Geriatric medicine and cultural gerontology

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Abstract

T.S. Eliot once proposed that there were two sorts of problems in life. One prompted the question, ‘What are we going to do about it?’ and the other provoked the questions, ‘What does it mean? How does one relate to it?’ Geriatric medicine, an eminently practical specialty, has concentrated with good effect on the former but with notable exceptions has yet to devote significant time to the latter. Into this breach has developed an innovative and exciting movement in gerontology to provide a deeper and more comprehensive insight into the meaning of ageing. Largely encompassed by the terms of cultural, humanistic and narrative gerontology, their intent and methodologies in many ways mirror the relationship between the medical humanities, narrative medicine and medicine.

Keywords: ageing, geriatrics, humanities, culture, narrative, older people

T.S. Eliot once proposed that there were two sorts of problems in life. One prompted the question, ‘What are we going to do about it?’ and the other provoked the questions, ‘What does it mean? How does one relate to it?’ Geriatric medicine, an eminently practical specialty, has concentrated with good effect on the former but with notable exceptions has yet to devote significant time to the latter.

The meaning of ageing is a central but unarticulated aspect of our daily practice. Our good fortune to engage with people at the most complex and enriched stage of life is reflected in the high levels of professional and personal satisfaction reported by geriatricians [1] but not in the discourse of geriatric medicine which remains largely one of decline and failure [2], rarely reflecting the marvels of population ageing or of the individual and societal gains of ageing into later life [3]. Equally, while the challenge of ageism is widely recognised, the factors underlying personal and societal ambivalence to ageing remain poorly understood.

Without a broader context, we may lose sight of the core values of those we serve and the benefits of ageing, diminish our possibilities for academic and professional enrichment, and negatively impact on our ability to influence and attract others to the field. This was neatly illustrated by a recent paper bemoaning the lack of enthusiasm of trainees in the USA for geropsychiatry in which the authors described mental health problems of later life as ‘the underside of the Silver Tsunami’ [4]. Given that there are no appreciable upsides to a tsunami, it is no wonder that the best and brightest are not attracted to work with a demographic trend characterised in such negative terms by its presumptive champions.

A focus on technique and methodology at the expense of a wider perspective on ageing is not unique to geriatric medicine: other branches of gerontology, and in particular social gerontology, have also been frustrated at the reduction of the study of later life to paradigms of social welfare and public policy which are also dominated by frailty and burden [5].

Into this breach has developed an innovative and exciting movement in gerontology to provide a deeper and more comprehensive insight into the meaning of ageing. Largely encompassed by the terms of cultural [6], humanistic [7] and narrative gerontology [8], their intent and methodologies in many ways mirror the relationship between the medical humanities, narrative medicine and medicine.

While ‘culture’ as a term is open to broad and conflicting usage, cultural gerontology (the most commonly used term for this movement in European gerontology) can be described as a tendency, or a field, with a central focus on meaning, a desire to transcend old paradigms, and to bring a fuller, richer account of later years than heretofore presented in gerontology and geriatric medicine. An increasing focus of the humanities in recent decades has been critical to the development of the field, including literature, film [9], music.
Pioneering research by Gene Cohen into creativity and dementia [19], philosophy [11], fashion [12] and history [13]: there have been many professional societies, as presently exist in the American Geriatrics Society and the Gerontological Society of America. Broader platforms are provided for cultural gerontology by the European Network of Ageing Studies (www.agingstudies.eu), whose conference takes place in Graz, Austria, in 2017, and the North American Network of Aging Studies (www.agingstudies.org), with a conference in Oxford, Ohio, later this year.

Geriatric medicine has always been a creative and innovative specialty, with a strong humanistic attitude, an interest in the narratives of our older patients and their families, and a keen sense of the interplay between society, ageing and the healthcare professions. Cultural gerontology represents an opportunity for the discipline to develop an enhanced articulacy and deeper understanding about these aspects of our philosophy and practice, and to develop and share these insights with other researchers in the field, mindful of TS Eliot’s verse that: “Each venture is a new beginning, a raid on the inarticulate”.

Key points
• Geriatric medicine has focused on the pragmatics rather than on the meaning of ageing.
• Cultural gerontology provides a framework for better understanding of the meaning and individual experience of ageing.
• There are cogent professional and academic reasons for geriatricians to engage with cultural gerontology.

References

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