Remembering Our Roots: A Recipe for the Future

Science moves forward as scholars build on the work of those who preceded them. Students are taught that familiarity with the literature allows an investigator to avoid needless repetition of work that has been done before and to contribute something new. Citations to earlier work provide support for the validity of arguments and avenues for interested readers to pursue.

Against this fundamental principle of science lies the daunting reality of most publications, included, whose rigid word counts must be adhered to, and whose concerns about impact factors favor citation of recent publications over those of older and even classic works. A common, highly undesired result is that we as a discipline forget our past. We forget our forefathers and foremothers, and the fundamental ideas that shaped our discipline are relegated to the back burner.

With this issue of The Gerontologist, we encouraged scholars to reach back and reconsider where we came from, how our science developed, and how the ideas and seminal contributions of our academic ancestors influence how we think about aging today. We asked that authors identify and point readers to groundbreaking contributions that must be remembered and understood by seasoned researchers as well as emerging scholars. We suggested that manuscripts focus on individuals whose work launched our discipline or steered it in a critical direction, on the constructs and theories that form the fundamentals of gerontology, and on the broad range of methods by which scientific knowledge was generated.

This issue contains the fruit of the scholars who answered our call. As a collection, the articles examine the lives of some of the people and the foundations of some of the institutions that formed the roots of our discipline. The authors highlight the history of a diversity of concepts and themes and they remind us that gerontology is a science rooted in the goal of making life better for older people.

But they have gone even farther than I had imagined. Together, these articles provide the ingredients and recipe for guiding the future of gerontology.

Assemble

Idea Brokers With Unbridled Imagination

The contributions of idea brokers and visionary leaders such as Robert Butler (Achenbaum, 2013), Sidney Katz (Noelker & Browdie, 2013), and Marjory Warren (St. John & Hogan, 2013) are clearly extraordinary and their evolution and development characterized by diversity. Some of our pioneers began their careers compelled by the goal of making life better for older people. This was the case for Robert Butler (Achenbaum, 2013), Gene Cohen (Agronin, 2013), and Marjory Warren (St. John & Hogan, 2013). Others, such as Sidney Katz (Noelker & Browdie, 2013) and Erik Erikson (Agronin, 2013; Kivnick & Wells, 2013), followed more circuitous routes to this ultimate goal. In medical school, Katz was interested in virology and during the Korean War, he ran a MASH unit where he developed a protocol for diagnosing and treating hemorrhagic fever. Then, as a newcomer to Western Reserve University, Katz was tapped to lead a research study on the effects of adding vitamins to older adults’ diets. Although hesitant, he accepted the position and later developed a passion for improving the lives of older people. As described by Kivnick and Wells (2013), Erikson, a child psychoanalyst best known for his writings on the human life cycle and theory of the
eight stages of man, made his major contribution to gerontology with his last authored book, *Vital Involvement in Old Age*.

The road to success was not always smooth, as some of our pioneers faced what must have seemed like insurmountable struggles. In 1923, Marjory Warren failed both the University of London MBBS and Primary Fellowship in the Royal College of Surgeons examinations. She was not universally well regarded by her colleagues, many of whom saw little value in what she, who was to become the first geriatrician in the United Kingdom, hoped to accomplish. Being a woman from a nonteaching hospital with no advanced medical degrees did not help her cause (St. John & Hogan, 2013). Gene Cohen (Agronin, 2013) was admonished by supervisors for pursuing a career in aging. Similarly, it was to the dismay of his medical school professors that Robert Butler, a newly minted psychiatrist in 1953, decided to work mainly with older adults, a group whom most health care workers willfully ignored. When poor sales and lukewarm reviews greeted his 2008 book *The Longevity Revolution*, Butler challenged himself and others to revamp science and reorient policies. When changes in leadership at Mount Sinai, where Butler was chief of geriatrics, led other department chairs to undercut his position by claiming beds earmarked for older patients, Butler created a new institute centered on global aging. Our leaders persevered. They reinvented themselves in order to help older people, and the field of gerontology benefitted because they did.

*Stimulating Interdisciplinary Environments*

Gerontology, the scientific study of old age, was defined as an interdisciplinary venture by Nobel laureate Elie Metchnikoff in 1903 (Martin & Gillen, 2013). Metchnikoff contended that aging processes extend beyond the boundaries of traditional disciplines. As such, it is not surprising that many of our gerontological leaders were part of something bigger than themselves. The Duke University Center for the Study of Aging and Human Development, established in 1955, is the oldest continually operating center dedicated to aging in the United States (George, Palmore, & Cohen, 2013). Under the leadership of Ewald W. Busse, an interdisciplinary group of scientists with backgrounds in medicine, biochemistry, economics, sociology, and psychology anticipated the looming dramatic population age shift and sought to make a difference. Their contributions to aging research, services, and training are remarkable. A somewhat different model, the Benjamin Rose Hospital, was established through a partnership between the Benjamin Rose Institute and University Hospitals of Cleveland (Noelker & Browdie, 2013), but it too had an interdisciplinary focus. Developed in the 1950s as a prototypical rehabilitation hospital for long-term care of older adults, scientists and practitioners at the Benjamin Rose Hospital developed thorough patient assessments and documented patient progress. They used this data to improve clinical decision making. This model formed the basis for dozens of interdisciplinary research centers that provide the context for educating and training ongoing generations of scholars and practitioners.

*Creative Experiments Grounded in Theory*

In the 1970s, Ellen Langer and Judith Rodin, building on theories about control, hypothesized that nursing home residents who were given agency over their own lives would fare better than those not given such control (Mallers, Claver, & Lares, 2013). These innovative experiments guide today’s philosophy about how to serve and care for older adults in ways that are passionate, humanistic, and empowering.

The hallmark of a good theory is its ability to guide practice. Perry, Andersen, and Kaplan (2013) demonstrate how Lawton and Nahemow’s ecological theory of competence and environmental press, Wiseman’s behavioral model of relocation decision making, and Litwak and Longino’s developmental perspective on senior migrations contributed to our understanding about senior transitions in living environments and continue to guide research and practice, decades later. Similarly, Kivnick and Wells (2013) show how Erikson’s principles of the Dynamic Balance of Opposites, Vital Involvement, and Life in Time have enriched gerontological practice and research.

The firm conceptual underpinnings of the convoy model made it the dominant paradigm among studies of social relationships (Antonucci, Ajrouch, & Birditt, 2013). Although early social relations research lacked conceptual grounding and methodological rigor, the convoy model unified and consolidated empirical evidence and directed applied research. As a conceptual framework, it provided the means for identifying multiple dimensions of social relations, defining how these dimensions
inform one another and are influenced by personal and situational characteristics, and how they influence health and well-being. More than three decades after the convoy model was introduced, it continues to develop and make novel contributions to our understanding of the aging process. The unique insights this model has made to practice and policy initiatives will continue to grow as Antonucci and her colleagues turn their attention to using the convoy model to study contagion, gene–environment interplay, and the brain.

Fold This Mix Into the Fundamental Principles of What We Know About Aging
Decline Must Be Acknowledged and Growth Must Be Nurtured

Whether we date the inception of gerontology to Cicero (Agronin, 2013) or to Metchnikoff (Martin & Gillen, 2013), the issue of inevitable decline with age has been debated fervently. Today, we understand that there is significant heterogeneity in how people age. Yet, most of our physical abilities and some of our cognitive abilities wane over time. There is good evidence, however, that our emotional lives, our spirituality, our creativity, and our wisdom can be maintained and can grow even in very old age and that, when these aspects are healthy, they can extend our physical health.

What began as a science based on inevitable decline was gradually replaced during the latter part of the 20th century by theory and empirical evidence demonstrating plasticity and diversity. Scientists began studying successful aging, productive aging, and civic engagement in later life (Johnston & Mutchler, 2013; Martin & Gillen, 2013). These literatures recognize that later life can be a time of well-being and spurred the development of interventions designed to maximize human potential in later life. Emphasizing a positive view of aging has fostered reexamination of the contributions older people make to their families and to society.

Culture Matters

For many years, our understanding about the aging process focused on the experiences of White Americans. During the 1960s, when scientists were beginning to question the dominant view of aging as a universal process of biological and psychological decline, anthropologist Margaret Clark (Perkinson & Solimeo, 2013) published Culture and Aging. Clark’s work challenged gerontologists to bring culture to the foreground, as she reframed aging as an ongoing, interactive, and socially embedded process informed by and requiring adaptation to specific sociocultural contexts. At this same time, one of the first Black members of the Gerontological Society, E. Percil Stanford, urged Black scholars to “understand their own” (Brown et al., 2013). The founding of the National Caucus on the Black Aged (NCBA) and the National Center on Black Aging set the stage for countless scholars to examine the aging experiences of Black Americans.

As gerontologists learned more about the experience of aging among Blacks, our conceptual models became more sophisticated and our understanding of diversity of the aging process expanded exponentially. Scholars began to examine the experiences of indigenous elders, including American Indians, Alaska Natives, and Native Hawaiians in the United States as well as First Nations people in Canada, Maori in New Zealand, and Aboriginal peoples in Australia (Braun, Browne, Ka’opua, Kim, & Mokuau, 2013). From them, we learn how isolation, discrimination, acculturation, and lack of power influence people age. This issue is poignantly made in Ferraro’s (2013) essay about how Mannheim, Neugarten, and Riley advocated paying greater attention to social influences on timing in human lives and in Perkinson and Solimeo’s (2013) article examining how Sharon Kaufman explicated the processes by which context affects identity and adaptation. Ferraro explains that racial differences in biology do not determine the pace of aging, but that racial differences in social conditions such as poverty can weather or accelerate the pace of aging. Kaufman articulated narrative thinking as a conduit for understanding, performing, and constructing identity and meaning. The disparate experiences of Blacks and indigenous populations have clear applications to other marginalized groups, including new immigrants, nonmainstream religious groups, and individuals who are lesbian, gay, bisexual, and transgendered.

The Boundaries of Time Extend Beyond Age

The passage of time is central to the study of aging. Although time does not cause changes to happen, it is indispensable to tracking the aging process. In his essay honoring the intellectual legacy of Karl Mannheim, Bernice Neugarten, and Matilda Rilley, Ferraro (2013) celebrates the prescient writings of these gerontological giants,
examining how social time is intricately woven into the aging process. He concludes by urging us to move beyond the simple notion of chronological time and to consider the role of subjectively experienced time in our theories and models of aging.

These fundamental ingredients encourage scholars to develop new creations that will nourish our gerontological future: identify as many idea brokers as possible. Put them in stimulating interdisciplinary environments. Encourage them to develop creative experiments grounded in theory. Teach them to acknowledge decline and nurture growth. Make sure they understand why and how culture matters. Urge them to push the boundaries of time.

These articles also remind us that how our creations are served matters. First, making key findings from our research available to people who may not read scholarly journals such as The Gerontologist is critical. Butler (Achenbaum, 2013) and Erikson (Kivnick & Wells, 2013) wrote for laypeople as well as for professionals. Butler (Achenbaum, 2013) issued scores of press releases and more than a dozen publications tailored to idea brokers and policy makers. Second, aligning gerontological scholars with persons having access to the media and financial resources, a strategy used successfully by Butler, must be emulated, especially in today’s economic climate.

Marcus Garvey said, “A people without the knowledge of their past history, origin and culture is like a tree without roots” (http://mgppp.com/). The articles within this issue serve to remind us both where we came from and where we are going. By no means is this issue of The Gerontologist meant to be a complete history of gerontology. Indeed, many of our leading scholars are not even mentioned. Rather, it is my hope that these articles remind us of the importance of taking a careful look back at the words and contributions of some of the giants on whom our science builds.

Enjoy with a mellow glass of wine or a wildly sumptuous brew!

References

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