
Aging and Narratives of Loss: A History of Social Suffering

Sam Migliore and Margaret Dorazio-Migliore *Kwantlen Polytechnic University*

Abstract: The notion of “loss” often appears as a common theme in both popular and academic discussions of aging. This focus on loss, however, tends to simplify or ignore important aspects of the phenomenon, including how people view themselves and their life experiences. In this article, we address how an individual life narrative can serve as: (1) a counter-narrative to this notion of loss; and (2) a way of drawing attention to a variety of personal and structural factors that may complicate the experience of aging itself.

Keywords: aging, “loss,” narrative, counter-narrative, social suffering

Résumé : La notion de « perte » est un thème récurrent dans les discussions aussi bien populaires qu’académiques sur le vieillissement. Cette insistance sur la perte, toutefois, tend à simplifier ou ignorer des aspects importants du phénomène, y compris comment les gens se perçoivent et perçoivent leurs expériences de vie. Dans cet article, nous nous penchons sur les façons dont le récit de vie peut être utilisé : (1) comme contre-récit à cette notion de perte, et (2) comme une façon d’attirer l’attention sur une variété de facteurs personnels et structurels qui peuvent compliquer l’expérience même du vieillissement.

Mots-clés : vieillissement, « perte », récit, contre-récit,

Introduction

The gerontological literature tends to focus on two interrelated phenomena. The first is the notion that aging is intimately linked to a process of “loss” (e.g., Garatachea and Lucia 2013; Inouye et al. 2007; Schrack et al. 2010; Wright and Perricelli 2008)—loss in the sense of increasing difficulties with physical mobility, failures in memory and mental acumen, loss of social relationships (often due to the death of loved ones or one’s inability to take part in various activities) and decline in mental and physical health, with death as the eventual and inevitable outcome. Second, the gerontological literature also focuses on the ways individuals can be assisted, directly or indirectly, to meet the challenges of these losses as they age (e.g., Chu 2011; Morris et al. 2010). Although laudable and potentially helpful to those in need, the focus on “loss” and its management tends to ignore or minimize key aspects of the experience of aging (Graham and Stephenson 2010; Migliore and Dorazio-Migliore 2010; Randall 2013).

Today, a growing number of scholars acknowledge that loss may occur as people age but stress that the process of aging is much more complex than the attention to loss would indicate. Life experience consists of various ups and downs throughout a person’s life and may vary considerably from person to person (Capps 2012; Leon 2012; Migliore and Dorazio-Migliore 2010; Pruyser 1975). A focus on loss tends to draw attention away from the significant political, economic and social factors that have affected and in some cases continue to affect the lives of specific individuals, as well as the experiences and interpretations that give meaning to how people see themselves and their situation(s) in later life (see Russell 2010; Wentzell 2013). A focus on physical and mental decline also facilitates the ever-expanding medicalization of aging (see Conrad 2007; Hadler 2011). What is often missing in the gerontological literature, then, is attention to the various *contexts*—personal, social, cultural and historical—that influence and affect

individuals throughout their lives and thereby impact the experience of aging, including any decline in health (see Fuller-Iglesias et al. 2009; Martin-Matthews 2011; Mayer 2009).

In this article, we build on ideas from critical and interpretive medical anthropology, life course theory and other sources to examine issues of complexity in aging. More specifically, we address these issues of complexity by focusing on the life experiences of one elderly Sicilian Canadian woman in her mid-80s. Our aim is to make use of life history and illness narratives to illustrate how this individual contextualizes her current experiences of “aging and loss” in terms of the cumulative distress she has endured as a result of her social situation in Sicily, emigration/immigration to Canada, work in the garment industry, financial problems and discrimination. Loss, as interpreted by this individual, is not associated with aging per se, but rather is a consequence of a lifetime of what we would call *social suffering*—“human problems that have their origins and consequences in the devastating injuries that social force inflicts on human experience” (Kleinman et al. 1996:xi).

Distress, Illness Narratives and Social Suffering

Everyone experiences pain and suffering at certain points in life. This experience is subjective and idiosyncratic. To communicate one’s pain to others, however, this subjective experience must be transformed into a social and cultural language that others can understand (Nichter 1981; Parsons 1984).

This language consists of: (1) a number of verbal and nonverbal cues people can use to express their suffering; (2) various cultural concepts that provide individuals with a basis for interpreting and explaining their experiences or the experiences of others; and, (3) various preventive and therapeutic rationales people can employ to guide them in their attempts to deal with illness and misfortune. [Migliore 2001:103]

The study of illness narratives serves as a vehicle for examining this language of suffering. More specifically, illness narratives provide insight into people’s subjective feelings and how they attempt both to convey their experiences of distress and to seek the assistance of others.

In some cases, however, these narratives may also reveal how individuals, often through metaphor, make use of the idiom of distress to generate additional or alternative messages (Migliore 1997, 2001). These additional messages are significant because they address the broader context within which the experience of

suffering occurs (see Kleinman et al. 1996). Illness narratives provide people with the opportunity to present a social commentary on their suffering and some of the historical, social, economic and political factors they recognize as intimately linked to, if not directly responsible for, this suffering. A focus on illness narratives, then, provides a basis for examining social suffering by revealing aspects of the interplay between micro and macro phenomena—the personal and subjective experiences of individuals, and the various structural factors that affect their lives (Singer 2006). In addition, as Merrill Singer (2006) clearly illustrates, the focus on individual experience has the potential of providing a “face” for the type of social suffering that may affect, in modified form, a larger number of people within a society.

Finally, the study of illness and life narratives can serve as a challenge to and critique of discussions of “aging and loss.” The rising field of *narrative gerontology*, for example, recognizes that

human beings are, fundamentally, hermeneutical beings. Rather than bodies in various stages of decrepitude, we are unique individuals, immersed in making meaning of our experience right to the end, even amid dementia ... We make meaning through the continual imagining, interpreting, and telling of *stories*, including “the story of my life” as a whole ... The key is: living a life is not just a biological process but a biographical one. [Randall 2009:322; see also Miller 2011]

People make sense of their current situations, including health problems, by focusing on past experiences (Becker 1997). By presenting one’s biography in terms of social suffering, an individual can generate a counter-narrative, a narrative that resists discussions that tend to downplay or ignore the impact of social forces on personal and community health (see Phoenix and Smith 2011). The growing literature that links suffering to poverty, discrimination and inequalities of various kinds (e.g., Dressler 2010; Nguyen and Peschard 2003) lends support to the need to take these narratives seriously.

Zia Sofia: *Nierbi* and a Life of Suffering¹

Zia Sofia is an 85-year-old woman born in south central Sicily, Italy. Although she has fond memories of her early years, growing up in a family with seven siblings, she also acknowledges several family difficulties and tragedies. For example: two of her siblings passed away at an early age, she suffered from malaria and other health problems and the family experienced the type of economic circumstances and constraints that plagued

rural Sicily in the 1920s and 1930s (Schneider and Schneider 1976). Her father was often away for work in distant places, sometimes out of the country. To help her family financially, Zia Sofia left school at a young age to begin work as a seamstress. She also learned how to produce various items for sale to women for their trousseaus. Zia Sofia married while in her mid-20s and moved to her husband's hometown some 75 kilometres away. Although the two communities are not very far from one another given today's modes of transportation, at the time, it was as if her family lived in a distant country. She faced loneliness, even though she lived with her husband, his parents and his two unmarried sisters. Her new family placed restrictions on her movements in town and controlled various aspects of her life. Zia Sofia's in-laws adhered to an exaggerated cultural ideal linked to notions of family honour and respectability, through the seclusion of young and newly married women. They attempted to present a positive image of themselves within the community by demonstrating their commitment to protect and financially support female members of the family. As someone who had been working for years and had business dealings with several families in her own hometown, Zia Sofia found these restrictions oppressive and a serious source of distress.

After many long discussions, Zia Sofia succeeded in convincing her husband to leave Sicily to join family members living in southern Ontario, Canada. They immigrated to Canada, with two young children, in the late 1950s. They were part of the large wave of Italian immigrants who travelled to Canada in the hundreds of thousands after World War II (Iacovetta 1993; Migliore 1997; Troper 1993). Their aim, as in the case of many others, was to escape the harsh realities of life in post-war Italy. They wanted to improve their socio-economic standing and thereby provide a better future for their children. At the same time, Zia Sofia hoped to free herself from some of the social and cultural restraints she faced in Sicily. Life in Canada, however, came with its own complications and problems. This was particularly true in the workplace.

It was difficult to find a well-paying job when one did not speak the language of the new place of residence. Zia Sofia and her husband, however, sought and found work almost immediately with the help of other Italian immigrants. Her husband found a job in construction, while she accepted work at a local garment factory where many Italian women, as well as other immigrants, were employed.

They put me to work making men's pants. They called what we did "top stitch". At first, I worked at a daily rate of 49 cents an hour. Then, in time, they put me on "piecework"; what I earned depended on how many pants I made. The most I made in a week was 14 dollars. After, say, a year, I began to earn a little more; but, in those times, with this money we could pay for the rent and food by economizing. [Zia Sofia]

Zia Sofia and her husband, however, did not want to just get by. They wanted their own home.

Well ... things were not going very well. We had all arrived recently from Italy and we all hoped that, in a day, everything would be fixed. No one wanted to stay *a suggietu* [to feel subjected or subordinate] in someone else's house, even if they were relatives. Everyone wanted their own nest. So, we all sought to see who could do a little more, to work very hard, to earn even an extra dollar more each week. [Zia Sofia]

To help achieve her family goals, Zia Sofia was prepared to embrace the hard work and sacrifice necessary for success at the garment factory.

Zia Sofia now attributes some of her current health problems to specific events and circumstances she experienced while employed at the garment factory. The "piecework" itself was strenuous and stressful. She felt sore and drained of energy by the end of each work day. This type of work also raised problems by placing her in competition with co-workers.

Well, I had a lot of trouble, because I didn't have an education in English.² [One woman and I] did the same job; but, she came here [from Italy] as a young girl and had an education. She understood something. So, depending on how the job was done, they would send back some pairs of pants [to be redone]. She would say that it wasn't her work and give me *dispiacieri* [cause me sorrow, pain]. I would have to do 10 to 20 pairs of pants free. I would be killing myself to be able to get a pair of pants with a ticket so I would be paid. She would take the tickets first and laugh in front of the others because I didn't understand. I ended up doing her work.

Something had to be done. The situation had become serious. Zia Sofia developed an ingenious way of distinguishing her work from the work of the co-worker. She created a secret stitch pattern, moving back and forth to create three lines at the top of each label of the garments.

So, one time, around 40 pairs of pants were returned and allowed to accumulate on the machine. Neither she nor I wanted to do them. I was sure that they were not mine. The boss came and said, "You have to finish these 40 pairs of pants before you go home, even if you have to do an extra hour after everyone else has left, or you will lose the money ... You don't understand [how things work here]." [Zia Sofia]

Zia Sofia found herself in a difficult situation. She knew that the garments were not the ones she had worked on, but the foreman insisted that she make the alterations that same day. There was discrimination against people who were not proficient in English and who were considered to be "just off the boat." Even members of one's own ethnic group discriminated against each other, depending on whether they had been born in Canada or when they had arrived in the country. Zia Sofia was upset but also conflicted for other reasons. If she remained late to complete someone else's work, there would be no one at home when her sons arrived from school. At the same time, she was afraid of being fired. The money she brought in each month made a major contribution to the family finances.

I went to see the union ... I wanted to quit, because every week [the foreman] would say, "Either you redo these pants or Friday you have to quit." He pushed me too much ... The union representative told me I didn't have to quit. He took the pants back to the office. [After a while, the union representative and the foreman came back together.] They divided the pants, 20 pairs each, for us to finish or we would both be let go.

Zia Sofia did not expect this solution to solve the problems between her and the co-worker, but she did think that things might settle down a little. She did not expect the situation to deteriorate further. The co-worker, however, was enraged by the new developments. In this highly competitive environment, the tensions simply continued to escalate.

[My co-worker] got angry ... The next day, she sent her husband to see me. He worked for the company, too. He said, "Stupid, because you don't understand [you make work for my wife]. Someday I am going to cut your head off with this knife [showing the knife in his hand]." I started to yell; I was afraid. The other workers all came running, especially the Italians.

The other workers came to Zia Sofia's aid, but they were afraid of getting mixed up in a serious dispute that was likely to escalate beyond the foreman and the union. They did not want to get embroiled in a police investigation.

But I didn't *denunsiari* [to denounce or inform on] anyone. They all understood. I didn't *denunsiari* the man, because I knew that he was a father of a family. He was a desperate man who came from Italy too and he didn't know what he was doing. *Lo compatito* [I sympathized with him, and displayed tolerance]. I stopped the machines for two hours ... but, after that, I started working again. I remained silent about things. In that way, I worked for over 10 years with *nierbi* [nerves]. I didn't want to have to look for another job; it was difficult because of the *lingua* [my language skills]. So, I worked 10 years, 10 years, very, very hard, and very *nirbusa* [nervous]. I worked like that to earn something; we had bought a house, had a mortgage, we had a great need. Then I had a baby, so I quit. [Zia Sofia]

Among Sicilian Canadians, *nierbi* (nerves) constitutes an ambiguous concept that can be used in a variety of ways. The term itself, for example, can refer to anatomic features, such as muscles and tendons, an emotional state or the cause of various physical and psychological symptoms (see Migliore 1994:274). In this case, however, Zia Sofia appears to use the concept as a culturally appropriate idiom of distress. She uses the "nerves" idiom to acknowledge and communicate her experience of suffering, to seek empathy (and possibly assistance) from others and to explain her suffering within the context of escalating tensions at an already stressful work environment. The concept of *nirbusu* places the discussion firmly within the context of emotional and psychological distress. Stressful situations have caused Zia Sofia's physical "nerves" (muscles and tendons) to tighten and disrupt her natural equilibrium. As a result, she begins to experience various physical, emotional and psychological symptoms. *Nirbusu* serves as a gloss for this set of symptoms.

[My co-worker's husband] had *nierbi* that *scattavanu* [that were bursting out]. He couldn't see what he was doing. Because I couldn't say anything, not even tell my husband, the *nierbi* affected my stomach. I felt sick to my stomach. ... While working at the factory, after having all these *dispiaciri* [sorrow, pain], I would feel like either crying or leaving. I don't know how many thoughts went through my head. I didn't know what to do, but I was *costretta* [compelled, constrained] to stay on. There was no work; to earn this job I had made such a *fatica* [enormous effort]. But on more than one day, I had to stay home; I just couldn't manage to go to work. I didn't have the strength and the *corragio* [courage] to go. This passed. But I also worried about my boys. They would go to school by themselves. I would go back and forth from work at noon so I could make them lunch. I found myself too *battuta* [extremely tired].

Sometimes I managed and, at times, because of the *nierbi*, I would feel like leaving everything and going home. But if I did it one day, I could not do it the next day. The need was great. Not just for me; for all of us who came from Italy. There was such a great need to work. It was difficult.

Zia Sofia links her distress directly to strained social relations between co-workers, but this distress was exacerbated further by the fact that she could not discuss what transpired with her husband, family members and friends. From a Sicilian point of view, the best way to deal with cases of *nirbusu* is to *spuvari*—to release emotional tension by talking about one's problems with significant others (see Migliore 1994). Zia Sofia was afraid that any discussion of the "knife incident" would create new problems for her. More specifically, she was afraid that her husband might take direct action against the other man. Zia Sofia wanted to avoid the possibility of drawing her husband into any violent conflict that would lead to serious consequences and problems with the police. Under these circumstances, she decided that it was better to suffer quietly than to risk damage to her family.

At the same time, however, Zia Sofia places the discussion of these personal and social tensions within the broader social and economic contexts of (1) the emigration/immigration process; (2) the lack of education and English language skills; and (3) the work environment she found in Canada—an environment that placed Italian immigrants in a position where they had to take piece-work jobs that forced them to struggle to survive in Canada and to compete with one another to make a living. Although the co-worker's husband caused her a great deal of suffering, he too was a victim of these same social and economic conditions. He too suffered from *nierbi*. Zia Sofia also hints at other complicating factors, such as difficulties with childcare. Both she and her husband had to work, but they could not afford to pay for someone to help take care of their boys. They could not count on the type of family support that would have been possible in Sicily. Although they had family members in Canada, they too were struggling to work and save money to improve their socio-economic standing.

According to Zia Sofia, these life circumstances and experiences combined to generate negative health consequences for her.

The *nierbi* caused me a major sickness. The initial stomach problems led to a *castrita*, a small wound in my stomach. I didn't understand what was happening; *nun mi curava tantu* [I wasn't treating myself

very carefully]. I didn't even have time to go to see the doctor ... When I finally did see the doctor, he put me on *pinuli di nierbi* [pills for my nerves] to keep me calm. But nothing could help. Two years later ... I experienced a sudden '*morregia* [hemorrhage]. I passed blood from my mouth and from down below. [The doctors] diagnosed it as an *ulcera* [ulcer]. They didn't operate on me but they treated me at the hospital. I believe all this came about because of all those years I worked with *nierbi* and forcing myself to work hard.

The initial medical treatment, the "nerve pills," helped relieve some of Zia Sofia's symptoms. The medication helped her feel calmer and facilitated her ability to continue to work under stressful conditions at the garment factory. Although, at the time, from Zia Sofia's point of view, this was beneficial and desirable given her economic situation, the prescription of tranquilizers can be interpreted as a form of *medicalization*. According to Peter Conrad (2007: 3), medicalization occurs when life problems are defined as medical problems and then treated from this point of view (see also Davis 1997; Scheper-Hughes and Lock 1986). The situation in Zia Sofia's case is complex. The physician, for example, was attempting to address Zia Sofia's presenting complaint. He or she likely did not know about Zia Sofia's work-related stresses, and Zia Sofia herself was reluctant to discuss these stresses with anyone. In addition, Zia Sofia was certainly willing to take the "nerve pills" so she could continue with her work. At the same time, however, the prescription of tranquilizers served as a form of medicalization by focusing solely on the immediate symptoms of her distress. The treatment failed to address the social origins of these symptoms; it did not address or acknowledge the social and economic stresses Zia Sofia faced at her workplace. In fact, the treatment helped deflect attention "away from the social arrangements and political forces that contribute to the incidence of distress and disease" (Lock 2001:481). In the long run, the treatment strategy failed to solve her work and health problems.

Ten years later Zia Sofia experienced new problems. "I recovered a little, I could eat, but I always suffered from *nierbi*. Then the '*morregia* [hemorrhaging] came back even worse. For 15 days I was in intensive care. They kept giving me blood but the bleeding would not stop. They had to operate." Zia Sofia lost more than half of her stomach and part of her duodenal tube. Some 40 years later, she still talks about problems digesting food and getting the nutrients she needs from the food she eats. She now suffers from osteoporosis. On

occasion, she also experiences “tightness in my chest, pain through my abdominal area and my legs *m’ammollanu* [weaken and give way] . . . I don’t know if it comes from *nierbi* or some other sickness but I suffer.” With age, Zia Sofia has experienced several health problems that continue to plague her as chronic ailments. She attributes these ailments, directly or indirectly, to her long-standing experiences with *nierbi* and *nirbusu*. She, in turn, attributes the origins of these experiences to the tense work environment at the garment factory, being silenced for all those years, as well as the various forms of distress and suffering she endured at other points in her life.

Conclusion

Today, Zia Sofia is a widow living alone in a house that her children argue is too big for her. She sees her children and their children on most weekends, but with the osteoporosis it is difficult to get out for visits with other family and friends. Many of her good friends have passed away or live under similar circumstances. She needs assistance with the purchase of groceries and the maintenance of her home. Her life seems to fit neatly into a stereotypical narrative of an elderly Sicilian Canadian woman who suffers from both acute and chronic ailments and experiences various forms of significant “loss” with age. This line of thinking, however, is called into question when we pay close attention to the detail and intricacies of her illness and life narratives.

Although Italians chose to immigrate to Canada as a means of improving their situation and providing better opportunities for their children, the emigration/immigration process, including the adaptations people made in their new social and cultural environment, often continues to loom large in their individual and collective memories. People, in fact, sometimes link their current health problems to the dislocations and disruptions they experienced many years earlier (Migliore 2001; see also Dossa 2004). This is consistent with Finkler’s (2000:437) notion of *life’s lesions*—the idea that health problems must be understood within “the context of a person’s life, especially inimical social interactions, moral dilemmas and unresolved contradictions that must be confronted in daily life.” This is precisely what Zia Sofia suggests in her narrative. Her experiences at various points in life have affected her health negatively in later life.

Zia Sofia, however, not only addresses her current pain and suffering in terms of past experiences but also firmly presents this discussion within the broader context of various social, cultural and economic factors she has struggled with over the years. More specifically: (1)

the social and economic problems in Sicily that influenced her decision to enter the workforce at a young age, rather than pursue an education; (2) the marked gender-based constraints she faced in her husband’s hometown; (3) the difficulties of making ends meet in Canada, combined with a work environment that promoted tense social relations between co-workers and discrimination toward new immigrants (particularly immigrant women); and (4) the medicalization of social problems to be able to continue to work under adverse conditions.

In other words, Zia Sofia’s narrative draws attention to the various phenomena that help explain and contextualize her experiences of pain and suffering, and thereby serves as a counter-narrative to the notion that “loss” simply comes with age. Zia Sofia has led a life of what social scientists might call *social suffering*—not the type of suffering that occurs as a consequence of overtly political acts, but rather the less visible suffering engendered by a lack of institutional accommodation, discrimination and exclusion based on gender, class, ethnicity and their intersections. This, however, does not make Zia Sofia a victim of life circumstances. She made her own choices, but these choices were sometimes made in difficult situations and within the constraints of the social, cultural and economic circumstances she encountered.

Sicilian Canadians sometimes refer to *old age* (*la vecchiaia*) disparagingly as a *carogna* (swine or slut). On several occasions we have heard Zia Sofia react to this type of statement with this refrain: “*la vecchiaia* may be a *carogna*, but it is a *vergogna* [shame] to not reach it” (see also Migliore and Dorazio-Migliore 2010:67–68). Zia Sofia is a survivor—a survivor who owns and resides in her own home and has successful children and grandchildren. Their success in Canada is also her success. From Zia Sofia’s point of view, her hard work and sacrifice has helped her family achieve some of the goals she and her husband set out to achieve by immigrating to Canada.

Failure to recognize the importance of these types of counter-narratives is to simplify and ignore the complexities surrounding people’s later life experiences and the meanings they attach to these experiences. Zia Sofia’s narrative is not just a personal story; it is part of the collective Sicilian and Italian Canadian immigrant experience, an experience that has many analogies to circumstances that other immigrants have encountered. We argue that any attempt to conflate the effects of these and many other social and cultural phenomena under the umbrella of “loss” has the potential of serving

as a form of *symbolic violence*—a means of imposing a particular way “of comprehending and adapting to the social world by representing economic and political power in disguised, taken-for-granted forms” that are not consistent with people’s conceptions and experiences of everyday life (Swartz 1997:89; see also Bourdieu 1991). From our point of view, Zia Sofia’s story is a counter-narrative that attempts to resist taken-for-granted assumptions surrounding notions of “aging” and “loss,” as well as any negative implications these assumptions may have for one’s life.

Sam Migliore and Margaret Dorazio-Migliore, Department of Anthropology, Kwantlen Polytechnic University, 12666 – 72nd Avenue, Surrey, B.C., V3W 2M8, Canada. E-mail: Sam.migliore@kpu.ca.

Notes

- 1 The term *Zia* literally translates as “Aunt.” Among Sicilians, it is common practice to refer to one’s seniors as aunt or uncle as a sign of respect. *Sofia* is a pseudonym.
- 2 *Zia Sofia* lived in a Sicilian Canadian neighborhood near a convent where the sisters provided free English language education for immigrants. Although some people took advantage of this service, she and many other immigrant women did not because they felt simply too busy with work and taking care of their families.

References

- Becker, Gay
1997 *Disrupted Lives: How People Create Meaning in a Chaotic World*. Berkeley: University of California Press.
- Bourdieu, Pierre
1991 *Language and Symbolic Power*. G. Raymond and M. Adamson, trans. Cambridge, MA: Harvard University Press.
- Capps, Donald
2012 The Aging Process as Forward Movement and the Case for Detours and Backward Steps. *Journal of Religion and Health* 51(2):479–497. <http://dx.doi.org/10.1007/s10943-011-9534-0>.
- Chu, Xuan
2011 Survey and Research on Physical Health Condition of Senior Citizens in Qingdao under the Social Background of Aging. *Asian Social Science* 7(10):161–165. <http://dx.doi.org/10.5539/ass.v7n10p161>.
- Conrad, Peter
2007 *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore: Johns Hopkins University Press.
- Davis, Dona L.
1997 Blood and Nerves Revisited: Menopause and the Privatization of the Body in a Newfoundland Postindustrial Fishery. *Medical Anthropology Quarterly, New Series* 11(1):3–20.
- Dossa, Parin
2004 *Politics and Poetics of Migration: Narratives of Iranian Women from the Diaspora*. Toronto: Canadian Scholars Press.
- Dressler, William W.
2010 Social Inequality and Health: A Commentary. *Medical Anthropology Quarterly, New Series* 24(4):549–554.
- Finkler, Kaja
2000 A Theory of Life’s Lesions: A Contribution to Solving the Mystery of Why Women Get Sick More Than Men. *Health Care for Women International* 21(5):433–455. <http://dx.doi.org/10.1080/07399330050082254>.
- Fuller-Iglesias, Heather, Jacqui Smith and Toni C. Antonucci
2009 Theories of Aging from a Life-Course and Life-Span Perspective. *Annual Review of Gerontology & Geriatrics* 29(1):3–25. <http://dx.doi.org/10.1891/0198-8794.29.3>.
- Garatachea, Nuria and Alejandro Lucia
2013 Genes, Physical Fitness and Ageing. *Ageing Research Reviews* 12(1):90–102. <http://dx.doi.org/10.1016/j.arr.2012.09.003>.
- Graham, Janice E. and Peter H. Stephenson, eds.
2010 *Contesting Aging and Loss*. Toronto: University of Toronto Press.
- Hadler, Nortin M.
2011 *Rethinking Aging: Growing Old and Living Well in an Overtreated Society*. Chapel Hill: University of North Carolina Press.
- Iacovetta, Franca
1993 *Such Hardworking People: Italian Immigrants in Postwar Toronto*. Montreal: McGill-Queen’s University Press.
- Inouye, Sharon K., Stephanie Studenski, Mary E. Tinetti and George A. Kuchel
2007 Geriatric Syndromes: Clinical, Research, and Policy Implications of a Core Geriatric Concept. *Journal of the American Geriatrics Society* 55(5):780–791. <http://dx.doi.org/10.1111/j.1532-5415.2007.01156.x>.
- Kleinman, Arthur, Veena Das and Margaret Lock
1996 Introduction. *Daedalus* 125(1):xi–xx.
- Leon, Arthur S.
2012 Interaction of Aging and Exercise on the Cardiovascular System of Healthy Adults. *American Journal of Lifestyle Medicine* 6(5):368–375. <http://dx.doi.org/10.1177/1559827611434293>.
- Lock, Margaret
2001 The Tempering of Medical Anthropology: Troubling Natural Categories. *Medical Anthropology Quarterly, New Series* 15(4):478–492.
- Martin-Matthews, Anne
2011 Revisiting Widowhood in Later Life: Changes in Patterns and Profiles, *Advances in Research and Understanding*. *Canadian Journal on Aging* 30(3):339–354. <http://dx.doi.org/10.1017/S0714980811000201>.
- Mayer, Karl Ulrich
2009 New Directions in Life Course Research. *Annual Review of Sociology* 35(1):413–433. <http://dx.doi.org/10.1146/annurev.soc.34.040507.134619>.

- Migliore, Sam
 1994 Gender, Emotion and Physical Distress: The Sicilian-Canadian "Nerves" Complex. *Culture, Medicine and Psychiatry* 18(3):271–297. <http://dx.doi.org/10.1007/BF01379228>.
- 1997 *Mal'uocchiu: Ambiguity, Evil Eye and the Language of Distress*. Toronto: University of Toronto Press.
- 2001 From Illness Narratives to Social Commentary: A Pirandellian Approach to "Nerves." *Medical Anthropology Quarterly, New Series* 15(1):100–125.
- Migliore, Sam and Margaret Dorazio-Migliore
 2010 *La Buona Vecchiaia: Aging and Well-Being among Italian Canadians*. In *Contesting Aging and Loss*. J. E. Graham and P. H. Stephenson, eds. Pp. 63–84. Toronto: University of Toronto Press.
- Miller, Bonnie
 2011 Narrative Gerontology: A Post-Modern Reading of the Latter Stage of Life: A Conversation with William Randall. *Journal of Systemic Therapies* 30(4):64–75. <http://dx.doi.org/10.1521/jsyt.2011.30.4.64>.
- Morris, John, James Mueller and Michael Jones
 2010 Tomorrow's Elders with Disabilities: What the Wireless Industry Needs to Know. *Journal of Engineering Design* 21(2–3):131–146. <http://dx.doi.org/10.1080/09544820903303431>.
- Nguyen, Vinh-Kim and Karine Peschard
 2003 Anthropology, Inequality and Disease: A Review. *Annual Review of Anthropology* 32(1):447–474. <http://dx.doi.org/10.1146/annurev.anthro.32.061002.093412>.
- Nichter, Mark
 1981 Idioms of Distress: Alternatives in the Expression of Psycho-Social Distress: A Case Study from South India. *Culture, Medicine and Psychiatry* 5(4):379–408. <http://dx.doi.org/10.1007/BF00054782>.
- Parsons, Claire D. F.
 1984 Idioms of Distress: Kinship and Sickness among the People of the Kingdom of Tonga. *Culture, Medicine and Psychiatry* 8(1):71–93. <http://dx.doi.org/10.1007/BF00053102>.
- Phoenix, Cassandra and Brett Smith
 2011 Telling a (Good?) Counterstory of Aging: Natural Bodybuilding Meets the Narrative of Decline. *Journals of Gerontology, Series B, Psychological Sciences and Social Sciences* 66B(5):628–639. <http://dx.doi.org/10.1093/geronb/gbr077>.
- Pruyser, P. W.
 1975 Aging: Downward, Upward or Forward? *Pastoral Psychology* 24(2):102–118. <http://dx.doi.org/10.1007/BF02211540>.
- Randall, William L.
 2009 The Anthropology of Dementia: A Narrative Perspective. *International Journal of Geriatric Psychiatry* 24(3):322–324. <http://dx.doi.org/10.1002/gps.2179>.
- 2013 Aging, Irony and Wisdom: On the Narrative Psychology of Later Life. *Theory & Psychology* 23(2):164–183. <http://dx.doi.org/10.1177/0959354312470754>.
- Russell, Cherry
 2010 Drunks, Bums and Deadbeats? A Biographical Perspective on Gender, Aging and the Inequalities of Men. In *Contesting Aging and Loss*. J. E. Graham and P. H. Stephenson, eds. Pp. 87–102. Toronto: University of Toronto Press.
- Scheper-Hughes, Nancy and Margaret M. Lock
 1986 Speaking "Truth" to Illness: Metaphors, Reification, and a Pedagogy for Patients. *Medical Anthropology Quarterly* 17(5):137–140. <http://dx.doi.org/10.1111/j.1937-6219.1986.tb01061.x>.
- Schneider, Jane and Peter Schneider
 1976 *Culture and Political Economy in Western Sicily*. New York: Academic Press.
- Schrack, Jennifer A., Eleanor M Simonsick and Luigi Ferrucci
 2010 The Energetic Pathway to Mobility Loss: An Emerging New Framework for Longitudinal Studies on Aging. *Journal of the American Geriatrics Society* 58:S329–S336.
- Singer, Merrill
 2006 *The Face of Social Suffering: The Life History of a Street Drug Addict*. Long Grove, IL: Waveland Press.
- Swartz, David L.
 1997 *Culture and Power: The Sociology of Pierre Bourdieu*. Chicago: University of Chicago Press.
- Troper, Harold
 1993 Canada's Immigration Policy Since 1945. *International Journal (Toronto, Ont.)* 48(2):255–281. <http://dx.doi.org/10.2307/40202881>.
- Wentzell, Emily
 2013 Aging Respectably by Rejecting Medicalization: Mexican Men's Reasons for Not Using Erectile Dysfunction Drugs. *Medical Anthropology Quarterly, New Series* 27(1):3–22.
- Wright, Vonda J. and Brett C. Perricelli
 2008 Age-Related Rates of Decline in Performance among Elite Senior Athletes. *American Journal of Sports Medicine* 36(3):443–450. <http://dx.doi.org/10.1177/0363546507309673>.