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TABLE OF CONTENTS

SPECIAL ISSUE ON AGING AND OLDER MEN: THOUGHTS, REFLECTIONS AND ISSUES

INTRODUCTION	3
<i>Robert Blundo & Deborah E. Bowen, guest editors</i>	
MEETING THE NEEDS OF OLDER MEN: CHALLENGES FOR THOSE IN HELPING PROFESSIONS	9
<i>Jordan I. Kosberg</i>	
SHIFTING IDENTITY: PROCESS AND CHANGE IN IDENTITY OF AGING MEXICAN/AMERICAN MALES	33
<i>Gary L. Villereal & Alonzo Cavazos</i>	
GRANDFATHERS AND THE IMPACT OF RAISING GRANDCHILDREN	43
<i>Karen Bullock</i>	
THE PECULIARITIES OF MEN AGING: A COLLECTION OF ANECDOTES	61
<i>Robert Blundo & Tamara Estes</i>	
SOCIAL SECURITY AND THE AFRICAN AMERICAN MALE (A CASH TRANSFER SYSTEM)	71
<i>Eddie Davis</i>	
VIAGRA: MEDICAL TECHNOLOGY CONSTRUCTING AGING MASCULINITY	85
<i>Gregory Gross & Robert Blundo</i>	
PRINCIPLES OF CLINICAL PRACTICE WITH OLDER MEN	99
<i>Lenard W. Kaye & Jennifer A. Crittenden</i>	
HONORING THE ELDERS: INTERVIEWS WITH TWO LAKOTA MEN	125
<i>Deborah E. Bowen</i>	
THE CONTEMPORARY OLDER MAN: SUMMARY AND DISCUSSION	135
<i>Roberta Greene & Michael Wright</i>	

BOOK REVIEWS

- Gender and the Social Gospel*. Wendy J. Deichman Edwards and Carolyn De Swarte Giffors (Eds.). Reviewed by John Herrick. 139
- The Changing of the Guard: Lesbian and Gay Elders, Identity and Social Change*. Dana Rosenfeld. Reviewed by John F. Longres. 142
- Health Policy in a Globalising World*. Kelley Lee, Kent Buse and Suzanne Fustukian (Eds.). Reviewed by Mizanur R. Miah. 144
- Gangs and Society: Alternative Perspectives*. Louis Kontos, David Brotherton and Luis Barrios (Eds.). Reviewed by Matthew T. Theriot. 147
- At Work in the Iron Cage: The Prison as Gendered Organization*. Dana M. Britton. Reviewed by Katherine van Wormer. 149
- Being Homeless: Textual and Narrative Constructions*. Amir B. Marvasti. Reviewed by John Q. Hodges. 152

BOOK NOTES

- A History of Public Sector Pensions in the United States*. Robert L. Clark, Lee A. Craig and Jack W. Wilson. 155
- Adopting Maternity: White Women who Adopt Transracially and Transnationally*. Nora Rose Moosnick. 156
- A Short History of Distributive Justice*. Samuel Fleischacker. 158
- Reflecting on Social Work: Discipline and Profession*. Robin Lovelock, Karen Lyons and Jackie Powell (Eds.). 159
- Globalization: Culture and Education in the New Millenium*. Marcelo M. Suarez-Orozco and Desiree Baolian Qin-Hilliard (Eds.). 160
- The Practicum Companion for Social Work: Integrating Class and Field Work*. Marla Berg-Weger and Julie Birkenmaier. 162

Aging and Older Men: Thoughts, Reflections and Issues: Introduction

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Guest Editors

Efforts across many fields engaged in addressing the population of aging in this country have tended to create a nearly homogeneous cohort that often does not recognize the heterogeneity of aging across gender, race, ethnicity, geography, socioeconomic status, cultural and sexual orientation. The diversity within aging members of our society brings about many variations and unique issues that need to be recognized and explored by policy makers and practitioners. Among these is aging related to gender, which has tended to pay much less attention to men than women. Content analysis of journals and texts on aging has revealed a significant lack of content on men, in particular, aging and elderly men (Kosberg, 2002; Tobin, 1997). This lack of a significant knowledge base places policy formation and practitioners at a distinct disadvantage when developing policy, programs and services for aging men. This emphasis is not an attempt to replace the work being done on aging women but to augment that work with equal efforts focused on the issues of men and aging men. Kosberg (2002) notes that this "... responsibility emanates not from a 'power' perspective, but from concern for the overlooked needs of any particular group" (p. 37). Likewise, significant attention must be given to the heterogeneity and diversity of men's lives. Differential experiences are not only evident between men and women but exists as a consequence of race, ethnicity, sexual orientation, socioeconomic, educational and historical factors that impact the experience of aging for men (Thompson, 1994; Gonyea, 1994).

These differential contexts for aging men need to be studied, explored and entered into the literature.

This special issue is an effort to contribute to this needed content. It evolved through men and women meeting and sharing their interests in aging while acknowledging the dearth of material available on men and aging men. In particular, it was noted in discussion among the future authors in this collection that what material does exist about men tends to focus on them as perpetrators of violence, as secondary players in family issues, or as living privileged lives in contrast to women (Fleming, 1998; Kosberg, 2002; Thompson, 1994). This collection of articles provides additional knowledge to understanding aging men as complex and diverse and with particular issues and assets.

The first article by *Jordan I. Kosberg* examines the breadth of special issues and challenges facing older men, including men from diverse backgrounds. He provides a helpful overview of the physical and psychosocial challenges facing aging men and the nature of available resources. Importantly, the article addresses the issue of engaging men and reaching out to them that is in itself a significant issue for policy makers and practitioners. Understanding men's help-seeking behavior or tendency to not seek out help is a key element of any effort to engage men in services that can be helpful to them and their families. The article advocates for increased attention to the needs of older men and means by which formal services and programs might attempt to reach them.

Gary L. Villereal and *Alonzo Cavazos* examine the changes in machismo behaviors in Mexican/American men as they age. The authors note that, while the socially negative connotations of bravado and suppressed emotions are the hallmarks of machismo, machismo also encompasses a sense of protecting the honor and welfare of the family, having a strong work ethic, being a good provider, and living up to responsibilities (Galanti, 2003). Machismo is related to youth, according to the authors, and there is a significant shift away from machismo as men age. Older men are more willing to undertake household chores and grandchild-care responsibilities than their younger counterparts, and tend to view relationships with women on a more equal footing. The authors conclude by stating that more research is needed to study

the power dynamics and roles of Mexican/American husbands as they age.

Karen Bullock reports on the findings of a major study of grandparents raising grandchildren (Bullock, 2004). She has taken this opportunity to look closely at the role of elderly men as caretakers of their grandchildren. Little is known about the contributions and adjustments that older men make in their effort to raise grandchildren. The study includes a diverse group of men with the majority being African-American men. She reports that these men report a greater sense of powerlessness than do grandmothers and experience increased sense of social isolation. Men are not accustomed and are not prepared to provide many of the daily activities and parenting tasks. This study suggests that further research on grandfathers in the role of parenting grandchildren needs to provide further knowledge on how to assist and support these aging men in this new role.

What does it really mean to be an aging man? How old is old? Do men celebrate or mourn (or both) changes in their physical, spiritual, emotional, and mental beings as they age? *Robert Blundo and Tamera Estes* bring pathos, humor and reflection into their article that recounts stories from men who face the aging process. They explore by means of a collection of men's anecdotes on life as they turn "sixty or something." They suggest that aging, particularly of men, as a social construct needs to be reexamined as society's concept of age and aging change with technology that increases longevity.

The article by *Eddie Davis* explores the notion of social injustice as it relates to African American men, Euro-American men and the American Social Security fund. Davis reviews the historical development of the Social Security benefits plan for American workers, drawing the conclusion that, because of Jim Crow laws, Black Codes and white preferential hiring practice, African American men were likely to receive Social Security benefits than their Euro-American male counterparts in the past. Additionally, statistically, African American men's life expectancy is considerably lower than that of Euro-American men, therefore greatly reducing the likelihood that they will be able to draw Social Security benefits for any length of time after retirement, despite the fact that African-American men have substantially paid into the Social

Security system. Finally, Davis tackles the morass of proposed policy changes in the Social Security program as Baby Boomers approach retirement age in 2008.

Gregory Gross and *Robert Blundo* have broached an important topic that is seldom discussed even though it is a significant part of our present culture in this society today—aging male sexuality. They have taken this opportunity to look at the social construction of masculinity in our Western society and the impact of medicalization and commodification are having on an aging man's sense of masculinity as a consequence of erectile dysfunction. Little if any serious discussion is included in the social work and social policy literature that address the significance of the construction, of masculinity in reference to sexuality and sexual dysfunction much less the implications of this on aging men. The demands being placed on men to maintain a sense of dominance and control in a society that disrespects aging is explored and offers and opportunity to bring these issues into the literature.

Lenard Kaye and *Jennifer Crittenden* provide a context for appreciating the uniqueness of male gender roles and expectations in hindering both the utilization of social services by aging men and the practitioner's provision of social services to aging men. They explore eight specific issues facing aging men in their attempts to manage life circumstances and how policy and practice can learn to address these issues. The concerns needing to be addressed in developing policy and interventions include areas such as the loss of a spouse, retirement, physical health changes, depression and suicide, substance abuse, sexuality, and older men as victims of abuse. In order for social policy, training of practitioners, and interventions responsive to aging men, considerable knowledge building and dissemination needs to take place.

Deborah Bowen's interview with Albert White Hat, Sr., and Sylvan White Hat, Sr., elder men from the Lakota tribe of the Rosebud Reservation in South Dakota, seeks to honor an indigenous culture and belief system while comparing that belief system to Saleebey's (1992) strengths-based model of social work practice. Lakota men historically were strong in the sense of emotional and spiritual strength vested in family ties and a spiritual and physical connectedness to everything in the universe. Acculturation and forced dependence on the majority culture's welfare and

economic system has ostensibly disenfranchised Lakota men of their outward strength, as evidenced by alcoholism, poverty, unemployment and lack of educational resources. However, Bowen found that strength, honor, integrity, and tremendous hope for future generations is alive and well among Lakota men.

In the final commentary and discussion, *Roberta Greene* and *Michael Wright* make note of the contributions and pose a series of questions raised by the articles for further exploration and research.

These articles demonstrate the wide range of areas and content that can help provide a growing understanding of the nature of aging for men and the many issues facing diverse groups of aging men. It is the authors' hope that these readings will stimulate further exploration and interest in looking into the lives of aging men. Out of this effort will come better policy and practice innovations that will benefit men and their families.

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MEETING THE NEEDS OF OLDER MEN: CHALLENGES FOR THOSE IN HELPING PROFESSIONS

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The uniqueness of men's lives has not been revealed in the social service literature. Therefore policy makers and practitioners are without the necessary knowledge base and research to create programs and services that will engage men and, in particular, aging men. This article presents an overview of the state of knowledge in general and the specific areas significant to policy and practice development.

Key words: *aging men, men, health problems, unmet needs, community resources*

It has been suggested that professional education and literature may either not include content on men or, when discussed, portray them in a biased manner (Kosberg, 2002; Kosberg & Mangum, 2002). The result can be a distortion in the perception of this population that minimizes their problems. Future practitioners may, thus, be ill-prepared to provide sensitive and effective interventions to assist males, in general, and older men, in particular, facing both normative and unique challenges. This certainly involves men from minority group backgrounds, including immigrants and refugees.

This article emanates out of a belief in the need for an equitable and fair portrayal of older men, no less than for older women. Future professionals need to be adequately educated and trained to work effectively with older men, as well as older women. Finally, it needs to be acknowledged that a focus on the needs of

older men helps not only them but the members of their families as well.

Stereotypes of Older Men

There are several explanations for lack of attention to older males (Kosberg & Mangum, 2002). First of all, older men exist in smaller numbers and proportions than do older women. As such, they represent a minority group among older persons. Whereas older women have taken advantage of the successful advocacy efforts of feminists, older men have not benefited from efforts of those in the men's movement and there are few, if any, groups or organizations that advocate on behalf of their welfare. There are (faulty) assumptions regarding the superior quality of older men's lives, compared to older women. Older men are seen to be powerful, affluent, and dominant in the home and in society. Some are; the majority of them are not. Humor in American society often takes a "poke" at older men. Jokes about the "dirty old man" or movie titles such as "Grumpy Older Men" can be seen to make mockery of them.

There seems to be a bi-modal view of older men as either frail, incompetent, dependent, sedentary, and asexual or privileged without significant problems. The first view results from both stereotypical humor and extrapolations from the fact that some older men are older and more impaired than their wives and that they have shorter life spans. The second view, equally wrong, results from incorrect conclusions from research findings and practice experiences regarding the relatively small proportion of older male clients, patients, and program participants involved in community based programs and services for older persons. Since they do not use resources, it is believed that they do not need them.

Thompson (1994) has pointed out that older men are a homogenized and marginalized (and a faceless) group. Gross generalizations about older men gloss over the fact that they are, as a group, more diverse than they are alike (Kosberg & Kaye, 1997). They vary by social class, education, racial and ethnic background, marital status, and existence of an informal support system. Older

men live in different geographic areas of the country and there are differences between life in urban and rural areas. There are variations by country of origin and level of acculturation for older men who are immigrants or refugees. Although the majority of older men have led and lead normative life styles, there are those who are incarcerated, institutionalized, or lead deviant lives. Finally men, no different than women, vary in their personalities. Thus, the fact that older men would be considered alike and stereotyped is both unfair and wrong, and has negative implications for professional education and practice.

Special Problems of Older Men

As they age, older men face some challenges that are little different from older women. But there are problems that are especially prevalent for older men, and others that result from being a male. This section will discuss physical health problems and psychosocial challenges. Although discussed separately, these topics are often inter-related.

Physical Health Problems

Despite stereotypes regarding the superior quality of their later years, older men face a greater likelihood of acquiring specific health problems. As Courtenay (2003) points out, men are more likely than older women to suffer from cardiovascular diseases, seven of the top 10 infectious diseases, and death from cancer. Men, more so than women, meet the criteria for psychiatric diagnoses, and Courtenay goes on to indicate that men have higher rates of substance related disorders, sexual disorders, and are at greater risk for schizophrenia, and their suicide rate is four to 12 times higher than for females. So, too, men have been found to have memory loss, sexually transmitted diseases, and physiological challenges to their immune functioning (Adler, Patterson, & Grant, 2002). The ultimate measure of the quality of life is mortality, and men's longevity is considerably shorter than women's.

Being male results in particular health concerns and problems in old age. Prostate and testicular cancers, as well as non-gender

specific types, have reached epidemic proportions for males. One in five men develops prostate cancer and, at age 75, males are dying at twice the rate as women. The cancer death rate for African American men is twice that for Caucasian men (*Men's Health Network*, 2000).

In a study (*Aging Today*, 1991–92) of 300 doctors and 500 men over age 50, it was found that half of the men did not follow-up on the warning signs of prostate or colorectal cancer as a result of their embarrassment, fear, and denial. Citing embarrassment as the main reason, more than half of the men did not discuss their sexual dysfunction or depression with their doctors. As will be discussed, males from minority group backgrounds might be especially reluctant to seek professional advice on their health related concerns. *The New York Times* (February 17, 1999) ran a special section on Men's Health which advised males "Don't Take Your Medicine Like a Man" (Lipsyte, 1999), but do what women do: Inquire about one's health problems. Another article was entitled "Why Men Don't Last: Self-Destruction as a Way of Life" (Angier, 1999) which suggests that men's life styles jeopardize their survival. Courtenay (2003) adds that men respond to physical problems and mental stress by using avoidant coping strategies, increase alcohol consumption, and are less likely to acknowledge that they need help. He goes on to indicate that men are less likely than women to use health care resources, to have a regular physician, and to seek psychological services (although more men than women meet the criteria for psychiatric diagnoses).

Often not thought about are military veterans who are victims of post-traumatic stress disorder (PTSD), including former POWs from World War II and Korean and Vietnam veterans. It has been reported (*Aging Today*, 1991–92) that vets with PTSD are a larger group than generally believed. Events associated with the aging process (e.g., retirement, bereavement) can lead to delayed PTSD. Such problems have not received necessary attention by professionals.

Although females are more likely to utilize psychological services, and thus believed to have higher rates of depression, it is possible that the rates for males are grossly under-reported due to their being reluctant to admit their problems and due to their under-utilization of community-based social and health services.

Psychosocial Challenges

Present cohorts of older men face the possibility of greater relative deprivation than do older women, in that they were more likely to have been employed outside the home and had faced retirement. Wan and Odell (1983) found that the greater the role losses of older men the less likely they would be involved in informal or formal interactions. Thus, it can be concluded that the loss of role, status, and income can, in turn, adversely affect the self-concepts of older men.

Older married men generally believe that they will predecease their wives and when they do not, and become widowers, research has found that they have an increased risk of suicide and overall mortality in the first six months after the loss of a spouse. They are also more likely than women to suffer from depression, mental illness, and physical health problems after the death of a spouse (Fitzpatrick, 1998; Tudiver, Hilditch, & Permaul, 1991). Nieboer, Lindenberg, and Ormel (1999) found that older widowers scored considerably lower on measures of well-being than older widows for two years of bereavement following the death of a spouse. Additionally, there are few bereavement groups for older widowers. As their wives had also been their confidants, the loss of a wife is an event that can result in extreme loneliness.

Males have been found to be more likely than females to be victimized and murdered, to complete suicide attempts, to become substance abusers of alcohol, tobacco, and drugs, to be homeless, to be victims of work-related injuries and illness, to suffer heart attacks, and to have fatal car accidents. The result is that men have shorter life expectancies (Farrell, 1993).

Although males are popularly depicted as abusers (of children and females), there is reason to believe that males are at least as likely as females to be victims of abuse—including elder abuse (Kosberg, 1998). Steinmetz (1977–78) wrote of the “The Battered Husband Syndrome,” Tutty (1999) discussed “Husband Abuse,” and both Brothers (2001) and Pritchard (2001) wrote of the abuse of men. Inattention to the possibility that there are heterosexual and homosexual male victims of domestic violence sustains their portrayal as aggressors and denies them professional assistance and community resources. Koff (1997) discussed older men in

long-term care facilities as being emotionally abused when the majority of residents and staff are women, and activities are female-oriented.

Whether lonely, isolated, depressed, or otherwise faced with consequences of their losses, the coping mechanisms used by older men may seriously challenge the quality of their lives. Older men are more likely, than older women, to be substance abusers. They are more likely to place themselves in dangerous situations in the community or can be taken advantage of by those who would prey upon their loneliness. Although depression among older men has been compared to that of older women without consistent findings, it can be pointed out that depressed men who utilize substances as a coping mechanism may be diagnosed as alcoholic rather than as depressed. Additionally, inasmuch as suicide rates for men increase by age group, it is possible that depressed men turn to suicide and, therefore, are not reported in studies on the prevalence of depression among older populations.

Literature on males as family caregivers has been increasing. While traditionally it has been females (such as wives or daughters) who have cared for dependent members of the family (i.e., children, specially-challenged relatives, dependent elderly parents), increasingly males—including older men—are taking on such responsibilities (Kramer, 1997; Kramer & Lambert, 1999). There is ample evidence that male caregivers (i.e., husbands, sons) may experience similar levels of burden and depression as found for females; yet, these male caregivers are less likely to seek assistance or admit their adversities (Kaye & Applegate, 1997; Yee & Schultz, 1999). Husbands caring for wives may not admit to the negative consequences of caregiving (such as burden or stress), as a result of their stoic upbringing and a spirit of responsibility for their wives that prevent them from relinquishing their caregiving role. Yet, they have been found to become less happy and more depressed after assuming the caregiving role (Kramer & Lambert, 1999). Older fathers who take on new or additional caregiving responsibilities for a mentally retarded adult child, when his wife becomes incapacitated or dies, have been found to have similar low levels of morale, depressive symptoms, and subjective burdens as mothers who have such caregiving responsibilities (Essex, Seltzer, & Krauss, 2002). Houde (2002) has called for more

careful research on male caregivers that will provide additional knowledge for clinicians and researchers.

Efforts Focusing upon the Needs of Men

There has been a growth in the past decades on literature focusing upon males; much of it emanating from men's studies. Generally, older men have been forgotten. However, some authors have focused their attention directly or indirectly on older men, such as Sheehy (1998) *Understanding Men's Passages*, Levinson (1978) *The Seasons of a Man's Life*, Thompson (1994) *Older Men's Lives*, Kosberg and Kaye (1997) *Older Men: Special Problems & Professionals Challenges*, Moore and Stratton (2002) *Resilient Widowers*, Brothers (2001) *The Abuse of Men*, Lund (2001) *Men Coping with Grief*, Kramer and Thompson (2002) *Men as Caregivers*, Pritchard (2001) *Male Victims of Elder Abuse*, and Diamond (1997) *Male Menopause*.

Psychologists, and their professional organizations, seem to be leading the way in attention to the problems of males. The *Handbook of Counseling and Psychotherapy with Men* edited by Scher, Stevens, Good, and Eichenfield (1987), *A New Psychotherapy for Traditional Men* by Brooks (1998), and *Husband Focused Marital Therapy: An Approach to Dealing with Marital Distress* by Rugel (1997) are among the few texts on professional intervention with men. The American Psychological Association established The Society for the Psychological Study of Men and Masculinity that seeks to challenge restrictive gender roles leading to negative consequences, harmful activities, unhealthy interactions, and oppression of others.

Among the limited social work material is an article on males by Lichtenberg (1995), in *The Encyclopedia of Social Work*, where it is suggested that contemporary males are fearful of intimacy, dependency, and vulnerability. The result can be psychosocial dysfunctioning including mental illness, alcoholism, and criminality. In the same publication, Chestang (1995) discussed the fact that "[Social] changes among men are not being accomplished without significant conflicts and challenges" (p. 1702). While some might respond with anger or denial, he states, "others are beginning to seek professional help in coming to terms with their own fears and

needs, turning to therapists and mentor/coaches, including professionally trained social workers, for assistance in finding more fulfilling and effective lives" (p. 1702). Not addressed is whether there are professionals with appropriate skills, knowledge, and positive attitudes for effective work with males.

Problems Faced by Minority Group Males

Two books that focus on professional practice with African American men are *Social Work Practice with African American Men: The Invisible Presence* by Rasheed and Rasheed (1999) and *Working with African American Males: A Guide to Practice* edited by Davis (1999). These texts present a positive, balanced, and applied approach to the problems of African American males, and underscore that there are special problems facing minority group males, both native and foreign born, and challenges for professionals working with such men.

Older males from minority group backgrounds, no less than such females, may face the frustrations from subtle and overt discrimination that impede their ability to provide for themselves and their families. For members of minority groups, there can be a perception of social prejudice and suspicion of a service system believed to be representative of an unsympathetic and discriminatory society. For example, "Black clients may be uncommunicative, not because they cannot deal with their feelings, but because the context involves a representative of a traditional 'White' institution that they never had reason to trust" (McGoldrick & Giordano, 1996, p. 21).

The nature of one's upbringing (including family and culture) has profound implications on the quality and length of one's life. African American or Hispanic males are over-represented in prisons, detention centers, in probation and parole systems, and are more likely to face violent death (Cose, 1995). Minority group males may be high risk for other adversities, such as prostate cancer, diabetes, violence, homelessness, and incarceration (Davis, 1999). Compared to White males, minority group males may receive less intensive and poorer-quality medical care for a broad range of conditions (Williams, 2003). Gornick (2003) concludes from her study of Medicare utilization by men that "analyses

of health care utilization point to the profound effects of race, ethnicity, and SES on access to and use of health care services, even among individuals with health insurance coverage" (p. 758).

Professionals working with persons from culturally diverse groups have known that a professional's age and racial, religious, or ethnic background can influence the utilization, continuation, and effectiveness of interventions (Matsuoka & Sorenson, 1991). So, too, might the gender of the professional have an impact (Kosberg & Morano, 2000). To be sure, the professional's competence is more important than gender; yet, gender is a consideration. For example, Baptiste, Hardy, and Lewis (1996) have suggested that inasmuch as Caribbean societies are patriarchal, males coming from Caribbean countries are often uncomfortable with female professionals, regardless of their skills and experience. On the other hand, Brice-Baker (1996) suggests that "since the domain of females is considered to be the emotional well-being of the family, a female therapist could be accepted and have validity" (p. 94). Accordingly, disclosure by a male client or patient to male professional could result in a "loss of face."

In a study undertaken in a group treatment program for substance abusers that included males and females from diverse racial, ethnic, and religious backgrounds, it was found that males were inactive in the group and had high drop out rates (Kosberg & Dobson, 1993). Based upon limitations in speaking and understanding English, a lack of desire or inability to articulate feelings, and shyness around females, some minority group males were especially reluctant to join or participate in the program that was dominated by females. Additionally, research is needed to explore if the characteristics of a group leader (including gender) can influence the rate of male participation in the program, especially those males from racial or ethnic minority groups.

The introductory chapter of the book, *Social Work Practice with African American Males*, by Rasheed and Rasheed (1999), presented a summary of social statistics that beg for professional concern and social action. Indeed, Allen-Meares and Burman (1995) sounded an appeal for widespread social work action on behalf of "endangered" African American men. These realities are not necessarily a result of one's race or ethnicity, but rather are due to poverty, discrimination, and societal inequities in educational,

social, and health care systems. Those in helping professions need to focus upon both causes and consequences of such issues that "victimize" males (as they do females) from different minority group backgrounds, if not all from economically disadvantaged backgrounds.

Immigrant males face unique problems. Gil and Vega (1996) have written about the acculturation stress within Cuban and Nicaraguan families involving conflicts between different generations of male relatives. The problems of Caribbean male immigrants in the Miami Area have been discussed (Albertini, Kosberg, & Frederick, 1999) as resulting from a difficulty, or reluctance, to change one's gender-role attitudes and behavior from those found in traditional Caribbean cultures to those that emphasize gender equity in the U.S. Additionally, often such males encounter racial prejudice and poor employment opportunities, and can become dependent upon the females in their family. Consequences have been found to include marital and relationship problems (i.e., abuse, divorce), addictive behavior, criminality, and mental illness (Farrell, 1993). Finally, it needs to be pointed out that as a result of workplace preferences often given to women and minority group members (of both sexes) in the name of "political correctness," and the growing proportion of racial and ethnic groups of males, heterosexual non-Hispanic White males are increasingly becoming members of a new minority group. This will certainly be true for older men.

Reaching Out to Older Men

The research findings and practice experiences in working with and for older men has increasingly produced, both directly and indirectly, a better understanding of the reasons for the underutilization of needed community resources by older men. They are less likely to admit having problems, seek professional assistance, actively participate in interactive therapies, and remain in treatment programs (Baptiste, Hardy, & Lewis, 1996; Courtenay, 2003). Referring to medical counseling, Courtenay (2001) suggests that men and women differ in their perceptions of their health, and he advocates for gender-specific interventions that meet the

particular gender needs of individuals. Corney (1990) indicates that women have more confidants than men and more contacts with social agencies, and find it easier to confide in others about social or psychological problems. Moreover, older men who are married have been found to be involved in health and social services more so than those who have never married (or are widowers or divorced).

Influenced by culture of upbringing, traditional male values often emphasize stoicism, independence, self-reliance, and strength, and males often believe that they should not admit to having problems, show fear or sadness, or seek out assistance from others. Accordingly, there are significant challenges facing professionals who wish to assist older men with their problems. Males can be reluctant to open their inner most feelings in front of females, while others are resistant to verbalizing their concerns in front of other males. All these issues need to be considered in the helping process that pertains to older men's help-seeking behavior and utilization of services, and the effectiveness of various forms of intervention.

Problem Definitions

There is some suggestion that older males, especially those from minority group backgrounds, are less likely to recognize and label nonspecific feelings of distress as problematic. Men are less likely to seek help for problems as diverse as depression, substance abuse, physical disabilities, and stressful life events. Additionally, some conditions (i.e., homosexuality, sexual dysfunction) are met by denial or embarrassment. There are indications that present problems resulting from one's past life style or deviancy are denied or suppressed. For example, this can include failure to seek help for breathing difficulties caused by long term smoking or malnutrition as a consequence of heavy drinking.

Although research findings vary, there is some suggestion of differences in coping mechanisms between males and females (Courtenay, 2003). Such mechanisms can include rational problem-solving, emotional reactions, use of relationships, spirituality, denial, and stoicism, among others. The denial of health

problems by males has been written about with regard to sexual dysfunction and depression. Lipsyte (1999) indicated that men deny their problems and advocated that they need to acknowledge their problems and consult health care professionals.

Help Seeking Behavior.

Even though acknowledging their problems, older men are still less likely to seek help for problems such as depression, substance abuse, physical disabilities, and challenges associated with daily living. Among explanations for the inability of men to seek and use assistance are those that pertain to the stereotypes that men must be independent, stoic, in control, and self-reliant, often taught as part of masculine gender-role socialization. This is especially characteristic of males from certain socioeconomic, ethnic, and racial groups.

The concept of the "normativeness" of a problem has been discussed related to men's desire to seek needed social or medical attention (Addis & Mahalik, 2003). Senator Bob Dole's disclosure of his erectile dysfunction and Mile Wallace's public declaration (or that of Tony Soprano's) about seeking professional help for depression has done much to "normalize" such problems for males, leading them to seek needed assistance.

Other explanations for the lack of help-seeking behavior are related to the importance of one's kinship or friendship systems, the perception of prejudice in the service system, impoverishment, and immigration status. While such considerations are true for females as well as males, prideful self-reliance and strong views of masculinity might make older men especially non-responsive to using traditional community-based service systems.

Tudiver and Talbot (1999) undertook a study of 18 physicians' perceptions of men's help seeking behavior. The doctors saw the importance of the female partner who urged the men to seek medical help. Male patients demonstrated their concerns in indirect rather than direct ways and it seemed as if they were hoping that the physician would ask pointed questions about the reason for the appointment. Men were more likely to seek help if a close friend had recently become ill. The physicians also believed that male patients had difficulty relinquishing control.

Research has documented the qualitative differences between men who are married (or otherwise are in long-term relationships) and those who are not (Hooyman & Kiyak, 2005). The married group benefits from the surveillance by their partners of their physical and emotional conditions. Female partners encourage the males to seek professional assessment or professional assistance. Indeed, unmarried males more so than those married, and males more so than females, have been found to be unfamiliar with community resources and the methods by which to utilize them. Further, males have been found to have smaller informal support systems which have been found instrumental in the use of community resources by older persons.

Interventions.

"There continues to be conflicting findings in terms of the extent to which male caregivers utilize community services to ease the burden associated with maintaining informal supports in the community" (Kaye, 1997, p. 237). Yet, there is a growing body of knowledge regarding methods for better meeting the needs of older men. Some of the knowledge is based upon empirical research findings or on cumulative practice experiences that has either included older men or has been extrapolated from work on younger male populations to older men. In his article on counseling men in medical settings, Courtenay (2001) provides guidelines for the treatment of men that is based upon his extensive review of bio-psychosocial research findings related to men and health. The guidelines include attention to (1) validating or normalizing health problems and concerns, (2) educating men about their health and the need for screening, (3) helping men to perceive risks in their health behavior, (4) identifying formal and informal support systems, (5) customizing plans for the future, and (6) highlighting the strengths of the individual.

Kiselica (2001) wrote about a "male friendly therapeutic process with boys" that might have implications for older men. Based upon the author's experience with White, African American, and Hispanic male clients from rural and urban areas, Kiselica suggested that the "fifty-minute hour" might be too short or too long a time period. At the start of therapy, the time might be too long for the male who is unaccustomed to the formality of a set time period

and who is not ready to engage in meaningful dialogue with the therapist. The formal office setting may be problematic for males who are most accustomed to informality. Other conclusions reached by the author for more effectively working with males involve the use of humor, self-disclosure, issue-specific discussions, and respect for the client's autonomy.

In an article that discusses men, their masculine identity, and help seeking behavior, Addis and Mahalik (2003) identify social psychological processes for developing ways to foster adaptive male help seeking behavior. If a problem is considered "normal" there will be a greater likelihood of seeking help. On the other hand, if a problem is perceived to be "ego central" (that is, related to one's personal masculine norms); a man will be less likely to seek help. Men who believe that they can reciprocate with help to the agency (i.e., financial donations, volunteering) will be more willing to accept assistance. Men who believe that they will be perceived negatively by other men from seeking professional assistance will be reluctant to get such help. Avoiding dependence and maintaining power and control are important to men. The authors conclude by suggesting that service providers need to consider the congruity between the program and the social psychology of men.

Discussing principles for therapeutic work with caregiving men, Femiano and Coonerty-Femiano (2002) include such imperatives as the need for validation, strength building and control, recognizing unexpressed feelings, fostering emotional and social support, and assisting with practical concerns and future planning. Coe and Neufeld (1999) studied the use of formal support services by men providing care to relatives with cognitive impairments and they found acceptance of help took four phases. The first phase, *Resistance*, involves the role of men's personal values and beliefs that prevent them from seeking needed assistance in their caregiving. The second phase, *Giving In*, involves the need to overcome reluctance to seek help from an agency. The third phase, *Opening the Door*, involves identifying and contacting an appropriate professional or agency. The fourth phase, *Making the Match*, involves the ongoing use of formal services and an assessment of the effectiveness.

Organizational Barriers

Once there is a decision made to seek assistance, males can be influenced by the organizational characteristics of social and health service systems. In a study of physicians' perceptions of male patients, it was found that there was a belief that systematic barriers existed in delivery of primary health care that precluded male patients getting proper medical care (Tudiver & Talbot, 1999). Such deterrents included long waiting periods, limited hours of operation, and having to disclose the reason for the visit to a receptionist or assistant. Xu and Borders (2003) found that "waiting times of 30 minutes or longer in a physician's office sharply reduced the likelihood of a man's having visited a doctor" (p. 1077). There is no reason to believe that this would not be true in an office of a psychologist, social worker, or nurse.

Systematic barriers to both social and health services can include attention to organizational availability, accessibility, and acceptability. Damon-Rodriguez, Wallace, and Kington (1994) address appropriateness, accessibility, and acceptability of community resources for culturally diverse groups of older persons, but do not address the importance of gender. This author identifies four elements to organizational use.

1. *Appropriateness* refers to the existence of needed community resources by level of care, intensity, and length of service, and equally pertains to men and women.

2. *Availability* refers to the location, hours, and days of week that a community resource is available to older persons. Inasmuch most adult sons work during the day, they may be unable to take an older parent to a community resource that sees clients or patients from 8 am to 5 pm during the work week. Older males have been found less involved with their families, and have fewer friends; individuals who can provide men linkages with community resources, inform them of community resources, and assist them in getting to the program or service.

3. *Accessibility* refers to knowing about resources, having the necessary finances and insurance, or meeting eligibility criteria to use needed social, physical, nutritional, or mental health services.

Publicity about the existence of community resources (especially if written) in the dominant English language can discriminate against minority and immigrant groups who are either illiterate or do not speak or understand English. Not all males have their own transportation or can afford public transportation.

4. *Acceptability* pertains to the perceived appropriateness of community resources by older men. While this concept has been often used with regard to cultural values and traditions, the fact that some social and health service programs are often dominated by female clients, patients, program participants, and staff, can deter some men from using a resource. In addition, the name or focus of a program has been found to have potential social or personal stigma attached (i.e., alcohol treatment, mental health, marital problems) for some who will be reluctant to be seen entering such agency settings. The auspices of some services (i.e., Catholic Charities, Public Welfare, Salvation Army) can deter some especially prideful older men from taking advantage of resources. Female-dominated long-term care facilities may be unacceptable to some men. It is not only the predominance of female service users that can dissuade use by men, but also the female-oriented activities of the program.

An International Longevity Center report (2004) discussed the appearance of the clinical setting and its congruity with the interests of males. "Accoutrements such as magazines in the waiting room should be male-oriented as well as female-oriented. Artwork and furniture should create a setting that is comfortable for men as well as women" (p. 6). The report further suggests that there should be male as well as female employees to avoid the appearance of an "all female" environment.

The concept "portent of embarrassment" has been used to describe the perception that one is inappropriate for a particular social or health service. In general, this term has been used with regard to chronological age or socioeconomic status. While in some cases a perception of being inappropriate is a figment of one's imagination, there are situations where the majority of clients, patients, or program participants do not welcome certain individuals. Given the fact that many community services are female dominated, it is reasonable to believe that some men may believe themselves to be inappropriate, or may—in fact—be

unwanted (i.e., support groups for recently divorced or widowed; therapeutic treatment groups for abuse victims or for substance abusers).

Professional Biases

It has been found that men may not be attracted to certain types of treatment modalities, such as psychotherapy, support groups, and other forms of interaction that require the articulation of feelings in the presence of others. There is some disagreement whether the likelihood of male involvement is less likely if others in treatment are females or males. The cultural background of males can influence their willingness to articulate feelings in the presence of other males or in the presence of females.

Further, congruity in the characteristics of professional practitioners in relation to the gender of their clients or patients has not been fully explored with regard to the helping process. This is to suggest that congruity in gender might be as important as age, race, religion, and socio-economic status, among others, in the acceptance of professional assistance. Here, too, the cultural background of the male client or patient may have an impact. For example, a young female Anglo professional may be treated with disregard, embarrassment, condescension, or as a daughter or granddaughter (and not taken seriously) by an older Hispanic client or patient.

There is some suggestion of bias against older men by those in the helping professions, and the possibility of sexism (against males) and ageism (against older persons) is not inconceivable. Williams (2003) reports that in emergency rooms, men with depressive symptoms are more likely than women to be hospitalized, and that women with antisocial behavior or substance abuse problems are more likely to be hospitalized than men with similar symptoms. Williams goes on to suggest that health care professionals spend less time with male patients than female patients, provide men with fewer services and health information, and offer less advice on changing health behavior.

Wisch and Mahalik (1999) introduce the possibility of bias against male clients and patients by male professionals, suggesting that a male therapist's diagnosis and prognosis are related

to the empathy and comfort he has with a male client. This willingness to work with the male client is, in turn, related to the client's sexual orientation and emotional expressiveness, and the therapist's gender role conflict. The authors conclude that there is a need to incorporate female therapists and clients to broaden the exploration of gender role issues between clients and patients and professional helpers. Brooks (1998) discusses the nuances of both female and male therapists with men, and concludes that while there are differences, both need empathy and a sense of responsibility and commitment. Heppner and Gonzales (1987) have addressed practice issues when men counsel men and Carlson (1987) has written about women therapists with male clients.

It is possible that males are relatively unfamiliar with community services, especially more in-depth therapeutic interventions. Confusion and apprehension about professional interventions add other stumbling blocks to the admission of a problem and desire to seek help. Peer groups have become increasingly popular in the U.S. for those with certain personal and/or social problems, or for those who care for such persons, but males have generally been unresponsive to such interventions (Barusch & Peak, 1997). Research has found that peer group-type interventions have generally reached and served a biased segment of the population: Those who are better-educated and affluent English-speaking Whites. Yet, even such males have been found reluctant to seek such assistance (Davies, Priddy, & Tinklenberg, 1986).

Implications

This article advocates for increased attention to the needs of older men and the methods by which formal services and programs attempt to reach and serve them. As stated earlier, such a concern emanates not out of a "male power" perspective, but from the concern about the overlooked needs of a particular group. In addition to advocating for an awareness of the problems of older men, the author suggests that there are many considerations for professional practitioners, educators, researchers, and students, to better understand, reach, and serve such populations. Greater attention to the needs of all males in society, including

those from minority groups, can be seen as an investment in the reduction of societal problems.

The preponderance of male suicides, and their overall shorter lifespan, results in prodigious consequences for their children, spouses or partners, and has economic consequences for society. The extent of their alcoholism, drug use, depression, and other emotional problems also impede their interpersonal functioning and can result in adversities of omission and commission against others. Professionals should realize that preventive, as well as interventive, efforts will not only assist males, but their children, spouses, parents, and significant others as well.

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Shifting Identity: Process and Change in Identity of Aging Mexican-American Males

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This article addresses the shift in machismo identity that occurs in Mexican-American male identity and the developmental process and the change in one's role as an elderly Mexican-American man.

Socialization of male-ism in Mexican-American boys begins with the cultural expectation that a young boy is and will be a man. There are also explicit expectations that girls should be respected but that, in contrast to boys, girls should be submissive and obedient. This is the beginning of machismo and the separation of being a "man" versus being a "woman."

Aging results in a loss of machismo and this is evident by the manner in which elderly males interact with their spouse and adult children. Towards the latter part of life, decision-making becomes a shared process between spouses. Quite often, Mexican-American elderly males are seen accompanying their spouse's at flea markets, garage sales, grocery shopping and even assisting with baby sitting grandchildren.

Key words: *machismo, aging, Mexican/American, identity, gender roles*

History of Machismo Characteristics

Machismo as a concept characterizing male behavior and personality has the potential of influencing boys who are socialized in corrective matters that are harsher than girls and their own sense of worthiness is brought to their attention to be a man before they reach manhood. For example it is not uncommon for boys to be told that they must act like a man not a woman and to hold themselves proudly without emotions. This historical

or anthropological perspective suggests that machismo involves bravado and suppressing emotions (Riding, 1985).

It is important to note that machismo can have both positive and negative meanings, positive in the sense of protecting the honor and welfare of the family, having a strong work ethic, being a good provider and living up to responsibilities (Galanti, 2003). Whereas the negative elements can include heavy drinking, subjugation of women and performance of high-risk activities that increase health risks among males and potential domestic violence for females (Redondo-Churchward, 1998).

As boys transition into adolescence and young adulthood, machismo is played out in relationship to how they conduct themselves against other males and in their relationship with females. The sharp dichotomization of gender roles in some segments of the Mexican community seems to only add to the misunderstanding or the term macho. Typically, boys settle matters by fighting with other boys and losers are considered less macho. Boys maintain a distant relationship with girls who are perceived as being unworthy of group membership; they are willing to simply follow. This interactional process solidifies hypermasculinity and, in some sense, a cultural image of male honor, respect, and specific gender roles (Neff, 2001).

By the time that they enter young adulthood males have experienced a strong dose of how to exert machismo and they practice dating behaviors while maintaining the upper hand with girls. The young male seeks out girls that come from traditional Mexican-American families, believing that traditional females will act submissively and will not challenge his macho role. Many Mexican-American marriages begin with a clear sense that the male is boss and that all decisions must be accepted by the female. "Nevertheless, family decision-making is described as either a joint process of both parents or primarily the job of the mother" (Vega, 1990, p. 1020). Ybarra (1982) found a range "from a patriarchal (role-segregated) structure to an egalitarian (or joint-role) structure, with many combinations of these two polar opposites evident" (p. 172).

Yet what was initially clear related to gender roles gradually gives way to uncertainty, much in response to bicultural assimilation that occurs in U.S./Mexico border regions. In the absence of

a distinct model of behavior it is no wonder that things begin to change for Mexican-American males at midlife when their spouse assert increasingly more influence in decision making. It may be at this point in the life cycle that the foundation is laid for the striking behavioral changes that elderly males exhibit in their relationships with spouse and children. Women's covert decision-making becomes more prominent both within and outside of the family. Mexican-American women begin to expect equality. Initially acts of defiance occur behind closed doors. This eventually becomes an open challenge and a shift in the Mexican-American male's identity begins to manifest. These characteristic shifts in identity may vary in inception and intensity depending on geographic location, with more pronounced shifts occurring in location that are further removed from the border. Additionally, other mediating influences, such as the male's educational level and health status, may account for differences in shifts in identity. Based on anecdotal evidence it is hypothesized that education and decreased health status are negatively associated with machismo. This shift may have positive and negative dimensions that need to be considered to capture a clearer picture of how machismo (Cuellar, Arnold & Gonzales, 1995) may play out in the family.

Rio Grande Valley Characteristics

The Rio Grande Valley is located along the Texas-Mexico border stretching from Brownsville to Rio Grande City. The 2000 population census for the counties of Cameron, Hidalgo, Starr, and Willacy was 978,369. Mexican/Americans, many of whose ancestors lived in this area before Texas joined the United States in 1848, constitute the majority of inhabitants. The proportion of Hispanics (Mexican/Americans) in Cameron County in 2000 was 84.3 percent. Hidalgo's Hispanic population was 88.3 percent, Starr's was 97.5 percent, and Willacy's was 85.7 percent.

All though the majority of Hispanics in the Valley are relatively young, with a median age for Hispanic males at between 23.9 and 26.2, the 2000 Census reveals that 19,125 Hispanic males were between 61 and 70 years of age. Roughly 10 to 12 percent of the male and female population in the Rio Grande Valley in 2000 was 62 years of age or older, totaling 110,320. Not surprisingly,

slight more than 1/3 of elderly grandparents were responsible for caring for children. The vast majority of Rio Grande Valley inhabitants speak Spanish at home, and this has been the pattern for decades. Between 77.8 and 90.4 percent of the Hispanics population spoke Spanish at home in 2000. Immigration from Mexico contributes significantly to the Valley's population growth. Excluding census figures from Willacy County, the census category "foreign born" accounts for about 1/3 of the Hispanic population. In 2000, the percentage of foreign born in Cameron County was 29.1 percent, Hidalgo was at 32.4 percent, and Starr was at a staggering 37.2 percent. Educational success and employment wages are exceedingly low for this region of the Country. Almost 50% of Hispanic males who are over the age of 25 have less than a high school education, and only a dismal 4.2% of males in Willacy County have a college or higher education level. Finally, the median family yearly income for this area is between \$17,385 and \$24,468, while about 1/4 of Hispanic family make less than \$10,000.

Factors Associated with Shifts in Machismo Identity

The uniqueness of the Rio Grande Valley is a direct result of the interdependent relationship between border residents on the US-Mexico border and the exchange of cultural values, norms and behavioral patterns, with machismo being a crucial cornerstone in the identity formation of the Hispanic male. The importance of machismo among young men begins to slowly diminish as they mature and become more secure about their manhood and respect the contributions of their spouse.

Hondagneu-Sotelo (1992) argues "that the partial dismantling of patriarchy [machismo] arises from new patterns of behavior induced by the arrangements of . . . migration" (pp. 397-398). The effect of migration on the Rio Grande Valley is most evident by a pervasive push/pull to assimilate and adapt to life on the US/Mexico border. On the US side there is an effort to maintain Mexican customs and traditions, while also being progressive in the way one acts and behaves. The woman's role which is initially traditional gradually merges with those of more assimilated Mexican females. "The experiences of these migrant women suggest

that when women are not accorded legitimate or institutional power, they may resort to subversion of legitimate authority" (Hondagneu-Sotelo, 1992, p. 406). In contrast to what was once covert subversion, Hispanic women are being much more assertive with their spouses. Now challenges to male supremacy are much more visible. As an example, a divorced Hispanic female in her early 50's recently asserted that her ex-husband could be buried with her, but her coffin would be on top of his.

There is evidence that in families the woman takes a different type of active role "Women often participated fully in major family decisions regarding the disciplining and rearing of teenage children . . . and how to spend hard-earned savings" (Hondagneu-Sotelo, 1992, p. 410). This is in sharp contrast to the male who accrues his power at birth by virtue of his gender. Machismo permits males to assert that there is his money, the family's money, and that spouses must make ends meet with the family money which includes the women's share.

There does appear to be a number of factors that either contribute or temper the degree of machismo that one exerts on the family. "Machismo cannot be a signifier for class conflict, since it is not unique to working-class men" (Pena, 1991, p. 42). Pena (1991) further suggests that the folklore of machismo is held as rationalization to allow the male to assert independence but with a shift as the economical provider is replaced by overt equality that had been operating covertly. Hondagneu-Sotelo (1992) challenges "the stereotypical image of machismo in Mexican immigrant families" (p. 411), where there is more of a family unity due to proximity of living and working. Machismo also is tempered by education, more so for the male than the female and generational familial background. It has been pointed out that machismo is not currently and may never be solely a Hispanic phenomena (Casas, Wagenheim, Banchemo & Mendoza-Romero, 1995; Gilmore, 1990) and may very well be more closely related to the development and adherence to a strong male gender identity and self-esteem.

As Mexican/American couples approach retirement age (60+) the partnership changes if the male chooses to adapt to marriage and retirement. The Mexican-American male will no longer have the power of being the bread winner to hang onto whatever degree of machismo that was evident. This final loss of machismo

becomes more apparent by the manner in which he interacts with his spouse and children. After retirement decision-making becomes a shared process and before they realize it the Mexican-American elderly males are following their spouses around to flea markets, garage sales, grocery shopping and even baby sitting grandchildren. A clear example of this is the often heard phrase that they are not grandbaby sitting but spending time with the grandchildren.

The elder Mexican-American male rationalize that it is no longer his responsibility to carry the burden of doing everything that must be done and that he has willingly given up power and control. Spouses may now openly challenge such rationalizations without apparent concern for consequences; spouses are freer to express their feelings, thoughts, and preferences. Despite efforts to obscure over shifts by means of humor and other distracting tactics, males have few choices. The male can resist, become physically ill, or learn new behaviors. He can now identify with the more benevolent aspects of machismo, i.e., taking care of women, honor, and respect.

Anecdotal Findings

Machismo may appear to be a ubiquitous phenomenon among Mexican-American males but that is much too simplistic to be useful and in reality far from being accurate. Youth strive to be "macho" but the large majority of males begin to self identify with equality and shared respect. As with any cultural or ethnic stereotypical characteristic those who exemplify that characteristic take on the normative image that represents the majority rather than the minority. There certainly are those who blindly embrace machismo even though they oppress significant others, there are many who have or are in the process of disengaging from the concept of machismo.

It is important to note that outward manifestations of machismo may not match up perfectly with inner reality. For most Mexican/American males, machismo elements are certainly present, but not to the stereotypical degree that is initially attributed to Mexican/American males. The commonly affected reality that males, including older men, control and oppress their spouses

cannot be considered the norm in terms of current trends and evolving educational gains. The control relates specifically to being in the best interest of the family and safety and less to oppression. Mexican/American males have a sense of duty that they must be the protector and that if a spouse or other family member is hurt or threatened it is as if it happened to them personally. This sense of duty can be viewed as machismo without the oppressiveness that is attached conceptually.

As Mexican/American couples age, the assertive influence of the wife becomes more apparent, and with retirement the male becomes less important interpersonally. This power shift has been observed by the authors in client interviews and discussion during the past two decades. Older Mexican/American males struggle with feelings of worthlessness and being useless to the family. With this loss of a direct contribution, monetarily, to the family come the loss of identity and a search for a new family role.

Conclusions and Recommendations

Ybarra (1982) cautions all researchers to "remain sensitive to the many variations which occur in Chicano family structure and ideology; otherwise incomplete and distorted perspectives will be perpetuated (p. 177). This is true for any culture or ethnic group and this especially holds true for Mexican-American elderly men. One area that is not documented relates to elderly Mexican-American male sexuality. This is somewhat of a taboo topic that raises concerns about truthfulness and frankness but necessary to explore to determine trends and behaviors. Discussion with this population group about sexuality, whether in individual or group therapy, are often brief and focuses on generalities. Few are willing to talk openly in group and the subject is easily changed or ignored. This is clearly an area that requires closer examination and research. Additionally, information is needed from spouses to corroborate information that is provided by the males.

It is incontrovertible that there are Mexican/Americans that embrace control and oppression, and one such case recently surfaced. While sobbing, a BSW Junior who had recently married stated that her new father-in-law dictated that she would no

longer attend school. She was expected to stay home and begin helping her mother-in-law. Her husband could not assert himself as his father was providing them with temporary housing in his home. Her husband reasoned that he would ask permission in the near future to be allowed to look for an apartment. Even though incidents like this occur in Mexican/American communities, many known, like this particular individual are shocked when this happens. The family had not given her the impression that this might happen as relates to this student, she maintained that she could not have predicted her father-in-law's ultimatum.

At the other polar extreme are families who are or were lead by the Mexican/American woman who was neither controlling nor oppressive. These families need to be studied so as to determine power dynamics and the roles of the husbands. Future research is needed to determine the distribution/prevalence of machismo in Mexican/American men and to explore its relationship to key demographic variables, including age, education, acculturation, health status and income.

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Grandfathers and The Impact of Raising Grandchildren

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Objectives. *As grandparents are continuing to take on the responsible of raising their grandchildren in the absence of parents much attention in the literature is given to women. Little is known about the adjustment that older men make in these families. This study explored the experiences of grandfathers raising grandchildren.*

Methods. *Data were gathered by semi-structured interviews in a rural community in southeastern North Carolina and analyzed using a qualitative content analysis mode. Twenty-six men, age 65+, who were responsible for the care of at least one grandchild, participated.*

Results. *Eighty-one percent (N = 21) reported that their perception of powerlessness occurred either in the role transition or in the activities of daily parenting. Many expected to continue experiencing powerlessness throughout the parenting of the child.*

Discussion. *Grandfathers experience powerlessness that has not been reported in the literature on grandmothers raising grandchildren. Results affirm the need for special attention to elderly men who take on the role of parent for their grandchildren.*

Key words: *grandparents, rural men, grandfathers, parenting, caregivers*

Grandparents have always played important roles in taking care of their children and grandchildren. However, in the United States, we are witnessing an unanticipated change in the role of the elderly. Increasingly, grandparents are raising grandchildren

in the absence of the child's parents. Growth in grandparent-headed households has not occurred in a vacuum. Rather, it has been accompanied by a large number of other demographic, social, economic, and political changes (AARP, 1998) that potentially have profound implications for the welfare of both the old and the young. During the past 30 years, grandparents have become full-time parents for grandchildren whose parents are unable to do so. The number of grandchildren living in grandparent-maintained households is increasing steadily, with over 4.5 million such families in 2000 (Bryson 2001), up from 2.2 million in 1970 (Casper & Bryson, 1998). Several studies have focused on grandmothers (Bullock, 2004b; Dowdell, 1995; Edwards, 2003; Goodman & Silverstein, 2002; Roe, Minkler, Saunders, & Thomson, 1996; Solomon, & Marx, 1995; Whitley, Kelley, & Sipe, 2001) and their particular risks of increased psychological stress, physical health problems, social isolation, and inadequate resources when raising grandchildren.

Grandfathers on the other hand have received less attention. Because women tend to provide the bulk of the care provided to family members, an easy oversight is the impact of raising grandchildren on older men. Much of what we do know about grandparents raising grandchildren has come from data on urban families. Far less is known about older men living in rural areas who assume these childcare responsibilities. Many rural communities have suffered depopulation and job loss as their economies have struggled in the changing national and global marketplace (Glasgow, et al, 1993). As these communities depopulate, the informal caregiving base for rural elders shrinks, leaving them with little availability of social support options (Bullock, 2004a) compared to elders living in urban communities (Burnette, 1999a).

It is especially important to focus on grandfathers as a resource in grandparent-maintained families in rural areas due to the fact that rural elders generally have access to fewer community-based health and social services (Stoller, & Lee, 1994). The present research seeks to fill a gap in the literature by offering insight into the experiences and adjustments that older men in rural areas make when they are responsible for the care of at least one grandchild. Most importantly, the present data highlight the

existence and concern of this increasingly vulnerable population, which is often overlooked in social welfare policies and practices.

Methods

Sample and Setting

The data for the present report was gathered from grandfathers that participated in a larger study, which focused on grandparents raising grandchildren (Bullock, 2004b) and a snowball technique was employed to increase the enrollment of men in the study. Recruitment took place in community-based organizations including churches. The participants in this qualitative research were age 65+, self-identified as having parental responsibility of at least one grandchild under age 18, and were able to understand and speak English or Spanish. These families lived in rural towns in the southeastern region of North Carolina.

Procedure

After receiving informed consent, the investigator assisted the elders with completing a brief set of structured demographic questions. Then, a tape recorder was started to capture the narratives of the participants and to ensure accuracy of the data. The face-to-face interviews were conducted in the respondents' home or a community setting (as preferred by the respondent for comfort and convenience) and lasted approximately 60 minutes.

Instrument

To collect cursory demographic and health information, the investigator created a 1 ½ page data form that included questions about income, education, household size, health status, and activities of daily parenting (ADPs). The semi-structured interviews were the primary data collection technique used (Strauss & Corbin, 1990). A guide was developed based on published literature pertaining to caregiving, grandparenting, related coping strategies, gender issues, and health and cultural issues. In addition, the investigator's empirical knowledge provided valuable input.

The semi-structured interview began with this opening question: "Some grandparents who are raising their grandchildren taken on the responsibility for many different reasons, what was

the main thing that lead up to your taking care of your grandchild(ren)?" Simple follow up probes such as "Can you tell me more?" and follow up questions to encourage elaboration on responses were crucial. Once the participant seemed to have exhausted the question, the investigator would say, "Maybe if I tell you about some of the things that other grandparents who raise grandchildren have said about their experiences, this might help you to think about whether or not you have had any of these experiences."

Based on previous research (Bullock, 2004b; Burnette, 1999a; Reitzes & Mutran, 2004), the investigator then asked a set of questions within each of the following potential areas of adjustment for older grandparents who assume caregiving responsibilities for grandchildren and allowed the participants the opportunity to respond after each: role transition; activities of daily parenting; capacity for long term care. Finally, grandfathers were asked the broad question of, "Do you have any needs or concerns that are the direct result of having taken on the care of your grandchild(ren)?"

Analysis

Data were analyzed concurrently with data collection. After the interviews were transcribed, they were checked for accuracy of transcription. Data reduction occurred as the research team identified, extracted, and coded text from the narrative transcriptions. A start list was developed by the team and the code structure was expanded and refined iteratively by additional transcripts were reviewed, and new concepts were apparent. In addition, with each additional transcript coded, recurrent themes were noted, and quotations were grouped within these themes using the constant comparative method (Glaser & Strauss, 1967; Patton, 2002), until the point of theoretical saturation, or until no new themes emerged. Line-by-line review of the coding of the transcripts was accomplished first independently and then in joint session by the principal investigator and two trained research assistants. Constant comparison within and across interviews allowed for the clustering of related themes and creating categories. For comprehensiveness and cogency, the research team

reviewed the final code structure. As a final step, all transcripts were reviewed a final time, at which point any discrepancies in codes were negotiated until consensus was reached. The software QSR NUD-IST 4.0 (Sage Publication Software, Thousand Oaks, California) was used to assist in the coding process, to identify textual illustrations of recurrent themes, and to make comparisons between the themes described by the older men.

As recommended by qualitative research experts (Miles, 1994; Mays, 2000), several methods to enhance the validity and reliability of the findings were employed. A consistent interview guide was used, audio taped interviews, and the transcribing of tapes occurred within eight hours of the interviews using independent transcribers. Also, multiple research staff with diverse backgrounds coded both independently and then in joint sessions to resolve disagreements and standardized coding and analysis techniques were used throughout the study.

Findings

Grandfathers as parents

Of the twenty-six grandfathers participated in this study, data for 21 are reported feelings of powerlessness. There was strong agreement among the men that they had no choice in the decision to become a parent at such late stage in life. Table 1 outlines their demographics. Their ages ranged from 65 to 89 (mean, 72.4; SD 5.0). Most of the men had little if any formal education. All were on fixed incomes with low monthly payments, 46% reported having had at least one chronic illness and 81% reported feeling powerless in their life circumstances. Although more than half of the men were African American (54%), White (35%) and Latino (12%) grandfathers completed interviews as well. The length of time that these grandparents had been parenting a grandchild ranged from one year to 7 or more years. Well over half (60%) claimed their health had declined since they began provide care for a grandchild.

Most striking was the feelings of powerlessness that occurred among these men during the role transition from grandparent to parent (12%), the caregiving [activities of daily parenting] for the grandchild (62%), and in the perceived ability to continue

providing long-term care for the grandchild (23%). Due to the pervasive reporting of powerlessness among these elderly grandfathers who were raising grandchildren, the results will focus on the powerlessness as they experienced it.

Power was characterized as the capacity to participate knowingly in the nature of change and to cause change in one's internal and external environment (Gallagher, 1997). The men in this study were asked to "think of power as the ability to be aware of what one chooses to do, feeling free to do it, and doing it intentionally."

Role Transition

Twelve percent of the participants felt powerless to choose an alternative living arrangement for the grandchild, in other words, there was no other place for the child to live. One man said, "I don't feel I'm ready to take care of a small child this late in life, but we didn't have any choice. My wife said, we [were] all the child had left. What in the world would have happen to the child if we didn't do?" Another commented, "I'd rather be fishing, but when my wife goes off to do shopping and other things, I have to take care of the child. I never had to do that when our own children were [growing] up. If it [were] up to me, I'd be fishing. Now, I'm back on a routine that didn't exist for many years because I have to raise [the grandchild]." Another grandfather commented, "A lot of the deacons from the church get together every week down at the meeting hall. I use to be able to go, but now that we got the [grand] children, I really don't get to go. I hardly get to go anywhere much anymore. I have to say I don't feel like I have any control over that"

This is one of the areas that can cause distress among caregiving grandparents, as they increasingly become isolated from their peers and activities that they enjoy (Burton, 1992; Kelley, 1993). Even though, most (96%) of these men were married or cohabitating and received help in their role transition, which came from women, they still reported feelings of isolation, loneliness, and powerlessness in the grandparent role. These grandfathers seemed to experience psychological distress, which has been reported in other studies on role transition from grandparent to parent in late life (Whitley, Kelly, & Sipe, 2001; Peterson, 1999). These grandparents expressed their feelings of loss associated

with giving up leisure time and activities to be a schedule that is more conducive for parenting young children. Because social isolation and stress from the demands of parenting have been found to be predictors of psychological distress (Abidin, 1990), these older grandfathers may be at risk.

Activities of Daily Parenting

Sixty-two percent of the subjects reported feeling helpless in the activities of daily parenting for the grandchild. More than half (58%) said they did not help with getting the child bathed, dressed, or fed [other than purchasing of the food]. On the whole, although the grandfathers were not involved in many (46%) of the activities of daily parenting, they expressed that they would like to be more involved. They reported feeling powerless because of the lack of control over their ability to function as a caregiver, including knowing how to cook, wash clothes, and attend to other daily needs of a child. This was a cohort of older men who had been socialized into gender roles that did not typically include such domestic tasks. A seventy-year-old White grandfather who had been caring for his granddaughter for 6 years spoke of his feelings about activities of daily parenting in these terms: "I would want to do more as a parent, but I never had to cook, clean, and never had to pick up after the children. So, now I can't just go in the kitchen and make a meal if she is hungry. I don't wash clothes either. Sometimes, I feel like helping more, but I don't really know what to do. Nobody is trying to help me figure how I could do this better. I mean the grandparenting."

Not surprisingly, the perception of having no control over the amount of financial support they receive (32%) caused feelings of powerlessness in caregiving. An African American grandfather remarked, "If it was up to me, I'd have more money to pay the bills, to buy food, and pay for the medicine. But, there is no way I can do all of that on my social security. I wish there was something I could do to change this, but I can't. You need money to be able to take care of a child." Traditionally, men have been socialized to see themselves as breadwinners (Googins, 1991). Therefore the provision of tangible family resources may well be a self-imposed expectation of the male caregiver. A Latino grandfather lamented: "Luckily, I have my son and his wife who works and gives us a

little bit of money each time they get paid. But, as a man I would like to be able to do it on my own. I hate having to take handouts to feed the family. When I was raising my children in Mexico, I worked everyday and the children were taken care of. Now that I am old, I don't have enough to do the same for the grandchild. That hurts me inside."

Long-term Care

Some grandfathers spoke of their concerns about the care of the grandchild long-term. Twenty-three percent of the subjects, felt powerless in their capacity to deal with events that they expected to occur during the childrearing over time. They were of the opinion that as they continue to age and their health continues to decline, there is great likelihood that they will not be able to continue providing the care that the grandchildren will need over time. The elderly participants did not expect much improvement in their health status and physical abilities. They saw these attributes as barriers to their being able to provide care long-term for the grandchildren. "My health has gotten a lot worse since he [the grandchild] came to live with us. He is kind of sickly and all that getting up in the middle of the night and running back and forth to the doctor is wearing on my health. I don't mind doing it, but I don't know how long I can keep it up." Deterioration in health status has been reported in previous research on grandparents raising grandchildren (Minkler & Roe, 1993) as well.

Across the racial groups, grandfathers expressed concerns about longevity and how much long they might be able to continue parenting. An African American grandfather emphatically commented, "I won't live long enough to see her grow up. I'm getting up there in age and she [the grandchild] is still just a baby. My wife might be around, but I probably won't be living to help her out. It worries me." A Latino respondent shared, "There is no one who can stay home to take care of [the child]. Our children all work long hours and they leave their children with us until they finish their workday. They come pick up their children, but it would be unfair to ask them to take this other one home with them. I worry that my health won't allow me to keep this up, but that there is no one else who can do what I am doing from day to day to help raise this grandchild."

Thinking about the future of his parenting role and abilities, an African American grandfather talked about feeling powerless to assist in activities of daily parenting long-term. Educating and assisting with homework was one of his greatest concerns. He said, "I don't have much schooling myself. I often feel helpless when the child comes to me with a question on his schoolwork. The teachers don't really send anything home to help the parents. What about those of us who didn't every really get much schooling. I wish I could help more, but I can't and there is no one that we know who can help because most of the people around here [in the community] is in the same situation. Not much schooling."

Eighty-one percent of all of the grandfathers in this study said they felt powerless in their ability to contribute to educating and assisting with homework. Grandparents of children in middle and high school had even greater concerns than those in elementary about the contribution they could make as grandparents to the child's educational experience. Additionally, there were feelings of powerless related to their ability to get help with parenting (23%). Others felt powerless to manage managing crises and emergencies (8%), while others reported they felt most powerless in dealing with the parent who might return for the child (19%). Also, there seems to be some link between being in isolated living conditions in rural areas, the small social support networks, and concerns about health status. "I really don't know anything about what kind of help is out there for older people who are raising a child like we are. We really don't talk to other people out what we are going through because we figure everybody is going through something, so why should we moan and groan about taking care of a grandchild. I suppose there are other people my age who have health problems and might be going through worse things than we [are]. Raising grandchildren is not the worse thing that can happen to an old person. So, I thank the Lord for what little bit of health and strength I do have," commented an African American grandfather.

Empowerment

Although most men reported strong feeling of powerlessness, some did not. Nineteen percent of the grandfathers in this study did not experience powerlessness. The main reason they

attributed to their lack of powerlessness was their social support network. They expressed the ease at which they were able to get emotional support from their family members or friends. For instance a respondent added, "My daughter helps me out on a regular basis and I really need that. I have people all around who help. We are well connected." Another said, "If it were not for my wife's family, I wouldn't be able to do the little bit that I do for him [grandson]. They are always helping us with something." An older grandfather expressed, "People from my church visit and my children all live right around here, so we are all doing just fine." The vast majority of the grandfathers did not have a support network in place. However, for those who did have social supports, there was a range of formal and informal helpers who provided various types of assistance including informational and emotional encouragement. For example, "The social worker told me the different ways that grandparents make a difference in the lives of grandchildren. I am showing the child that family does matter and that we will be here to help. That can mean a lot to a young child who has already lost one parent. I'm glad she helped me to think about it that way," and "I can call the nurse at the clinic when she [grandchild] gets sick and they tell me what to give her and what not to give her."

The grandfathers who did not report feelings of powerlessness were also less likely to report financial distress than those who did report feelings of powerlessness. Although most participants had incomes of a thousand dollars or less per month, some elders identified themselves as being frugal and felt they were able to manage their family needs with the incomes that they received monthly. Sufficient income seemed to be correlated with feelings of powerlessness and well being. "I feel I can change things if I choose to. We make do with what we have and besides having her [the grandchild] around is good for me. I feel a bit younger now. Since her daddy died she gets a check and we don't have any money problems."

Lastly, the respondents who did not report feelings of powerlessness had better self-reported physical health than those who experienced powerlessness. A grandfather commented, "Running after the children help to keep me feeling young" and "Because

I'm healthy, I feel good about my ability to keep on providing care for [my grandchild]."

Limitation of the Study

Given the potential for self-selection bias, a probability sample could have strengthened this study. However, given that older men are a hard-to-reach research population and that it is even more difficult to include African American and Latino men, a small non-probability sample was practical and appropriate. The potential for social desirability bias exists because of the large percentage of questionnaires read to participants and the possible perception that answers might influence the elder's reputation in the small rural community. To reduce the effect of this bias, only one person collected all data (the principal investigator), this person was clearly identified as not being affiliated with an social service agency, confidentiality and anonymity were assured, a permissive nonjudgmental atmosphere was established, and the interview guide was designed to include counterbalanced positive and negative questions.

Findings of this study are generalizable only to populations with characteristics similar to older men living in the rural community. This population is typically lower income and educational attainment. The underlying rural southeastern cultural influences of African American and historically migrant farm worker Latinos, which result in traditional role orientation, and mistrust of formal service providers may have affected the behavior and responses of this population. Findings may not be generalizable to female populations and especially those populations who tend to have higher level of education and greater financial resources. Nonetheless, the data from this research provide a much-needed perspective on grandparents who raise grandchildren in rural areas.

Discussion and Implications

The findings in this study indicate that grandfathers, who take on the responsibility of raising a grandchild late in life, seem to experience powerlessness that grandmothers do not experience. They feel powerlessness in the role transition, in the activities of

daily parenting, and in their ability to continue parenting long-term. Although grandfathers tend to co-parent in their responsibilities for raising a grandchild, they do experience caregiver stress. Consistent with other research reports, grandfathers are likely to be faced with financial worries, social isolation (Burton, 1992; Kelley, 1993), poor health (Bullock, 2004b; Whitley, Kelley, & Sipe, 2001), and stress associated with role restriction (Burnette, 1999b). Unlike grandmothers who parent (Pruchno, 1999), grandfathers are less likely to help with instrumental and hands-on activities of daily parenting.

One implication of these findings is that older men who tend to be less than prepared to take on the primary caregiving role are at a disadvantage because they are not able to provide the instrumental assistance that they once were able to in their earlier in life. Since men have been found to be limited in the amount and types of household care they provide to care recipients (Kramer, & Thompson, 2002), their role as parent to a grandchild may well be restricted to augmenting and supporting the primary efforts of women who provide the bulk of the care. This does not imply a lack of family feeling among grandfathers, but instead emphasizes gender-specific behaviors and attitudes in grandparenting. Grandfathers feel less than optimistic about a change in their abilities and actions in parenting over time. Therefore, the degree to which this age cohort is able to manage activities of daily parenting tasks (cooking, cleaning, bathing, helping with homework) of raising a grandchild may be contingent upon the availability of additional caregivers.

Even with the presence of an additional caregiver (100%), grandfathers experienced feeling of powerlessness in various aspects of their family lives. The themes of powerlessness revealed the importance of perceived affirmation and ability to perform tasks of parenting. These men face multiple new challenges and needs, which requires the attention of social and health care providers. The absence of research on grandfathers filling the role of parent for grandchildren has contributed to the lack of development of appropriate and acceptable social services and support programs. Future research needs to be conducted on the patterns and types of care that grandfathers provide when raising grandchildren. Knowledge of how grandfathers function

in their parenting role should be incorporated into the planning and development of services. Approaches to assisting grandfathers must take into consideration problem-solving strategies and communication styles that are gender specific (Powell, 1995; Kramer & Thompson, 2002).

Social service providers can assist grandfathers in their transition into the parenting role and to not feel inadequate as parents. Men have been known to function well as primary caregivers (Delgado & Tennstedt, 1997). However, it is clear from the present findings that grandfathers need help with certain parenting responsibilities, such as detecting and responding to emergencies; financial assistance and navigating the social service system; seeking and finding the social supports to meet their needs. A likely benefit would be to enlist the support of men to provide parenting skills and to serve as role models. The shortage of men in social work practice necessitates strategies for identifying ideal influences for men who feel disempowered. The men in this grandparent expressed feeling of awkwardness in talking about powerlessness given that men are socialized to be "head-of-household" and "the spiritual leader of the family."

Outreach must consider men's feelings of awkwardness associated with assuming a parenting role late in life when they are not able to perform in ways that they have been socialized. Historically, men have been conditioned to go out and work, but do little in the way of providing instrumental care for children inside the home. When they are retired and there is no job to go to nor any means for augmenting ones income, this can affect one's psychological well-being (Googins, 1991) and leave men feeling powerless. Male social workers can provide affirmation and a connection through gender identification that addresses the challenges inherent for grandfathers raising grandchildren.

The establishment of social support network is important and can serve many purposes, such as emotional and instrumental support. This can be done through a community organization, church, or a neighbor-to-neighbor connection. Social workers can assist in mobilizing and broking the support. Finally, social workers must advocate for social welfare policies to create better access for rural families. Homemaker services and respite are needed in these families as well as health and mental services. As suggested

by the findings in this study, grandfathers experience powerlessness that is associated with raising grandchildren. Social work intervention through policy, service, and research is crucial to the health and well-being of these families.

Conclusion

In conclusion, the implications of this study are to be taken seriously if we are to increase the likelihood that older men will get the support that they need to fulfill their role as grandparents raising grandchildren. This report does not imply a lack of affection and feeling among grandfathers, but instead emphasizes gender-specific behaviors and attitudes in grandparenting. These grandfathers in rural areas feel less than optimistic about a change in their abilities and actions in parenting over time. Therefore, the degree to which men in this age cohort are able to manage activities of daily parenting (cooking, cleaning, bathing and helping with homework) when raising a grandchild may be dependent upon their level of empowerment or the lack thereof. A number of recommendations are offered to empower grandfathers in their parenting roles.

Grandfathers can benefit from supportive relationships among their peers. There is a need for community services that create opportunities for these men to socialize within their peer group. This would help to decrease isolation that the grandfathers described. Parenting skills training and education would help to bring the grandfathers up to date on pop culture and help them to understand the social factors that impact grandchildren on a daily basis. Additionally, respite care could enable the grandfathers to take time away from their caregiving responsibilities to spend time with friends. Leisure time and companionship are important to the quality of life for older adults (Tennstedt, McKinlay, & Crawford, 1993). Practitioners should engage older men in the planning and implementation of such resources. This can contribute to the empowerment of the grandfathers. Macro practitioners must work with rural communities and organizations to open up these systems to be more elder friendly and inclusive of grandfathers as parents. Human services workers ought to be willing to push for opportunities to create greater access to

services for older adults and change the image of grandfathers as non-caregivers. Building supportive relationships and forceful coalitions within rural communities to help families to provide dependent care will decrease the worries that grandfathers have about long-term care for their grandchildren. The challenge is up to helping professional to provide services that are appropriately designed to support quality family life for grandfathers raising grandchildren.

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The Peculiarities of Men Aging: A Collection of Anecdotes

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Men are reticent to share with others the slow realization that with age they begin to confront a world that they had not expected. They had not expected to grow old. Now that this is happening, men have few relationships that permit them to share their thoughts and moments of recognition. The anecdotes that men share are revealing in that they demonstrate basic human uncertainties about the later part of life's cycle.

Key words: *men, anecdotes, aging*

Old Age is Life's Parody

Simone de Beauvoir

I grow old . . . I grow old . . .

I shall wear the bottoms of my trousers rolled.

T.S. Eliot

Introduction

The material available describing men and their personal experiences of aging is limited and lacking the intimacy that women have produced for each other and for purposes of understanding. Discourse on aging has provided very little on the experiences of older men (Fleming, 1998; Kosberg & Mangum 2002). Therefore, we have initiated this effort to look at the particular take some men have on their own aging process. This is a qualitative search for men's reflections on their lives at a certain age. The one guiding focus has been to engage men to share their personal reflections

on what it means *to be aging*. It is this experiential process that has been the focus of our listening to men as they have shared anecdotes both funny and thoughtful. The age “sixty” was chosen as the point of departure because it appears to be the new marker for men and aging. With greater longevity, age “sixty” has taken the place of “turning 50” (Sheehy, 1995, 1999).

The inspiration, in part, for this research was an incident experienced by the male author. As a friend and I engaged in a conversation typical of most male relationships little was revealed about our internal life. Yet, one day, my friend startled me by a comment he made. As our talk drifted from work and other matters related to work, my friend revealed that his 60th birthday was close at hand. In that moment, he turned toward me with a look on his face I had never before seen. He said, “There is something different about this birthday. My 50th didn’t phase me, but there is something different about turning 60.” He sounded both puzzled and revealing in this moment of openness, crammed with a sense of uncertainty that was unlike him. In an instant the moment was gone. The conversation quickly moved back to the outer world of being removed from the inner life. Strangely, shortly after our conversation, I recalled a conversation between Bilbo Baggins, the Hobbit, as he talked with the wizard Gandalf in the Fellowship of The Rings (Tolkien, 1954). Bilbo says to his old friend, “I am old Gandalf. Even though I don’t look it, I am beginning to feel it in my heart. I feel thin and stretched, like butter spread over too much bread” (Tolkien, 1954, p. 32). The two scenes seemed one for a moment. I too had been wondering about my own aging over the past months since turning 60. There was something about my friend’s and Bilbo’s statements that had touched a place in my own vague uneasiness as three score had passed in what seemed like a flash.

Unique Peculiarities of Men Aging

Life should be more about holding questions than finding answers. The act of seeking an answer comes from a wish to make life, which is basically fluid, into something more certain and fixed. This often leads to rigidity, closed-mindedness, and intolerance. On the other hand, holding a question—exploring its many facets over time—puts us in touch with the mystery of

life. Holding questions accustoms us to the ungraspable nature of life and enables us to understand things from a range of experiences.

Thubten Chodron—On Buddhism (Sharpy, 2004).

Richard Quinney (1998) writes in the preface of his personal ethnography, "all that we can know of anything that might be imagined as universal is known in the particular, in the everyday, mundane life" (p. xi). Personal ethnography is the telling of these mundane stories and in the telling "the lived experiences—shared with others—is our social reality. And it is the only reality we can know" (Quinney, 1998, p. xiii). Our intention is to suggest that gerontological research and studies provide important but very generalized cohorts of information around aging that can appear and feel very distant and unrecognizable in many ways. Now at the beginning of the 21st Century, as one ages chronologically, the actuaries tell us that you can expect to move through the "young old" period into the "old" and then into the "old old" phase or stages of life or is it the "serene sixties," "sage seventies," "uninhibited eighties," "nobility of the nineties," and finally the "celebratory centenarians" as Gail Sheehy (1995) has deemed life's passages. We do not suggest that these efforts at understanding be abandoned but that the personal and the unique can be useful in different ways and can touch us in very personal ways that might not happen with statistical findings and the models, phases and stages of life they construct.

The professional sciences of gerontology and geriatrics attempt at categories and stages do not capture the differential and complex nature of aging at the very personal level. Jeffrey Applegate (1997) has commented that these stages or phase theories proclaiming how one should develop and age "fail to capture the intricate complexity and variability of older men's lives, either idealizing them or catastrophizing them" (p. 5). The psychologizing of aging taking place within models and theories of aging leave out the complexity of experiences:

Characterized by ambiguity, uncertainty, struggles, triumphs, good days and bad . . . their later years are likely to be composed of periods of relative serenity and well-being, bouts of depression and anxiety, and a range of affective experiences in between. The timing and intensity of these subjective experiences will vary widely

according to health status, finances, levels of social support, and other variables. Applegate, 1997, p. 5.

David Jackson (1990) calls for what he refers to as "critical inventories" that detail and expose personal accounts of a particular life history. Jackson (1990) finds the autobiography to be a part of a "process of critical understanding . . . that can play a part in undermining of those assumptions of what it is to be a 'real' man in this culture" (p. 3). Likewise, autobiography as a means to undermine what it is to be a man who is "aging" in a society unaccepting of aging. The intention here is to initiate this process through personal reflections on moments that are often fleeting and seem minimal. Yet, packed within these brief idiosyncratic moments are much deeper truths that may resonate with others and give some sense of passage into "aging" within this society. It is not our intention to analyze or interpret the experiences within some framework or to develop a framework. We prefer to hold the questions open rather than find the answers. "*Holding questions accustoms us to the ungraspable nature of life and enables us to understand things from a range of experiences*" (Sharry, 2004).

With the men with whom we have spoken, it is the personal moments of reflection upon which this work is focused. Specifically, it is focused on the situated moments in a life as told by men at a point in time.

Turning Sixty

According to Gail Sheehy's (1995) book, *New Passages: Mapping Your Life Across Time*, the years bridging the later fifties and early sixties mark the "passage to the age of integrity." Accordingly, one can look forward to a life of serenity and coalescence along with mature love, active risk-taking and the mid-point of a second adulthood [45–85+]. Pessimistically, the male author noticed that the colorful picture map in the opening pages of the book showing the progression of the stages of aging ended abruptly after the bridge into the sixties. After crossing the bridge into the sixties the page ended. "A very short distance," the author thought. There was some hope given with a very small note at the edge of the page with the titles: "Sage seventies,"

"uninhibited eighties," "nobility of the nineties," and the sought after "Celebratory Centenarians."

Aging is a social construct that has shifted and changed over-time. In the last one hundred years advances in medical technology and greater wealth have resulted in longer potential lives for men in our society. The average life span was 47 in 1900 and now, for men, the average life span is 73+ years. If a man was age 50 in 1996, he can expect to have a life span of 77.5 years. Given our present potential for longevity, age 60 is not quite old but it is close enough to sound old to some. It is this bridging age that is the subject of the personal reflections we have recorded in the following section. We have done some editing to disguise the persons who shared their thoughts and have used the first person to offer the immediacy in which the stories were told to us.

Men's Personal Moments, Anecdotes
and Reflections on "60 something"

The poem by Shel Silverstein (1981), *The Little Boy and the Man*, is an appropriate starting point of reflection:

Said the little boy, "Sometimes I drop my spoon."
Said the little old man, "I do that to."
The little boy whispered "I wet my pants."
"I do that too," laughed the little old man.
Said the little boy, "I often cry."
The old man nodded, "So do I."
"But worst of all," said the boy, "it seems
Grown-ups don't pay attention to me."
And he felt the warmth of a wrinkled old hand.
"I know what you mean," said the little old man.
(p. 95).

- I often find that I am startled when I see myself in a mirror or in a window of a store. For a split second, I do not recognize the older physical appearance looking back at me. I am surprised that the face looking back or walking along with me in the mall from store to store in the reflections of the windows is an older person than I think and feel I am in my own mind. How did you get so much older than I feel? This reminds me of a scene from

a movie, where the aging host of a beauty pageant comments about his age. He says, "When I look into the mirror in the morning, I say to myself, 'Who is that old man wearing my pajamas?'"

- Once when shopping at the grocery store, I had a chance to get the "senior discount," you had to be 60 to qualify. I do look, most of the time, younger than my age and have had people compliment me on how well I am preserved for my age. It was a Tuesday, that is when the senior discount is in effect and the store has a large number of "seniors" shopping. As I approached the check out person, I mentioned that I was a "senior" and waited. Nothing happened. The check out person keyed in the discount without making any comment about my "youthful appearance" or asking for proof, either would have done. I realized that I had been looking forward to "surprising" the check out person with my youthfulness and it hadn't happened. The clerk had recognized me as a "senior" citizen. I felt momentarily disappointed and resigned to my fate. It made me think about myself and my growing older, crazy but it made me seriously pause and think about getting older.
- I turned sixty just last month. I had been ignored by younger men many times over the past years and it should not have been any different on this particular day but it was. For some reason, the "ignoring" hit somewhere I wasn't prepared for. I actually stopped and thought of not being young and attractive as if I had skipped over thirty years of time to that day.
- My brother sent me a subscription to a magazine called "Men's Health." It always has on its cover a very well proportioned and stunningly muscular shirtless man who looks about 27. He always looks like he must work out seven days a week and not less than six hours a day. The magazine often has questionnaires and tests you can take that focus on your health. Each month I find some quiz or test to take to check on my health or body strength. I check off my answers and then add up my score to see where I stand. In one particular issue, after a page of questions, there was the final question and this asked about your age group. When I finished, I proceeded to add up my points and score myself. I was in the *danger zone*. How could

that be? I know I am not in perfect condition but the danger zone? The key factor turned out to be my *age*. I was in the 60 and over category for which I was awarded a grand total of 10 points. That number of points alone put me in the danger zone according to the scoring grid. Even though I seriously questioned the instrument's design and pointed out all of its flaws, I could not shake off my concern for my future or what might be left of it. I sat there thinking about my life.

- When I turned forty it was no big deal and turning fifty just brought a few pains here and there. It was when I turned sixty that was hard. I started to think about death, like it was just around the corner. I realized that the physical work I had to do at my job was really not as easy as it had been. I started to worry about not keeping up and about a younger man taking my job. I started thinking about retirement and what that would be like after 40 years at the same job. I really started to have trouble sleeping and worried a lot. I am better now but that was a hard time for me.
- I remember talking to a young woman and feeling, lets say "energized," and then it hit me that I could be her grandfather. She was being nice to me and I was aware of being, in a way, from a different world, from another planet. Here was this young woman as well as other young people and I had a very strong sense, like a light went on, that I was not part of their world. Not just intellectually but more than that. It was no longer my time or era.
- When I turned 60, I felt like death was approaching quickly and it was scary. My doctor had told me that my blood pressure was way too high and I immediately thought "this is it, get ready." A man does not like to not be in control, he likes to be in charge of things. I started to realize that I might not be in charge of this and that I do not call the shots. I started to get down and built a wall around me. I was lucky because my wife was able to help me out of it and now I am doing better.
- It was one day when a coworker walked into my office and asked what I thought about all the younger staff. I started to say something about liking them and he said that he didn't mean that. He meant about them taking over. They were eager and

young. I brushed it off but found myself thinking about it later that night on the way home. I actually started to think about retirement and my age in a way I had not done before. I could not stop thinking about it all night. There was no panic, just this realization that I was getting older and there was change ahead.

- When I turned sixty, I lost my brother and sister. That is when it hit me hard. When they died it was like death was real. I felt that with them gone I was stepping up to the plate with death.
- I realized that the older you get the less time is on your side, not far away is the end. It's the physical changes, your body can't keep up and you can't work as long as you did.
- I guess when I was younger, I thought I had all the time in the world and now it doesn't seem that way. It seems like its just over the next rise, death.
- It is funny, when I read the AARP magazine about the movie star or some well known person is turning 50 or 60 or 70 and they are people I see as my own generation, it always reminds me that I am getting old too. It is odd, every time I am surprised by it, like people just don't get old, including me.

Conclusion

These stories and anecdotes do contain the histories of the tellers as men in particular settings and under particular social and historical forces. This telling is subjective and far from objective. It does not represent rational knowing but felt, emotion and experience. It is not scientific and not generalizable. Jackson (1990) sees the consequence of the subjective as challenging the disembodied, rational abstractions men and science use to describe men's lives. He states:

The overemphasis on disembodied, rational knowing, that severs the relationship between personal experience and abstraction, often means that we become used to living from the top of our heads. This is done at the cost of all those hidden longings, hurts, pleasures, desires, and pains that make us all so much more complex and contradictory than our public presentations of selves suggest. (p. 273)

This effort is a different way of knowing that acts as a means for men to start to open to their emotions and experiences around aging and death. Critical life history work is a means by which men might explore their own lives and in the process have the opportunity to change. Jackson (1990) believes that men "need to find time to linger in the odd details of [their] personal experiences (mainly through sharing life stories), to dwell in them and ponder them together" (p. 277).

Thomas Cole's (1993) book, *The Journey of Life: A Cultural History of Aging in America*, searches through our history to explore our values and attitudes about aging. He notes that when we

focus solely on the abstract 'problem of old age,' apart from the actual lives and cultural representations of people growing older, the scientific management of aging . . . denies our universal participation and solidarity in this human experience. We humans are spiritual animals, who need love and meaning no less than food, clothing, shelter, or health care. (p. xxi).

This brief collection of anecdotes is a small step toward recognizing that aging has much more to teach us if we only listen. This is particularly true for men. Men have been nurtured to be in control and to see themselves as indestructible. The idea of this not continuing and what this means to each reader is important to hold open as a question rather than to find an answer to calm the fears and uncertainty men are expressing.

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Social Security and the African American Male (A Cash Transfer System)

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All employed workers are required to contribute to the Social Security System; however, a disproportionate percentage of African American males never live long enough to collect any benefits from their contributions. On the other hand, the life-expectancy of white males is significantly longer than the life expectancy of African American males, and their collection of Social Security benefits tends to exceed their contributions to the system. The federal government keeps the Social Security system from becoming completely solvent by raiding it of any surplus funds it collects; thereby, preventing the Social Security Fund from developing interest income, and accumulating funds for future generations of retirees.

Key words: *Social Security, African American, male, life expectancy*

Introduction

Rawls (1971), in his now seminal work, *A Theory of Justice*, argues that laws should be formulated behind a "Vail of Ignorance" where those who make the laws are unaware of who would be advantaged or disadvantaged by the laws, but society would be better served. Only then would we have a *just* society (pp. 136–142). The *Vail of Ignorance* theory suggests that those who make law should have no idea of the differential effect each law they make will have upon the various groups in society. For African American males, the Social Security Act of 1935, and its subsequent amendments, would be a *just* law *if* it had been formulated in such a manner. Instead, the components of the Social Security Act were formulated with knowledge of the Act's

impending differential impact for African Americans in general, and for African American males in particular. Over the years since its enactment, the bill itself has proven to be highly unjust for African Americans, and particularly for African American males.

In the United States legislation is developed by a group of upper class, wealthy white men and women with their eyes closed to racial and economic justice for African Americans, and wide-open to dominant group advantages. For example, "The New Deal, seen by many as a progressive movement towards equality, incorporated several provisions explicitly designed to maintain racial privilege. . . . As a result, the Social Security Act of 1935 excluded domestic servants and agricultural workers—jobs predominantly filled by African-Americans" (Barusch, 2002, p. 314). Euphemistically, this system is variously called representative democracy, participatory democracy, or even equal opportunity. It appears that many, if not most, of our laws are promulgated on planned structural discrimination, class exploitation, and inter-group (race, class, age, and gender) antagonism. Social Security is one of the most glaring examples of such laws.

The purpose of this article is to explore an issue that is seldom spoken of, and almost never explored prior to the introduction of the rhetoric of privatizing Social Security into the political arena. That issue is the complex relationship between African-American males, Euro-referenced white males, and the Social Insurance Program known as Social Security OASDI (old age, survivors, and disability insurance): the economic system of entitlements for the aged. The approach to the topic is exploratory-descriptive. Therefore, while narrowly focused, it is anticipated that a number of serendipitous questions and issues will arise in the course of discussion. However, this is a single issue article: *does African American male's contribution to the Social Security system constitute a de facto cash transfer from African American males to white males?*

The exploration of this issue began with an assumed relationship between the differential life expectancy of African-American and white males in the United States, and the distribution of Social Security benefits in retirement. That led to the question of who pays into Social Security (FICA), and who collect benefits from Social Security—the difference between the theoretical, and the actually. The British calls this process 'muddling through,'

here it is called an exploration of conventional wisdom on the issue of discrimination between African-American males and Euro-referenced white males through Social Security retirement benefits.

This article does not delve into pension funds, 401ks, or various other retirement plans, programs, or schemes in the private sector. Nor does it pretend to do comparisons between the increasingly diverse U. S. citizens of color and the Euro-referenced dominant group (white Americans) in our society. This study is narrowly focused on African-American males and Euro-referenced white males. At the end of this exploration, a modest proposal to reduce the suspected differential outcome of what is assumed about the equity of benefit distribution of Social Security, and the actual distribution of benefits of this so-called entitlement program.

A Perspective on the Problem

From the subjective perspective of the author, virtually every male member of my family, and extended family, followed conventional rules of the Protestant Ethics, and worked hard all of their lives. Each one of them made the mandatory contributions to the Social Security fund through payroll deductions. Each of these men died before attaining the age, set by the Congress, for retrieving retirement benefits from their Social Security contributions to the fund. And at the time of their demise—in a world now dominated by an ethos of asset accumulation and inheritance transfer—none of these men owned any significant assets to leave their children. These two events, coupled with the politicians' warnings about a looming Social Security Crisis raised many questions.

On the one hand, an overwhelming proportion of African American males who contribute to Social Security die before becoming eligibility to collect Social Security benefits. On the other hand a disproportionate number of white males live longer, and collect Social Security benefits that far exceed their contribution.

As for the 'so-called looming crisis' in Social Security, it is a political factoid—manufactured by politicians to cover up the Federal Government's rape of the Social Security Trust Fund

surpluses over the years. Federal Administrations, over the years, have taken Social Security Trust Fund surpluses to underwrite social programs they have promised the voters. The improvement in the quality of health and health care over the years suggests that more and more males, even African American males, will continue to live beyond the retirement ages of 65 now, and 67 in a few years hence. If left for its intended purpose, the social security surpluses will continue to accrue interest and grow to meet the demands of the growing number of males living beyond retirement age.

The Social Security Act of 1935

The broad "... policy objectives of the (1935) Social Security Act revolved around providing economic security for those in an industrial society facing the predictable problems of old age, unemployment, and disability;" (Whiteman, 2001, p. 4) however, it was limited in scope. The Act's focus was two-pronged: to provide long-term economic stability, and promote a sense of economic security for the aged, the unemployed, and the disabled. Hidden in the Act was a major long-term goal: promoting the principles of adequacy and equity among the citizens. The two broad objectives of stability and security were in response to the state of the economy, and the conditions of work at that time. Whiteman (2001) argues that "the principle of adequacy affirms the desirability of providing assistance to poor people to meet their basic needs. The adequacy principle tends to promote social policies that redistribute income such as welfare programs. The principle of equity asserts that people should receive benefits based on their contributions" (Whiteman, 2001, p. 4). Trattner (1999) saw it differently. He argues that "... the Social Security Act was a compromise framed within the political and fiscal realities of the day, ... At worst, it was a conservative racist and sexist measure that fell far short of its title, one that clearly would not provide an adequate standard of living for those exclusively dependent on it" (p. 291). His view rested largely on noting those occupations excluded from participating in the Social Security system—occupations largely involving African Americans—and

the federal government's deference to state and local political influence.

The criteria for participation in Social Security precluded an overwhelming majority of African Americans simply by embedding the *code words* "*covered workers*" into the legislation. At the passage of the Social Security Act of 1935 sixty-to-seventy percent of African Americans were excluded on the basis of occupation alone. "Excluded occupations were ones in which women (and African Americans) were most likely to work, such as those in education, government, agriculture, domestic service, and charitable nonprofit institutions" (Whiteman, 2001, p. 67). Thus, it appears that the intent of the Social Security Act, from its inception, was never to benefit the general population—of which African Americans were a part. This point is further clarified by Duster (1996) when he notes that in "The New Deal, . . . Roosevelt faced a solid bloc of white southern congressmen who refused to support any social security legislation that included blacks" (pp. 72–75, cited in Barusch, 2002, p. 314). Hence, the paradigm for discriminating against African Americans was built into the original Social Security Act, and subsequent amendments to the Act have not altered that fact.

For example, the words "*covered workers*" in the Social Security Act were the linchpin that created the initial, and formal, preclusion of older, disabled, and dependent African Americans—and especially African American males, partially through the use of the Black Codes, Jim Crow, and white preferential hiring—from the benefits of Social Security, a national insurance for the aged workers (Whiteman, 2001; Ginsberg, 1994; Trattner, 1999; Jansson, 1993; Axinn and Stern, 2005). The additional caveat of this formal preclusion for African Americans—and women and other minorities—was the specific phrasing "*continuous employment in covered occupations.*"

The African American male predicament, with respects to Social Security benefits, is even more precarious than that applied to the larger excluded population. Present and past census data, and actuary risk calculations suggests the conclusion that through participation in Social Security African American males are actually underwriting white retirees who tend to live longer.

In other words, just as in slavery, the African American male provides much of the base of support for white Americans during their retirement years. In this instance, it is, in fact, a *cash transfer system* that is embedded in an income redistribution system where participation of workers is mandatory. And, the system is based on a government prescribed mandatory formula that requires equal pay-in (about 6.2 % of their earned income) by both high and low-income wage earners—in *covered employment*.

The term "*covered employment*" is a key concept in Social Security when it relates to African Americans and males in particular. A disproportionate percentage of African Americans, and other racial minorities fall into the category *uncovered wage earners* than do white Americans—domestics, day laborers, handymen, migratory and itinerate farm worker, to name a few: those occupations that are excluded from even participating in the Social Security system.

Low-income wage earners pay a larger proportion of their income into Social Security than do higher income wage earners. When we add into the mix the many complicating factors associated with structural discrimination and unequal employment opportunities, Black-White differential rate of income, the 'last-hired-first-fired' conditions of work, and other social and economic stressors attached to the costs of being African American male in the United States, it becomes even clearer how such life-chances shorten the longevity of African American males much more than that of the white male.

U. S. Census Data Projection of Life Expectancy of Racial/Ethnic Groups

The U. S. 2000 Census data projects that, on average, white females live longer than white males, white males live longer than African American females, and African American females live longer than African American males. The 2000 Census data reports that at birth, the life expectancy of white Americans is 72.0 and African Americans is 65.2—a differential of 6.8 years, on average. When distributed across gender females are "... white female infants can expect to live an average of about 5.2 years longer than white male infants, and African-American females about

7.2 years longer than African-American male infants" (Markson, 2003, p. 61).

A Cause for Concern

Today, there appears to be a streak of mean spiritedness in the land that is aimed at old folks that has a Social Darwinian ring. Our current government policies echoes of the past when Herbert Spencer took Darwin's work on *Origin of the Species* and applied some of its ideas to society. "... Social Darwinism loosely adapted Charles Darwin's theory of the origin of species to the principles of *laissez faire*, the doctrine opposing government interference in economic affairs. . . . and (in the spirit of "survival-of-the-fittest argued that) any interference with existing institutions would only hamper progress and aid the weak" (Norton, et al., 1990, p. 506).

The more wealthy U. S. citizens appear to be trying to wrest more from the least wealthy, and the most powerful are attempting to disfranchise senior citizens from an important program designed to keep them out of poverty at the end of their productive years. That truly is an echo of Social Darwinism. Towards the efforts of disfranchising senior citizens, especially those who have been precluded from full participation in the market place on a level playing field over the course of their lives, the Cato Institute, the Heritage Foundation, *Frontiers of Freedom*, and other organized efforts are being put forth that would lock a 'new serf system' into the U. S. social and economic structures (Meredith, 1999; Betts, 2002; Crane, 2002). They are proposing to privatize the entire Social Security system, and make each individual citizen responsible for managing his/her retirement investments. What each of these opponents of Social Security "omit" from their proposals has been pointed out quite clearly by Adler (2004) when he points out that "... free-market economics rests on a fallacy, which economists have politely agreed among themselves to overlook. This is the belief that people apply rational calculations to economic decisions, ruling their lives by economic models. Of course, economists know that the world doesn't actually work this way; . ." (NEWSWEEK, July 5, 2004, p. 44). Nor does the ordinary working person have time, knowledge,

of information to make wise investments in the ever-changing markets. Roth (2000) goes to the heart of this issue when he states, through a character in his book, *The Human Stain*, "... that for most people there isn't enough money to make (market investment) choices and there isn't enough education to make educated guesses—there isn't enough mastery of the market" (p. 268). And as the current economy has demonstrated, 'the market' is not reliable. That is the big hoax that is being perpetrated on U. S. citizens today.

Investing in the markets whether it is the stock market, the bond market, or any other any other financial market that changes on a frequent basis requires the accumulation of specific background and current information and knowledge. It requires the expenditure of a particular amount of time, usually at specific intervals during the day, week, month, and/or year. And it may also include the purchase and use of a computer—if an individual is going to *manage* his/her own accounts. Investing in the market carries an almost additional certainty: the involvement of a middle man, a broker. In a larger sense, "the transition to privatization would cost at least \$2 trillion over the first 10 years and expose Americans' basic retirement savings to market risk" (Benjamin, 2004, p. 37).

In order for each individual to take on the responsibility of investing any portion of his/her Social Security retirement fund, even before making their first investment, they must educate themselves with the specific knowledge needed to successfully engage the investment process, and then invest in a way that will provide them with a profitable return on their money. Two critical questions that those who advocate the privatization of Social Security never speak aloud (and seems to work to keep them from arising in their privatization proposals—are these: (1) do the low, moderate, or even most middle-income U. S. citizens have the educational preparation, and time, to manage the investment of their own retirement funds; and (2) do they earn enough money to be able to pay an investment broker's commission that is taken on each investment transaction?

In recent years, Congress has passed legislation that increase retirement age, and eligibility to collect Social Security benefits, from 65 years of age to 67 years. This act further remove Social

Security benefits from the African American male whose life expectancy is projected to be 65.2 years. In the narrow focus of this article, this move appears to be blatant racism, because it is an informed decision, based on new longevity estimations. The life-expectancy data that these estimations are based on are the average longevity calculated based on a sample where Caucasians—with a longer life expectancy—outnumber African Americans by three-to-one. Of course, the dominant figures will prevail, and that only serves to increase the transfer of cash from the minority—with shorter life expectancy—to the majority retirees with the longer life expectancy.

The Case for Reform

Markson (2003), notes that “the elderly today differ according to their ranking in social hierarchies—a ranking that reflects diversity between different groups” (p. 12). While it is taboo, in the United States, to openly discuss citizens in terms of ranking and hierarchies they are facts of every day life. We live in a structurally discriminating society, and the odds that an African American male will live long enough to collect Social Security cash benefits are significantly less than those of his Caucasian counterpart. In fact, “African Americans live fewer years on the average than whites and live more years with chronic health problems” (Markson, 2003, p. 145).

The use of the Black Codes (Axinn and Stern, 2005) in post-Civil War United States were “. . . designed to regulate the lives of ex-slaves. . . limited property rights, forbade working as artisans and mechanics, and otherwise specified the kinds of economic activities in which freed blacks could engage” (Axinn and Stern, 2005, p. 94), and the ‘last-hired-first-fired’ employment practices in modern America heavily influenced and precluded equal participation in the workforce, and hence Social Security. Such discriminatory employment practices in the work place were neither compatible nor consistent with the *twenty quarters* of “*continued covered employment*” prescribed by the Social Security Act. Therefore, a significant proportion of African American males were, and continue to be, forced to work in *uncovered employment* for a significant portion of their work lives—if not all

of their lives. Such restrictive conditions of employment severely limits or precludes their participating in the Social Security fund.

It is not difficult to see the morphing pattern of discrimination, exploitation, and oppression of African American males from *slavery* to the use of the *Black Codes* following the Civil War and emancipation which excluded former slaves from employment in the skilled trades; then the use of *Jim Crow* practices—with all deliberate speed; and presently under the guise of “reverse discrimination” and so-called “preferential” treatment.

A Modest Proposal for Reform

In the 2000 presidential campaign Vice President Gore proposed that the Social Security fund be placed in a “locked box” that would preserve its integrity, and protect it from being raided for its surplus funds by the federal administration. The concept of the “locked box” for Social Security should be developed and extended as a part of reform for the system.

In general, politicians and economists have not been altogether forthcoming with the reality of living in a market economy—especially as it relates to each individual investing all of their “Social Security” contributions in the market as a means of securing their retirement future. Carmichael (2004), reporting on a California Institute of Technology scientific study on the market and decision making, notes that “. . . free-market economics rests on a fallacy, which economists have politely agreed among themselves to overlook. This is the belief that people apply rational calculations to economic decisions, ruling their lives by economic models. Of course, economists know that the world doesn’t actually work this way; . . .” (p. 44). This then, is the virtual dishonesty of the politicians and economists with the public when discussing the viability of Social Security through the years, and the merits of privatizing the Social Security system.

Another slight-of-hand tactic in a Darwinian-like approach to older Americans and Social Security is the fact that over the years the federal government has borrowed/raided hundreds of billions of dollars from the Social Security Trust fund surplus, to support many of its social programs. This is just another form of *double taxation*. The first recommendation of this modest

proposal is that the federal government should be required to repay every penny that it has borrowed from the Social Security Trust fund, with market rate interest. That fact alone would render moot the ongoing polemic of whether or not the Social Security system is viable.

The life-expectancy of African American males is significantly shorter than that of white-Anglo males in the United States; however, both groups are required, by law, to contribute to the Social Security Fund at the same rate. Therein lay the inequity, or discrimination, of the system. Therefore, this Modest Proposal recommends that the age of retirement for African American males be scaled against the overall group life-expectancy—the age 65 may be a reasonable baseline.

Markson (2003) offers the idea that “a less extreme approach to privatization of Social Security is for a proportion of contributions to be invested in private stock market accounts with the remaining amount placed in Social Security” (p. 339) In this modest proposal, it is suggested that one percent of each African American male’s Social Security contributions—indeed, all participants of the Social Security Fund—could be allowed for individual investment in the markets from the beginning of their contribution to the Fund. Upon the death of that individual investor the assets or losses of that account would become a part of that person’s estate that will be taxed and/or passed on to his/her heirs. However, it is recommended that that private investment should be managed by the Social Security Administration (SSA) during the lifetime of each individual investor. With the SSA providing the management of the individual investment accounts the middlemen—investment brokers—whose ‘commission fees’ would constitute a drain on the meager investments of the low-income investor-contributors.

The notion that the “New Social Security” can be a combination program of government required contributions and individual investment in the market under government management are not opposing concepts, the antagonists of the Social Security system would like us to think they are. They are not. Think about this: one percent of a workers contribution to the Social Security Fund can be made available to the contributor for investment in the free-market. With the technology of today, this can be done

by way of a simple 'payroll deduction mechanism' that diverts the one percent into a bank account or investment portfolio each pay period. At each reporting period—quarterly, bi-annually, or annually—a financial statement-of-account will be forwarded to the individual investor, and the Social Security Administration will be provided a bi-annual or annual statement (electronic or hardcopy) for its use and records.

The idea of a Social Security 'locked box' for contributed principal—meaning that any and all surplus social security funds would *not* be available for governmental borrowing raids—as proposed by former Vice President Gore in the 2000 presidential election campaign. At that time the Vice President proposed that the Social Security Fund be placed in a "Locked Box" that would preserve its integrity, and protect it from being raided for its surplus contributions by the federal administration. The 'locked box' provision means that any surplus funds—funds needed to pay out to eligible recipients—would accrue interest at the going rate, and grow over the years; thereby, through perpetual growth become an autonomous source of funding for retiring contributors. That concept should be further developed and extended as a part of reform of the Social Security system. This reform would honor the original intentions of the fund. It would adhere to the idea that all Social Security contributions are intended to accumulate over the work history of individual contributors for his/her retirement. *It is not a federal tax* that is collected to underwrite social programs and/or miscellaneous pork barrel projects. Funds for those projects are collected directly from taxpayers, and dispensed from general revenue funds. The Social Security tax-fund is a mandated contributory system that was designed to provide a 'safety net' for its contributors at the end of their work life, not extra revenue source for the federal administration. The fact that the federal administration regularly raids the Social Security trust fund for its surplus' to underwrite favorite federal social programs that are not provided for in the federal budget is tantamount to an additional tax on Social Security contributors. In this way, Social Security surplus contributions are treated the same as a tax that is collected by the federal government, and as general revenue, to fund social programs that are written into the federal budget, but are given inadequate allocations in the budget.

The fact that the federal administration treats the Social Security surpluses as tax revenue is tantamount to a double taxation on social security contributors.

Historically, the social security funds taken by the federal government have never been paid back; therefore, the social security fund is not only being robbed of the surplus funds collected, and their future earnings at the market rate—funds that would grow, and keep the system self-sustaining—but the government is also depriving the Social Security Trust Fund of the interest that the surplus funds would earn over the years; thereby, strengthening the fund well into the future

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Viagra: Medical Technology Constructing Aging Masculinity

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Medicalization and commodification of the body through technology in the form of Viagra and other erectile dysfunction drugs is reinforcing the cultural expectations that ageing men are required to age well to maintain youthful masculinity. Ageing well is explored as it relates the construction of masculinity, sexuality and ageing men's bodies.

Key words: aging, masculinity, men, bodies, sexuality, cultural expectations

Old age is full of death and full of life. It is a tolerable achievement and it is a disaster. It transcends desire and it taunts it. It is long enough and far from long enough.

Ronald Blythe, 1979, p. 29

[The male organ has been seen as many things over the course of history], both noble and coarse. The penis was an icon of creativity; it was the link between the human and the sacred, an agent of bodily and spiritual ecstasy that hinted of communion with the eternal. Yet it was also a weapon against women, children, and weaker men. It was a force of nature, revered for its potency, yet just as amoral. It tied man to the cosmic energy that covered the fields each year with new herds and crops—and just as often destroyed them. The organ's "animal" urgency didn't trouble the ancients. Didn't the gods combine the human and savage in their own amours? All these complexities and contradictions, the very unpredictability of life itself, were embodied by one body part above all in antiquity—the penis.

David Friedman (2001)

Introduction

The demand that little boys give up their dependency for a masculinity based on dominance and performance continues to have many consequences for the aging man. Boys start the process of discounting nature and human connections and in the end their own humanity and sense of dignity in the face of aging and dependency. The construction of masculinity within the dominant American culture is based on independence and competition and central to this masculine construct is youthful energy and physicality. Masculinity requires not only success in the competitive world of work but sexual dominance and prowess for men to maintain their "youthful" masculine identity. Aging men are faced with not only the inevitable fact of aging but with the social constructs of what that means to them or should mean to them from a society that is oriented toward youth. The paradox for men is that even though "ageism" has been attacked and challenged, in reality it still exists and is deeply engrained in our youth oriented society. In its place has come the "aging well" or positive ageing agenda whereby society still derides those who do not "age well." Men are now faced with aging that must have the air of youthfulness and vitality, and this includes sexual performance.

Viagra and the newer erectile dysfunction drugs are a part of this increasing expectation that has very quickly become a cultural phenomenon spread across the mass media. Viagra has entered into the mainstream of conversations and is a part of American culture. This paper explores the medicalization and commodification of men's sexual functioning and its impact on aging men and their sense of masculinity.

A Culture of Aging Well

As in most life matters today, the meaning of what it is to "age" has been turned over to the professional, in this instance the geriatric social worker, urologist, gerontologists, geriatric medical specialists, and economic interests. Over the past century "old age was removed from its ambiguous place in life's spiritual journey, rationalized, and redefined as a scientific problem" (Cole, 1992, p. xx.). Medicalization and commodification now provide the

"scientific" management of aging. The concern produced is not only with understanding and controlling the aging process, but expectations that one must "age well" as if "aging" was merely a disembodied process that can be managed and kept at bay. The consequence of this scientific enterprise has been to find out how to treat illness and diseases that afflict the person as he ages and it has extended the life expectancy and produced better health for many. This rational approach has paralleled the critique of "ageism" which proclaims that chronological age does not determine the quality of one's life. The assumption is that older people *should* be physically healthy and sexually active.

Both men and women are now presented with a culture that does not see growing old as a natural process, as part of the human condition, but a "problem" to overcome. There is a demand that men and women remain vibrant, healthy and functioning. When men or women show vulnerabilities or signs of aging, our social and personal constructs produce a level of contempt and hostility toward this physical and mental decline. In particular, contempt and hostility are directed at the physical consequence of aging in women (Susan Sontag, 1979). For men, the outer appearance of graying hair and lines can bring a "look of distinction" for a brief while. Men's aging vulnerability is most often focused on his sexual performance, his penis. Weak or nonexistent erections are a "secret" fear for most men as they age. The new culture of "Aging Well" for men means that an aging penis should still perform well. Within the past several years since the advent of Viagra and Senator Dole promoting erectile dysfunction as acceptable for prime time television, an enormous cultural shift is taking place that supports and promotes this cultural and personal expectation that all penises, regardless of age, should maintain a youthful performance standard.

Viagra Goes Mainstream Culture

Viagra and its rivals have entered the global narrative. Viagra shows up nearly everywhere. An EBSCO search on 5/15/04 turned-up no fewer than 751 items. For example, journals such as *Psychology of Women Quarterly*, *Science Now*, *Archives of Andrology*, *Women and Therapy*, *Sexual Relationship and Therapy*, and *Urologic*

Nursing. Surprising, though, are the large number and range of items in the popular press. *Time* and *Newsweek* did extensive coverage of Viagra, but then again so did *Outdoor Life*, *Advertising Age*, *Economist*, *Forbes*, *The Wall Street Journal*, *Business Week*, *Esquire*, *Good Housekeeping*, *Money*, *Popular Science*, *Brandweek*, *NEA Today*, *Chemical and Engineering News*, *People*, *Mediaweek*, *Consumers' Research Magazine*, *Discover*, *Asia Week*, *Civilization*, *Kiplinger's Personal Finance Magazine* and others. This explosive proliferation of media coverage heightens public awareness of Viagra and more important, gives Viagra a public blessing for discourse about the product and use of the product. A brief examination of the rhetoric of Viagra reveals ambivalence. The messages are mixed. Along with sober sounding titles, such as "Intracavernous Injections for Erectile Dysfunction . . . for Sildenafil Citrate" (*International Journal of Impotency Research*, 2002) or "Drug Aimed to Rival Viagra Posts Positive Clinical Trials" (*Wall Street Journal*, 12/10/02) are titles reflective of the underlying social significance of male erections through double entendre. Examples include "Hard times with Viagra" (*Advocates*, 4/29/03), "A Potent Breakthrough" (*Time*, 3/31, 03), "New Drug Keeps Sufferers Up All Night" (*Student BMJ*, 3/03), "No More Heavy Breathing" (*Outside*, 3/03), "Hard Facts" (*Men's Health*, 6/02), "Hot Products (BRW, 10/31,02), "Bigger is Better When it Comes to the G Spot" (*New Scientist*, 7/6/02), and "Bill and Maureen Would Like Their Sex Life Back" (*Choice*, 3/00). These titles with their "wink-wink, nudge-nudge" lighten up the subject of Viagra and impotence while at the same time noting that to use Viagra is still within the realm of ridicule and shame. Viagra has now entered the discourse on masculinity. The social construction of masculinity is now incorporating this public discourse into the cultural definitions of how men should perform sexually as aging men. Masculinity as a performance of expectations is reinforcing the dominant metaphor of masculinity, man as machine (Friedman, 2001; Gergen, 2001; Murphy, 2001.).

Social Construction, Language and Masculinity

Social constructionist theory suggests that through discourse and within a culture, people come to understand and know them-

selves. This is a continuous creative process through language and its many forms of expression. Language and discourse shape how we understand both ourselves and others in an ongoing interactional process (Lakoff and Johnson, 1980; Berger and Luckman, 1966; Shotter, 1993). Most important is the fundamentally metaphorical nature of language and conversation (Lakoff and Johnson, 1980). Connecting images of unrelated objects or ideas give a dynamic meaning beyond the physicality of a thing or object. George Lakoff and Mark Johnson (1980) believe that our metaphorical conceptual system of ideas and thoughts are not just thoughts but constructs that "also govern our everyday functioning, down to the most mundane detail" (page 3). Our cultural conventions expressed as metaphor tell us more than we understand one thing in terms of another. When Lorenzo Anello, the father in Robert De Niro's film, *A Bronx Tale* (Gatien, 1993), tells his son that he should be careful on this date because "sometimes the little head tells the big head what to do," Lorenzo has just introduced a very complex cultural construct about a man's penis as well as about the meaning of masculinity. Masculinity and the penis are inseparable. The notion that the penis has a mind of its own is a metonymy for the man, and in this case, can be the man's master. In this instance, the penis is removed from the body and given a separate life of its own. The penis takes on a certain independent instrumentality. That is, *it*, the disembodied penis, can do something and make something happen. In turn, having a mind of its own, it is seen as both a companion and an adversary. Given this metaphorical construction, men are left with both a lack of responsibility and a loss of control (Murphy, 2001). Yet, paradoxically, they understand the penis to be under their control and the penis [usually given a name by the man or sexual partner] is assumed to respond to the man's will and in many ways represents the man's prowess. Significantly, the penis becomes a much regarded part of a man's body over the man's lifetime and remains a central construct for aging men's masculinity.

The language constructs for what it means to be a man encompasses many metaphorical meanings. Man as machine (penis as machine, as a tool) is the most dominate metaphor in use. Peter Murphy (2001) describes this metaphor as conveying the

construction of a "cold, disembodied, efficacious piece of equipment"(p.17). He goes further to note that "true masculinity as a finely tuned, well-oiled, unemotional, hard, and cost-effective apparatus deeply informs the way we conceive of manhood" (Murphy, 2001, p.17). This leads to considering their sexual relationships as instrumental. That is, the penis as a fine working machine that rises to the occasion and performs "as a wrought-iron machine part ready to be turned on at the flick of a switch" (Murphy, 2001, p. 22). To not perform in this way means a breakdown, a defective machine, a failure and questions the masculinity of a man. Yet, medical science and the pharmaceutical industry have given men a way out. Medicalization has transformed the penis into a physiological hydraulic system out of man's control. There in lies the excuse, it's not a failure of masculinity or manhood but a break down in the mechanical system (Bordo, 1998; Tiefer, 1994). Now men can be free to find biochemical repairs that restore the performance level required for manhood.

Men's Response to the Aging Body/Machine

Mary Gergen (2001) offers some clues to how to begin to understand men's response to their aging bodies. She noted that in contradistinction to women, who see their bodies as "internalized, secret, and potentially polluted," men view their own bodies "especially their sexual aspects, . . . [as] externalized" for not only are the male genitals outside, external to the body, so too are men's experience of and meaning of those organs as body parts in the sphere of identity and the sphere of the social. Gergen (2001) notes, for example, that men view their bodies as machines that serve them in outer-directed means or arenas. Men's autobiographies, by way of illustration, unfold around career issues, with the body either independent of their career or a tool at his disposal for advancing that career. Often men do not mention this body at all except as a servant to the man-master who directs that body to the furtherance of non-bodily aims. In fact, typically men see their bodies as a taken-for-granted asset, like a heartbeat, to be confronted only at or near the point of its failure and then generally confronted via anxiety and denial.

While the body stands central in identity formation for a woman, the body should remain above and beyond concern for a real man (Gergen, 2001, pp. 73–79).

Gergen (2001) asserts that with aging and disability such constructions of the body-self play out in three primary scripts. The first carries a self-congratulatory theme (“I’m not is such bad shape for a fifty year old”); the second the begrudging theme (“My mind’s as sharp as ever but I’m going to pot fast”); the broken defenses theme (“Life has played a dirty trick on me. I’m gonna die”) (pp. 83–84). Any of these three scripts can inform the sexual self-narrative, especially in the middle to later years when men may begin to notice changes in over all physical abilities and, in particular, genital functioning. All three share in common a focus on performance, a reaction to their slowing of a well-oiled machine and as a challenge to this finely constructed sense of masculinity.

Aging men continue their pattern of relating to the physicality of self, a valuing of the body for what *it does* rather than for what *it is*. Therefore, it is the elements of stamina, strength, energy, sex drive and activity that is the central focus and “taken for granted” assumption of men’s identity (Franzoi and Chang, 2000, pp. 185–188). Aging men, for example, can become alarmed at a reduction of the force of urination, viewing this reduced force as troubling in and of itself as a form of functional deterioration and also as a precursor to the big one—impotence and, alas, death.

Since Eden the body has been constructed as part of nature that houses the self. “Once thought to be the locus of the soul, then the centre of dark, perverse needs, the body has become fully available to be ‘worked upon’ by the influences of high modernity” (Giddens, 1991, p. 218). The body as “object” and “mechanical” drives the contemporary self-view perhaps more than any other trait in our age of commodification and medicalization. Whether framed in terms of self-care, esteem building, or narcissism, no previous generation before today’s middle aged has spent as much time and money on reflection on the body-self, or its machine/self, its job-done self. Complicating that evolving complexity is technology that no longer simply helps the body but now *creates* the body and changes the body self as well as the body

culture. Dyens (2001) notes "From . . . the pierced teenagers of our cities, from concentration camp prisoners to victims of nuclear radiation, the twentieth century will be remembered as the body century, a century where the living body was blurred, molded, and transformed by technology and culture (p. 3).

Francis Fukuyama (2002) finds that discoveries in genetics, cosmetic pharmacology, and neuropharmacology along with our ability to decode and even alter DNA, and the rise of the use of psychotropic drugs have fostered three social trends: 1) the medicalization of almost everything, 2) the marketization of this medicalization, and 3) the expansion of the therapeutic realm to a variety of kinds of conditions (p.53).

Medicalization requires that a human situation be dichotomized into representing a "healthy" state or the opposite an "unhealthy state." Tiefer (1994) describes the process as a "gradual social transformation whereby medicine, with its distinctive ways of thinking, models, metaphors, and institutions, comes to exercise authority over areas of life not previously considered medical" (p. 365). The penis and its functioning has been in the process of medicalization for two decades now and with Viagra and other similar drugs has become a medical problem to be addressed through medical procedures.

Man's Closest Companion and Biochemistry

Prior to 1983, urologist had been waging an unsuccessful struggle with psychiatry for control of the field of male sexual functioning. Freud's ideas of psychogenic causes of male sexual problems had dominated up until a meeting of the American Urologist Association in Las Vegas when medical technology caught up. Dr. Giles Brindley, a British urologist, presented a paper on a new non-surgical method of "treating" impotence (Friedman, 2001). On the stage, he demonstrated his new findings by injecting his own penis as part of the presentation and paraded his pharmaceutically induced erection down the aisle for the urologists to see for themselves. That stroll down the aisle "gave birth to the newest idea of the penis: a totally medicalized organ stripped of its psychic significance and mystery and transformed into a tiny network of blood vessels, neurotransmitters,

and smooth-muscle tissue knowable only to a credentialed scientist . . . In this singular moment, human sexuality, the healing profession, and man's relationship with his penis underwent a huge transformation" (Friedman, 2001, p.255). It was now within the purview of the medical expert to set the standards of size and performance against which all penises would be measured (Friedman, 2001). Not only a medical standard but inherent in the standard is the cultural expectation for men's penises to "perform like power tools with only one switch-on and off" (Bordo, 1998, p. 90).

Viagra goes beyond prosthesis in that Viagra is not an add-on to the body. Yet it is more than a mere drug. Viagra changes penile functioning and in the end sexual functioning. The machine is improved from the inside, not merely lubricated as one might improve an engine on the inside. On the inside something happens to the machine to make it perform better than it had before. Although a physician plays a role in its use, the user of Viagra encounters this improvement not in the doctor's office and not just in the bed but also in the consumer realm as a commodity in the market place. "Defining and experiencing the body in a consumer world is less a matter of anatomical precision and unambiguous uniqueness and more a matter of . . . the site of style in postmodern culture" (Lyon, 1999, p. 81). Malleable and subject to all manner of alteration and enhancement, the body has become plastic and can substitute as the "real me," one's true self (p. 81). Thus, the use of Viagra may affect identity as well as relationships in a way not associated with other common drugs. Aspirin may free the headache but Viagra can awaken dormant longing. The relational history of the person or couple can appear to reverse course, bringing new expectations, demands for performance and pleasure. Polkinghorn (1988) warns that the personal life narrative runs the risk in old age of being little more than an epilogue. "Life is not over but the story is" (p. 106). Viagra thus offers a promise—or at least a shot—for a restoried life. The penis gets promoted because today the body is so well promotable. The body, as well as pleasure, has become a key resource for commercial exploitation in a market place that valorizes desire and its purchase (Lyon, 1999, pp. 84–85). "Life organized around consumption . . . must do without

norms: it is guided by seduction, ever rising desires and volatile wishes—no longer by normative regulation' (Bauman, 2000, p. 76). Men's sexuality has become "deprivatized" and has become a commercial entity, a commodity to be packaged and a demand created. This commodification has become a media entity, a series of social constructed signs or images that define and redefine the pill, the penis, their use, and in doing so, has consequences for aging men's sense of masculinity. In short, Viagra has also become a media event—topic of the talk show, artifice of the ad, and juice of the joke—and by extension, so has men's sexual performance.

Conclusion

This social discourse around Viagra and erectile dysfunction is shaping how ageing men understand themselves as men and as sexual men. The expectation continues for ageing men to think of themselves as sexual performers, reinforcing the notion of themselves as machines capable through repair to perform forever.

The "romantic" version and construction of "aging well" *misrepresents* many of the realities of aging for men (Fleming, 1999; McCallum, 1997). The reality is that with all of the increasing medicalization and medical technology aging and death are still inevitable. Growing older does come with its physical consequences even though longevity has increased for most men in our society. Things do go wrong and there is an accumulation of degeneration that cannot be stopped. In many cases men with heart conditions and blood pressure problems are strongly advised not to take these drugs. Using a somewhat distant analogy from a study of aging and dancers, Wainwright and Turner (2003), suggest that "ageing ballet dancers trying to dance the classical roles of their youth is an example of the futility of ignoring the resistance of reality—the reality that the body is ageing physiologically as well as culturally in a context that bounds its decline tightly" (p. 284).

The cultural discourse on ageing as expressed in mass media presents "good" ageing, where bodies are youthful and usually engaged in some activity or sport (Featherstone and Wernick, 1995; Tulle-Winston, 2000). These same images are used in the erectile dysfunction ads for Viagra, Levitra and Cialis, where couples are shown vibrant and youthful, who are seemingly able

to experience a non-ageing sexual life. Significantly, given the cultural expectation of aging well, "individuals are taught that they have a responsibility to attain perfection" Faircloth, 2003, p. 19). Ageing men are expected to remain youthful when in fact the reality is that they are not young and are facing the inevitable decline that is central to human existence.

Thomas Cole (1993) reminds us that "growing old and dying, like being born and growing up, will remain part of the cycle of organic life, part of coming into being and passing away that make up the history of the universe" (p. xxv). It is Thomas Cole's (1993) contention that we are at the end of a century where by technology has "undermined [our] ability to understand and accept the intractable vicissitudes of later life" (p. xxv). Viagra has contributed to men's lifelong stance as independent and competitive machines that have struggled against dependency and "weaknesses" through out life to maintain a "masculine" stance within society. Men have been engaged in a lifelong attempt to disconnect from the body as anything other than a vehicle to obtain successes and with the caveat that it isn't supposed to break down. When it does, it needs to be repaired and put back on the road again. There does come a point where repairs will not get it back on the road and therein lies the frightful fate ageing men have been running from nearly all there lives. No amount of technology will prevent the inevitable cycle of organic life. The issue is how ageing men will live out this final episode. Will it be the frantic search for youth in an attempt to push away dependency and forgo connection? Thomas Cole (1993) believes that:

American culture . . . has responded to the anxieties of growing old with a psychologically primitive strategy of splitting images of a "good" old age of health and virtue, self-reliance, and salvation from a "bad" old age of sickness, sin, dependency, premature death and damnation. Rooted in the drive for unlimited individual accumulation of health and wealth, this dualism has hindered our culture's ability to sustain morally compelling social practices and existential vital ideals of ageing. (P. 230)

The realities of a life of *doing masculinity* has left older men with few connections and meanings beyond success and compe-

tition. In some ways Viagra and medicalization are demanding that this continue on. The question is to what purpose. Is sexual intercourse or the expectation of sexual performance the answer to aging men's growing frailties? Once again, Thomas Coles (1993) provokes us to consider aging out side of medicalization and commodification:

Ageing, like illness and death, reveals the most fundamental conflict of the human condition: the tension between infinite ambitions, dreams, and desires on the one hand, and vulnerable, limited, decaying physical existence on the other—the tragic and eradicable conflict between spirit and body. (p. 239).

Medicalization and commodification have “blinded” aging men in the midst of a technological culture to consider “revaluing” the journey of life.

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Principles of Clinical Practice with Older Men

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Older men are much less likely to be aware of community services available to them and they are less likely to utilize services generally. This underutilization is affected by the way in which social services are organized and how practitioners function within them. Since there are greater numbers of elderly women and women utilize services more readily, practice tends to be female-centered. It is important that gender-sensitive intervention processes are established that recognize the unique experiences and concerns of older men in order to better serve them. The uniqueness of men's experiences with such issues as loss of a spouse, retirement, caregiving, and victimization warrant particular attention by gerontological practitioners. Male-friendly interventions that take into account traditional male values will foster greater participation and better quality care for older men.

Key words: elderly men, services, interventions, participation

Setting the Context

While it may seem counterintuitive to write about the clinical needs of older men given the advantages afforded them by society over older women, it is essential to note that older men have tended to be underserved as a population and remain largely invisible to social service providers in the community (Thompson, 1994). Social service workers interact with fewer older men in their professional role. In part, this is due to the larger proportion

of older women surviving into later old age. However, it is also noteworthy that older men are less likely to be aware of existing community resources and less likely to seek out such resources even if their existence were known. As Strain and Blandford (1999) found, older male caregivers were less likely than their female counterparts to be aware of community resources available to them. These kinds of service knowledge and utilization patterns are even more pronounced for older men of color who have historically experienced an additional set of barriers to accessing services that are racially derived.

Secondly, the configuration of social services is one that may not necessarily be "male friendly." For example, according to U.S. Department of Labor statistics, the social assistance industry employed 2.8 million people and of those employed in this industry approximately 86 percent were women (U.S. Department of Labor, 2003). Services are often not designed to reach out to older male clients and older men may see seeking out services as admitting personal weakness. Older men, especially older caregivers, tend to be more suspicious of government-run services (Kaye, 2002).

It is against this backdrop, that eight areas of particular concern for working with older men are considered below. It is argued that these areas, in particular, warrant special consideration by clinicians in their daily practice.

Principles of Practice with Older Men

A common theme running throughout this article pertains to the social expectations of the manner in which older men should behave with respect to their roles within communities and their own families. These expectations can help a man feel comfortable in knowing what expected behavior is and how to carry out his role. However, both developmentally normative and non-normative events occur that can contribute to men redefining themselves and the roles they fulfill. As such, practitioners who work with older men need to be cognizant of their own biases and expectations of older men. Intervention strategies need to be informed by research and augmented by the personal experiences of working with older men.

Practitioner bias affects not only whether or not services are delivered but also how effective and helpful those services may be to an older man. A female-centered intervention philosophy within the research community often extends into the service community rendering older men largely invisible and underserved (Thompson, 1994). While women often experience more difficulties associated with the aging experience, this does not in itself guarantee that older men are immune from the concerns and effects of growing old (Kaye, 2000). This is an important concept to keep at the forefront of intervention work. Practitioners need to remain mindful that many older men experience considerable stigma attached to seeking services and depending on their particular circumstances and inclinations, this may have kept them from taking advantage of needed services in the past.

Another consideration running through the topics to be presented is the importance of understanding the unique experiences and concerns of older men. Given that older men often have different outcomes surrounding milestones and changes in roles, when compared to women, it is important to include those considerations in clinical assessment and screening processes. A gender-sensitive screening process would ideally include explicit consideration of men's areas of strength and vulnerability. In addition, screening would also include exploring important roles in a man's life in anticipation for the change in roles that accompany the aging process.

Practitioners who interact with older men should encourage, in particular, that their clients visit a physician on a regular basis for many reasons. First of all, men tend not to visit a physician as often as women throughout adulthood yet they tend to develop more serious life threatening chronic illnesses than their female counterparts, which means many older men are foregoing the benefits of preventative care (Cherry, Burt, & Woodwell, 2003, National Center for Health Statistics, 2002.; Charmaz, 1995). Second, the mental health complaints being presented by male patients often have physical correlates that require attention from a physician. A case in point is the close relationship between depression, alcoholism, stress and physical decline. Additionally, certain physical conditions can mimic the presentation of a mental illness or can produce side effects consistent with the symptoms

of a mental illness (Wolfe, Morrow, & Fredrickson, 1996). Third, many older men of color, have experienced limited access to health care throughout their lives. Older African American men are of special concern because they have higher rates of chronic illness than their white counterparts and are also more likely to receive inadequate treatment for their medical conditions (Staples, 1995).

Loss of a Spouse

The loss of a spouse at any age is a traumatic, life-altering experience for both men and women. However, later in life, the experience of losing a spouse is often different for men and women. Older women and men use many of the same coping strategies in dealing with loss however the impact of the loss of a spouse and the trajectory of the grief experience varies between older men and women. In highlighting the differences between older men and women, it is also important to keep in mind that most older adults survive the loss of a spouse and adapt in a healthy manner (Hoyer & Roodin, 2003).

Partnering connections in older age The support offered by a spouse may be of particular value to older men compared to support offered by friends. In old age, women tend to have a more varied social support network and often rely on their spouse, friends and family for social support. However, older men have a very different social network and rely less on friends as they get older, spending less time with their friends and seeing friendship as less important (Field & Minkler, 1988). Older men also confide in their spouses more often than women do and as a result, when a spouse dies men often lose a close confidant and a critical companion in his social support network (Robertson & Mosher-Ashley, 2002; Adams, 1994). Given that women tend to live longer than men, Allan and Adams (1989) posit that older women tend to have more support surrounding bereavement because they are likely to have friends who have had similar experiences. Social support during the grieving process facilitates coping and also increases the chances of gaining compensatory support after losing a spouse (Baarsen & Groenou, 2001).

Little research has been done on gay and lesbian couples and the loss of a partner. However, McInnis-Dittrich (2002) points out that life partners are important to gay and lesbian older adults and they play an equally important and valuable role in their lives. As such, the grieving over loss of a partner may be similar for both heterosexual and older gay men. However, for couples who have not openly disclosed their relationship, losing a partner also poses special challenges and many times those individuals may be excluded from being involved in the arrangements that must be made following the death of a partner including both funerary considerations and financial issues (McInnis-Dittrich, 2002).

Grieving and coping strategies While men and women experience similar emotions and affective change during the grieving process, how women and men process the experience of grief can often be a different matter. Women tend to be more *intuitive grievers* and often share their feelings with friends and family members as they move through the grieving process. Men, however, are more instrumental in their grieving which means that following the death of a loved one they may become involved in physical outlets of expression such as hobbies, home projects and problem solving activities. Thus, for men, grief is experienced more intellectually and physically rather than emotionally and becomes more centered on involvement in tangible activities (Martin & Doka, 2000; Gallagher, Lovett, Hanley-Dunn, & Thompson, 1989).

Gass (1989) has found that older men who lose a spouse often utilize different coping mechanisms depending on the type of death that was experienced. For example, older men who have lost a spouse suddenly tend to use more coping strategies than those older men who lose a spouse to a chronic illness. Because loss of a spouse is associated with high levels of distress it is important to recognize avoidant and maladaptive coping strategies in which older men are engaging. Gallagher, Lovett, Hanley-Dunn and Thompson (1989) have found high levels of bereavement stress to be related to use of avoidant strategies such as the use of alcohol and tranquilizers, eating disturbances, and avoiding social contact. Men who experience a loss suddenly also engage in a number of intellectual and physical coping strategies

including becoming problem-focused and engaging in self-blame and wishful thinking. Older men whose wives have died from a longer term illness tend to have more social support available to them as the illness progresses. The opportunity for anticipatory grief may be one that facilitates the grieving process after the spouse has died (Gass, 1989).

The grieving process also varies for men based on their ethnic, racial and cultural backgrounds. Martin and Doka (2000) suggest that culture and ethnic background influence the way one experiences grief and expresses grief. As death rituals vary from culture to culture and religion to religion so too do the coping strategies and norms associated with appropriate grieving. Understanding which institutional, community and familial resources meaningful to each client with regards to their culture will allow practitioners to better serve older adults.

Gass (1989) suggests that intervention strategies with older widowers take into account some of the intellectual coping strategies that are being used and work with those strategies in a way that promotes control and mastery in the grief process. For men engaging in self-blame it may be useful to foster activities that will promote a more adaptive sense of control (i.e. hobbies, classes, work). These activities would promote a sense of control but also these activities are in line with the instrumental grieving in which many men engage. The use of more behavioral strategies in managing grief tend to be used by men most often in the initial months following the death of a spouse (Gallagher, Lovett, Hanley-Dunn, & Thompson, 1989). Gallagher and colleagues (1989) posit that older men may experience an initial grief reaction characterized by suppressing emotional response. As men move through grieving, they tend to utilize more emotional coping strategies (Baarsen & Groenou, 2001). Recognizing a window of opportunity for processing emotional grief may be an essential part of intervention with older men. For men who are relying on instrumental grieving processes, talking about their emotions is not as helpful as talking about "problems" and staying problem focused (Martin & Doka, 2000). Practitioners are cautioned not to ignore the opportunity for an androgynous and holistic approach to grief work. Tapping into intuitive grieving strategies may provide a useful opportunity for men to address the underlying emotional process.

Retirement

Retirement for older men is an issue of particular importance set against the backdrop of societal values that dictate the definition of manhood and masculinity. This dominant societal and often internalized definition of manhood often includes constructing a work-centered identity, one that derives its value from the achievements, accomplishments and power that work brings, or should bring, to a man's life. With retirement comes many losses including the loss of income, social support, and for some the loss of directed and goal-oriented activities (Gradman, 1994). However, retirement can also be a time of reinvestment in new productive and goal-oriented activities and also a time to re-explore activities. As Vaillant (2002) suggests, retirement need not be and often is not a stressful life event in and of itself. However, special situations regarding retirement warrant attention. For example, retirement can have a detrimental impact on social support for men who largely comprised their social network of friends from their place of employment. As many men form friendships based in the workplace, replacing those friends after retirement will often be contingent upon new roles and activities that place them in contact with others (Wright, 1989).

Cultural considerations and retirement The experience of retirement is something that is intimately related to economic, racial and ethnic background. If one's culture dictates a sense of worth tied to the ability to provide for family members, as it often does in the African American community, then retirement is a time of important redefinition (Hines & Boyd-Franklin, 1996). Additionally, for those in lower socioeconomic classes, primarily men who work in manual labor type jobs, retirement may be a forced experience mandated by aging and physical decline. Many older men in lower socioeconomic classes who continue to work do so out of economic necessity (Solomon & Szwabo, 1995).

In addition, because many jobs that people of color hold are not necessarily covered by social security benefits, people of color are more likely than their white counterparts to experience poverty in old age. The racial breakdown of poverty in old age illustrates the connection between race and the experience of poverty in one's later years. African Americans represent 34% of

the older adults who live at or below the poverty level while Hispanics represent 21% of this population as compared older white adults who comprise 11% of all older adults living in poverty (U.S. Census Bureau, 2000). As compared to white retirees, African American men tend to not have access to formal retirement plans, they are less likely to consider themselves retired, and many need to continue to work for financial reasons (Gradman, 1994). Not surprisingly, those men who retire in good health, with adequate financial and social resources and a planned retirement, fare better than those who retire without those resources (Morgan & Kunkel, 2001).

Retirement, like many other life changes, does not necessarily mean stagnation or disruption in life activities. On the contrary, a continuity perspective would suggest that with retirement comes a redefining period and the maintenance of familiar ways of doing things and going about life. Intervention strategies based on continuity constructs tell us that working with older men does not mean that life stops at retirement but instead requires adaptation in how life activities will be carried on when familiar work activities cease. This could mean discovering new ways to carry out former work activities possibly through hobbies, volunteer work and or part-time employment (Morgan & Kunkel, 2001).

Depression and Suicide

While older women are more likely than older men to develop depression, there is some research that indicates that depression for older men may have more devastating effects on mortality. It is estimated that as many as 16% of older adults experience some form of depression and while women make up the bulk of this population, male rates of suicide tend to be higher than female rates of suicide and these rates are rising (Coren & Hewitt, 1999; Department of Health and Human Services, 1999). In addition, there exist disparities between treatment for depression in older men and women. Specifically, clinically depressed older men do not receive treatment as often as older women which makes this topic particularly essential for practitioners to understand and address in older men. In addition, older African Americans and Latinos are also less likely to receive treatment for depression when compared to their white counterparts (Unützer et al.,

2003). Depression may go unnoticed because: 1) older adults, particularly men, may be less likely to talk about psychological distress while tending to more readily discuss physical ailments; 2) physicians who often have the first contact with a depressed adult often focus more on somatic complaints than psychological issues; 3) symptoms of medical conditions are similar to those of depression; and 4) stigma associated with having a mental health diagnosis may inhibit seeking treatment (Moutier, Wetherell, and Zisook, 2003; Wolfe, Morrow, and Fredrickson, 1996).

Physical and experiential correlates Depression for older adults can take on a somatic presentation, however it is also important to realize that many times depression is experienced in association with other physical ailments. Because older men may not be as likely to express their feelings, the expression of physical complaints may be the manner in which depression first presents itself. In addition, depression in older adults may manifest itself differently from depression in younger age groups. Older adults with depression may present with symptoms such as irritability, anxiety, agitation, social withdrawal, rapid change in functionality or memory complaints (Moutier, Wetherell, & Zisook, 2003; Wolfe, Morrow, & Fredrickson, 1996). Furthermore, many older men may be experiencing depression due to the physical aging process and not necessarily the outcome of any specific loss in their lives. Research suggests a complicated link between age-related declines in testosterone levels and depression (Shore et al., 2004; Kaneda, 2003, Carnahan & Perry, 2004). While the link between depression and testosterone is in need of further investigation, best practice would dictate that practitioners working with older depressed males enlist a physician to become involved in the treatment plan.

Depression is often linked in a complex manner to adverse life events related to losses that accompany the aging experience. Such losses may include loss of friends, a spouse, decreased physical functioning, declines in health and or loss of professional identity (Moutier, Wetherell, & Zisook, 2003; Zarit & Zarit, 1998; Wolfe, Morrow, & Fredrickson, 1996). However, despite these losses, Moutier and colleagues (2003) warn practitioners that depression should not be viewed as a normal reaction to life events.

In doing so, many practitioners neglect the severity of depression as an illness and also place older men at risk for committing suicide. For many older adults, independence is an important consideration and many older men may be afraid to discuss depression with a counselor or physician out of fear of losing some sense of independence. Zarit and Zarit (1998) suggest that when working with older depressed clients the clinician should focus on developing strategies for the client to cope with threats to independence including allowing these clients to maintain a sense of control within the treatment process. Additionally, because social support can buffer the effects of stress and loss in one's life, clinicians working with older men need to address ways to keep men from becoming socially isolated during times when experiencing loss (Alpass & Neville, 2003; George, 1993)

Suicide The suicide rate among older men is alarming and accounts for approximately 85% of all suicide among older adults (Coren & Hewitt, 1999; Department of Human Services, 1999). According to the Department of Health and Human Services (1999), the highest rates of suicide in the United States are among white men over the age of 85. Older men at particular risk for committing suicide include those who are divorced or widowed, socially isolated or have a history of previous suicide attempts (Department of Health and Human Services, 1999; Osgood & Theilman, 1990).

Depression and suicidal warning signs among older men in particular may go unnoticed. One striking observation is that 70 percent of those older adults who commit suicide had visited their primary care physician within a month of committing suicide (Department of Health and Human Services, 1999). Practitioners working with older men need to be keenly aware of the risks for suicide as well as perform careful mental health assessments in older men. Moutier, Wetherell, and Zisook (2003) suggest that practitioners pay particularly close attention to older adults who may be experiencing symptoms of depression.

Substance Abuse

Older men abuse alcohol at a higher rate than older women and men with substance abuse issues are a population of partic-

ular concern because substance abuse is often co-occurring with other psychosocial issues in one's life (Department of Health and Human Services, 1998). For example, older men who engage in substance abuse are more likely to live alone, be widowed and tend to be more isolated than those who are not engaging in substance abuse. The relationship is complex and often difficult to ascertain whether isolation lends itself to substance abuse or if substance abuse is causing the person to become more isolated (Barusch, 2000; Hanson, 1994; (Department of Health and Human Services, 1998). In addition, late-life alcoholism is related to losses in one's life particularly the loss of a spouse (Barusch, 2000; Martin & Doka, 2000; Perkins & Tice, 1999). Those also at increased risk for experiencing substance abuse include older men who were never married and men who reside in veteran's hospitals and other residential facilities (Butler, Lewis & Sunderland, 1991). Comorbid occurrences including dementia, Alzheimer's disease or a mental health diagnosis may cloud recognition and subsequent treatment of an older adult's substance abuse problem (U.S. Department of Health and Human Services, 1998).

Recognition that substance abuse is occurring can be difficult for many reasons. First of all, many practitioners working with older adults hold faulty beliefs that substance abuse does not occur in older adults. However, quite contrary to this, older men drink for many of the same reasons that younger men drink. Second, the effects of alcohol in older adults often present themselves in a way that is similar to changes occurring as a result of the aging process including confusion, changes in memory, or unsteady gait (Perkins & Tice, 1999).

Medications and substance abuse While alcohol is widely mentioned in the geriatric literature on substance abuse, the abuse of prescription medications by older adults is another area of growing concern. Older adults are using prescription drugs at a rate three times that of the general population. Many older adults do not intend to abuse their prescription drugs. Instead, it is a combination of factors that influence the abuse and misuse of prescription drugs. For example, older adults have poorer compliance rates with medications and tend to use prescribed medications for longer periods of time and for more chronic

medical conditions than their younger counterparts. Additionally, poorly informed prescribing practices by physicians put older adults at risk. Unknown to some medical professionals, age-related changes in metabolism can result in older adults needing smaller amounts of a prescription drugs to elicit the desired affect. Furthermore, some physicians may misdiagnose presenting problems because they fail to recognize the impact that the aging process can have on symptom manifestation (National Institute on Drug Abuse, 2001; Department of Health and Human Services, 1998).

While there may be some bias against the ability of an older adult to alter his life with respect to problem drinking and substance abuse, research suggests something quite to the contrary. In fact, those older men who do seek outpatient treatment tend to experience advantageous outcomes in treatment and in some cases these outcomes, including compliance and attendance rates, are superior to those experienced by their younger counterparts (Brennan, Nichol, & Moos, 2003). Treatment goals for older adults are very similar to those used for treating younger clients and may include stabilizing or reducing alcohol consumption, treating any coexisting psychological conditions and strengthening the patient's social supports (Schonfeld and Dupree, 1999).

Physical Health Changes

For many older men, coping with physical changes may be difficult and challenging. For those who work in manual labor professions, loss of health can equate with not only loss of independence but also loss of income and work-related identity. Concern about one's health status and concern about access to healthcare has been linked to suicide among older adults (Osgood & Theilman, 1990). In addition, populations who are institutionalized due to poor health have higher rates of depression (Zarit & Zarit, 1998). For these reasons, physical health concerns cannot be left out of the treatment picture for older adults.

The leading causes of death among older men, in some cases, are preventable given timely access to quality health care. The top three causes of death for white, African American, Asian and Pacific Islander, and Hispanic older men are, in order of rank, heart disease, cancer and stroke. For American Indian and

Native Alaskan older men the top ranking diseases are heart disease, cancer and diabetes (Federal Intraagency Forum on Aging Statistics, 2000). However, research pertaining to utilizing health care services points to not necessarily a problem with seeking medical care but rather gender differences in behaviors that are destructive to health. So, even though women do use medical services more often than men this has been found to not be related to increase mortality in men. Instead, biological and behavioral factors are most likely to account for differences in health in old age. Behaviors that extend over one's lifetime may contribute, in particular, to health status in old age. For example, more men than women smoke and drink heavily and men tend to have occupations throughout life which require more physical labor and the possibility for physical harm (Waldron, 1995). In terms of access to health care, many older adults of color are at risk of not receiving critical health care. According to the Federal Intraagency Forum on Aging Statistics (2000), as many as seven percent of Hispanic older adults who qualified for Medicare and nearly 10 percent of non-Hispanic African American older adults reported that they delayed obtaining medical care because of the medical costs compared to five percent of non-Hispanic whites.

The loss of physical health is a challenge to traditional formulations of masculinity. Thus, as a response to losses in function and health, older men begin to redefine who they are and how they perceive their own masculinity. For example, Gerschick and Miller (1995) found that men with disabilities often redefined their own masculinity and independence into a more congruent perspective in accordance with their own abilities and strengths. In coping with illness and disability many men redefine themselves and their lives in a way that reconciles differences in their past and present selves. Many older men aim to decrease the visibility and impact that disease is having on their lives. All of these strategies work to maintain the past self as well as facilitate a new reality that is as close to their prior functional lives as possible (Charmaz, 1995).

Sexuality Changes/Challenges

Age-related changes in sexuality also challenge traditional notions of masculinity and for some older men their sexual identities

adapt and change throughout old age. In discussing changes in sexuality it is important to recognize that individual changes in sexuality take place against the backdrop of a society that stigmatizes and pathologizes older adult sexuality. Mayers and McBride (1998) discuss the stereotypes that are prevalent in society surrounding older adult sexuality. Many older men are viewed as either asexual or intensely sexual such as the "dirty old man" stereotype. Prevalent messages that exist portray that sexuality is only for the young and that older adults are not interested in sex. Of special concern are those older adults who are living within institutions. Those older men who exhibit sexual behavior, especially those with a mental health diagnosis, may be labeled and stigmatized by staff members as being "perverted" or "disgusting" because of their sexuality or desire to continue to engage in sexual expression with other residents (Mayers & McBride, 1998). Fortunately, in response to federal policy regarding sexual expression in institutional settings, these conditions are changing and development of staff education and training surrounding these issues continue to develop as well (Schiavi, 1999).

The impact of aging related changes in sexuality, much like other changes mentioned here in this chapter, can often be mediated by a loving relationship with a spouse or partner. Changes in sexual functioning that come gradually and in the context of a relationship characterized by sharing and mutuality may stave off negative experiences related to sexuality (Marsiglio & Greer, 1994). In fact, sexuality can be heightened for older adults by refocusing on caressing and caring touch. Tender connections with a partner, for heterosexual as well as gay and lesbian couples, can enhance sexuality (Papalia, Sterns, Feldmen, & Camp, 2002). Such touch often challenges conceptions of the sexual relationship that one should have with a partner.

Older Gay Men Research regarding the well-being of older gay men suggests that they do not tend to be more depressed or alienated from the gay culture of youth and vitality. In contrast, older gay men tend to draw much support from friends and networks developed within the gay community as opposed to family members and this must also be kept at the forefront of intervention strategies with older gay men (Schiavi, 1999). Older gay men face

special challenges when in need of health care services. Due to the prevalence of homophobia, some gay men may be forced to hide their sexual orientation from those who provide care for them. Specifically, institution or home care staff may interact differently with gay individuals depending on personal bias and prior training related to older adult sexuality. Adverse reactions to an older adults' sexuality may have an impact on the health and well being of an older adult. Older gay men risk becoming isolated, depressed, and suicidal when faced with homophobia from health care staff and residents (Sales, 2002). Homophobia in home health care and residential facilities affects well-being by robbing the resident or consumer of the ability to state their needs with regards to care and also restricts the involvement of a partner in that person's care. Practitioners working with older gay men are encouraged to seek out appropriate training with regards to gay male sexuality including best practice methods for addressing the needs of clients in a way that is characterized by acceptance and warmth and without judgment. It should be further advised that exploration of relationships that are important to an older man should be carried out in an unobtrusive manner and with great respect for confidentiality (Sales, 2002).

Older Men as Caregivers

Caregiving for men is a topic of special concern because male caregivers have historically been left unrecognized within the caregiver literature. When men take on the caregiving role they often have less support in doing so and also face the challenges of a changing role within their relationship with the care receiver particularly if that person is their spouse. Additionally, caregiving responsibilities can have adverse impacts on the well-being of older men compounded by lack of support and recognition in this role. Consequently, many men are at risk of stress-related effects and decline in psychological well-being and emotional support (Kramer, 2002). In particular, those who are providing care for another person, especially those providing care for someone with dementia, are at increased risk for developing a depressive disorder. Being a caregiver is stressful and being a caregiver for someone who is in the later stages of dementia is particularly taxing (Wolfe, Morrow, and Fredrickson, 1996).

Male caregivers often are confronted with a period of adjustment when they first take on caregiving responsibilities. Kramer (2000) suggests that this adaptation period may level off as older men begin to become more comfortable in their role as a caregiver. In fact, when compared to older men who had spouses in an institution, male caregivers tended to fair better in terms of their psychological well-being. These findings suggest that once men adapt to their new roles that there may be a need to explore other care options and alternatives that will help them maintain their roles as caregivers rather than turn to an institution to assume the full responsibility of care.

Many male caregivers are not able to access services that would help them to continue to provide care to their spouses. This is especially true for older men of color who are caregivers seeking services. Barriers to service utilization by men of color include differences in spiritual beliefs between the caregiver and those within the service system, lack of knowledge of resources available, and mistrust in the system (Kaye, 2002).

For many older persons of color, issues relevant to the relationship with direct service providers may impact their ability to seek out follow through in the service utilization process. Such factors include characteristics of the service provider that may discourage interaction such as the clinical dynamics in particular treatment settings, and lack of worker knowledge or sensitivity to cultural, ethnic, racial, or socioeconomic issues. Barriers to services, as discussed above, may also be similar for older gay men who are caregivers. Issues such as discrimination or lack of sensitivity to the gay man's experience may also create barriers to accessing services (Kaye, 2002).

Older Men and Victimization

Elder abuse and victimization is becoming a topic of increased attention among researchers. However, most of the research is focused on the victimization of older women. While women are more likely to experience a majority of the types of abuse, older men are disproportionately represented among those older adults experiencing abandonment (Mouton, et al, 2001). Violence against persons over the age of 50 makes up approximately 14 percent of the violent crime in the United States (Bureau of Justice Statistics,

2002). According to the Bureau of Justice Statistics (2002), men experience more violent victimization than women. While women are more likely to experience violence at the hands of someone they know, men are more likely to experience violence, particularly assault, by someone they have never met before. Persons of color, particularly African American and Hispanic men are at greater risk of experiencing violence than their white counterparts (Bureau of Justice Statistics, 2002). These data indicate the need for intervention on the personal level and utilization of strategies that emphasize a systems approach. Practitioners who have contact with older men, particularly African American and Hispanic men, are encouraged to engage in discussion surrounding safety with their clients.

Working with men who have been victims of violence also means discussing how this violence has shaped their lives. In a study conducted by D'Augelli and Grossman (2001), 65% of older gay, lesbian and bisexual older adults report experiencing some type of victimization, ranging from threats to assault, in their lives. Older gay and bisexual men were more likely to have experienced physical violence in their lives than older lesbian and bisexual women. D'Augelli and Grossman (2001) also found past victimization to be related to current mental health and well-being. As such, any work, including life review (discussed below) performed with GLBT clients should be attuned to exploring the possibility of such victimization. As recommended by D'Augelli and Grossman (2001), this should be done in an environment that is sensitive to GLBT issues and non-judgmental. Additionally, exploring past abuse and victimization may be an opportunity for older men to discuss any current victimization they may be experiencing.

Principles of Practice with Older Men

Life Review

From a developmental perspective, working with older men often involves understanding how their lives change and they adapt to new situations. This process is often informed by various developmental perspectives including Erikson's theory of adult development. According to Erikson (1968), older adults enter

into a period of *ego integrity* versus *despair* which occurs when they look back on their lives and evaluate what their life's work has been in either a positive or negative light. This "life review" as coined by Butler (1963), is the central tenet of the common therapeutic intervention of life review therapy. Many gerontological practitioners use this method of treatment to facilitate introspection into one's life and facilitate positive reminiscence of one's life work.

Peck (2001) outlines the process as one that increases well-being through reviewing life's events and reconciling with past events as well as tackling discrepancies in perceptions of oneself in relation to past and present life events. The life review may entail facilitating that evaluation process and focusing on ways an older man can create meaning and value in his life through appraisal of past events. This could mean exploring new roles or ways to make old roles more valuable and meaningful in the lives of your clients and resolution of past life conflicts (Butler, 1963). Modifying the life review process for older men might usefully entail examining the impact of the eight areas of vulnerability. In fact, Knight (1996) suggests that life review may be appropriate for those seeking to redefine themselves much like men who are facing changes in marital or partner status, those facing health related decline, and those experiencing changing roles due to caregiving and retirement. Life review techniques can also be altered to accommodate the needs of gay men to include exploration of topics related to health, spirituality, myths surrounding homosexuality, disclosing sexual orientation and family issues (Galassi, 2001). Caution should be used when attempting this intervention especially for those older men who have experienced traumatic events in their past (Galassi, 2001).

Group Strategies

Research indicates that men, like their female counterparts, can benefit from group intervention strategies. Kaye and Applegate (1990) report that male caregivers who took part in support groups reported that they felt their caregiving stress was reduced by participating in the group and the majority of those participating said they felt comfortable sharing their experiences in a group setting. Additionally, Leszcz, Feigenbaum, Sadavoy and Robin-

son (1985) have found that elements of life review can be successfully integrated into group psychotherapy with older men. The group method of psychotherapy may be beneficial in not only improving emotional and mental health well-being but also in combating social isolation. This method seems to be especially effective when utilizing co-facilitators (Leszcz, Feigenbaum, and Sadavoy, 1985).

However, Kaye and Applegate (1990) also suggest that many men may be initially resistant to making use of support group programming. This resistance was attributed to traditional male values that dictate independence and reluctance to share personal experiences. Interestingly enough, those men who do attend such groups, do so on a regular basis. It is key to engage men through targeting methods using customized outreach efforts specifically aimed at men, focusing on providing concrete and practical information and utilizing male group members to recruit others to the group (Jacobs, 1989).

Male-Friendly Interventions

Characteristics of male-friendly intervention strategies include services that take into account traditional male values that may exist and how they have affected men's lives. While female-oriented interventions include opportunities to discuss feelings and connect socially, men prefer opportunities to problem-solve and gather information about a topic as well as serve as an "expert" to other men. In this respect, group strategies may work best for some men. Groups that are offered can best be promoted as educational as well as an opportunity to share information about a given experience in a way that will help participants problem-solve. In addition, Barusch (2000) points out that many older men are not comfortable with spontaneous and open sharing of emotions in a group setting. For this reason, intervention strategies should incorporate expressions of emotion that are somewhat ritualized and comfortable. These ritualized expressions of emotion may include a hand shake or hug at introduction or closing and will allow older men to feel safe in expressing such emotion without judgment. Intervention strategies should also incorporate a means of setting and attaining goals (Barusch, 2000).

Many interventions are established as process-oriented events

tending to reflect traditional affective, relational exchanges. Instead, men tend to work from a task-oriented approach. Strategies that incorporate this orientation will allow men to feel comfortable and will be more beneficial than sharing feelings in a less structured environment. Goal setting and goal attainment will allow men the chance to feel more involved in the intervention and also allow them to master any feelings of loss of control or helplessness that may come with asking for outside help (Barusch, 2000).

Fostering Mental Engagement

According to research by Bar-Tur, Levy-Shiff, and Burns (1998), mental engagements for older men mediate losses within an older man's life. Having both mental engagements and emotional engagements with others is associated with well-being in older age. However, it is mental engagements, the engagement in hobbies, past-times, reading, volunteering or any activities with which one becomes absorbed mentally. Encouraging older men to seek out and make a list of activities that engage them, especially during times of great loss may not only help to buffer that loss but also help some older men more readily redefine their roles. For example, loss of role due to retirement or health decline can be redefined through investment in engaging activities such as volunteer opportunities, part-time work or even education classes. For men who are struggling with changes in their lives, helping them to reconnect with mentally stimulating and absorbing activities may be quite beneficial to them.

Cultural Considerations

As with any intervention, working with older men requires not only sensitivity to gender issues but also knowledge of customs and cultural background of each person. For example, African American older adults often rely greatly on social support offered through the church community and extended kinship networks (Hines & Boyd-Franklin, 1996). For older African American men fostering connections between informal networks and formal service agencies may be the key to helping older men obtain services (Spence & Atherton, 2001). As mentioned above, older gay men tend to draw strong social support from friends

in the gay and lesbian community (Schiavi, 1999). Older men of Latino descent may rely on strong familial ties for support and place great importance on familial roles with respect to honor and unity (Garcia-Preto, 1996). In addition, Latino men tend to have very distinct gender roles to which they are expected to adhere than their counterparts of different ethnic background (Garcia-Preto, 1996). Men of Anglo American, Armenian, Cuban and Iranian decent tend also to hold high regard for individualism (McGill & Pearce, 1996; Dagirmanjian, 1996; Bernal & Shapiro, 1996; Jalali, 1996). Becoming acquainted with the needs and values of a person as well as the social institutions that make up the constellation of that person's culture and life are important for any practitioner to consider. These institutions can include church, family, and work. Ultimately, the roles that older men play within each institution will impact how they face the eight areas of consideration presented herein.

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Honoring the Elders: Interviews with Two Lakota Men

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The beliefs that honoring the elders, commitment to family, and the connectedness to all creation are paramount are intrinsic to Lakota culture. Two Lakota elders, Albert White Hat, Sr. and Sylvan White Hat, Sr. are interviewed for this article. They express their concerns with major social justice issues, and offer hope for future generations of Lakota children. A strengths-based perspective of social work practice is compared to traditional Lakota customs and practices.

Key words: *elders, connectedness, social justice, Lakota, strengths-based, traditions*

Albert was telling about when he was a boy. He and other boys would go along the creekbeds in winter. The creeks were frozen over long periods of time, and the ice would be buckled up. Sometimes crawling, the boys would go through the tunnels under the snow made by the ice lifted up from the creek. I could see him then, a Lakota boy. When he got older he said he worked for ranchers around here, around Rosebud. He became a cowboy, he was a Lakota cowboy. Now, Albert's a teacher. He's taught at the college for several years and other places. He's older now, and, needless to say, he is Lakota and always will be.

Simon Ortiz, 1998, p. 66

In the culture and tradition of the Sicangu Lakota people of South Dakota, honor and strength are paramount. To be honored, to be singled out of the tribe, is the greatest gift that can be bestowed upon a tribal member. To bestow honor upon another by verbalizing his deeds and personal characteristics is the greatest gift one can give. This is particularly true when it comes to

honoring the Elders. Respect for Elders is not only expected, it is an integral component of tribal culture.

"Life demands that we exercise perseverance, face adversity with courage, demonstrate fortitude in the midst of temptation, tell the truth no matter how painful, walk in humility, sacrifice for our families, practice generosity to be truly rich, respect all who are a part of the Great Circle of Life, choose honor above personal gain, act with compassion toward the needy, strive for harmony in personal relationships, and otherwise demonstrate the virtues that give meaning to life," (Marshall, 2001, p. 202).

Marshall's notion of honoring is coupled with the concept of the connectedness of all life. The idea of such connectedness is the basis for the Lakota term *mitakuye oyas'in*, one of the cornerstones in the belief system of the Lakota people. It means that everything that has ever been, or ever will be, created—every person, every animal, every plant, every stone, all the waters, Father Sky, and Mother Earth herself—are related. Coupled with the concept of *mitakuye oyas'in* is the notion of the *tiospaye*, or a group of people who live together or who are related by blood, marriage, or adoption (White Hat, 1999; Marshall, 2001).

The concept of strength among the Lakota people means not only physical strength, but strength of character, strength of self-sufficiency, and strength of the bond of the *tiospaye* (White Hat, 1999). Saleebey's (1992) strengths-based model of social work practice in many ways parallels the Lakota beliefs of empowerment, connectedness and synergy. Thus, social workers would do well to study Lakota beliefs as a way of honoring both our clients and the traditions of a great indigenous people.

While Saleebey (1992) speaks of empowerment and membership as hallmarks of the strengths perspective of social work practice and interpersonal relationships, the Lakota people have been living these concepts for hundreds of years. Thus, the terms *mitakuye oyas'in* and *tiospaye* were central in my recent interviews with Albert White Hat, Sr. and Sylvan White Hat, Sr.

I have been acquainted with Albert and Sylvan for several years. In my work at the University of North Carolina at Wilmington, I accompany students on service-learning trips around the United States and Central America. My students have traveled

to Rosebud Reservation several times to work for Habitat for Humanity and to learn Lakota traditional arts and crafts and culture from the faculty and staff at Sinte Gleska University, the tribal college on the reservation. Additionally, I have had the privilege of attending a Sun Dance ceremony with the White Hat family.

Although they are biologically cousins, Albert White Hat, Sr., 66, and Sylvan White Hat, Sr., 57, consider themselves brothers in the way of the *tiospaye*. Each also is considered *wicahcala*, or a man who has reached an age of wisdom, by many of their people, (White Hat, 1999).

In my interviews with Albert and Sylvan, they discussed several major social issues faced by elder men on the reservation, and those are presented below. More important, however, they also discussed the growing movement toward a Lakota sense of pride and a never-ending respect for their elders, their traditions and their way of life.

Both men teach at Sinte Gleska University in Mission, South Dakota. Both are full-blood Lakota from the Sicangu subtribe. Both grew up on the reservation, in Christian churches and attended Christian boarding schools, and both began to practice Lakota ways and traditions extensively as adults. However, their lives have taken many divergent turns over the years. Albert is the author of a textbook of the Lakota language and a respected scholar of Lakota culture and tradition. Sylvan, like many people on the Rosebud and other reservations, has struggled with alcohol addiction and has come to sobriety and higher education later in life. His passions are his grandchildren and coaching children's basketball teams. Both have learned that living within the *tiospaye* is the key to survival in a land that is extremely harsh physically, emotionally and spiritually.

Rosebud Reservation is located in south central South Dakota, bordering Nebraska to the south. It roughly comprises Todd County and is home to 10,368 people, about 800 of which are over age 60. Only Shannon County, to the west, home of Pine Ridge reservation of the Oglala Lakota, is poorer in per capita income and higher in unemployment rates. For example, U.S. Census Bureau figures for 1999 (latest data available) put the per capita income of Rosebud residents at \$5,967 (as compared to \$7,971 on

all other reservations except Pine Ridge) and the poverty rate is 57 percent (as compared to 39 percent on all other reservations except Pine Ridge), (US Bureau of the Census, 1999). There is no industry on the reservation. The largest employers are federal-government organizations, the hospital (operated by the Indian Health Service), and Sinte Gleska University.

While the rolling landscape is indescribably beautiful, winters are brutally cold and summers are unbearably hot on the reservation. Many families live in government-built housing that is poorly insulated, heated by expensive propane, and not air-conditioned. Others live in tar-paper shacks or mobile homes ("house trailers" as they are called on the reservation). Many homes have old tires on the roof to weight the roof down as the unrelenting winds wail across the plains. Often, many relatives, and usually three generations, live together to conserve money and for physical, emotional and spiritual support. It is the responsibility of members of the *tiospaye* to care for each other, particularly the sick and the elderly (A. White Hat, Sr., personal communication, October 13, 2004).

Health Care Issues Faced by Elders on Rosebud Reservation

Albert stated that the greatest concern experienced by male elders is lack of health care, or, more specifically, inability to pay for health care. Health care on the reservation is provided by Indian Health Services (a division of the Department of Health and Human Services), and Albert's perspective is that there are "never enough" resources from this agency to adequately deliver services. While state-of-the-art technology is available at the reservation hospital, it is difficult for the agency to hire, and retain, qualified physicians and other health care professionals. Albert noted that, "like all other large government agencies, the paperwork comes first. If paperwork is lost, the patient pays the bill," (A. White Hat, Sr., personal communication, October 13, 2004).

Albert noted that, as with the general population, heart disease, cancer and diabetes are primary killers of elder men. Additionally, substance abuse, particularly alcohol addiction and its related illnesses, is devastating to Lakota people, particularly elder men who are addicted. "My relatives who are alcoholics

have stayed in my home many times. They sober up and are gone again. Then they come back again when they need to dry out. It's a vicious cycle," (A. White Hat, Sr., personal communication, October 13, 2004). Although there are Alcoholics Anonymous groups and treatment programs on the reservation, a sense of hopelessness prevails among elders who are substance abusers. "With no jobs, no money, and often, no home, drinking is the only alternative elder men see. These guys are pretty stubborn. They accept that this is how they are going to die," (A. White Hat, Sr., personal communication, October 13, 2004).

Krech notes that alcoholism among Native men is related to a sense of not being useful or having a purpose. This lack of self-respect is changing, he states, as Native men gain a "respect for the self [that] is grounded in a healthy respect for others, emphasizing the importance of being connected with a community," (2002, p. 78).

Sylvan agrees with Albert that substance abuse is strongly related to unemployment, lack of education, poverty, and living conditions on the reservation. However, he sees some of the issues surrounding substance abuse somewhat differently from Albert. He grew up in a single-parent home, where his mother struggled to make ends meet, even with the support of the *tiospaye*. His alcoholism led him to unstable marriages and frequent absences from his family. As he gained sobriety, his strong participation in Alcoholics Anonymous has taken away the bitterness and anger he has felt toward himself. He has asked for, and received, forgiveness from his family as he tries to walk both the sober road and the Red Road daily. "Today, I am very grateful for my life," (S. White Hat, Sr., personal communication, November 4, 2004). Sylvan also sees much of the alcoholism on the reservation related to lack of services for veterans. False-positive tuberculosis tests precluded his acceptance into the military during the Viet Nam war, so of course he receives no veterans' benefits. "Many of the guys who have drinking problems or who are homeless on the reservation are vets," (S. White Hat, Sr., personal communication, November 4, 2004).

Health care services for veterans also is an issue. Many Lakota veterans, for a variety of reasons, have no benefits, and those who do receive benefits often are subject to poor treatment, according

to Albert. The nearest Veterans Administrations Hospitals are in Hot Springs to the west (about a three hour drive) and Sioux Falls to the east (about a five hour drive). "Most veterans, many of whom are homeless, just depend on their families to take care of them—somebody will take them in," (A. White Hat, Sr., personal communication, October 13, 2004).

Lack of Affordable Housing

As noted, most homes on the reservation are small houses, tarpaper shacks or mobile homes. The houses are constructed to meet minimum government standards, and often are crowded with family members in an effort to reduce living expenses. "Relatives take care of each other just to survive. However, the number of people living in a home is often not reported to the Bureau of Indian Affairs because benefits would be cut if it was learned that so many people were living in the same house," said Albert.

Living together in close quarters is a Lakota tradition, with three, and sometimes four, generations living together. "A long time ago, elders were the foundation of the home, sharing wisdom, and teaching the grandchildren. Government housing programs separated the families. Now, we live together again, and the elders teach the children; we just don't tell the government," (A. White Hat, Sr., personal communication, October 13, 2004).

There are circumstances, however, that force families into moving elders into apartments or nursing homes. Just as in other American families where adult children work, there is sometimes no one available to care for the elders. There is an apartment complex for elders on the reservation, with meals provided. Also, one meals-on-wheels for home-bound elderly operates on the reservation. Revenue from Rosebud Casino provides some money for emergency heating fuel for elders. "Government programs for the elderly are too rigid, inflexible, and not innovative enough to honor our traditions. There are no programs for the homeless. Elders who live off the reservation have it worse. They often end up in nursing homes, subject to rules and regulations and customs of non-Native people. There is no respect by the system for our ways, and certainly no respect for elder men," (A. White Hat, Sr., personal communication, October 13, 2004).

Need To Reconnect with Traditions, Values, Culture

Both Albert and Sylvan were educated in part by the boarding school programs. Albert attended St. Francis Jesuit Mission School in St. Francis, SD between the ages of 16 and 20. Sylvan was educated at the Episcopal Bishop Hare Boarding School in Mission, SD between the ages of 12 and 17 (A. White Hat, Sr., personal communication, October 13, 2004; Sylvan White Hat, Sr., personal communication, November 4, 2004).

The Christian boarding school movement was initiated on the reservation at the turn of the 20th century in an attempt to assimilate indigenous peoples into mainstream white culture. Children were forbidden to wear traditional clothing or speak their native language. Their hair was cut, and they often were not allowed to visit their families for a year at a time. Only after the enactment of the Indian Child Welfare Act in 1974 were children allowed to return home and most boarding schools began to close (Marshall, 2001; Young Bear & Theisz, 1994).

Sylvan's mother was a devout Episcopalian who did not outwardly follow Lakota teachings, although she carried long-held Lakota beliefs in her family. When Sylvan stated his desire to learn Lakota ways, his mother said "When you are old enough, you can participate, but it's dangerous. Your behavior can come back on you if you don't follow through on a promise you make in the Sun Dance circle." Out of respect for his mother, he did not become involved with traditional Lakota beliefs and practices until after she died. Today, like many elder Lakota men, he follows both traditional practices and Christian customs. For example, he is a lay reader in his Episcopal church, and he attends sweat lodge ceremonies. Ironically, it is his children who have led Sylvan's way back to Lakota beliefs, because they practice Lakota ceremonies. "Prayer of any kind always helps," (S. White Hat, personal communication, November 4, 2004).

Unlike many men of his age on the reservation, Albert grew up in a family that followed the traditional Lakota ways. For self-preservation, many people of his parents' generation adopted Christian beliefs out of fear of retribution from government agencies and Christian missionaries if they followed Lakota ways.

"Our ceremonies were held way off in the hills, in secret, because it was illegal to perform them," said Albert. Albert's father died when he was four years old, his mother when he was 17. The lesson he most remembers from his mother is "never depend on anyone, and remember your relatives." "I got my education from the Jesuits, then I went back to my traditional ways and beliefs. However, my older sister is still scared of traditional ways," (A. White Hat, Sr., personal communication, October 13, 2004).

Ironically, it was Albert's Christian education that helped drive his desire to write a Lakota language textbook. Because so much of the language was being lost, and other concepts were being bastardized, he believed that it was important to put the language in writing. Additionally, Lakota had been translated by others, particularly the clergy, into English "in such a way as to put Christian values into the Lakota language, and this is not acceptable," (Albert White Hat, Sr., personal communication, October 13, 2004).

Albert cites the Lakota phrase "I am in need of something" as an example. In Lakota, this term means "I need assistance with a specific problem or concern". The English translation of the term became "I am pitiful", which has a very different connotation. "This sort of translation of our language keeps people down; it turns us into dependents," (A. White Hat, Sr., personal communication, October 13, 2004; White Hat, 1999).

Albert stated that one of the ways the language and culture are kept alive is by the teachings of the elders who are consultants and teachers at Sinte Gleska University. Another way is through the honoring of elders at all community gatherings and ceremonies. "At our ceremonies, the elders are always honored first. When we have a community feed, elders always eat first. This shows our young people how important it is to respect their elders," (A. White Hat, Sr., personal communication, October 13, 2004).

A Strengths-based Perspective for Elder Men

In the Lakota way, everything is accomplished in a circle—traditional lodges were circular, one sweats in a circular sweat lodge, one dances in a circle, energy and all of creation is balanced in a medicine wheel. Therefore, wellness is accomplished in a

circular, non-linear fashion. The strength of the circle lies in its ability to support itself.

Implicit in the concept of *mitakuye oyas'in* are the notions of this circle, of wellness, strength, resiliency, balance, and holism. If everything is related to everything else, then each part of the whole comes together to create a synergy, a gestalt, so that the sum of the parts is greater than the whole. This can certainly be seen in the reciprocal relationship between elders and youth. While it is the responsibility of the elders to teach and guide youth, it is the responsibility of youth to care for elders.

More and more frequently, Native elders are overtly rejecting the medical model that maintains that Native peoples are in need (as Albert stated earlier). Native elders today are clearly stating a fact that has always been a premise of their belief system: "a holistic concept [that] encompasses all aspects of individual and communities including physical, mental, and spiritual dimensions," (Weaver, 2002, p. 5).

Such a concept is closely related to Saleebey's (1992) strengths perspective, which holds as "its key concepts the notions of empowerment, membership, regeneration and healing from within, synergy, dialogue and collaboration, and suspension of disbelief," (Voss, Douville, Little Soldier & Twiss, 1999, p. 238).

If social workers are willing to learn from the Lakota way of being, we need to approach our education with respect, humility, and honor. We would do well to heed Saleebey's (1992, p. 11) comment that the "synergistic perspective assumes that when phenomena (including people) are brought into relationships, they create new and often unexpected patterns and resources that typically exceed the complexity of their individual constituents." It is with this idea in mind that we come full circle to the concept of *mitakuye oyas'in*: everything is related, and the great circle continues to spin.

Hope for the Future

I asked Sylvan what legacy he wants to leave to future generations. "I have 12 grandchildren, because in the *tiospaye*, my brothers' grandchildren are mine also. I love teaching and coaching. I want to get all the knowledge I can and pass it on to the

next generation. I want them to learn about our treaties, about their citizenship in both white and Lakota culture. Most of all, I want them to learn to speak, read, write and honor our language," (S. White Hat, Sr., personal communication, November 4, 2004).

Albert's response was, "I want them to master western culture and the English language in order to strengthen and fortify our own. We must learn to write for ourselves—translations of our language are misunderstood and misguide people," (A. White Hat, Sr., personal communication, October 13, 2004).

"I want them to become politically active, to learn to lobby." Albert closed our discussion with a joke. "Grandpa, the little boy asked, do all fairy tales begin with 'once upon a time . . .'? No, grandson, now they begin with 'if I am elected I promise to . . .'" (A. White Hat, Sr., personal communication, October 13, 2004).

Albert is approaching retirement, and I asked him what is next for him in his journey, "I'm still learning from my students. I am always learning," he said.

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The Contemporary Older Man: Summary and Discussion

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This edition of the Journal has included a series of articles on the contemporary man in his elder years and the challenges and opportunities he may face. For example, an article by Bullock brings attentions to the increasing number of grandfathers who are becoming responsible for their grandchildren in the absence of fathers. Her study of 26 men age 65 and above who are responsible for the care of at least one grandchild revealed perceptions of powerlessness as grandfathers made this family role transition. Bullock argues that such feelings of powerlessness can be stemmed by programs that provide opportunities for greater self-awareness and support. She also raises questions about the grandfathers' parenting style: Are they interactive care providers or simply passive caretakers? Another issue raised is how schools and agencies involved in kinship care can pay special attention to older men who take on the role of parenting.

In a postmodern critique of today's older man, Gross and Blundo explore the medicalization of the body through the promotion of Viagra. The taking of the drug is used as a metaphor of cultural expectations illustrating how men are required to age well. That is, how society expects them to maintain their youthful masculinity. The authors raise the question, can medication change a man's concept of himself? A reading of the article begs

the question of how male concepts of self are created. Is the aging body really a machine. The language of television ads surely would suggest so.

In another article designed to portray the modern older man, Blundo and Estes use an experiential process of listening to their anecdotes. Through this discourse, they learn what men think about their own aging processes. The anecdotes share and reveal basic human uncertainties about the latter stages of the life cycle. Men have long been considered to be less elaborative when asked about their emotions. These anecdotes demonstrate introspection and insight.

In a culturally specific article, Villereal & Cavazos address the shift in machismo identity that occurs among Mexican-American males as they age. The shift involves the idea that there is the cultural expectation that a young man will grow up to be a strong man, whereas girls will be submissive and obedient. However, towards the latter part of life, decision-making becomes a more equal shared process between husband and wife. Thus, the aging Mexican-American male struggles to redefine his role within the family. The question raised is apparent: What occurs when a basic construct used to organize a man's world is lost in old age?

Similarly, the culturally specific nature of Deborah Bowen's work with Lakota men suggests the uniqueness with which we must approach aging men and specifically the cultural lives of aging men. Her interviews revealed a great deal of the hardships and success within the lives of men living within the world of the Rosebud Reservation, home of Lakota people for many generations. The cultural construct *mitakuye oyas'in* points to the relevance of seeing aging men in all their uniqueness and the strengths these meanings bring to their lives.

In another article on the marginalization of older men, Kosberg suggests that the literature as well as our educational processes should pay greater attention to older males. He contends that much information about the older man is generalized and stereotypic. He argues that we should address male-specific factors in the aging process including health and relationship issues.

In an article about economic inequality, Davis makes the case

that a disproportionate percentage of African-American males do not live to collect their benefits under SSA. He examines the role of the federal government in keeping the program solvent. He raises two critical questions about the privatization of Social Security: (1) Does the low, moderate, or even most middle-income U. S. citizen have the educational preparation, and time, to manage the investment of their own retirement funds; and (2) Do they earn enough money to be able to pay an investment broker's commission that is taken on each investment transaction?

Making the case that older men tend to be underserved by social service providers, Kaye and Crittenden present "male-friendly" principles of clinical practice with older men. They discuss more familiar areas to address in counseling such as the loss of a spouse and retirement as well as topics not sufficiently considered including counseling gay men, men as caregivers, and men who are depressed. Most importantly, the authors remind us of the importance of treating depression among older men who account for 85% of adult suicides.

Taken together, the series of articles offer several educational opportunities for discussing older men within schools of social work human behavior content. For example, the authors suggest that there is an irony in the way we perceive societal power differentials. White men are said to be the predominant power source in the US. Yet, collectively the authors ask what happens to this power as men age. Why are older men supposedly ignored?

The articles also question whether there is a continuity in men's identity formation or whether these processes change as they age. The authors also debate whether the relational self, a self that highly values personal relationships rather than competitiveness is as important to men as it is to women? Does this apparent change in self accompany the aging process?

Another salient theme discussed in the articles is whether aging can be viewed as a natural process. This question is explored through the examination of body image and continued sexuality as a symbol for aging well. If role change naturally accompanies aging in men, do advances in medication frustrate the ability of men to age well? Furthermore, how does culture and cohort influence aging well?

Clearly, more research is needed to answer these questions. Thus far, research has failed to sufficiently explore the ramifications related to men's successful aging. Also under question is whether the roles of older men and women vary to such a degree that practitioners should move toward differential assessment and intervention strategy.

Book Reviews

Wendy J. Deichman Edwards and Carolyn De Swarte Giffors (Eds.), *Gender and the Social Gospel*. Champaign, IL: University of Illinois Press, 2003. \$49.95 hardcover, \$21.95 papercover.

Students of social welfare institutions in the United States often fail to examine the influence of religion on the careers of social reformers and on the creation of a broad array of social services. This important book examines the Social Gospel movement and its influence on social reform and social service activity well beyond the late nineteenth and early twentieth centuries, the usual temporal boundaries of the Social Gospel. Traditional Social Gospel scholarship held that middle class white, male Protestants such as Walter Rauschenbusch, Josiah Strong, and William Gladstone exemplified Social Gospel thought. These influential men argued that Christians should actively work to achieve the Kingdom of God on earth by pursuing social reform and social justice. Many scholars agree that their work influenced many religious and secular reformers. This book presents convincing evidence that there were tensions resulting from the class and gender bias of Social Gospel leaders. Creation of a just society required connecting across class lines with working class Americans which was generally prohibited by class bias. Furthermore, a truly "Social" Gospel suggested that work would have to be carried on in a civic or community framework which was difficult given the strength of laissez faire and Social Darwinist notions of individualism in American Protestantism. Widespread acceptance of attitudes concerning women's appropriate "spheres" also limited women's roles in the Social Gospel movement.

Many of the essays in this book were first presented as papers at conferences on the Social Gospel at the Colgate Rochester Crozer Divinity School or at the American Society of Church History. This book's diverse research demonstrates the value of careful historical analysis in revising understanding of the Social Gospel movement by documenting its influence in the social welfare work of women, Canadians, Catholics and African Americans from the late nineteenth to the close of the twentieth

century. These essays "restore(s) women and reclaim(s) gender in social gospel studies" as the editors rightfully claim.

The religious motives and contributions of women as diverse as Mary Bynon Reese, who worked at a grass roots level among loggers in the Pacific Northwest to spread the work of the Women's Christian Temperance Union; Dorothy Day, the radical Catholic activist who worked directly with the urban poor in Catholic Worker houses of hospitality; Mary Richmond, prominent in the development of social work; and late twentieth century African American activists Faye Wadleton, prominent in women's health advocacy and Marion Wright Edleman of the Children's Defense Fund, are examined. Each of these women's social welfare contributions work is placed within the broad and inclusive conceptualization of the Social Gospel and its influence.

Other essays include Carolyn De Swart Gifford's study of Frances Willard, the influential leader of the Women's Christian Temperance Union in the late nineteenth century, whose belief in the equality of men and women put her at odds with other social gospellers. She was deeply disappointed when her own Methodist Episcopal Church would not grant laywomen ecclesiastical suffrage. It was the failure of many male proponents of the Social Gospel to accept equality between the sexes and their perpetuation of traditional assumptions about women's appropriate spheres that so disappointed Willard. Wendy J. Deichmann Edwards assesses the Christian socialist Josiah Strong's assumptions about women's appropriate roles and finds him to have been progressive for his advocacy of equality for women in the workplace but conservative for his opposition to women's ordination to the ministry. Eleanor J. Stebner explores the many contributions of middle and upper class white women Social Gospellers in Canada through their work in settlement houses, missions and deaconess societies. Her study of Beatrice Brigden, whose labor activism led her to grow disillusioned with the Methodist Church, shows as only good historical research can, how complex events and personalities shape the destiny of social reformers and that the social gospel movement was not limited to the United States. Janet Forsythe Fishburn's examination of Walter Rauschenbusch, a leading proponent of the Social Gospel, finds that while he shared the progressive belief that women

should be given opportunities to be educated, he remained committed to middle class beliefs that women's proper sphere was the home. This demonstrates a paradox within Social Gospel thought which could argue for the realization of God's Kingdom on Earth through social reform but cling to traditional gender role norms even though there were women who were carrying out the Social Gospel mission through their work in settlement houses and other social reformist organizations by acting in non traditional leadership roles.

Paul William Harris' study of Emma Rauschenbusch Clough, sister of Walter Rauschenbusch, wife of John Everett Clough, a Baptist missionary to India, shows how the Social Gospel movement influenced the progressive work and thought of a woman who did important missionary work in India. R.A.R. Edwards offers a critical, comparative study of Jane Addams, Walter Rauschenbusch and Dorothy Day, arguing that Addams and Rauschenbusch naively equated social progress and optimism with watered down versions of Christianity while Day's unwavering adherence to Catholic teaching and practice imbued her with Christian hope based on the gospels and informed her advocacy for radical social change. He contends that Day's strict adherence to Catholicism led inexorably to a radical social critique since the Catholic Workers knew that their religion set them apart from the dominant and powerful secular society. Kendal P. Mobley's study of Helen Barrett Montgomery, a Rochester New York social reformer, committed Baptist and proponent of women's missionary work in the late nineteenth century, asks if the Social Gospel movement should be redefined to include her gender-based theology which assumed women should be emancipated both in the United States and internationally. The book's last section shows that the Social Gospel movement must be defined broadly to understand its significance. Susan Hill Lindley's reprinted essay on women in Social Gospel novels finds them to have been important for their popularization of women's religiously inspired social reform activities at a time when most women were barred from active ministerial roles. Ingrid Overacker's study of African American Women Christian activists in Rochester, New York, shows again how good history can revise popular understanding. She finds that African American Christian women were active in

social reform such as antislavery activity well before the Social Gospel movement and that they worked effectively during the first four decades of the twentieth century to address urban social problems in keeping with the spirit of the Social Gospel.

The provocative research included in this book does, indeed, expand traditional notions of the Social Gospel movement. These essays shows that women as well as men were active particularly at grass roots community levels in working for Social Gospel objectives, that the Social Gospel movement had international dimensions, that African Americans did important Social Gospel related work in cities and that Catholics as well as Protestants were involved. It reveals that the Social Gospel held great appeal for many beyond the walls of seminaries and that its legacy lives on today. It is recommended for students of the Social Gospel movement and anyone interested in the intersections of religion, gender, class and race with nineteenth and twentieth century social reform.

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Dena Rosenfeld. *The Changing of the Guard: Lesbian and Gay Elders, Identity and Social Change*. Philadelphia: Temple University Press. 2003. \$59.50 hardcover, \$18.95 papercover.

This study explores sexual identity among 35 gay men and women who were at least 65 years old in 1995. The author got involved in a number of Los Angeles organizations for older lesbians and gay men and chose her snowball sample through the contacts she made.

The study is situated in historical context. Dana Rosenfeld, a sociologist at Colorado College, asked her respondents about the social reality they dealt with during the 1940s and 1950s and then traces their "identity careers" across the many social changes that have occurred since that time. I came out as a gay man while I was a sophomore at UCLA in 1957 so I am not too far off the age and location of her sample. With one foot in that generation, I found myself reflecting on my own identity career and agreeing with her in so many ways. In the following, my voice often blurs with hers.

In the 40s and 50s, homosexuality was a condition rather than an identity. Homosexuals were a deviant group and many of us believed we were psychologically abnormal. We generally led discrete lives not wanting to call attention to ourselves. We came out in private, to ourselves and to trustworthy lesbian and gay friends. Being found out held the possibility of ostracism from family, loss of job, or even arrest. As a result, we often tried to appear as straight as possible, "distancing" ourselves from many of our gay friends so as not to appear to be associated with them. We often felt good about our ability to pull off this charade.

In 1969, the Stonewall Riots occurred and the world began to change. She finds that most of us did not attribute much importance to the riots and some never even heard of them. Today, of course, things are very different. When I began teaching in 1969, homosexuality was a topic discussed in courses on psychopathology, deviance and abnormal psychology. The word homosexual has now even gone out of fashion, except perhaps among homophobic or out of touch heterosexuals. We call ourselves gay or lesbian and many younger gays prefer queer, each term reflecting a different understanding not of a condition but of an identity, a community, a minority status. Coming out is now a public event. You tell everyone as soon as you can. I was pushed out of the closet more by straight colleagues and a few gay students than by a desire to proclaim my sexuality to the world. It wasn't until 1989 that I gave myself permission to lecture on lesbian and gay issues and what a nervous wreck I was.

So what kind of identity do older gays and lesbians have? Dr. Rosenfeld finds that most of us are still caught in the 40's and 50's. We still prefer to be discrete, to pass a little, and not to tell our parents, siblings, straight friends and colleagues. Her data suggest most older men and women continue with a "discreditable" identity. There are differences among us however and a lot has to do with when we actually came out. Those—only seven of her respondents—who came out around the time of Stonewall reflect a more contemporary understanding of themselves, an "accredited" identity.

I think she has a pretty good understanding of the older end of my generation. As I reflect on my gay and lesbian friends, most of whom are in my age category, I do see that those who came out

when I did share many of the attributes of their cohort. I also see a marked difference, more in tune with contemporary thinking, among my friends who for one reason or another came out later in life

I also share many of the attributes of her respondents who came out before 1969. I still try to be discrete, not call attention to myself, and pass in the company of strangers. On the other hand, the movement has influenced me a great deal and over time I have also internalized many of the aspects of a contemporary conception of gayness. Although she doesn't make enough of it, she describes a number of different paths people can take on the way to a final identity. She suggests that two respondents—a woman and a man—replaced the old with the current way of thinking about themselves through a process of making “new contacts” and living “new contexts.” I think I fit in here. 1969 was a central year in my life. I finished up my doctorate, started living with the love of my life, and began teaching in a University filled with people that would encourage me to accept the new reality. Now everybody knows I'm gay: a rainbow bumper sticker, a triangle on my lapel, an equal sign on my HRC cap.

I have seen social work students approach their older gay and lesbian clients as if they were peers. They are often surprised when their clients are put off by them. I might complain about the small sample, a few overgeneralizations, and an excess of post-modern jargon. These quibbles aside, this is a book that should be read by everyone wanting to do gerontological social work.

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Kelley Lee, Kent Buse and Suzanne Fustukian (Eds.), *Health Policy in a Globalising World*. New York: Cambridge University Press, 2003. \$65 hardcover, \$24 papercover.

Globalization as a newly-emergent topic has touched upon almost every social science and human service field including that of health and human services. A growing awareness of the impact of globalization on public health has led to some serious concerns about its possible adverse effect in the form of diseases,

demographic change and environmental degradation. Compiling the contributions of a distinguished group of international scholars, Professors Lee, Buse, and Fustukian have made a valuable contribution to the social work profession, especially as it pertains to health policies.

The book is divided into three parts. Part I includes eight chapters on global health policy ranging from topics such as implications of multilateral trade agreements, public-private health partnerships, regulation in the context of global health markets, healthcare financing reform and policies, as well as cost-effectiveness analysis. Chapter 1, contributed by Lee, Fustukian and Buse, provides a broad overview of global health policy. Chapter 2, contributed by Ranson, Beaglehole, Correa, Mirza, Buse and Drager, addresses "the public health implications of multilateral trade agreements." Chapter 3, titled "Globalisation and multilateral public-private health partnerships: issues for health policy," has been contributed by Buse and Walt, whereas chapter 4, contributed by Brugha and Zwi, asks questions for evidence in favor of "global approaches to private sector provision." Chapter 5, titled "Regulation in the context of global health markets," has been contributed by Kumaranayake and Lake, and chapter 6, titled "Global policy networks: the propagation of health care financing reform since the 1980s," has been contributed by Lee and Goodman. In chapter 7, Mcpake addresses the theme "The globalization of health sector reform policies: is 'lesson drawing' part of the process?" whereas in chapter 8, Kumaranayake and Walker address another vital and critical issue such as "Cost-effectiveness analysis and priority-setting: global approach without local meaning?"

Part II of the book includes five chapters ranging from issues of violence against women and their reproductive health to global conflict and the humanitarian response. Chapter 9 in part II is titled as "Global rhetoric and individual realities: linking violence against women and reproductive health," and has been contributed by Mayhew and Watts. Chapter 10, titled "The globalization of DOTS: tuberculosis as a global emergency," has been contributed by Porter, Lee and Ogden. Chapter 11, titled "Ageing and health policy: global perspectives" has been con-

tributed by Lloyd-Sherlock. While chapter 12, contributed by Fustukian, Sethi and Zwi, addresses "Workers' health and safety in a globalizing world," chapter 13, contributed by Zwi, Fustukian and Sethi addresses "Globalisation, conflict and the humanitarian response."

Part III includes only one chapter contributed by Buse, Drager, Fustukian and Lee, and is titled "Globalisation and health policy: trends and opportunities," which draws on a number of meaningful comparisons, implications and conclusions.

Health Policy in a Globalising World covers a wide range of topics and transcends many geographical boundaries. The concluding chapter of the book captures very well the essence of the chapters included in this compilation. While the primary focus of the book has been to explore the kind of impact globalization is having on health policy-making, the contributors speaking in unison express a vital humanitarian concern that the current forces driving globalisation are primarily failing to taking into account its implications for promoting and protecting human health. The authors argue, "The need to take fuller account of these implications . . . is not of secondary importance to the long-term sustainability of any global system that emerges." The contributors of the book, in general, argue for "alternative approaches to global policy that can result in improvements in human security and justice." To meet these ends, the contributors have argued for "improved mechanisms to respond to collective violence, to govern labour standards, to structure multilateral trade agreements, to regulate emerging global health markets, to provide for ageing populations, to control infectious disease, and to govern policy-making in these and other areas."

As has been shown, the book covers a wide-ranging subject matter. The book no doubt will be very useful as a text in graduate social work policy and health policy classes as well as to those professionals interested in social and public policy, health and globalisation. The editors and contributors are to be commended for addressing complex issues which are not only urgent but timely as well.

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Louis Kontos, David Brotherton, and Luis Barrios (Eds.), *Gangs and Society: Alternative Perspectives*. New York: Columbia University Press, 2003. \$54.50 hardcover, \$24.50 papercover.

For most people, gang members are nothing more than hoods and delinquents, drug dealers and violent juveniles. Very rarely are they depicted with any humanity or individuality. Instead, popular perceptions of gang activity are usually created by the sensationalized images of gun-toting teenagers or the frequent reports of gangland violence that mark the media landscape. Since there are indeed components of gang life that are criminal and violent, such depictions are not without some validity. Yet, gang life is far more complicated than the media images would suggest and it is the exploration of this complexity that underlies the book, *Gangs and Society: Alternative Perspectives*. To this end, the book's editors and contributing authors do a remarkable job of highlighting the economic, political, social and cultural factors that impact the activities of gangs and their members.

Although each of the six sections presents worthy new thinking on gangs, the first and final sections are the most notable. The opening section of the book contains four chapters sharing the similar intent of challenging current theoretical, economic, and sociological perspectives of gangs. The first chapter emphasizes the need to consider the cultural and political aspects of gangs in addition to traditional thinking about such unions. In essence, then, this chapter attempts to broaden the reductionist view of gang members illustrated in this review's opening sentence. The second chapter describes the evolution of Mexican American youth gangs and the increasing involvement of adult males in their activities. According to the author, such involvement is positively correlated with an increase in criminality among these groups. The author also notes that, given the diversity now found among Mexican American youths and communities in the United States, a better system of classifying Mexican American gangs is needed to reflect these changes. Chapter three challenges the contemporary view that gangs played a leadership role in the expanding drug trade while chapter four concludes this initial section with a study comparing the organization of homeless youths in Australia to the organization of American gangs.

The book's second and third sections continue the challenge to conventional thinking about gangs that is at the heart of this book. Rather than examining fresh theoretical and cultural perspectives, though, these chapters comment on the important yet under-researched political, spiritual, and educational practices of gangs. The focal gang for many of these chapters is the Almighty Latin King and Queen Nation (ALKQN), the noted gang featured in numerous news stories and a recent documentary by award-winning director Jon Alpert. Among the chapters in this section, there are discussions of ALKQN's move to "street activism", their use of non-violent tactics to end conflicts with a rival gang, and the importance of spiritual texts and rituals in their daily activities.

The next section, "Women and Gangs", describes the role of females in gangs and the formation of female gangs. The conclusions across both chapters in this section note the similar reasons across the genders for choosing to join a gang, yet care is taken to list the unique obstacles and circumstances that female gangs encounter which impact their activities. The fifth section includes two chapters describing new criminal justice policies designed to crackdown on the "gang problem" as well as the policies, treatment, and tribulations encountered by gang members now incarcerated in prison.

The final section, section six, is perhaps the most interesting and weighty contribution to the book. This section, focusing on photography and gangs, includes a comprehensive collection of photographs intended to show many sides of gang culture. The images are noteworthy not only because they depict the expected aspects of gang life (such as drug use and violence), but they also illustrate quieter times, family gatherings, social activities, and the poverty in which many of these gang members live and operate. Like the gang members themselves, the pictures can be shocking, brutal, and disturbing yet some of them also show gang members as human, tender, and even vulnerable.

While this section is probably the book's greatest asset, it also feels a bit incomplete. Looking past the striking work of the contributing photojournalists, the inclusion of chapters featuring photographs taken by the actual gang members or their families would have been a compelling and significant visual event. Just as

the journalists used their cameras to capture powerful snapshots of gang life, images produced by gang members shed light not only on the world of street gangs but also on how these youths see and experience their own lives in this world.

This book breathes fresh air into traditional academic accounts of gangs and gang members. The chapters in this book challenge modern conventions by offering new ways of thinking about gangs, their function, their culture and their place within the current social climate. It is recommended reading for anyone with an interest in gangs, youth culture, urban street life, and juvenile delinquency. Rather than feeding further stereotypes of gang members and fueling the fear that these youths instill in mainstream society, the authors use both the written and visual mediums to add an important human, cultural, political, social and spiritual element that is too often missing in discussions of gangs and gang members.

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Dana M. Britton, *At Work in the Iron Cage: The Prison as Gendered Organization*. New York: New York University Press, 2003.
\$55.00 hardcover, \$19.00 papercover.

Written in the tradition of Goffman's organizational theory, and especially of his conceptualization of the total institution, Britton's *At Work in the Iron Cage* is a major contribution to the sociology of work as well as to correctional literature. As the subtitle would indicate, this book is a contribution to gender studies (male *and* female) as well.

As a person who has spent a lot of time visiting prisons and who has observed a lot of "back stage" as well as "front stage" behavior in the total institution, I still found myself fascinated by many of the revelations provided in this book. The study is based on interviews conducted in the 1990s with 72 male and female officers. Federal and state sites were both included. That the author was even allowed to conduct such interviews in the present volatile and suspicious atmosphere surrounding male officer sex scandals is perhaps the most astonishing fact about this work. That accomplishment is a tribute to Britton's fortitude

and single-minded determination against many odds, as revealed in the appendix.

When I set out to do this review, because it is an area with which I have such familiarity, I planned only to skim the chapters' contents. Yet the writing style, both in terms of choice of words and the interspersing of generalizations with direct quotes, Goffman-style, drew me in, captivated me, to the extent that I could not resist reading every word. From this vantage point, I can share with readers of this review my observation that *At Work in the Iron Cage* is as succinct as it is interesting; not a page or paragraph in this detailed yet carefully edited study is excessive or out of place.

Chapter 1, "Engendering the Prison," introduces us to the concept, *gendering of occupations*, a concept that is informed by an awareness of the complex interplay among structure, culture (masculine and feminine), and agency, all three. In this chapter, we learn of the peculiar legal history of what happened when women gained the right to engage in front-line work in men's prisons. The unexpected consequence of this victory was that the same right was simultaneously accorded to men too, to work without restraint in women's prisons. The inevitable happened; some of the lurid details are described in chapter 3.

Some of the scandals that have occurred in recent years are reminiscent of what happened in the history of women's prisons. Penology in America is the topic of chapter 2. What we learn from the historical record is how ideas about masculinity and femininity influenced the design and practices of men's prisons while some prisons for women (especially white, middle class women), prisons bore a softer touch. No chivalry was accorded to black female offenders, however. They were sentenced harshly and treated harshly. In the inmate leasing system in the South, the plantation was reborn; women of both races were chained together with men; they suffered rape by both inmates and guards.

Chapter 3, "From Turnkey to Officer," chronicles the gradual professionalization of correctional work. Matrons, who actually lived in the institution, were on duty in women's prisons 24 hours a day. Until the 1970s, practically all the matrons were white. The most significant development that has taken place over the last three decades, as Britton notes, has been the increasing prevalence

of "cross-gender" supervision and the employment of men and women in prison facilities that house inmates of the opposite sex. The overwhelming majority of correctional officers, today as then, work with male inmates. The pat-down searches by male officers of female inmates are the subject of a large number of lawsuits. Recent sex scandals have fueled the controversy.

Chapter 4 provides a sociological study of correctional work and training for such work, training that I would describe as militaristic. All officers are trained to handle violence, for work with anti-social men, in other words. The detailed description of officer training provided in this chapter is a major contribution to the literature. Chapter 5, "Work with Inmates," is an especially revealing chapter, as well. Behavioral differences by male and female inmates are compared and contrasted. The extent to which officers prefer to work in men's institutions is tellingly revealed in the many narrative excerpts that highlight this section of the book.

The following chapter continues the analysis of the dynamics of prison work; here the focus is on the interaction between administrators and staff. Recent restrictions on male staff (in state but not federal prisons for women) in the interests of preventing sex scandals, have led to unintended consequences. To protect female offenders, the women officers find themselves confined to the dormitory areas, the least desirable areas in which to work and the most dead-end in terms of career advancement. Male officers, on the other hand, have the run of the institution. Another rule with the unintended consequence of holding women back is the system of promotion which requires a move to a different prison. Geographical mobility is tougher on women with families, so they are more apt to remain behind in subordinate positions.

Consistent with organizational theory, Britton's stated purpose in crafting this study was to present the image of the worker within a complex and multifaceted milieu. In exposing the inner workings of prison staff in a gendered and racialized environment, Dana Britton admirably has achieved her goal. This book should be of interest to criminologists, correctional social workers, and students of gender issues alike.

Katherine van Wormer
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Amir B. Marvasti, *Being Homeless: Textual and Narrative Constructions*. Lanham, MD: Lexington Books, 2003. \$60.00 hardcover.

Scholars have long debated the definition of "homeless", causal factors of homelessness, how many homeless people there are in the United States, and ameliorative strategies for homelessness. Few, however, actually offer to the reader the *voice* of homeless persons. In fact, it is seldom even acknowledged that homeless identities are socially constructed phenomena resulting from a collaboration of societal, personal, and historic factors. Amir Marvasti sets out to let the homeless speak for themselves, and to help the reader understand how these homeless "narratives" and identities are constructed. Where this book truly excels is its review of prior discourse on the topic, with special emphasis upon the limitations of the positivist research tradition that has thus far defined our knowledge of what it is truly like to be homeless. The book is an excellent review of the failings of prior studies of the homeless, a very good primer on ethnographic research methods, and finally, as a brief introduction to the homeless themselves via their own words.

However, the book feels theoretically "top heavy", with actual voices of homeless persons not heard until chapter nine (of nine chapters). At times it also feels like an ethnographic research methods primer rather than a unique study contributing new knowledge to our understanding of homelessness. Preceding the homeless client narratives are rather lengthy and jargon-heavy critiques of theory and methodology. This leaves the reader very well prepared for putting into sociological context homeless persons' narrative constructions of their own lives, but only gives a brief glimpse of these narratives, and then offers very little in the way of interpretation or conclusions. This structure feels awkward in a book that places so much emphasis upon client narratives.

Of twenty interviews with homeless persons, six are presented in this book. Only one sentence is devoted to describing the selection criteria for these six interviews. One wishes for a more detailed description of why these particular voices were chosen. As mentioned above, the book could also be stronger if more space was devoted to each of the six interviews, for this is

where the book truly comes alive—when it allows the homeless to speak for themselves.

Nevertheless, this book has many strengths. It pays special attention to the homeless mentally ill, perhaps one of the most vulnerable of the subpopulations among the homeless. The book excels at describing how the homeless in general, and especially the homeless mentally ill, often have their needs ignored in favor of the needs of agencies and organizations, and how the homeless are consistently portrayed as pathological in order to meet the needs of agency funding sources.

Also excellent is the discussion of the parallel scientific and literary traditions around homelessness, and the ways in which each offer an understanding of the phenomenon. The author has deeply held views about the nature of inquiry and the utility of “data” for understanding highly individualized issues such as homelessness. At times, however, these views seem to get in the way of an objective presentation of the data. For example, of the three shelter workers interviewed for their narrative constructions of homelessness, the reader cannot help but feel that the shelter director is not being given a fair chance, due to the apparent antipathy the author holds toward this person. To Marvasti’s credit, he does acknowledge the highly personal and subjective nature of his methodology throughout the book.

In other places, it feels as if the author is making cognitive leaps that are unwarranted, especially considering his critiques of earlier studies and their assumptions about homelessness. For example, it is a big jump to compare the differences in ethnic characteristics of clients at one relatively small homeless shelter who have been given restrictions (for infractions as perceived by shelter staff) to differential ethnicity rates for national crime data. There is no direct or logical correlation between the two subjects. Likewise it seems a bit superficial for Marvasti to assume that university students were “either too drunk or too scared to turn down a street person asking for change” (p. 61). Needless to say, there are many complex reasons why a student might or might not give money to a panhandler aside from being drunk or scared. It is in areas such as these that the reader is left wondering “how did we get from point A to point B?”

Perhaps the biggest contribution of this study is gift the author has for detailing how homeless client narratives can be constructed by agencies in order to suit institutional purposes. He clearly conveys how client narratives are edited by agency staff to suit purposes not based on actual client needs or priorities. This acknowledgment of powerful social forces and power imbalances is astute and skillfully conveyed, and while all of us deal with our social narratives being "edited" by powerful others, homeless persons are particularly at risk for having their voice minimized due to their lack of societal resources and privilege. It is unfortunate that this book does not do more to let these voices shine through.

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Book Notes

Robert L. Clark, Lee A. Craig and Jack W. Wilson, *A History of Public Sector Pensions in the United States*. Philadelphia, PA: University of Pennsylvania Press, 2003. \$49.95 hardcover.

Social insurance programs that provide support at times when people's incomes are terminated, interrupted or reduced as a consequence of disability, illness, unemployment, retirement and other contingencies have been established in many countries around the world. It is generally accepted in social policy circles that social insurance programs were first developed in Germany in the late 19th century by Chancellor Otto von Bismarck. Indeed, it is not uncommon for social policy scholars to refer to social insurance as the "Bismarckian" approach to social welfare. The distinguishing feature of these programs is the use of a special payroll tax known as a contribution to fund benefits.

However, as this interesting book reveals, the development of modern day social insurance programs was also inspired by the payment of public pensions to soldiers, sailors and others who had served the state. This was particularly true in the United States where the payment of veterans benefits to survivors of the Civil War gave impetus to the campaigns of social reformers who advocated for the introduction of social insurance. Clark, Craig and Wilson show that the payment of military pensions from colonial times created a climate in which the idea that government should support those in need took root and ultimately flourished. Initially, however, pensions paid to soldiers and sailors in service of the state were designed to compensate those who were injured or disabled as a result of military action, and the idea of providing retirement benefits came later. These pensions were also provided on a haphazard and temporary basis and often involved political struggles between those who claimed assistance and those who were responsible for the public purse. The authors show that these political pressures led eventually to the establishment of permanent, and better managed military pension funds after the Civil War. In turn, these developments facilitated the emergence of pensions for state and local workers and eventually for federal

employees. The decision to introduce Social Security in the 1930s did not, therefore, occur in a vacuum but built on the gradual evolution of public pension programs.

The book provides helpful historical information for anyone wishing to understand the way government income maintenance programs evolved in the United States. It is well written and thoroughly documented. Unfortunately, the authors do not make much mention of the parallel development of social assistance programs, particularly for poor women, and of the way these programs undermined the principles of universality and inclusiveness which the social reformers of the late 19th-century extolled, and which many social policy scholars today still regard as of vital importance in income maintenance. On the other hand, they use the historical record to draw interesting lessons for contemporary debates on Social Security by emphasizing the role of political struggle and policy instability in the history of public pensions. These lessons are particularly relevant at a time that campaigns to privatize social insurance have intensified.

Nora Rose Moosnick, *Adopting Maternity: White Women who Adopt Transracially and Transnationally*. Westport, CT: Praeger, 2004. \$54.95

Transnational and transracial adoption has a transformative effect on society, the family, and the individual. The literature on adoption covers what parents may expect regarding the adoption process, their child's health and development, and identity issues for the child and family. Few works have previously considered what internal transformations may transpire for adoptive mothers in their conceptualizations of maternity, race, and gender. In this book, Nora Moosnick juxtaposes feminist portrayals of motherhood against the statements of twenty-two adoptive mothers of White, Biracial, Black, and Asian children.

Social constructivism provides a theoretical framework for considerations of race, ethnicity, class, and gender. With a sample composed of White middle-class mothers who have adopted children from a variety of racial backgrounds, Moosnick examines the women's experiences for evidence of changed attitudes towards maternity, racism, and maternal fitness. She questions whether maternal identity is contingent on the adopted child's race and she

indeed finds differences. While the mothers of White and Asian children claim total ownership of their children, the mothers of Black and Biracial children express a shared sense of ownership with the Black community.

With families that do not fit the norm and children who experience acts of discrimination, Moosnick probes the women's attitudes and behaviors for examples of active resistance to racism. All the women who adopted children of another race voice a heightened racial awareness. Their actions vary: while many describe confronting racism in their own families, only three mothers have made attempts to address inequities in their schools and communities. In their position of what has been characterized as "legitimate" and "not legitimate" motherhood, as women who mother but did not give birth, Moosnick questions whether the adoptive mothers challenge cultural ideologies of maternal fitness that favor White, middle-class women and how they characterize the fitness of birth mothers. While some recognize the political nature of transracial adoption, the mothers distance themselves from political issues by ascribing fateful or religious rather than political interpretations to their adoptions. In describing their children's birth mothers, the adoptive mothers try to reconcile their gratitude for the opportunity to parent with an understanding of how they could relinquish a child. Their views of birth mothers vary by race; White birth mothers are most often described as unselfish, while Asian, Black, and White birth mothers of Biracial children are viewed with greater ambiguity. Women with open adoptions had experiences that present opportunities to confound traditional cultural notions of maternity and redefine restrictive notions about the role of birth mothers.

Moosnick ultimately finds that the women she interviews speak in the rhetoric of religion and that her research endeavor may have been better couched in the language of their own perspective rather than hers of feminist humanism. With a small sample and no clear cut answers, this book is not meant to prescribe policies or practice for adoption professionals. Rather, its value lies in emphasizing the importance of an ongoing critical examination regarding gender, class, and race ideologies in transracial and transnational adoption

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Samuel Fleischacker, *A Short History of Distributive Justice*. Cambridge, MA: Harvard University Press, 2004. \$39.95 hard-cover.

The term, social justice, is now widely used in social work circles. It is hardly possible to attend a social work conference or read a social work journal without finding reference to the term. Unfortunately, social workers have a very vague idea of what the concept of social justice entails or an appreciation of the extraordinarily complex and difficult issues it raises. Consequently, there has been little rigorous analysis or scholarly debate about the topic in academic social work circles and today many social workers use the term in an imprecise and even rhetorical way.

Samuel Fleischacker's engaging and very readable *Short History of Distributive Justice* should be an essential reference for all social workers who use the concept of social justice. At the very least, his book will help social workers to clarify the meaning of the term. Fleischacker uses the term 'distributive justice' as a synonym for social justice and stresses its economic connotation. For Fleischacker, social justice is about income, wealth and property, and about the way existing patterns of distribution can be altered. In turn, this involves state intervention based on clearly articulated and socially acceptable principles. It is in this regard that scholars in philosophy, political thought and the social sciences have made an enormous contribution. Their scholarly deliberations have identified the principles on which redistributed policies might be based and current ideological and political debates about social justice draw extensively on their work.

Fleischacker makes the point that the concept of distributive justice is a product of 18th-century Enlightenment thought, and particularly of the claims of the radical French revolutionary "Gracchus" Babeuf who, Fleischacker contends, was the first to use systematic moral and political reasoning to argue that it is the task of government to achieve economic equality. Although notions of distributive justice can be traced back to Aristotle, the author believes that Babeuf's argument for economic equality laid the foundations for subsequent debates on the issue which led at the end of the 20th century to the highly sophisticated accounts by

Rawl's, Nozick and others. Although Fleischacker's views on the origins of the concept may be disputed, the importance of his book for social workers lies not in these and many other interesting scholarly points, but in the way the author provides an accessible account of how the concept of social justice has been used and what it means. This is a marvelous book which should be read by all social workers. By causing social workers to consider the complex issues the concept of social justice raises, Fleischacker's book may facilitate a more nuanced and sophisticated understanding of what has become a central concept in the field.

Robin Lovelock, Karen Lyons and Jackie Powell (Eds.), *Reflecting on Social Work: Discipline and Profession*. Burlington, VT: Ashgate Publishers, 2004. \$ 79.95 hardcover.

Since the profession's inception over a hundred years ago, social work scholars have generated a huge literature about the nature of social work, its goals and mission. Although most social work practitioners have a fairly good idea about their role in society, and the tasks they are required to perform, social work scholars have long agonized over the issue and very divergent views about the nature of social work have been expressed. As the editors of this book point out in their introduction, the search for meaning and identity is an ongoing one, and there is a continual flow of texts reevaluating and reappraising the profession's identity. The primary purpose of the book is to contribute to the ongoing debate about the fundamental nature and scope of social work, and to consider its future in the light of rapidly changing social economic and political realities. Accordingly, the editors commissioned ten chapters that address diverse aspects of contemporary social work with reference to the book's theme. Most of the chapters are written by British scholars who raise many interesting issues related to contemporary social work.

The ten chapters are very wide ranging. Following an interesting introduction by the editors, the book begins with a discussion by two leading British social work authors, Bill Jordan and Nigel Parton, on the relationship between social work, the public-sector and civil society. This chapter is followed by a lively contribution on the MacDonaldization of social work by Adrian James. Several articles deal with research issues. Ian Butler and Richard Pugh

write about the politics of social work research, Beth Humphries argues that social work is a moral and political activity and that social work research should "take sides", Nick Gould offers a helpful article about the role of qualitative research in social work, Walter Lorenz considers the contribution of research to social work's search for identity, and Steve Trevillion writes about social work research and partnerships with social agencies. Several other chapters address epistemological concerns. Karen Lyons and Imogen Taylor contribute a chapter about gender and knowledge in social work, Jeremy Kearny examines the relevance of Wittgenstein's work to theory development and Robin Lovelock and Jackie Powell provide an analysis of the contributions of Habermas and Foucault to critical practice.

While many of these chapters are interesting, theoretically sophisticated and significant for knowledge development in social work, it is difficult to see how they foster the book's goal of contributing to social work's search for meaning and identity. Since most of the articles address research issues, or otherwise deal with theoretical challenges, it might have been better if the book had been designed specifically around the theme of knowledge development. But while the book gives the impression of being disjointed, the contribution of the individual chapters should not be underestimated. There is much here that will be of interest to social work scholars and researchers, and the book deserves to be widely read.

Marcelo M. Suarez-Orozco and Desiree Baolian Qin-Hilliard (Eds.), *Globalization: Culture and Education in the New Millennium*. Berkeley, CA: University of California Press, 2004. \$50.00 hardcover, \$19.95 papercover.

Although the concept of globalization has long been dominated by economic considerations, the non-economic dimensions of current international processes are increasingly being recognized. Today, a substantial literature has been published on the way global interdependence in the fields of politics, culture, communications, social welfare and demography is reshaping the modern world. This literature has dealt, for example, with the growth of civil society institutions, political cooperation,

transnational social policy and population movements, and it has enriched social science knowledge of contemporary global dynamics.

However, as the editors of this book point out, the burgeoning literature on globalization has paid very little attention to education even though children and young people are now experiencing the realities of globalization on a daily basis. It is imperative, they contend, that teachers, schools, administrators and policy-makers incorporate a global perspective into the educational process so that the younger generation will be better prepared to deal with the realities of a increasingly integrated world. To promote this ideal, the editors have assembled an interesting collection of papers that address educational and related issues in a global context. The papers were originally presented at a seminar hosted by Harvard University and the Ross Institute. The book covers a range of interesting topics. It begins with a useful overview of the issues by the editors and notes the vital importance of educating children and young people to function in a globalizing world. It suggests some of the key steps that need to be taken to promote this goal. The subsequent chapters deal with topics as varied as the economics of global education, the inculcation of digital skills, the role of communication technologies, identity formation in the context of globalization and the responsiveness of education to global new realities.

Many of the chapters touch on issues of culture since it is clear that educational policies and programs cannot be divorced from cultural contexts. Two chapters focus particularly on cultural exchange and integration, and this is followed by an account of the way globalization is affecting people's self-identities. These are among the most readable and interesting chapters in the book. In a chapter on the cultural impact of globalization in Asia, James Watson provides a fascinating account of the dynamic flow of cultural exchange between the Asian and American youth. Although it is often assumed in the literature that globalization involves the export of American values and a noticeable tendency towards cultural homogenization, Watson reveals the extent to which cultural themes reverberate and create dynamic interactive systems that undermine unilateral tendencies. Similarly, Suarez-Orozco shows

that processes of identity formation are both flexible and resilient and that simplistic interpretations about the loss of identity in the face of globalization are unfounded.

Although this book deals primarily with issues of education, it touches on many other aspect is of globalization of interest to social scientists. Social policy scholars and social workers will be particularly interested in the many issues it raises. By addressing questions of education and culture in a global context, the authors make an important contribution. There is much in this fascinating and important book that is informative and challenging.

Maria Berg-Weger and Julie Birkenmeyer, *The Practicum Companion for Social Work: Integrating Class and Field Work*. Boston: Allyn and Bacon 2004. \$48.00 papercover.

In the 1920s and 1930s, influenced by psychoanalysis, field instruction in social work education often adopted the intimidating model of the "training analysis." In the 1950s and 60s, under the leadership of Charlotte Towle and others, a developmental perspective emerged that viewed students as adult learners rather than "patients," and validated student emotional responses to fieldwork as natural, given the challenge of taking on a new professional role. The structure of field instruction became more transparent and systematic, and it was recognized that preparing students for fieldwork and providing ongoing support were key functions of social work education.

In recent years a number of textbooks have been written for integrative field seminars in an attempt to address these tasks and better link field and classroom aspects of education. This new text is a thorough, thoughtful and strongly student-centered example with many virtues. The book follows the student field experience from entry to termination, yet its chapters are designed as modules that can be used flexibly. Exercises, case scenarios and a set of student exemplars are employed to tie the content closely to student experience.

The authors avoid repeating theory taught in practice methods classes. Instead they present detailed and practical consideration of how the three levels social work practice (micro, mezzo and macro) are applied in agencies. Topics such as caseload management, sexual harassment, ethical conflicts, paperwork demands,

relationship with field instructors and working with difficult clients, anticipate and arm students to deal with very real challenges.

The chapter on organizational issues is particularly welcome as it acknowledges the growing importance of workplace skills to worker effectiveness. The thorough consideration of mezzo practice is particularly appreciated since group work is expanding in many agencies and is often inadequately addressed in practice methods classes and field seminars. Other often overlooked subjects effectively treated here are safety concerns and issues of legal liability.

The book may be faulted for under-representing the role of field faculty and field administration. While social work schools vary in the nature and degree of faculty involvement, ultimately fieldwork is the school's responsibility. The role of faculty liaison as ally, partner and, in some cases, protector deserves stronger emphasis. Students should be sensitized to the field departments' need to know about, and be involved in managing critical situations such as harassment and client abuse. Also, the volume devotes too little systematic attention to the development of cultural competence and student's response to encounters with diverse clients in the field.

Despite these omissions this is a solid, well-written manual grounded in the extensive literature on fieldwork. It should serve, as its name suggests, as a welcome and supportive companion to students throughout a variety of placement. It will also be appreciated by field faculty and field instructors as a useful resource for field seminars, field advising and supervision.

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