The Humanistic Study of Aging Past and Present

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Introduction

In the last quarter of the twentieth century, scholars of aging began to sense that something important was missing in a purely scientific and professional gerontology. Mainstream gerontology in the United States—with its highly technical and instrumental, avowedly objective, value-neutral and specialized discourses—lacked an appropriate language for addressing basic moral and spiritual issues in an aging society. Researchers, teachers, students, professionals, patients, clients, administrators, and policymakers had no ready way to speak to one another about fundamental questions of human existence. Urgent existential, moral, and spiritual issues had no place on the map of gerontological knowledge. The basic question of humanistic gerontology—what does it mean to grow old?—had not been raised. Nor was there any serious historical, cultural, literary, philosophical, or theological scholarship on aging to frame or address these questions.

In the 1970s, professionally trained humanists in the United States—along with humanistically oriented social scientists and clinicians—awakened to these issues in the study of aging. Around 1975, various writings began to emerge, and over the next decade the implications of the humanities for gerontological research, education, public policy, and clinical practice became clearer. The first two volumes of humanistic gerontology (Spicker, Woodward, and Van Tassel, 1978; Van Tassel, 1979 emerged from a two-year “Human Values and Aging” project sponsored by the National Endowment for the Humanities and directed by David Van Tassel. Van Tassel’s efforts opened up a steady stream of scholarship in the humanities and aging. By Cole & Ray, The humanistic study of aging, past and present
the mid-1980s, more than 1,100 books and articles were cited in the annotated bibliography commissioned by the Humanities and Arts Committee of the Gerontological Society of America (Polisar et al., 1988). The next phase involved conceptualizing the field of “humanistic gerontology” and locating it on the map of gerontological knowledge. Thomas R. Cole, David Van Tassel, and Robert Kastenbaum decided to publish a *Handbook of Humanities and Aging* (Cole, Van Tassel, and Kastenbaum, 1992) to accompany the three other major U.S. handbooks of aging covering the fields of biology, psychology, and the social sciences.

In 2000, after a substantial body of additional scholarship had appeared and new areas of research emerged, Cole and Kastenbaum, now collaborating with English studies scholar Ruth Ray, produced the second edition of the *Handbook of the Humanities and Aging* (Cole, Kastenbaum, and Ray, 2000).

The most recent American collection of humanistic gerontology, a *Guide to Humanistic Studies in Aging* (Cole, Ray, and Kastenbaum, 2010), is essentially the third edition of the humanities and aging handbooks, published under a new name to reflect an increasingly interdisciplinary approach to humanistic scholarship. In the 1990s, a number of European social scientists had also begun to address humanistic concerns, particularly the connection between aging and identity, and to rely on concepts from the humanities such as image and metaphor. British contributors to the interdisciplinary journal *Theory, Culture & Society* and authors of books which spun off from this journal were bringing the body and lived experience back into sociological scholarship (Biggs, 1997, 1999; Featherstone and Hepworth, 1989, 1995; Featherstone, Hepworth and Turner, 1991; Featherstone and Wernick, 1995; Gilleard and Higgs, 2000). Other British social scientists were studying narrative and even literature in an effort to understand the experiences of aging. In *Stories of Ageing*, for example, sociologist Mike
Hepworth analyzed several fictional works from the theoretical perspective of symbolic interactionism. Gerontologist Bill Bytheway also looked to narrative, language, and cultural images in his research on ageism (1994).

Similarly, German and German-speaking scholars were working this ground under the rubric of “cultural gerontology.” In 1993, Christoph Conrad and Hans-Joachim von Kondratowitz edited *Zur Kulturgeschichtce des Alterns [Toward a Cultural History of Aging]*, which contained chapters on images of aging, retirement, medicine, and the social contract in European history. Kondratowitz’s earlier work (1991) had included a study of the medicalization of aging in the 18th and 19th centuries. Since then, he has been a leading force in organizing and editing a series of European international symposia under the rubric of cultural gerontology. These symposia have been held in Germany (1999), Sweden (2001), Finland (2003), England (2005), Denmark (1997) and Spain (2008). Volumes produced from these symposia include *Cultural Gerontology* (Anderson, 2002) and *Valuing Older People* (Edmondson and Kondratowitz, 2009). Among German language scholars, the Austrian literary critic Roberta Maierhofer (1999, 2000, 2009) led the way in stimulating a strong interest in age studies, literature and narrative, especially in Departments of American Studies. Central to this effort today is the work of Heike Hartung (2007) and Rudiger Kunow, (2009, 2009a).

In short, over the past 30 years, American and European scholars in the humanities and social sciences have been working in a critical mode to explore the multiple meanings of aging in culture and to critique knowledge-making in the field of gerontology itself. This is generally known as *critical gerontology*. Critical gerontologists cast a critical eye on both society and the field of gerontology, critiquing cultural images and practices, along with the practices and methods of mainstream gerontology. Critical gerontologists play the necessary role of
challenging the status quo, enlivening thought and stimulating debate, with the intention of keeping mainstream gerontology (and gerontologists) from becoming complacent in its methods and practices. Critical gerontology is informed by the critical theories of Marxism and political economy, the Frankfort school of philosophy, postmodern theories of language and the self, and various forms of feminism, along with the critical and interpretive methods of the humanities. While social scientists working in the field typically conduct macro analyses — focusing on structural forces that limit and define the aging experience — humanists often conduct micro analyses — focusing on the experiences of aging individuals and groups living in specific cultures and historical periods. While their approaches and methods may differ, all critical gerontologists are working to challenge and extend the meanings we make of old age. (For more on the connections between the social sciences and the humanities, see Weiland, 2000, and the April, 2008 issue of the *Journal of Aging Studies*, which features critical gerontologists’ own reflections on the making of the field).

**What Are the Humanities, and What Is Humanistic Inquiry?**

The humanities, as a group of disciplines, were once narrowly construed but have become more encompassing over the past 30 years. In his nostalgic but useful review of the formation of the humanities in American universities, legal scholar Anthony T. Kronman identifies three historical phases: the first, and longest, began with the formation of Harvard College in the early seventeenth century and lasted until the Civil War; the second began with the establishment of the first universities after the Civil War and extended through the 1950s; and the third, our current phase, began in the 1960s. In the first two phases, the humanities included exclusively those disciplines that focused on the “organized study of the mysteries of life” — literature, philosophy, rhetoric, religion, history, the classics (Greek and Latin), and the Cole & Ray, The humanistic study of aging, past and present
fine arts (Kronman, 2007, pp. 45-46). Scholars in the first period taught and reinforced fixed systems of knowledge through a canon of classic texts and interpretations. For these early humanists, working in what Kronman calls the “age of piety,” scholarship was conducted as an expression of religious beliefs and moral truths. In the second phase, what Kronman (2007) calls the “age of secular humanism,” piety gave way to moral relativism, and scholarship came to be characterized by a philosophy that “accepts the pluralistic belief in a variety of paths to fulfillment; assumes the number to be modest but remains agnostic as to how many there are; and acknowledges that some ways of life are likely to be incompatible with others” (p. 79).

In the third phase, secular humanism has been critiqued and largely overturned by the philosophical positions of poststructuralism and postmodernism, sometimes called “post-humanism” because of the cultural turn from the study of “humankind” as a coherent and fixed category toward the study of diverse peoples whose experiences are largely mediated by language, culture, and technology. In the current historical period, as Kirli and Yukseker (2004) note in discussing the development of cultural studies as a field, interaction between the humanities and the social sciences has become central, with each adopting the topics and methods of the other: “On the one hand, the humanities have started to utilize critical social scientific categories such as domination, class, hegemony, and resistance to investigate culture. On the other hand, the social sciences have begun to appropriate the epistemological concerns and the methodologies of the humanities such as ethnography, textual analysis, semiotics, deconstruction, and discourse analysis” (p. 141).

As a result of these post-1960 intellectual movements, the “humanities” in American universities are now much more inclusive. In their 2004 article “Engaging the Humanities,” for example, Cathy Davidson and David Goldberg define the humanities “broadly and flexibly to
include traditional humanities departments; crosscutting work in such interdisciplinary areas as
ethnic studies, gender studies and new configurations in area studies or global studies; all aspects
of the arts as well as narrative or theoretical social sciences; policy studies; legal theory; and
science, technology, and information studies” (Davidson and Goldberg, 2004, p.43).

Davidson and Goldberg, along with editors Richard Lee and Immanuel Wallerstein in
_Overcoming the Two Cultures: Science versus the Humanities in the Modern World-System_
(2004), attribute the expansion of the humanities to recent theoretical challenges to knowledge
structures and disciplinary formations, as well as increasingly global interests and concerns that
require a focus on social problems, rather than academic disciplines or institutions as the starting
point for research and theorizing. This problem focus, evident in emerging areas such as science
studies, complexity studies, cultural studies, medical humanities, and environmental studies,
requires a shift from strictly disciplinary questions to interdisciplinary questions that explore
overlaps and interconnections. These changes in the intellectual environment of modern
universities prompt Davidson and Goldberg to suggest a new term, _interdisciplinary humanities_.

The interdisciplinary humanitiesshare many characteristics with the disciplinary
humanities. Michael Berube (2006)argues that today’s interdisciplinary humanists are still
creative and interpretive and are interested in expressing and understanding emotions, along with
ideas. They differ from scholars in the hard sciences in studying objects and ideas “whose
features are entirely a matter of collective human interpretation--such as, say, social justice,” as
opposed to objects that, although understandable through human interpretation, are themselves
“untouched and indifferent to human interpretation,” such as photons (p. 11). Put more simply,
the arts and humanities are still concerned with mysteries--those things that have no definitive
explanation--while the hard sciences are concerned with certitudes--those things that can be
tested and verified.

The social sciences can go either way; some social scientists conduct creative, critical, and interpretive scholarship in the humanistic vein, while others strive for objective analysis in the search for empirical truth. Traditional methods that yet serve interdisciplinary humanists include close, critical reading and a regard for “truth” in the analysis of cultural texts. Such truth, as described by longtime literary critic Robert Scholes (1998), entails fairness, accuracy, and comprehensiveness, all of which require “scrupulous accuracy in citation, regard for what is already known about our subject, and rigor in situating and interrogating whatever material we are considering” (p. 57). Humanistic “truths” are often established through critical readings that entail the ability to read from “inside” the text—being sympathetic to the author’s intentions—while also reading from “outside” the text—being critical of those intentions. The two strategies, in combination, demonstrate the critic’s sensitivity to language and nuances of meaning, along with his or her ability to separate the self from the text. This distancing is necessary for gaining deeper insights and understandings and for creating new knowledge.

The interdisciplinary humanities share a particular kind of questioning, along with certain objects of analysis, with the traditional humanities. Humanistic questions have always been, and still are, complex and difficult to answer: Why? What does it mean? For whom is it meaningful? To what can we compare it? How is it changing? Why does it matter? Our objects of analysis are “conceptual, linguistic, artifactual and textual” (Davidson and Goldberg, 2004, p. 47), although in the interdisciplinary humanities, these objects are much more broadly construed, as Scholes (1998) illustrates in describing the changes in his own scholarly interests over the years, which have extended from literary texts alone to “all the lively forms of expression and representation, verbal and visual, from epics and landscapes to cartoons and bumper stickers” (p. x). For today’s
humanists, “text” includes not just the “weaving of words,” but the “fabrication of culture itself, in which we…find ourselves already woven” (Scholes, 1998, p. 73). In the medical humanities, for example, patients have been described as “texts” for medical students and physicians to “read” (Jones, 1994). Scholes demonstrates another characteristic of humanistic scholars—a preference for rich detail and the metaphorical use of language to express complex ideas.

Complex skills and abilities are required of interdisciplinary humanists. These include proficiency in reading across several areas of study; comfort in working at the intersections of multiple disciplines; an ability to talk and write for disciplinary scholars in ways they value, while also writing for interdisciplinary scholars; intellectual diversity and flexibility; an ability to use multiple methodologies and to ask a wider range of research questions; and, given the interest in the social problems addressed by today’s scholars, an ability to speak to and write for a general audience outside of academe (Gonzalez, Niemeier, and Navrotsky, 2003; Davis and Goldberg, 2004).

The Humanistic Study of Aging

Postmodernism and The Interpretative Social Sciences

As we have noted, humanistic study comprises not only interdisciplinary humanities but also the recently developed human sciences or interpretive social sciences. These forms of inquiry within sociology, anthropology, and psychology draw on methods and questions rooted in the traditional humanities disciplines that have been influential in the development of humanistic gerontology. Humanistic gerontology was born during a period of sweeping social and intellectual upheaval—just as the wave of postmodernism reached American shores (Harvey, 1989). It is important to remember that the term postmodern refers not only to a range of cultural
and intellectual perspectives but also to a temporal watershed marking a new historical era. Observers such as Anthony Giddens (1991) use the term “late modern” rather than “postmodern,” but no serious observer of contemporary culture doubts that the world has passed into a qualitatively new period of historical time. Think of the forces at play—the computer and the digital revolution, which created an explosion of information and the speedup of almost everything, including the production of new scientific knowledge; the saturation of the self with images generated by all kinds of electronic media spurred by consumer culture; increasing globalization, identity confusion, intensified status anxiety, and the rapid growth of immigration to the United States and Europe from Asia, the Middle East, Latin America, and, to a lesser extent, Africa. These forces burst old moral, intellectual, religious, and cultural boundaries; they have placed us in a period of the most extensive, frightening, and creative confusion since the Renaissance.

Under these historical conditions, previously accepted disciplinary boundaries and unifying ideas gave way to boundary crossings and “blurred genres”--forms of knowledge that accept (rather than erase) the inevitable contradiction, paradox, irony, and uncertainty in any explanation of human activity (Geertz, 1980). In 1998, the sociobiologist Edward Wilson predicted that the natural sciences and the humanities would continue as the “two great branches of learning in the 21st century”; the social sciences, he thought, would divide, “with one part folding into or becoming continuous with biology, and the other fusing with the humanities” (Manheimer, 2000, p. 89). Time has proven this prediction true.

Gerontology seems to be following this pattern, too, with the majority of social scientists leaning toward biology. An important minority, however, are pursuing qualitative methods, often under the rubric of the human sciences (Thomas, 1988). The recent resurgence of the human
sciences (Rabinow and Sullivan, 1987; Polkinghorne, 1988; Marcus, 1994) is fundamentally based on re-appropriation of classic humanistic forms of knowing, in particular, *interpretation*, *rhetoric*, and *narrative*.

Interpretive inquiry, as Steven Weiland (2000) points out, acknowledges the perspective of the researcher while attempting “to reveal the meanings of human experience from the perspective of individuals, groups, institutions, and organizations being studied” (p. 240). It marks a radical departure from the hypothesis-driven, quantitative methods of modern science. Bernice Neugarten, a founder of contemporary gerontology, summarized the intellectual assumptions underlying “the interpretive turn” in the social sciences: “There are no immutable laws; no reductionist models that are securely based in logical self evidence; no ‘received’ truths; and surely no value-free social science. Change is fundamental; change is dialectical; meanings are multiple and inexhaustible. The aim is understanding, within the limits of our cultural and historical present” (quoted in Weiland, 2000, p. 241).

The human (or interpretive) sciences further insist that no knowledge of human beings is complete unless it does justice to the thoughts, feelings, and expressions of the people being studied (Taylor, 1979). In gerontology, the sociologist Jaber Gubrium has criticized the positivist methodology of his colleagues for neglecting subjectivity--that is, the lived experience of aging as expressed in the words, speech, stories, and writings of older people (see, e.g., Gubrium, 1993a, 1993b; Gubrium and Holstein, 1997). Gubrium’s own work on the experiences of nursing home residents involves extensive collection and interpretation of their spoken narratives (Gubrium, 1993b).

Contemporary philosophy of interpretation (hermeneutics) has made clear that every act of interpretation is itself a historically situated event. Understanding a story, a poem, a painting,
or an action does not take place outside of time but within it. Even the “best” interpretation is circumscribed by the interpreter’s historical, social, and personal situation. Among psychologists of aging, Harry Berman (1994) effectively adopts this perspective in his work on autobiographical narratives of older writers—in particular, the journals of poet May Sarton. Among anthropologists of aging, Barbara Myerhoff and Sharon Kaufman rely heavily on humanistic concepts of interpretation and narrative (Kaufman, 1986; Myerhoff and Kaminsky, 1992; Kaminsky and Weiss, 2007).

Rediscovery of narrative as an essential form of seeking and representing knowledge has profoundly shaped gerontology’s understanding of the search for meaning and identity. Narrative’s influence is pervasive—from psychiatrist Robert Butler’s (1963) original formulation of the life review, to the revaluation of reminiscence in clinical work with elderly people (Cohler, 1982; Randall and McKim, 2008), to the articulation of narrative gerontology (Kenyon, Clark, and de Vries, 2001), to the explosion of life story writing among older people (Kaminsky, 1984; Sherman, 1991; Webster and Haight, 2002), to the narrative study of aging (Kenyon and Randall, 1997; Ray, 2000; Birren and Cochran, 2001), to name just a few important areas. Ruth Ray (2000) articulates a basic concept underlying the narrative turn in gerontology: “There is a complex interrelationship between language and life. Language and symbol are constitutive of human belief and behavior, not mere reflections of underlying beliefs and behaviors. The life story in some sense constructs reality; interpretive or narrative change in a story provides the foundation for actual shifts in attitudes and behavior” (p. 27). Ray (2008) also points out that narrative approaches are often specifically used by humanists and interpretive social scientists as a “corrective gesture, countering previous tendencies to over-emphasize scientific knowing and to ignore or deny subjective knowing” in the field of gerontology (p. 63).
Along with interpretation and narrative, rhetoric has also emerged as a tool of gerontological study. As a style of inquiry, rhetoric attempts to understand how human beings use language to develop and sustain their social practices. As Stephen Weiland (2000) puts it, “Rhetoric of Inquiry focuses on science, scholarship, and the professions as social institutions with distinctive habits of communication.” It explores, to quote Clifford Geertz, how a disciplinary discourse “gets its effects and what those are.” Stephen Katz’s *Disciplining Old Age: The Formation of Gerontological Knowledge* (1996) is an especially effective example of the “rhetoric of inquiry” in gerontology. Influenced by Foucault’s emphasis on the link between power and knowledge, Katz alerts readers to the fact that gerontological knowledge can be used to “discipline” or control older people and the meanings they make of age.

### The Practical Humanities: Bioethics and “Clinical” Creativity

Humanistic gerontology has enticed some academic humanists to “commute,” so to speak, between theory and practice--between the library/classroom and the hospital, the nursing home, the congregation, and the community. The opportunity to “practice” (Carson, Burns and Cole, 2003) the humanities--either directly with older people themselves or indirectly with healthcare professionals--has borne special fruit in the areas of bioethics, spirituality, and creativity. As in other gerontological arenas, however, formally trained academic humanists are few in number compared to formally trained social scientists and health professionals. Such work is done at interstices of various disciplines, with all the excitement, messiness, and uncertainty that accompany new ventures.

Bioethics emerged in the early 1970s as a field of study and practice in the health care
professions. As noted above, historical progress in medicine generated its own set of problems: the very technology that allowed people to live longer also gave rise to ethical dilemmas in death and dying. When was it permissible to terminate treatment or withdraw nutritional support? Who was authorized to make such decisions, and on what grounds? Although these problems can arise among patients of all ages, they occurred disproportionately with elderly patients, because more than two-thirds of all deaths occur at age 65 or older (Klatz, 2001; Moody, 2001).

By the late 1980s, significant literature on bioethics and aging had appeared. Scholars and researchers identified ethical problems distinctive to care of elderly people. Diminished mental capacity, for example, due to Alzheimer’s disease or other forms of dementia, raised thorny questions about informed consent, autonomy, and proxy decisionmaking. Other prominent issues included vulnerability to elder abuse, ethical problems in long-term care, and the just allocation of scarce medical resources (Callahan, 1987; Spicker, Ingman, and Lawson, 1987; Thornton, 1987).

Bioethics is itself a strikingly interdisciplinary field, drawing on the disciplines of philosophy, religious studies, law, qualitative and quantitative social sciences, and the basic and clinical sciences of the health care professions. Considered a subfield of bioethics, aging and bioethics “undertakes the study of what morality ought to be for healthcare professionals responsible for the care of elderly patients and clients, for family members who participate in the care of elders in decisions about that care, for health institutions (broadly understood) responsible for the care of elderly patients and clients, and for society or guiding healthcare services for the elderly and their families” (McCullough, 2000, p. 94). Aging poses special problems for American bioethics, which has come to place so much emphasis on the principle of autonomy--the view that competent individuals have the right to make their own decisions about
healthcare. Increasing disability due to progressive chronic disease gradually reduces an elderly individual’s capacity for self-determination. Geriatricians have noted that the phenomenon of “fluctuating competence” challenges the traditional assumption that one is either autonomous or not. Advance directives--the Living Will and Durable Power of Attorney for Health Care--have attempted to extend the autonomy of patients beyond the point where they become incapacitated. Studies have shown, however, that patients rarely make use of these legal mechanisms and, when they do so, physicians often ignore them (The SUPPORT Investigators, 1996).

As Harry R. Moody (1992) has noted, the principle of autonomy was developed for and wellsuited to acute care and hospital settings, where a decision about treatment leads to a course of action followed by discharge. In the long-term care setting, however, decisions rarely take the form of “either/or” but tend to revolve around smaller, although no less important, decisions of everyday life: where to spend time, how to decorate one’s room, when to eat, freedom to move around versus considerations of safety. Hence, a great deal of nursing home reform is based on attention to the personal daily needs of residents, in contrast to the bureaucratic needs of the nursing home (Thomas, 1999).

Ethical issues in healthcare policy for elderly people have occupied considerable attention since the 1980s. Many people over 65 enjoy excellent healthcare entitlements in the United States, and the growing cost of this care has generated a heated debate under the rubric of “justice between generations.” Prominent philosophers have argued for restraining the growth of life-extending interventions among the very old in order to allocate healthcare resources more equitably to the young. Others have argued that such policies would constitute age discrimination. More enlightened policymakers would consider different needs for different periods in the life course; just as society spends more money on education for children, it is only
fair to spend more money on healthcare for elderly people. These issues are likely to be decided by political negotiation rather than moral deliberation. But the problem of funding long-term care of the baby-boom generation may well prove to be the most intractable healthcare policy issue of all (The President’s Council on Bioethics, 2005).

In addition to bioethics’ contributions to patient care and public policy, the study and expression of creativity is a rapidly growing area of humanities practice in gerontology, sometimes in community settings and sometimes in clinical situations studied with scientific methods. “Creativity,” says George Vaillant (2002), “can turn an old person into a young person.” He believes that “creativity produces awe” and “provides a means of containing wonder” (p. 235). One can make a strong case that all people of all ages are creative to a greater or lesser degree. What is unique today about the intersection of aging and creativity is what Ronald J. Manheimer et al. call an “amazingly rich cultural milieu” that fosters opportunity for self-expression in the United States and other countries, where “many seniors have joined a class of mature citizens with unprecedented leisure time for pursuing recreation, entertainment, travel, knowledge of the arts and humanities, fellowship, civic duty, and physical fitness” (Manheimer, Snodgrass, and Moskow-McKenzie, 1995, p. xv). Manheimer’s late-twentieth century portrait, of course, does not apply to poor and working class elders. And the picture has been modified somewhat by rising rates of poverty, higher rates of labor force participation and later ages of retirement brought on by the global economic downturn which began in 2008.

At about the time humanistic gerontology was taking root, artistic pioneers Susan Perlstein and Bonnie L. Vorenberg were establishing public forums in which elders could express their creativity. Elders Share the Arts (ESTA) was founded in 1979 as a way of “synthesizing oral history and the creative arts” (Perlstein, 2004, p. 2). Two decades after the
formation of ESTA, Perlstein partnered with the American Society on Aging to develop the National Center for Creative Aging (NCCA), dedicated to supporting creative aging by maintaining a database of resources such as an email newsletter, professional training, replication of best practices, information exchanges, research, and best practices in policy and advocacy. Since 1978, *Arts for Elders*, Vorenberg’s arts academy and senior theater touring company, has provided leadership for others around the country and has received funding from the National Endowment for the Arts (Senior Theater, 2004). Vorenberg’s *Senior Theater Connections* (1999) is a compendium of resources, performing groups, and more, demonstrating how widespread this creative outlet for elders has become.

Another leader in the field of creativity for elders is Anne Davis Basting, founding director of the Center on Age and Community at the University of Wisconsin, Milwaukee. In her introduction to *Stages of Age* (1998) Basting noted with surprise a “lack of recognition of aging in cross disciplinary explorations of cultural difference and social practice” (p. 2). Basting developed the TimeSlips method of storytelling for people with dementia, including professional theater productions and a nationwide training network that have expanded her research far beyond the examination of senior performance (Basting, 2001, 2002). In *Forget Memory: Creating Better Lives for People with Dementia* (2009), Basting critiques the stories we tell about dementia in popular culture and offers an alternate approach to memory loss.

No less creative are the countless elders nationwide who express themselves by writing and sharing their life stories. Pioneers in the study of these narratives include James Birren and Kathryn Cochran (2001), James Pennebaker (1990), Ronald Manheimer (1999), Ruth Ray (2000, 2008), and many others. Cole (2001) and colleagues have brought this process to national attention through the PBS film *Life Stories*. The evidence continues to mount that writing about
life experiences has positive therapeutic effect (Pennebaker and Seagal, 1999; Smyth et al., 1999; Spiegel, 1999). Cohler and Cole (1996) suggest that “there can be no lifestory apart from the particular collaboration between narrator and listener, or [between] reader and text, apart from the matrix of their shared telling and listening” (pp. 61, 67). Thorsheim and Roberts (2004), researchers at St. Olaf College, may be taking the theory even further as they examine health outcomes, such as the lowering of blood pressure among story listeners. Their work suggests, for example, that listening to “remember when” stories, when they are particularly meaningful, significantly lowers blood pressure and heart rate.

Exercising creativity can be a healthy practice throughout life, but it may be particularly so in old age. Research points to positive health outcomes for those who practice even basic activities that exercise the mind. Studies mount in support of this concept. Scientists in Chicago saw that cognitive activity across the life span had positive effects (Wilson, Barnes, and Bennett, 2003). Not only quality of life but also length of life is expanded for those who exercise creativity. Such activities have been found to enhance survival in all causes of mortality (Glass et al., 1999). Recently, physicians at Albert Einstein College of Medicine in New York discovered that even reading, playing board games, or doing word games forestalled dementias in subjects 75 and older (Verghese et al., 2003).

Geriatrician Cohen (2000) believes that opportunities for creative growth are often underappreciated. We are encouraged by the signs that this situation is changing. Robert Kastenbaum (2000) argues that creativity is an essential ingredient for a healthy and meaningful oldage: “Those whose concerns center on mental health and illness might find valuable clues by exploring antecedents and consequences of thwarted creativity. People who do not have the opportunity to develop and express their sparks of creativity are apt to become deeply frustrated.
This is a more stressful situation than is commonly realized, contributing to impaired relationships and deteriorated health. Viewed in this light, creativity is a central rather than a peripheral element in living a meaningful life through a great many years” (pp. 398-99).

**The Humanities Disciplines: History, Literature, Philosophy, and Religious Studies**

American historians were the first in the humanities to ply their trade in the field of aging. Before the 1970s, the history of aging was written by sociologists and anthropologists (Haber, 2000). Working from large-scale models of social change (modernization theory), social scientists told a story of declining prestige, power, and income. According to this “grand narrative,” older people enjoyed power and prestige before the coming of urban industrial society. They presided over three-generational patriarchal households, and their experience, knowledge, and control over property guaranteed a high social status. In the nineteenth century, as more people moved into cities and began working in factories, older people were separated from their families, forced out of the labor market, and relegated to the “scrap heap” of industrial society.

Historical research done by David Hackett Fischer, W. Andrew Achenbaum, Carole Haber, Brian Gratton, and Thomas Cole, among others, revealed that this decline narrative was defective in several ways. Historians of colonial New England, for example, found that three-generational households were the exception rather than the norm. Most aging couples lived in two-generational households and were still responsible for the care of their adolescent children. When one spouse died or became incapacitated, the other spouse often moved into the household of a grown child. Whatever power they possessed came from control over resources or legal arrangements made in advance. Unlike immigrants from southern and eastern Europe, immigrants from northwestern Europe brought with them an ideal of independent households.
which they pursued whenever resources allowed.

American historians also critiqued the large-scale quantitative generalizations sought by social science theories of modernization. They explored diaries, letters, and publications of the old. They probed the values and individual differences of older people, rather than treating them as a unified category. Rather than seeing old people as passive recipients of large-scale social forces, historians wanted to know how older people felt, what part they played in shaping their own history, and what views they had on the nature of a “good old age.”

As Pat Thane (2000) pointed out, it is difficult to generalize about the history of aging in the West. “Historians of old-age in Britain have written primarily about demography and the material conditions of older people: the numbers of old people, their geographical distribution, their living arrangements; …household structures and family relationships: …welfare arrangements, medical provisions, property transactions, work and retirement” (p. 3). French historians have given attention not only to demography and welfare, but also to the history of medicine and to representations of old age. Work on oldage in Germany, Canada, Australia, and New Zealand is fragmentary and still developing. Differences between social groups and different time periods, places, and national cultures create a patchwork of snapshots that defy generalizations.

In Europe, as in the United States, the long-standing belief that the status of older people is always declining is simply not supportable. Ironically, the history of oldage in the twentieth century becomes less diverse and more uniform across national, cultural, and social boundaries, as the institutionalized life course and the welfare state become primary social institutions. Historians and social scientists have produced essential work for understanding the rise of the welfare state and American exceptionalism (Achenbaum, 1983; Myles, 1984).
After historians, literary scholars were the next academic humanists to explore aging through their own disciplinary lenses. Throughout the late 1970s and the 1980s, Kathleen Woodward was the most prolific writer and editor of work on aging, literature, and culture (Woodward, 1978, 1991; Woodward and Schwartz, 1986). In the 1990’s, Woodward broadened her interests from literature to cultural studies, reflected in an edited collection on how women are “aged” by a visual culture of youth (Woodward, 1999). The task of literary criticism was twofold: to demonstrate literature’s contribution to understanding aging and to demonstrate the impact of aging on the life and work of creative writers. Scholars argued convincingly that aging is an essential but missing element of literary criticism. In her survey of literary gerontology, Anne Wyatt Brown (1992)—herself an important contributor to this field—divided the scholarship in the 1980s into five categories: (1) analyses of literary attitudes toward aging; (2) humanistic approaches to literature and aging; (3) psychoanalytic explorations of literary works and their authors; (4) applications of gerontological theories about autobiography, life review, and midlife transitions; (5) and psychoanalytically informed studies of the creative process.

One fascinating discovery of the 1980s was that older people were appearing as heroes and heroines in contemporary novels and short stories. In 1972, Simone deBeauvoir had confidently declared that an old person could not be a good hero for a novel; older people were “finished, set, with no hope, no developments to be looked for…nothing that can happen…that’s of any importance” (de Beauvoir, 1972). Fifteen years later, however, Margaret Gullette was analyzing a new genre she called “midlife progress novels” (Gullette, 1988). Shortly thereafter, Constance Rooke (1992) identified the genre of “vollendungsroman” (story of completion)—novels presenting the struggle for affirmation in old age, offering a new paradigm of hope in contemporary fiction. Since the late 1990’s Roberta Maierhofer (1999, 2000, 2004, 2004a,
has been studying women’s search for identity in American literature, finding unusual heroines along the way.

Throughout the 1990s and beyond, literary perspectives on aging were influenced by the cultural studies movement, the growth of narrative studies, and the proliferation of guided autobiography and life story programs for elders (Ray, 2000; Birren and Cochran, 2001). Margaret Gullette emerged as the primary theorist and practitioner of what she called “age studies”--modeled after studies of race, class, and gender (Gullette, 2000, 2004). During the same time period, Anne Basting and others were developing the field of performance studies and aging, which included both the theory and practice of theatrical work with elders (Basting, 1998).

Generally speaking, academic philosophy has contributed little to our knowledge of aging with the exception of bioethics, where physiological, clinical, and behavioral criteria of “successful aging” have overshadowed more traditional philosophical inquiry into the meanings and purposes of old age. In 1982, however, Patrick McKee (1982) edited the first contemporary collection of ancient and modern philosophers on aging. More recently, philosopher Ronald Manheimer (2000) divided the study of philosophy and aging into four basic topics: (1) philosophers’ depictions of the possibilities and limitations of later life; (2) ethical questions of meaning and purpose in old age; (3) the study of wisdom; and (4) the current relationship of academic philosophy to the study of aging.

The history of Western philosophy yields no single path as the way to a good old age or the role of older citizens. Plato, Aristotle, Cicero, Montaigne, and Schopenhauer--and more recently de Beauvoir, Norton, Moody, and Manheimer--all present ideals of old age that acknowledge its harsh reality and seek forms of adaptation, transformation, resignation, or engagement (de Beauvoir, 1972; Norton, 1976; Moody, 1988; Manheimer, 1999, 2000).
Margaret Urban Walker’s (2000) recent volume, *Mother Time*, is the first contemporary philosophical volume of feminist thought on aging, focusing primarily on ethical issues. Feminists remind us that questions about the meaning of aging are inseparable from race, gender, and class, as well as from the cultural, historical, and personal circumstances in which they arise.

Many traditional philosophical issues (the nature of time, identity of the self, wisdom, memory, and mortality) have been taken up by scholars in the social sciences and humanities (Birren and Clayton, 1980; Kaufman, 1986; Labouvie-Vief, 1990; Tornstram, 1997). Gerontologists adopting methods of critical theory, phenomenology, and hermeneutics are making seminal qualitative and quantitative contributions. Perhaps the central limiting factor in this work is that few philosophers have made an effort to become knowledgeable in gerontology, and likewise, few gerontologists are philosophically trained or wellread. An important exception is the Dutch philosopher and gerontologist Jan Baars, who has written extensively on issues of time and aging, as well as on critical gerontology and globalization (Baars et al., 2005; Baars and Visser, 2007).

A new and important figure in philosophy and literature is Helen Long. Her landmark, erudite book, *The Long Life* (2007), uses longevity as a lens through which to view central questions in moral philosophy: What is the relation between a long life and a good life? How long does identity persist? Do the changes that accompany aging alter the capacity for virtue? Long is less interested in the philosophy of aging than in how aging helps us understand philosophical problems. Her work has yet to be recognized by gerontologists or connected to the agenda of humanistic gerontology.

As in philosophy, academic scholars in religious studies have had much less to say about aging than professors of pastoral care, ministers, rabbis, chaplains, and social scientists. A key
exception here is Stephen Sapp, a religious studies scholar who formerly edited the *Journal of Religious Gerontology*. The classic text for addressing spiritual potential, aging in faith communities, pastoral care with older people, theological perspectives, and religious ethics is Kimble and McFadden’s *Handbook of Aging, Spirituality and Religion* (1995, 2003). There is a large body of religious research conducted by gerontologists (Levin, 1997). Studies of religion and health attest to the strong association between religion, health, and longevity (Koenig, McCullough, and Larson, 2001). But these studies do not probe the inner world of older congregants or the content of theologies and liturgies. The absence of humanistic inquiry in studies of religion, aging, and health reflects a fundamental flaw in such purely quantitative research. Health is assumed to be an end in itself, rather than a means to an end. In a secular society where life is no longer viewed as a spiritual journey, health in itself becomes a religion. Hence, the key cultural and personal question is left unasked: what does it mean to live a good life, to live well in religious terms? Among the few religious studies scholars attempting to address these questions, Mel Kimble, Sheldon Isenberg, and Gene Thursby have looked, respectively, at aging in Judaism, Eastern Religions, and Christianity (in Cole, Kastenbaum, and Ray, 2000).

**Conclusion**

In their introduction to *Aging and Identity: A Humanities Perspective*, literary scholars Sara Deats and Lagretta Lenker (1999) argue that the dialectical tension between the positive and negative aspects of aging lends itself especially well to humanistic study. They suggest that, because of its traditional focus on the multiplicity of experience, humanistic inquiry offers valuable techniques for realizing the “interdisciplinary interaction” needed to understand the
“Janus-face of age” in all its complexity (p. 8). In other words, rather than simplifying in order to quantify, humanistic thinkers insist on examining the complexities of aging, teaching us to appreciate the richness of older lives, both individual and collective.

In the *Guide to Humanistic Studies in Aging* (Cole, Ray, and Kastenbaum, 2010) the editors continue their effort to provoke and inspire scholars from many disciplines to consider new topics, follow new directions, and practice new methods in their own research on aging. Cole, Ray, and Kastenbaum describe the contributors to this volume as intellectual guides to a new era of humanistic thinking about aging and old age.

Humanistic scholars of aging work from the premise that individuals and cultures are interrelated and co-constructed. To understand old people, one must understand the historical time, place, and culture in which they age; to understand the complex social phenomena of aging and old age, one must look closely at individuals as they age. The aging process is understood to be relational, that is, deeply imbedded in specific relationships among people, as well as specific relationships between people, places and cultures. Various humanistic methods, including close reading and interpretation, philosophical speculation, evocative description, critical analysis, narrative analysis, interview, and case study, are used in combination to explore the complex issues of aging. It is the authors’ intention to encourage more scholars around the world to use these methods to generate deeper insights into the meaning of old age.

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