reader with some examples of what may be taken into consideration in formulating ethnic content. This view is quite similar to that of David Schneider who in describing what culture is *not* writes the following: "Culture is not that Tylorian inventory of pots, pans, rocks and crocks which must of necessity and with the phrase "et cetera,..." (1976: 203).

15. A similar case of the relative absence of psycho-senility and disengagement among an elderly population was documented for the Nsukka Ibo of Eastern Nigeria by Shelton (1965, 1968, 1969). Shelton attributes the mental and emotional stability of the aged to their increased involvement in the most prestigious affairs of the community. They are the lawgivers, the repositories of knowledge and the living links to the ancestors. These Ibo are also characterized by strong extended families. All of these factors serve to help the elderly maintain a continuity with past traditions leaving little opportunity for them to withdraw into social isolation or to manifest symptoms of chronic brain syndrome (psycho-senility).

16. The Terrace is a minimal care institution for those in need of some assistance but who are for the most part self-sufficient. The residents eat breakfast and supper in their own apartments. The "main" meal of the day is provided for them at lunch time (noon) in the communal dining room. On Friday evenings they eat the Sabbath meal together at supper time. Each occupant has a fully furnished kitchen, bedroom, living room and bathroom. There is room for some personal furniture if the resident wishes. In each apartment there is also a buzzer to alert immediate medical attention if necessary. The Terrace has numerous facilities for its residents in the adjacent two-story Wagman Centre—a synagogue, a library, lounge, several meeting (activity) rooms, swimming pool, greenhouse, beauty parlor, bank, grocery shop, and arts and crafts room. For more information please refer to Holzberg (1979).

17. For a different kind of analysis involving the adaptation of individuals to homes for the aged, please refer to Turner, Tobin and Leiber (1972), who look to the personality and psychological attributes of the residents to see if these are congruent with the relocation environment in which they have been placed.

18. Kalish (1971: 79) uses the term "volatile" to refer to those ethnic minorities such as Black Americans, Mexican-Americans, Puerto-Ricans, Asian-Americans and American Indians.

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