

Marginal Gerontology and the Curriculum Palette

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The thrust of human development over the life course is individuation. Birth groups grow more heterogeneous with age. Aside from there being a number of commonalities among members of cohorts, the stamp of life lived tends to increase individual differences, whether these be in organ functioning or other physical measures or social, psychological or economic characteristics. At the same time, there are large modal tendencies with age that have import for policy making, service planning, and social institutions. This article asks: How does gerontology reconcile the individual and the group? What must educational gerontology do to help capture individuation? How can the educational gerontology curriculum encourage not just the accumulation of facts and information but a deeper wisdom, a knowing, about what it means to grow older? This article suggests that our content, our methods, and our values have limitations. The standard educational gerontology curriculum provides the primary colors or core for understanding but needs to be augmented with a fuller palette. This palette should be both more comprehensive and less prescriptive, being adaptable to minority, sub-group, and other cultural contexts. The aim is to complement gerontology's traditional focus on the what and the how, with an appreciation of the who and the why, recognizing both the external persona and the internal self as important to understanding and teaching about human aging.

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As you may already know, I have often found the margins of the gerontological text, so to speak, more fascinating than the main printed content. Hence, my examination over the years of aging in children's literature, country music, and other media socialization; aging with lifelong disabilities; elder abuse; and so forth. Being told that I was to receive this recognition has caused some reflection on what it all means, and I have compiled a set of observations of our field, many honestly simplistic. And so, planting my feet firmly in the clouds, I am dreaming the possible, proposing that we embark on a quest to augment traditional content and methods, employing a curriculum palette of course offerings and refreshed perspectives to complement our established core, to reinterpret the value of late life, and to redefine our identities.

I wish first, however, to recall Clark Tibbitts. He was a spark plug of a man, short and bulldog in build, with a commitment to educational gerontology that was equally solid.

Like other leaders in the field, such as Bernice Neugarten, Robert Havighurst, Peter Lamy, and Bob Butler, he was generous with his time for us novices and nobodies. He and I would meet sometimes in Washington at his cramped federal office where he would show scripts of training or teaching materials related to aging as a field and as a career and would ask for comment. He was self-directed but open. We tested some of his videos with our classes in College Park and, like other truly big people, he eagerly sought criticism; later he and Ann Kahl, in turn, helped me with content for a video I produced to explain possible opportunities for careers in aging. He seemed tireless. In his final years, he was ever-present at AGHE meetings, participating and in some ways, I suspect, sanctioning our efforts. For me, the Tibbitts Award recalls the inexhaustible enthusiasm of the man, and I am pleased by the association.

DEMOCRATIZATION OF AGING AND THE NEWNESS OF GERONTOLOGY

Ours is a field of study and practice whose infancy we sometimes forget, as our own years advance. But consider how new our subject matter is. Since ancient Egypt (about 3000 BCE or 5000 years ago), there have been about 250–300 human generations; of these, there have been only four to five generations with life expectancies of 60 years or more; of these, about three to four generations have offered prospects of retirement for the average person; and just two to three generations have experienced the prospects of retirement in good health.

These demographic evolutions have contained and sprouted the seeds of the democratization of longevity. Longevity was formerly the province of the wealthy, for there have always been the long lived, even as

the average person's lot was brief and brutal; now long life is spread across socioeconomic, ethnic, and racial divides in an unprecedented manner.

Even those with seemingly immutable life-stunting conditions are the beneficiaries of the wide broadcast of greater longevity. Almost a decade ago, a CDC study (Yang, Rasmussen, & Friedman, 2002) found that median life expectancy of adults with Down syndrome grew from 25 years in 1983 to 49 years in 1997, an increase some eight times the national average. Preliminary evidence suggests it continues to lengthen, in a type of catch-up game. Adults with non-Down intellectual disabilities or with other developmental disabilities now have life expectancies close to those of the mainstream population. For those currently "old" with these conditions, contributing factors include medications for common midlife conditions that used to prove fatal for those compromised by lifelong disabilities, and the continuing care of family caregivers, themselves the beneficiaries of longer lives.

Quite telling, for me, when I began to work on intersystem collaborations between the aging and developmental disabilities networks, was the expressed reluctance of many in lifelong disabilities to affiliate or identify with aging-related services, which they called paternalistic and decline driven, in contrast to their network's client-centered and empowerment mentality. Later I began to ask myself if our gerontological enterprise could respond meaningfully to aging with lifelong disabilities, could go beyond and beneath the manifestation of losses and impairments to find a way to "honor the person within."

So, I hope we remember the newness of our field, recapture the youthful exuberance of it, and investigate the far flung margins of democratized longevity and what they might teach us about how we value the processes of aging.

THE FIELD OF GERONTOLOGY IS INHERENTLY FRUSTRATING (THANKFULLY)

The unprecedented aging of the world has had, as implied, multiple and complex consequences. One now struggles to find areas of life not affected by aging and greater numbers of older adults.

We and other organizations like ASA, NCOA, and AARP, have succeeded in a task that seemed unattainable 30 years ago: we have alerted the country to the aging of America. Virtually every aspect of the media, business, and government is aware of this demographic evolution and, to the point, has mounted its own take on what aging means and how to teach and train or at least respond to it. The genie is out of the bottle.

Understandably, as a field, one of gerontology's first steps was to try to organize and make sense of the enormous array before it. We sought to identify central tendencies, norms, and averages. We identified early on with the nomothetic approach to order, based on our desire to identify normative

data and generalize. The nomothetic approach, common in the natural sciences, tries to derive laws that explain objective phenomena and is oriented to groups. Left relatively underadopted by gerontology was the opposite approach, the idiographic perspective, based on the desire to specify. The idiographic, common in the humanities, tries to understand the meaning of subjective experiences and is more oriented to the individual.

It seems to me that gerontology and educational gerontology have always had the Sisyphean task of dealing simultaneously with groups and with individuals within them when trying to explain or communicate about the subject of "aging." Attempting to resolve the complementary but essentially competing perspectives derived from studying groups and studying individuals is akin to the task of Sisyphus in Greek mythology, who was condemned for all eternity to pushing a rock up a mountain, only to have it roll back down just before he reached the top. To the degree that we draw generalizations from nomothetic data, we risk ignoring the idiographic variations that define what it means to be a person. On the other hand, a primary focus on the idiographic frustrates the need for generalizable observations or conclusions, the lifeblood of policy makers and marketers.

Our subject matter, aging and older people, doesn't make resolution easy, and this is the point here. Many of us just do not try. Furthermore, I have maintained a conviction that if one compares cross-sectionally and follows the cohorts longitudinally (a process of analysis that Paul Baltes and others called "cross-sequential"), then the performance or characteristic being compared would tend to show more "within-group variance" with increasing age; that is, on most any measure, from organ functioning to physical performance to acquired vocabulary, there would tend to be more variability the older the sample, more range of scores within older groups of adults than within younger counterparts, making measures of central tendency more problematic. For examples, see Quinn (1987) and Berkman and Glymour (2005).

Are these observations rock solid? Of course not. But they are fundamentally true, enough for me to have concluded years ago that the thrust of human development over the life course is individuation. With age we become more and more like ourselves. Sometimes, because of our academic training, we hunt so aggressively to find the flaw and to proclaim the exception or the instance that contradicts, that we miss the simple underlying fact. For me, that underlying fact is individuation.

So, the task in curriculum development is reconciling awareness of individuation with group-derived data. Remember the one within the many.

INDIVIDUATION WITH AGING

I recall in January 2006, as the first Baby Boomers turned 60, that I received a spate of phone calls from radio stations about aging. I recall equally well

what a nonsatisfying interview I was, with regard to answering how to plan for an aging nation, what was the meaning of the Baby Boom, and, of course, how to market to Baby Boomers. I disappointed because of the comments I gave to instill an appreciation in the caller of the mind-boggling individuality that comes with aging. Ten older adults have 10 histories and 10 trajectories. I began then to use more frequently a phrase that I'd coined some years earlier, "One to the tenth power is still one."

I am borrowing now from an Op Ed piece that I wrote for the *Richmond Times-Dispatch*:

There's a style of painting called pointillism. It's when the artist composes using small dots of paint on the canvas. From a distance, you see the intended image, an apparent whole. But looking up close, you can see thousands of individual dots of color, some big, some small, spread out all over the canvas. This is the picture of aging today. From a distance, there's what looks like uniformity but in reality the big picture is made up of incredible numbers of separate colors, sizes, textures, depths, and so on. We tend to make policy, generalizations, and plans based on the apparent whole without appreciating the variety or heterogeneity of aging. (Ansello, 2009, p. A11)

Twenty or more years ago I started teaching and writing about this push toward individuation with age. Recently Lisa Berkman and Maria Glymour (2006), scientists associated with Harvard's School of Public Health and its Program on the Global Demography of Aging, published a paper "How Society Shapes Aging: The Centrality of Variability" in the journal *Daedalus* that offers a complementary perspective. They noted that gender, race, education, working conditions, and other factors all affect health and may accelerate or slow down aging. They stated that aging even at the biological level, as indicated by measures of metabolic function, glucose metabolism, blood pressure regulation, and pulmonary function, is also correlated with social conditions. Even the length of an individual's telomeres, DNA-protein complexes that are powerful markers of aging and, especially, longevity, can be influenced by the social conditions one experiences (Berkman & Glymour, 2006):

Individuation may help to explain why the number of physicians in geriatrics in the United States has been steadily declining. Geriatricians have the most diverse and heterogeneous patient base. Five elders visiting the geriatrician's office with similar symptoms or complaints will nonetheless have five different support systems, levels of health literacy (understanding what's being said), likelihoods of adhering to prescribed treatment, belief systems, amounts of economic wherewithal, etc. The geriatrician, perhaps more than other physicians, needs to pay continuous attention to the trajectories of these older patients, needs constantly to gather full

updates of patients' progress (essentially taking a history every visit), and needs to spend time with the patient to discern how this one differs from that one. Yet time is often the least available commodity among health care providers, and after the initial intake and patient history, such extensive interactions tend not to be reimbursed by third party payers. This individuation is not a welcomed message in medicine drifting toward shorter and shorter 'encounter times' between provider and patient. (Ansello, 2009, p. A11)

Individuation also affects the aging person. Where group cohesion typified adolescence and group actions influenced so much of one's young adult life, from partnering to parenting to clothing to choices of neighborhoods, the path of life becomes decreasingly group-influenced. One finds one's own voice, develops individual characteristics, and, with time, even grows to outlive peers. Added years add to one's idiosyncrasies, as the life lived becomes all the more exclusively one's own. The group markers don't necessarily pertain. While this thrust of human development would seem to pre-condition interiority and reflection, often the realization of having accumulated many years only intensifies our looking backward to youth and to group guidelines. We try to re-live the past and to "recapture our youth." External incentives to deny the years are everywhere. Ironically, the denial of the years means the denial of the individuation and the personal story. (Ansello & Simmons, 1995, p. 2)

We have long acknowledged individuation in gerontology. Erdman Palmore's brief Facts on Aging Quiz, first published in *The Gerontologist* in 1977 and revised in the 1980s following suggestions generated from research on its use, contains a question reflecting it. In FAQ1, Question 15 reads, "In general, old people tend to be pretty much alike." In his documentation for the falsity of this statement, Palmore said,

There is at least as much variation among older people as there is at any age; there are rich and poor, happy and sad, healthy and sick, and those of high and low intelligence. In fact, some evidence indicates that as people age they tend to become less alike and more heterogeneous on many dimensions (Maddox & Douglass, 1974). (Palmore, 1988, p. 8)

So, individual differences are the story of the life lived.

STANDARDS IN EDUCATIONAL GERONTOLOGY AS THE PRIMARY COLORS

There's a likely reason why the AGHE Web site lists no annual meeting theme for the 1976 conference, my first meeting and honestly the first open annual meeting, aside from the conclave of people who had been organizing

AGHE up in Wisconsin. Our Center on Aging at the University of Maryland served as local arrangements facilitator for this “second” annual meeting that was held in 1976 at the austere National 4-H Center on Connecticut Avenue in Washington, D.C. Attendees gathered in poorly lit dormitory-like corridors in the evenings to discuss the emerging educational gerontology movement and prospects for federal funding of gerontology career centers. I think, personally, that the reason the meeting had no titled theme was that we did not know if there would be an AGHE meeting the next year.

Shortly after it became clear that AGHE was not going to melt, we embarked on a plan to identify what constituted the core curricula in gerontology, that is, what content our educational gerontology programs ought to teach as the base upon which we rely. Many, many meetings, generating heat and light, produced a set of standards that immediately were qualified as guidelines, much in the spirit of the movie *Pirates of the Caribbean*: “Thirdly, the Code is more what you’d call guidelines than actual rules.” The curriculum guidelines solidified the focus of the core courses as the psychological, sociological, and biological processes of aging. These were not to be narrow in focus. Indeed, Atchley and Seltzer’s 1977 self-styled pamphlet *Developing Educational Programs in the Field of Aging* had suggested an array of offerings, including course outlines on old age in literature and the family in later life. But the triumvirate core became enshrined. Fiscal challenges and academic retrenchments over the years seem to have bronzed them like baby shoes.

It may be helpful to think of the three core courses in educational gerontology as the three primary colors: blue for sociological, red for biological, and yellow for psychological. From these, all colors derive. But by themselves, they seem rather stark and basic.

While we in AGHE were developing standards, we were also debating the status of gerontology as a discipline or profession unto itself. Did it satisfy the criteria of a profession? AGHE, being a composition of academics, took all sides and avoided making a commitment. This helps to explain why we did not pursue credentialing. One of the prevailing lines of thought during the late 1970s and through the mid-1990s was the argument against gerontology being a profession. Martin Loeb’s chapter in our 1978 Sterns, Ansello, Sprouse, and Layfield-Faux (1979) book was titled, with typical Loeb wit, “Gerontology is Not a Profession—the Oldest or the Youngest.” The opening line reads, “No matter how you slice it, grind it, squeeze it, or knead it, there is no such thing as the profession of gerontology” (p. 34). Many of us, instead, subscribed to the desire, indeed the commitment, to infuse gerontological content, orientation, and skill sets into the established disciplines, to squeeze the Velveeta cheese of gerontology into other people’s sandwiches.

And so, gerontology’s impact stretched across academia, wooing, co-opting or engaging faculty and staff in other departments and units. In 1986 (25 years ago), our University of Maryland Graduate Gerontology

Certificate Program, started by our Center on Aging, listed courses and enrolled students in 41 departments across the University System. These were Las Vegas-style marriages, good for a time in expanding the educational gerontology curriculum (“gerontologizing academia” we called it) and perfectly compatible with the philosophy of gerontology as not a profession unto itself.

Seeing some of the consequences of this orientation, I proposed during my AGHE presidency 20 years ago that we establish an American Academy of Educational Gerontologists, modeled on several academies in medicine like the American Academy of Family Physicians, to recognize and credential those who would teach and practice wherever in or out of academe by a similar process of counting years in practice, publications, mentoring others, and so on.

We see now more clearly some of the results of those decisions to gerontologize academia; for instance, “gerontology” broadly defined has succeeded in taking root in various forms elsewhere across higher education, even though some of our AGHE-affiliated gerontology programs have had hard times; at the same time, however, failing to have an educational gerontology-specific accreditation or credentialing body and lacking any specific body to which individual educational gerontologists may aspire for sanctioning of their efforts, have meant no organization to come to one’s defense in times of cutbacks, retrenchments, or program vulnerability within the academic landscape, a set of circumstances as ever present as greed on Wall Street.

And so, trying to continue with fewer staff slots and eager to attract student registrations, some remaining gerontology programs have understandably pulled back, reducing course offerings and the credit hours necessary for completing their certificates or degrees. I suggest that we should change our thinking

WHAT COLORS WOULD WE ADD? THE CURRICULUM PALETTE

The democratization of aging has spread across the world and the so-called globalization of aging has brought yet another lens to examine what we teach. Under the guidance of Dr. Ryo Takahashi of the nonprofit Nippon Care-Fit Service Association, a number of us Americans began collaborating with Southeast Asian colleagues about 2003, with the grand vision of bringing a set of curriculum standards to Japan. Although the overwhelming majority of Japan’s medical schools had established geriatrics departments, there was at the time only one university with an educational gerontology program.

Soon invited to help initiate or advance educational gerontology in Tokyo, Okinawa, Andhra Pradesh, and Abu Dhabi, I found myself more

critically examining core subject matter. Before transplanting our standards, I asked myself if the traditional focus of the core curriculum (biomedical, social, psychological) were so relevant in these contexts and were sufficient to pass the litmus tests of helping those who are not old understand it better and those who are old seek what they may be looking for.

I found in these cultural contexts, lifestyles and values different from what I had known and, in many ways, different from each other. High technology, spirituality, religion, and music seemed to influence daily life more. In Taiwan and Japan older consumers have sparked simple and considerate technical innovations in monitoring the well-being of isolated elders and simplifying meal and grocery shopping. In India our hosts at Andhra University wished to initiate a yoga gerontology program, incorporating not our American concept of yoga as exercise but the sense of meditation, internal communion with a spirit, acceptance rather than resistance.

I became aware that our content (subject matter), our methods (research studies), and our values (aging as decline) had limitations. Quantitative studies and descriptive statistics appraise the normative characteristics of groups, the collective of acquired behaviors and lifestyles. Even individualized qualitative studies may seldom pierce the external.

But it's more than this. There is at the core of life, many people realize as they themselves age, a piece of something that has endured since the beginning of time. Psychoanalysts call this the "self." They distinguish the "self" as the core or center of being. They distinguish the self from the "persona," in psychoanalytical language. The "persona" is what we can easily see when we look around. It's the mask, the acquired style, the attitudes, and the behaviors that most of us simply put on like we put on a business suit.

Our choices were shaped for us and limited by our parents, our teachers, our friends, our bosses. But many of us know, as we grow older, that deep inside we are more. There is a self that we search to find. We have to live a certain number of years perhaps to realize this. We have to be sensitive to this voice inside of us that asks, when we succeed, when we grow rich, when we marry, "Is that all there is? Is there no more?"

A curriculum of gerontology, the study of aging, should include a way to help people who are not old to understand the importance of this search for the "self" and should help people who are old how to find this "self."

Although psychoanalysts for the last 100 years or so have called this center of being the "self," for thousands of years before this, others have called this piece of the infinite the "soul," the "spirit," "oneness," and "the Divine." And so as we grow older, some of us grow homesick for our "soul."

What if Gerontology were the doorway to which we came to understand not only human aging but also human life, and educational gerontology were the key to the door? What subjects, what disciplines, what perspectives would help us to understand aging and the experience of growing older? There's not one way. All contribute to a fuller understanding.

If these were colors and if we were to “paint” aging, what colors and what style would we use? Consider these suggestions.

The palette must be culturally relevant, for example, information technology (IT) may be central to life lived in Japan, music to life lived in India, and in each of these instances the lives of elders influence this “color” and are influenced by it. I propose, first, that we recognize IT, Business, and Education as core influences on aging and as greatly influenced themselves by older adults.

Keeping in mind the arbitrary assignment of the primary colors to the core subjects, that is, blue for sociological, red for biological, and yellow for psychological, we might conceptualize an “Interstitial Gerontology” involving the connections between the three primary colors. For instance, Psychosocial: Green; Sociobiological: purple; and Psychobiological: Orange. IT would seem essentially Sociological but contains elements of the Psychological and the Biological (e.g., tea kettle monitoring in Japan, where sensors report to a remote site whether a kettle has been lifted in a given period of time). Business and Education are Psychological-Sociological (e.g., vending kiosks in Taiwan at neighborhood corners with prepared meals, groceries, supplies; lifelong learning institutes in the United States). Bioethics engages the Biological and Psychological. Religion/spirituality may be Psychological with varying degrees of Sociological; Meditation might fall near the Psychological, whereas Ascetism seems more Biological; Health as Total Well-Being involves all three, as does Sexuality. Havighurst’s developmental tasks are Psychological-Sociological, whereas Erikson’s tasks are primarily Psychological.

Some Other Ways of Knowing the Value and Potential of Age: Some Content for a Curriculum Palette

- Philosophy
- Spirituality, yoga, and meditation
- Fine arts (literature, art, poetry, etc.)
- Performing arts (music, dance, theatre, media)
- History
- Intergenerational experiences
- Storytelling

Some Other Ways of Teaching

- Intergenerational experiences
- Lifelong learning, mentoring, exercise, leisure, time together
- Classroom visiting
- Reading, interrelating with children
- Living the example

Sometimes the most vibrant colors are mixes or unusual combinations of the primary colors or their derivatives. If one mixes together all colors, the result is black. Black is the presence of all colors. So, when someone says that things are either black or white, that person may be onto something.

FACTS VERSUS KNOWLEDGE

A 2008 essay by Anabel Pelham in *Aging Today* asks, Can Academic Gerontology Keep from Becoming Irrelevant? She noted the lack of accreditation of gerontology degree programs and the scarcity of students. She said, "As a stand-alone, interdisciplinary curriculum, gerontology can provide a solid grounding for synthesizing the field's many realms of knowledge" (p. 3). She may be correct, especially when focusing on credentialing service delivery, but that stand-alone enterprise might face the same shortcomings as current programs if "interdisciplinary curriculum" is not more broadly and more deeply conceived.

A more recent book raises the same question about higher education itself. Richard Arum and Josipa Roksa wrote a very readable appraisal called *Academically Adrift: Limited Learning on College Campuses* (2010) in which they question and answer how much students are learning in college. They catalogue through student surveys, transcripts, and scores on the Collegiate Learning Assessment a climate of "limited learning in the U.S. higher education system." They found that students have poor study habits and are drifting through college with minimal expectations and engagement. Arum and Roksa reported that undergraduate students show at the end of their stay with us almost no gains in critical thinking, writing skills, or complex reasoning. Many 4-year college students report only limited academic demands and invest only limited effort in their academic pursuits. During their sophomore year, they spent on average only 12 hours a week studying, one third of which was spent studying with peers in social settings that generally do not promote learning and correlate negatively with the Collegiate Learning Assessment, the criterion the authors used to measure "general collegiate skills." Most seniors reported having had no or minimal (fewer than 20 pages) writing assignments in the previous semester.

Still, Arum and Roksa refrained from declaring a crisis, for students, generally, are learning social behaviors and meeting parents' expectations, and, the authors conclude, "Students are allocated to occupational positions based on their credentials, not their skills." I think that this reflects a very limited conception of higher education. My take is that students come to higher education very skilled in social networking, which does not translate to critical thinking, and far more adept with the simple task of acquiring facts and information than those who purport to teach them. Moreover, they come to higher education virtually trained to gather rather than to appraise.

Information is everywhere. Its sheer omnipresence devalues critical thinking. Knowledge guides the selection and interpretation of information; wisdom, a still higher form of knowing, derives from understanding what knowledge deserves to be known. Much in educational gerontology may not deserve to be known. My friend Rick Moody (2009) observed in one of his electronic newsletters: "Our students deserve what is highest, not what is lowest, about what can be learned. They deserve knowledge and wisdom. Information they can find on the Internet" (p. 1).

What about the Internet? The World Wide Web project was originally aimed at facilitating sharing information among researchers. The first Web site went online in 1991. By December, 1995 there were 16 million users worldwide and by September 2010 over 1,971 million or almost two billion users, representing well more than 27% of the world's population; in the United States there were 266 million users last year, more than 77% of all men, women, and children. My search for this information, once I'd typed in *Growth of Internet*, produced 47,600,000 results and took 0.17 seconds! Again, we are going to try to keep up "fact dissemination" as the key to educational gerontology? How do we instill a passion for understanding or wisdom, rather than for facts?

Who we are is captured not only by data on what we do or can no longer do, such as our biostatistics, earnings, or problem-solving, but by reflections on what we are, who we have been, what it means to "be." These reflections may be undertaken by oneself or by others, focusing on one's own experiences or commenting on the experiences of others in a type of "third ear" transcription. Such reflections of self and others in the human condition may be expressed in poetry, art, autobiography, the study of history, literature, wonderings about our purpose, the meaning of our lives, or our destiny, and other vehicles. (Ansello, 2007, pp. 268–269)

WISDOM

Grow old along with me. The best is yet to be. I don't know how many of us believe this. I don't know how much I believe it. We have all been sucked into this mentality of doggedly cataloguing how well those in later life can be measured against the standards of earlier life. In this light, it is more difficult to blame the "antiaging" rebellion, for they are rejecting a game that has been rigged.

Can educational gerontology go beyond the "training" mode? I ask this as director of a geriatric education center dedicated to evidence-based practice and health care competencies. Can gerontology be the means through which we came to understand the potential of the life course? What if educational gerontology dedicated itself not only to aggregated data

and describing individual behavior but also to ways of understanding the personal search, the quest for meaning, discernment, the hope for generativity that varies so greatly from one aging human to another? How should we teach and how should we learn about age? Can we go beyond the model of aging as a slope of inevitable decline or as postponable decline, as championed in the successful aging and productive aging conceptions?

I suggest that we begin by acknowledging that:

- Growing older is a life span matter, not just a late life concern, that manifests growing differentiation, about which descriptive statistics can take us only so far.
- Late life holds the promise of what makes us human, and we should complement education of the mind with education of the heart.
- Education through the five bodily senses (seeing, hearing, touching, smelling, tasting) must be complemented by appreciation of that which cannot be sensed in an external way but may be known nonetheless.
- Natural, biomedical, social, and behavioral sciences teach much about aging processes but not the whole story.

I would like to wax quasi-philosophical for a moment. The work of 18th-century Prussian philosopher Immanuel Kant has some relevance here. You may remember Kant for his three questions: “What can I know? What ought I to do? What may I hope?” I wish to discuss briefly that second question. In his *Critique of Pure Reason* concluded that by pure reason alone we cannot attain knowledge of the nature of the material universe. We can know nothing except the appearance or form of things, for our senses reach only phenomena; nor does judgment go any deeper than the senses, so far as the external world is concerned. Science and philosophy fail in providing knowledge of the inner thing-in-itself (noumenon). A few years later in his *Critique of Practical Reason*, he replaced Rene Descartes’ “I think therefore I am” with one’s obligation or moral law as the foundation of truth, almost an “I ought to therefore I am.” To Kant, this moral law is supreme, universal, and we know it by immediate intuition (Turner, 1910). An equivalent term in Japanese may be *kigatsuku*, or doing what’s right without being told. All of this is a long-winded preface to what educational gerontology ought to do in its life to foster knowledge of aging and the life course. Complement the traditional attention on the external form with similar emphases on the internal substance.

We have some exemplars, including the late, exuberant Gene Cohen’s creative aging work (2000, 2006) that posits the neuroplasticity of the mature mind and the improving “developmental intelligence” of late life. Gerotranscendence, as conceptualized by Swedish social scientist Lars Tornstam (1996, 2005), is a reformulation of disengagement theory, one

where the historically negative connotations of disengaging are replaced by a more purposive cosmic perspective; one does not merely disengage from the worldly and materialistic but transcends to a more contemplative appraisal of one's place and position in the life course. Although gerotranscendence has attained greater recognition in the last decade, Tornstam's reformulation of Cumming and Henry's 1961 theory of disengagement or mutual withdrawal is quite similar to that which some held in interpreting and defending disengagement theory years ago. That is, for some older adults disengagement is actually a path to meaning, understanding, or knowledge. Gerotranscendence's contemplation ethic is a counterpoint to activity theory, where one literally and figuratively stays on the treadmill, and to continuity theory's rubric of just continuing to be the self you have been.

Does wisdom increase with age? If you have read the first part about individuation, you already know the answer. For some yes, for some no. The Defining Wisdom Project at the University of Chicago (www.wisdomresearch.org) suggests that relative to young and middle-aged people, older adults are better at predicting how intergroup and interpersonal conflicts escalate and how they might be resolved. Older adults tend to have a better appreciation of different perspectives in conflict, what Gene Cohen (2006) called "relativistic thinking," higher order reasoning skills, a more realistic sense of their own limits, and a greater openness to compromise. Potentially, they may make better negotiators.

In summary,

To capture the person, in our case with gerontology, the person growing older, requires accumulating a "grand array" of information and perspectives, from the subjective and the objective, the quantitative and the qualitative, the corporeal and the spiritual, in order to transform observations into understanding and wisdom. To acquire this array, gerontology must call upon . . . an equally grand array of participants: biologists, clinicians, statisticians, educators, historians, social workers, writers, poets, psychologists, artists, philosophers, and others with awareness. (Ansello, 2007, p. 269)

Because we grow more heterogeneous as we grow older, for *some* of us,

Aging impels introspection and the reflection necessary to begin to answer who we are. However, whatever answers emerge apply only to first person singular, not to third person plural. There is no archetypal package of wisdom to be shared. There are millions of packages and only some contain valuables. But we continue to seek and to learn . . . (and to) go beyond the traditional focus of gerontological research and inquiry, the *what* and the *how*, to consider the *who* and the *why*. (Ansello, 2007, p. 271, 275)

We're not going to be able to control or even shape the growth of gerontology. It'd be like trying to control who subsequently gets an e-mail message after you've sent it. We ceded control and, for reasons that seemed sound at the time, we wanted to insinuate gerontology into as many departments and places as possible as a logical strategy for the future of the field. However, we may be able to control some of the process whereby people are trained, some of the programs and some of the educators.

Regardless of what emerges with accreditation of programs or credentialing of individuals who teach educational gerontology, our field will be richer for vigorously expanding our curricula and complementing the focus on the objective aspects of aging with those on the subjective interiority of the individual. Reformulating curricula may mean current gerontology programs revisiting those marriages of convenience and developing memoranda of agreement regarding joint listings, credits, and more.

For the self-contained "interdisciplinary" programs, it may mean broadening faculty recruitment beyond the typical search. Programs with certificates and degrees may wish to reassess what they denote as their core required courses, perhaps noting one or two of the traditional three. A broadened curriculum palette may require correlated competencies in knowledge and skills, such as in the domains of critical thinking, diversity, ethics, and self-assessment, depending on the purpose of the gerontology program, for example, whether it is intended to produce service providers, researchers, or public policy makers. None of this will be easy.

Personally, I still do not think we have answered the questions of whether gerontology is or should be a profession. Nonetheless, educational gerontology programs are evolving, emerging, submerging.

Whether gerontology becomes a shelf in the exotic foods section of the academic supermarket or warrants a whole aisle to itself or is dispersed throughout the store into various sections, we would be wise to reassess our assumptions about the value of late life and how best to teach others.

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