The global population is currently experiencing a rapid aging transition. The world’s population is expected to undergo continuous aging this century, largely due to increased life expectancies and decreased population growth in many countries. This global increase in older individuals has several health implications, including a concomitant increase in age-related medical conditions and a depleted workforce in many countries. This trend and the challenges each nation faces as the number of aging citizens grows has received increasing attention from the media, international organizations, policy makers, healthcare officials, and researchers. However, patterns in national aging vary by level of economic development, historical background, and social norms. Global Aging, written by gerontological researchers Suzanne Kunkel, Scott Brown, and Frank J. Whittington, explores these complex issues in an engaging and accessible manner that will appeal to a broad range of readers.

Global Aging offers an excellent comparative examination of the similarities and variations in the aging experience across populations; the topics covered in this book are relevant to all social scientists interested in cross-cultural aging patterns. The material discussed is organized thematically, with specific examples from around the world incorporated throughout the text. This comparative approach is further enhanced by in-depth case studies presented in the form of short topical essays at the end of each chapter. These essays expand upon the distinctive policies, programs, and experiences of aging unique to each population. In addition to these essays, this book also includes contributions from several researchers examining aging patterns in different settings, thus incorporating various distinctive methodological approaches and perspectives on the aging world into the narrative.

The book is organized into ten chapters. The first introduces key terms and highlights the book’s focus, which is the “far-reaching social, cultural, and economic impacts within countries, across regions, and around the world” resulting from rapid increases in global aging (p. 1). Chapter 2 examines how global aging is studied and details common study designs, as well as highlighting the challenges associated with this type of research. Chapter 3 defines the welfare state and examines how this complex concept relates to current global aging patterns. Demographic aging trends are discussed in Chapter 4; this chapter also addresses various measures of population aging and important considerations during the interpretation of demographic data. Chapter 5 presents different ways of conceptualizing disability and reviews how these measures have varied historically and cross-culturally. Healthcare systems and other long-term support systems are considered in Chapters 6 and 7, respectively. These chapters explore both current approaches to caring for older adults in various countries, as well as explaining how global increases in the number of older adults may challenge these traditional systems. Various definitions of retirement are outlined in Chapter 8, which focuses on how work and retirement patterns vary between populations and are changing in many countries due to increased life expectancy and decreased fertility rates. Chapter 9 revisits how older adults are cared for within the context of families, hired caregivers, and the community. This chapter presents both cross-cultural similarities and differences in various forms of community-based care. Finally, Chapter 10 synthesizes the previous chapters through a discussion with three experts on global aging; this summary is given in the form of 13 important themes that have emerged throughout the book.

Importantly, the final chapter of Global Aging concludes by highlighting the significance of global research and offering suggestions for how to become a “global leader;” it is this discussion that reaffirms how anthropologists in particular are able to uniquely contribute to the study of global aging. Given the theoretical and methodological training unique to the field, anthropologists are perfectly poised to become the global leaders defined in these concluding paragraphs. Global leadership, as outlined in the book, requires three qualities that are also evident in anthropological practices. For instance, anthropologists are trained to have a “global mindset,” defined as the ability to think outside one’s own narrow perspective of the world and avoid ethnocentrism. Second, the concept of “global entrepreneurship,” or the ability to see connections and bring about change that is not limited to making money, is compatible with applied anthropological approaches. Finally, anthropology as a discipline is rooted in “global citizenship,” defined as the understanding that all people are connected and changes in one population are likely to influence another. Taken together, these qualities and the concept of global leadership are presented as a strategy for improving global research, including international studies of aging. Anthropology as a field is uniquely positioned to answer this call for enhanced global thinking and contribute to the growing literature on global aging patterns.

Although this text fits well with anthropological perspectives, certain topics critical to the field of aging are largely ignored. For example, while age-associated physical disabilities are explored in great detail, there is little to no analysis of the effects of cognitive impairment and dementia on society. The chapters detailing the caregiving and medical systems available to older adults would benefit from a more in-depth examination of the prevalence of dementia, the current systems in place to meet the needs of these individuals, and the economic implications of this growing healthcare issue. Furthermore, little historical context is provided for how different government-based welfare and care systems emerged in particular countries,
and there is no consideration of the cultural factors that determine the success of these various programs in distinctive populations. Finally, little attention is given to the current goals of aging research and how this field is expected to change in the future (e.g., there is no discussion of the most pressing concerns in the field of global aging that require further investigation).

Despite these shortcomings, *Global Aging* provides a comprehensive introduction to several key concepts related to the burgeoning field of aging research. This book both introduces broad international patterns and explores complex cross-sectional patterns and diversity through detailed case studies. Each section is well laid out, with several informative figures and pictures, as well as clear definitions for all discipline-specific terms. Moreover, every chapter ends with a summary, several sample discussion questions, and a list of key words and concepts, making this book an excellent required text for courses addressing current demographic trends and aging patterns. The themes introduced in this book could easily be supplemented with more detailed articles from the primary literature or group projects exploring these themes more thoroughly. This text could therefore serve as a well-organized primer on the current issues related to the study of our aging world.

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DOI: 10.1002/ahb.22960
Published online 6 May 2016 in Wiley Online Library
(wileyonlinelibrary.com).


Scholars in evolutionary medicine vary tremendously in the relative emphasis they place on “why” and “how” questions in their efforts to understand disease. Evolutionary biology often eschews study of mechanisms (“how?”) to instead focus on “why?”—i.e., why did a trait evolve, especially if it contributes to disease. In contrast, biomedicine often reveals in the mechanisms, elucidating how molecules, cells, tissues, and organ systems produce disease.

Publications in evolutionary medicine similarly vary. Some put evolution first: edited volumes and books by Trevathan and colleagues (1999), Stearns and Koella (2008), Neese and Williams (1996), and Gluckman and colleagues, (2009) begin with chapters devoted to evolutionary theory. They then proceed to describe insights into disease processes and outcomes—possibly a dizzying array of outcomes gained from an evolutionary perspective.

The *Origin of Chronic Inflammatory Systemic Diseases and their Sequelae* introduces evolutionary theory in Chapter 4, after presenting a (rather dizzying) overview of the mechanisms underlying “chronic inflammatory systemic diseases”—autoimmune disorders such as rheumatoid arthritis, multiple sclerosis, systemic lupus erythematosus, and many others. Author Rainer Straub sees autoimmunity as secondary to chronic inflammation in explaining these diseases, which share “systemic sequelae [which] result from the prolonged use of adaptive programs positively selected for short-lived inflammatory episodes” (p. 174).

Straub’s discussion of evolutionary theory (Chapter 4) is as brief and incomplete as his discussion of disease mechanisms is extensive. He uses language invoking group selection, which would be controversial were it not merely a misuse of terminology for evolutionary trade-offs: “Such a gene had an important role for the survival of the species in early ages, but the question appears whether it was always positive for the individual” (p. 165).

Straub also invokes humanity’s long history of “coevolution” with infectious disease—by which he seems to mean evolution in the presence of infectious disease: “Under conditions of sickness behavior and anorexia without uptake of energy-rich substrates but an increased sickness-related metabolic rate, the total amount of stored energy would only last for 19–43 days in females and 28–41 days in males” (p. 140). According to Straub, “this necessitates that, for example, an adaptive immune response...must fit into this prespecified time frame of 19–43 days. Indeed the full picture of this immune response beautifully fits into this time frame. This outstanding example demonstrates that an ill individual (the host of the microbe) and the microbe (the invader) experienced long-standing coevolution” (p. 143).

Such imprecise use of terms like “survival of the species” and “coevolution”—while they should not be inflicted on students—can be forgiven, as they merely obscure sound reasoning. Other examples are less forgivable. Most problematic, Straub argues that an estimated life expectancy at birth of 25 years “in the Stone Age” indicates that, throughout most of human evolutionary history virtually no one survived to ages advanced enough to experience chronic inflammatory systemic diseases. First, this is not an appropriate demographic interpretation of life expectancy at birth (longevity, for those who survived childhood, was probably much higher than life expectancy at birth, due to high infant mortality; see Gurven and Kaplan, 2007). Second, chronic inflammatory systemic diseases often affect children and young adults; onset of “juvenile” conditions such as type 1 diabetes and juvenile rheumatoid arthritis occurs before adulthood, and typical onset of other autoimmune conditions occurs during reproductive years (Walsh and Rau, 2000). It is entirely possible that humans have always been vulnerable to, and indeed experienced, these diseases.

This book largely fails as an exemplar of evolutionary medicine. It evinces poor understanding of evolution and gives a rather muddled presentation of an established hypothesis characterizing inflammation as an example of antagonistic pleiotropy—beneficial in the short term, as a response to infection, damaging in the longer term, as a manifestation of chronic disease (Finch and Crimmins, 2004; van den Biggelaar et al., 2004). And yet, this book also presents an intriguing, well-developed model of a stress response employing overlapping and interacting mechanisms of the immune, endocrine, and nervous systems, which centers on a novel conception of insulin resistance. Straub describes two categories of insulin resistance, one associated with “acute mental