

**THE EVOLUTION OF BRITISH GERONTOLOGY:
Personal Perspectives and Historical Developments**

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DEDICATION

We dedicate this book to the memory of two notable British gerontologists who are no longer with us: Alison Norman and Ken Blakemore. Alison Norman has been described by colleagues as a 'doyenne of her generation in the field of social gerontology'; Ken Blakemore is remembered as a successful novelist and playwright, as well as a social gerontologist. We were privileged to interview them both.

Ken Blakemore
5 July 1948 - 7 June 2017

Alison Norman
13 January 1934 - 17 June 2018

PART ONE:
THE AGEING OF BRITISH GERONTOLOGY

Chapter One: Gerontology and Gerontologists

Introduction

Ageing, it now seems, is everybody's business. Wherever we turn these days, older people are visible in the British media: on television and radio, and in advertisements. Actors, celebrities and public figures are documenting their experiences and thoughts about ageing at a rapid rate of knots; others are writing or making documentaries about living with, or caring for, family members – often with Alzheimer's disease or other dementias; while the anti-ageing and beauty industry exhorts us to stave off the signs of growing older for as long as we possibly can. Paradoxically, alongside this increasing visibility, has been an ever-present sense that population ageing – and older people themselves – is somehow to blame for many of society's current problems. Indeed, proponents of 'apocalyptic demography' (Robertson, 1990) make uncritical use of statistics to fuel alarmist concern and generate moral panic amongst the media, government and the general population (Gee and Gutman, 2000; Bytheway and Johnson, 2010). This book, and the research project on which it is based, is located at the intersection of this paradox.

Our contention is that much popular and policy understanding of ageing and older people often has very little basis in the growing body of national and international gerontological research which has been undertaken over the past 40-50 years and that, as yet, we know very little about the evolution of this inter and multidisciplinary field from the perspectives of those who have been instrumental in its growth and development. Consequently, this chapter begins our sociohistorical examination by considering how gerontology first emerged, before going on to describe the 'Ageing of British Gerontology' research project. Our mixed method project looks at gerontology's evolution through the contributions and experiences of senior figures in British gerontology and contextualises, supplements and integrates this new empirical work with a detailed examination of the archives of the British Society of Gerontology (BSG). It is our research into, and analyses of these materials and interviews, which are at the heart of the book. The chapter concludes by briefly introducing the 50 gerontologists who took part, as well as ourselves.

The emergence of gerontology

Historically, ageing and old age have interested scholars, philosophers and scientists since time immemorial (David, 1991; Cole, 1992; Thane, 2000; Small, 2007). Despite this long history of interest gerontology is, paradoxically, a 'young' field of study. Its origins are Greek: a combination of 'geront' meaning literally 'old man'; and 'logy' meaning 'the study of'. The root 'ger' also means to 'grow old' – so it is, technically, the study of ageing. Russian-born biologist and Nobel Prize winning immunologist Elie Metchnikoff is commonly credited with first proposing and naming this new field in 1903 (Metchnikoff, 1908; Achenbaum, 1995; Stambler, 2015). Additionally, Martin and Gillen (2014) note that Metchnikoff suggested establishing gerontology as a discipline precisely because he recognised that ageing was not solely about disease and decline; nor was it to be the purview of medicine alone. Indeed, 'Metchnikoff's assertion that aging processes extend beyond the boundaries set by medicine defines gerontology as the first interdisciplinary venture of the 20th century' (Martin and Gillen, 2014: 51).

The emergence of gerontology – particularly in western nations such as the UK and the US – can also be seen as a response to the major social and demographic changes which were occurring as the 20th

century unfolded. In less than one hundred years, average life expectancy in Britain increased dramatically from a little over 50 years to over 80; sex ratios shifted such that older women came to considerably outnumber older men; while one fifth of all new born boys, and nearly one third of all new born girls, are now expected to live to be centenarians (ONS, 2018: 9). In tandem with population ageing, the introduction of pensions, and the subsequent creation of the welfare state and the National Health Service, considerably altered the policy and practice landscape as we shall see in Chapter Three. However, systematic and sustained investigation of the processes and stages of human ageing, and the experience of old age, only 'took root at the end of the Second World War' (Warnes and Phillips, 2007: 142). Before this, many scholars and practitioners working on ageing and with older people tended at best to be ignored and, at worst, to be completely marginalised. Marjorie Warren, 'the mother of geriatrics' and one of the pioneers of geriatric medicine in Britain, is a case in point (Barton and Mulley, 2003).

Warren was developing her rehabilitative approach at a time when such care of older people with chronic conditions was still largely custodial (St John and Hogan, 2014). Her attempts to overturn this situation at the West Middlesex Hospital in London where she worked, were often met with opposition or treated as 'a joke' (Tepper, 1975). Even though she published some 27 scientific papers in the 1940s and '50s (Barton and Mulley, 2003), colleagues saw little value in what she was trying to do despite compelling evidence of its impact on improving the health and wellbeing of older people (Bayne, 1977). In addition, her arguments for a team-based approach; for careful assessment; for integrated care which included the patient, family and friends; and for the creation of a speciality; took a considerable time to come to fruition.

Thus, it was only during the second half of the 20th century that gerontology really began to emerge as a recognised field, in tandem with the growing volume of ageing-related research and knowledge we consider further in Chapters Three and Four. Despite Metchnikoff's advocacy of interdisciplinarity, gerontology traditionally encompassed three distinct subject areas: biology, psychology and sociology; with the accepted methods of research about ageing, old age and older people's lives being dominated by biomedical and quantitative approaches. These three 'foundational' disciplines were key to British gerontology. In the early days, biologists concerned themselves with the processes that limit length of life; psychologists studied the ways in which people's behaviour changes with age; and sociologists examined age-related changes in roles and statuses as well as the impact of social institutions. As these disciplines themselves developed over the course of the 20th century, each has come to recognise that there is no simple or singular process at work in terms of ageing, and subdivisions (or subdisciplines) have emerged as the knowledge base and research has expanded.

The rapidity of the post-war expansion meant that, some 30 years ago now, Achenbaum and Levin (1989) were able to identify 15 of what they termed 'gerontology's specialties', illustrating just how diverse the early field of gerontology then was, and indeed still is. More recently in the UK, Clare Wenger (2006) articulated the range of disciplines she sees as contributing to gerontology, distinguishing between what she termed 'traditional' disciplines such as anthropology, sociology and psychology, and 'applied' disciplines such as geriatric medicine, nursing, social policy and social work. We return to considerations about the boundaries and nature of gerontology in the concluding chapter of the book but, as part of this introduction, we now briefly consider each of the foundational disciplines.

Biologists interested in ageing essentially looked at the cycle of birth, growth, senescence and death, intent on uncovering why and how we age (Finch, 1990; Hayflick, 1994; Strehler, 1999).

Paraphrasing pioneering American scientist and gerontologist Nathan Shock (1951), Clark Tibbitts (1963: 342) – his contemporary – observed that:

Biologists consider ageing as a normal process of progressive declines in cellular composition and capacity for growth; in tissue structure and function; in speed, strength, and endurance of the neuromuscular system; in the function of glandular and other organ systems; and in the capacity to integrate organ systems.

Biological ageing processes take place, therefore, from the cellular level through tissues to whole organ systems. Tibbitts also drew attention to the fact that, in parallel with these processes, the prevalence of long term chronic disease was rising with age: features which were reflected in early British work. Here, we note in particular the seminal contributions of British biologists such as Peter Medawar (1952) as well as Alex Comfort's (1964) landmark study on senescence. In more recent years, scholars such as Tom Kirkwood (1999, 2001) have been at the forefront of challenging and expanding understandings of how biological ageing processes work. While 'there are certain inescapable realities about ageing of the body' (Cox et al., 2014: 31), ageing processes are now known to be much more malleable than originally thought. An increased ability to undertake genetic analysis, together with developments in genome sequencing, has provided greater insight into the underlying causes of biological ageing. This in turn has led many contemporary scientists to suggest that ageing may be a consequence of the accumulation of cell damage known as cellular senescence, and that cell senescence underlies many age-related deleterious changes seen in human beings (Cox and Mason, 2018: 144). Together with increased understanding of disease mechanisms, these scientific advancements hold out the possibility of developing new strategies to improve health and extend longevity.

Psychology too was particularly prominent in the early days of British gerontology with work in the psychology of ageing tending to focus on issues such as the effects of ageing on intelligence, on motor skills (particularly in industry), and on learning and memory – as well as on personality development (Welford et al., 1951; Bromley, 1966). In the latter part of the 20th century, the work of developmental psychologists and of lifespan developmental psychologists, became increasingly important. These scholars began to challenge the decline narrative of ageing and the rigid demarcation of the life course into fixed, age-banded stages typical of many pre and post-war researchers in this field (see, for example, Freud 1905/1964; Buhler, 1935; Havighurst, 1953; Lidz, 1976). Such perspectives promulgated a normative, inflexible and deterministic view of the life course; privileged the early formative stages of human development; and contributed to a widespread belief that the second half of life was, in many ways, less valuable or important than the first half (Llewelyn and Osborne, 1990).

Whilst products of their times, the early psychological models and theories were criticised for the normative assumptions they made about the life course and for their gender bias (Gilligan, 1982), often having been developed on, or with, male subjects in mind (see, for example, Erikson's (1950) classic eight 'Ages of Man' and Levinson's (1979) 'Seasons of a Man's Life'). They also paid scant attention to the influence of the social environment on human development (Fiske and Chiriboga, 1985), failing to appreciate that later life cannot be considered in isolation from what has gone

before (Sugarman, 1986). By contrast, the revival of interest in lifespan developmental psychology has shown that the potential for development extends across the life course, that developmental paths vary from individual to individual, and that development occurs on different fronts (intellectual, physical, social) and at variable rates.

In the UK, Peter Coleman has devoted much of his career to championing life span developmental psychology, most recently publishing a second edition of his textbook *Aging and Development* (Coleman and O'Hanlon, 2017) which presents the latest research on social, personal and emotional development in older age. Coleman and O'Hanlon (2017) show how classic developmental accounts of ageing have been superseded by more recent theories and hypotheses (for example, Carstensen, 1992; Tornstam, 2005); they also consider processes of adaptation and shine a light on what they call 'the later stages of aging' (p. xi). While acknowledging that much progress has been made due, especially, to the pioneering work of researchers in the US and Germany (Coleman and O'Hanlon, 2017: 4), Coleman has long been concerned with the uneasy tension between psychology and gerontology over the years: a point we return to in the concluding chapter.

If psychology focuses on the individual, then *sociologists* interested in studying ageing have been more concerned to examine social interaction between people, and the impact that an ageing population has on society, as well as the effects of that society on older people. Like biology and psychology, sociological work has evolved over the years since Metchnikoff first coined the term gerontology. In particular, sociologists were influential in developing (the subdiscipline of) social gerontology and, later, critical gerontology (Wellin, 2018). However, British sociologists of the mid-20th century tended to look at old age and older people from within the positivist tradition: heavily influenced by the research methods of the natural sciences (Braun et al., 2014). The dominant theoretical perspectives – structural functionalism, disengagement theory, role and activity theory – reinforced the view that older people represented a major problem which society needed to address. They were concerned with how individuals best adjust to old age – notably to retirement and widowhood – either by withdrawing from roles and activities (Cumming and Henry, 1961) or, conversely, by substituting new roles and activities in order to 'age successfully' (Havighurst, 1963).

As in psychology, these perspectives were roundly criticised for the underlying assumptions they made about the inevitability and desirability of disengaging, for their gender biases, and for the unrealistic pressures that notions of successful ageing might put on people. Together with growing concerns about older people's treatment under the welfare state (Townsend, 1981), this paved the way for the emergence of a more critical gerontology. Notable sociologists of ageing on both sides of the Atlantic were instrumental in first developing the new political economy perspective in the early 1980s (Estes, 1979; Walker, 1981, 1982; Phillipson, 1982). This perspective was underpinned by Marxist and neo-Marxist theoretical traditions and, although it was concerned with how age, race, gender and class intersected, it was to be another decade and more before race and gender were afforded the same attention as class (Arber and Ginn, 1991; 1995; Bernard and Meade, 1993; Blakemore and Boneham, 1994; Minkler, 1996). Subsequently, feminist ideas (initially second wave and then third wave), together with the development of intersectionality theory, became increasingly important elements of the critical perspective (R.E. Ray, 1996; Calasanti and Slevin, 2001; Arber et al., 2003; Calasanti, 2004; Calasanti and King, 2015).

Meanwhile, critical gerontology was making attempts to draw together the political economy of ageing framework with perspectives from disciplines in the Humanities (notably history, philosophy and ethics). This humanistic focus was particularly strong in the US and in Europe, and was encouraging gerontologists to explore questions they had long avoided (Cole and Sierpina, 2006) such as 'what makes for a good life in old age?' and 'how can society support different visions of old age?' (Minkler, 1996: 470). As the emphasis began to shift away from structure and more towards agency, critical gerontology also began to query the traditional theories and methods which had been used to study ageing and old age, offering us new ways of both 'doing gerontology' and 'being gerontologists' (Bernard and Scharf, 2007a: 11). Echoing feminist perspectives, critical and humanistic gerontology has helped reorient approaches to research and practice by making older people central to these processes and giving voice to their lived experiences (Bornat, 2000; M. Ray, 2007; R.E. Ray, 2007, 2008). Together with the allied growth of age studies (Gullette, 1993, 2008; Pickard, 2016) and cultural gerontology (Twigg and Martin, 2015a), these different approaches are now bringing new subject areas and methodologies to gerontology, and broadening our understanding of how we age and of the nature and forms of creativity in later life (Twigg and Martin, 2015b; Fricke and Hartogh, 2016; Goulding et al., 2018; Amigoni and McMullan, 2019).

Thus, as gerontological research and practice emerged and grew, disciplines other than the foundational ones have contributed increasingly to its development (Baars et al., 2013). In fact, a survey of BSG members at the end of 2009 found a wide range of disciplinary affiliations amongst the membership, but with the social sciences dominating and health and social care still being the main focus for many people's work (Peace, 2010). As will become evident in succeeding chapters, many of British gerontology's earliest contributors have 'grown up and grown old' (to borrow Hockey and James' 1993 phrase) with the gradual institutionalisation and maturing of the field: almost a fifth of the respondents to the BSG survey had been members for 20-30 years or more and the oldest members – a number of whom were interviewed for our project – were in their mid-eighties. For some, this proliferation of terms, specialties and contributory disciplines – including practice-based and applied disciplines – calls into question the status of gerontology and fuels the continuing controversy over whether or not it is a distinct academic discipline in its own right; for others, it is evidence of the dynamic inter and multidisciplinary nature of the field (Lowenstein, 2004; Alkema and Alley, 2006).

That said, what is not in dispute is that gerontology in the 21st century has come to incorporate an ever widening range of themes and issues alongside its more traditional concerns. In addition, some gerontologists themselves have increasingly begun to reflect more on the scope of gerontology, on key contributors who are no longer with us, and on what ageing means in personal terms (see for example, Dannefer et al., 2005; *Journal of Aging Studies*, 2008; Achenbaum, 2011, 2013; *The Gerontologist*, 2014; Marshall, 2015; *The International Journal of Reminiscence and Life Review*, 2018). Indeed, Chamberlayne (2000) and her colleagues argue convincingly that to fully understand those with whom we work, it is important to also understand something of our own histories and how we have come to be what we are. With that in mind, the remainder of this chapter briefly considers the project underpinning this book and the personal stories which have led us, and our participants, to work on ageing and with older people for many years. Detailed pen portraits of the 50 participants follow in Chapter Two; here, we look at the common themes which emerge from these accounts and at our own roots – and routes – into gerontology.

The ageing of British gerontology

The project underpinning this book explored the evolution of British gerontology from the founding of the British Society of Behavioural and Social Gerontology (now the British Society of Gerontology) in 1971, up to the present day. It looked at the archives of the Society and at what might be learnt from the experiences and motivations of senior gerontologists who have actively contributed to building the knowledge base in ageing. The first phase of the two-year project (2015-17) concentrated on exploring the archival materials and charting the growth of research, policy and practice initiatives in ageing. The interviews then sought to document people's careers in ageing; ascertain their views about the evolution of gerontology as a field of study; record their involvements with the BSG; and get them to reflect on their own ageing and the ways in which this has intersected – or not – with their professional careers.

The empirical research has been complemented by photographic and film work. Each participant was invited to have their portrait taken by artist, professional photographer and gerontologist Sukey Parnell. These images accompany the written pen portraits in Chapter Two and were central to the electronic *Ageing of British Gerontology Exhibition* and associated 'newspaper' publication. Selected extracts from the filmed in-depth interviews also formed the basis of eight thematic films reflecting many of the issues discussed in later chapters. To our knowledge, no similar undertaking of this scale has been attempted before although the project draws on cognate work and scholarship (Cole et al., 1992; Achenbaum, 1995; Katz, 1996; Thane, 2005). It is also set in the wider context of a continuing interest in professional and disciplinary 'histories' (see, for example, Halsey, 2004; Agnew and Duncan, 2011; Backhouse and Fontaine, 2014), including the contributions of both historical and contemporary 'key thinkers' (for example, Smith and Greene, 2014; Hall et al., 2015; Twamley et al., 2015; Stones, 2017).

Working in the archive

The BSG's archives provided a valuable opportunity for investigating the ways in which a learned society in the Enlightenment tradition has contributed to, and explored the expansion of, knowledge in this important area. Its significance lies in the ways in which it: encapsulates the shifting identities and values of a particular professional/academic body; reflects changing attitudes to ageing in our society; and reveals the differing disciplinary perspectives of the Society's members as they address the challenges of population ageing and of fluctuating welfare policy as it has affected older people. In this sense, the archive is an important element in exploring how British gerontology has evolved as a field of study, and how this links to key developments or milestones (in knowledge, in research, in theoretical development, in policy) over the last 40-50 years.

Both before and during the course of the project, the BSG archive was housed at the Centre for Policy on Ageing (CPA) in London (it has since relocated to the University of Swansea). We were granted access to it by the BSG and CPA. At the time the project began, the archive was, in effect, in its 'raw' state: none of the material had been digitised or catalogued beyond the inclusion of contents sheets in each of the 50 or so boxes and lever arch files which comprise the collection. It mainly consists of records accumulated via the Society's volunteer officers (notably the Presidents/Chairs, Secretaries and Treasurers). Following a 2012 consultation with an Adviser for the National Archives, these records were classified into nine broad categories: Constitution(s); Newsletters; Membership Lists; Conference Information; AGMs; Executive (and sub-committee)

minutes (and papers where available); Relationships with other groups; History of Local Groups; and International Links.

After an initial overview of the archive, it was decided to focus primarily on conference-related documents (handbooks; programmes; participant lists and associated documents) and, with help from Advisory Group member and project participant Tessa Harding, on issues of *Generations Review*: the BSG's newsletter. Researching these documents was carried out using two specifically developed data extraction templates: one recorded key information about each conference, the other about the contents of the newsletter. Analysis of this information shows how gerontology has evolved over time and has helped us draw out key research themes and topics, as well as methodological and theoretical developments. It also contextualised the interviews and informed the questions asked of participants, as well as helping in the compilation of a research and policy timeline against which to set the archival and interview findings (see Appendix 1).

Constructing a timeline

As noted earlier, while interests in ageing and older people have a long history, we have taken the Second World War – and the subsequent creation of the welfare state and the National Health Service – as the starting point for our timeline. The timeline provides a summary of national research programmes, important reports and policy documents, and events such as the emergence of influential organisations. It is always difficult to know what to include and what to leave out in a timeline such as this; others may well have constructed it somewhat differently. Nevertheless, it provides a concise way of summarising the broader context to the sociohistorical evolution of British gerontology over the last eighty years or so.

Missing from the timeline are key gerontology texts. Having debated the merits, or not, of including these it was decided, instead, to ask participants for recommendations to be incorporated in the book's bibliography. Each participant was invited to send details of up to three publications or resources. The resulting recommendations include classic texts and studies; definitive resource books, helpful collections and accessible introductions to particular themes, issues or subdisciplines; texts which have been important to an individual's own career and development as a gerontologist; and, on occasion, one or two novels or other kinds of resources. These references are emboldened in the bibliography for ease of identification.

Choosing participants

How we came to interview the people we did, is a frequently asked question. The original intention was to conduct 40 narrative interviews with gerontologists who were widely regarded as key to the evolution of the field – as distinct from charting the evolution of a single profession such as Geriatric Medicine or Social Work. While recognising the close connections there would be with the BSG, it was also important to ensure that the project was about the wider development of gerontology rather than a sociohistorical account of the Society per se. Thus, the first step was to compile a list of potential participants from our own knowledge of the field and our professional and personal networks developed over many years. The list included people from ageing organisations and from other areas of practice and policy as well as from academia. BSG Founding Fellows, recipients of the BSG's 'Outstanding Achievement Award', and people associated with the Society's 'senior members' initiative, also featured. The initial list, submitted with the funding application, had 48 names on it.

We continued to add to the list while awaiting the outcome of the application. By the time the project began in July 2015, a further 20 names had been added. At this point, we then consulted with the project's Advisory Group which, in addition to both established and early career British gerontologists, included senior colleagues from overseas as well as the current, past and future Presidents of the BSG, and the Director of the CPA. As a consequence, some names were removed; others were added; and others, it transpired, were unfortunately no longer alive. We also anticipated that once the interviews started other names might come up, so wanted to retain the flexibility to add people as the project progressed. In the event, the 'final' list had a little over 50 potential participants on it. Rather than draw 40 names out of a hat, or further whittle them down by other means, it was decided to make contact with everyone and see what would happen. Such was the positive response – and so few were the refusals or non-responses to our enquiries – that we eventually ended up interviewing a total of 50 people: 25% more than originally envisaged. This provided us with a lot more material, but it also pushed back the timetable and added to the work involved in the other elements – notably the photographic and film work.

Interviewing, filming and photographing participants

Preparation for the empirical aspects of the project began in the autumn of 2015 with the construction of an interview guide, an information leaflet, consent forms, a letter of invitation, and a participant details form. Keele University's Ethical Review Panel gave approval in December 2015. Where possible, the intention was to both audio-record and film the interviews, and to work with professional photographer, artist and gerontologist Sukey Parnell to produce a series of high quality photographic portraits. Clearly, participants would be identifiable if they consented to appear on film and be photographed. Consequently, the letter of invitation, and the accompanying information leaflet and consent forms, laid out in detail what was intended and gave people the ability to opt out of any or all of these elements. In addition, people consented separately to have quotes used and attributed or not, and/or to be anonymised. If participants requested it, they were sent the topic guide ahead of the interview; afterwards, their transcripts were returned so that they could indicate any parts they wished to exclude from the research, or that they preferred to have anonymised. In the event, in addition to audio-recording all interviews, 43 participants consented to be filmed, 47 to be photographed, and all 50 to have their quotes used and attributed.

In January 2016, we acquired filming equipment and underwent training in how to use it: the intention being to film all the interviews ourselves. Interviews began in February; the first two serving as pilot interviews, with a number of minor changes then being made to the interview guide. The guide was divided into four sections and asked people to reflect on their careers in ageing; on the evolution of gerontology as a field of study; on their involvement with the BSG; and on their own ageing. During the following year, the three of us travelled all over the UK interviewing people in a place of their choosing: be that in their own homes, at work, or at conferences. Interviews were typically around two hours long and, on occasion, people would share their own archival materials with us. The interviews were professionally transcribed and the transcripts returned to participants for corrections, further comments and ongoing consent to attribute quotes. Participants were also invited to email us further thoughts and, if they wished, their most up-to-date CV.

Initial analysis of the transcripts was carried out as a team using an analytical framework that developed iteratively. Subsequently, we each took the lead on working individually on the dataset

for three separate but related aims: to build on the initial analytical framework and produce a more detailed Nvivo-aided analysis of the transcripts; to provide our filmographer with storyboards and narratives for the films; and to construct 500-word pen portraits of all 50 participants (see Chapter Two). For readers unfamiliar with Nvivo, it is a computer software package which enables researchers to analyse large volumes of qualitative data such as interview transcripts. This meant that all three of us were immersed in the data and, in so doing, we have undergone a clear process of analytical triangulation. Moreover, for each of these tasks, we would then come back together as a team to add to, amend and discuss the analyses as necessary.

Introducing the participants

As Ruth Ray (2008: 98) noted in her foreword to the Special Issue of the *Journal of Ageing Studies* in memory of British gerontologist Mike Hepworth, we, and our participants, are 'aware of being part of a cohort or generation that has been shaped by its particular time and place in history.' Here, we draw out some of the cohort experiences and summarise common themes in participants' biographies by way of introducing them to readers ahead of their individual pen portraits in Chapter Two. We highlight five themes covering: disciplinary origins; the influence of early family experiences; early work in gerontology and with older people; conventional versus non-conventional career paths; and important people and places. We refer to our participants as 'gerontologists' but, as will be seen in later chapters, the extent to which people identify with this label varies considerably.

First, in the light of earlier discussions, it is instructive to note that our 50 participants cover some 17 base disciplines and/or professions between them. Over a dozen participants originally studied Sociology at degree level (or Sociology in combination with, for example, Social Anthropology); six studied Geography; four Social Anthropology; and pairs or threes of people studied Social Policy, Social Administration, Social Science, Politics and Economics. Eight participants have Social Work qualifications; three have Education/Teaching qualifications; and a couple trained in Nursing/Health Visiting. Four participants come from scientific (Maths, Biology, Statistics) and medical backgrounds; three studied Psychology; and two are qualified Clinical Psychologists. In terms of the Humanities, a couple of people trained as linguists; a couple studied History; a couple English Literature; and one or two others studied Philosophy and Liberal Arts. On the face of it then, our participants are a diverse group. As will be seen in Chapter Three, the historical development of gerontology in the UK meant that, at undergraduate level at least, there are no full degree courses in the subject although one or two people did take masters courses later in their careers. What this means therefore is that the overriding shared cohort experience is that everyone's entry into gerontology has been via a different discipline and/or professional pathway.

Second, it is evident that for some participants early family experiences were influential in them becoming gerontologists. Some people lived with and/or were brought up in extended intergenerational families including with grandparents. Although this does not automatically mean these participants had a natural rapport with older people, it did mean that contact with older generations was a component of growing up and felt normal and natural. Third, this led on, for several participants, to early – often voluntary – work with older people, usually in residential or hospital settings and during school holiday or university vacation periods. These formative work experiences sometimes cemented people's interest in and commitment to working with older

people as a career: a number of participants went on to train as community or social workers, doctors or nurses, or psychologists, and to work for some or all of their career in their chosen profession or in the voluntary sector. Others began work in these sectors but switched later to academic or research careers although they continued to value, contribute to and make use of, their established links with practice and policy. In addition, a few people made a conscious choice to pursue doctoral research on older people and ageing, immediately or soon after completing their first degree.

Fourth, in direct contrast, not everyone made early career choices about working with older people or undertaking research on ageing. In fact, a number of people followed quite different career paths earlier in their lives as, for example, teachers and tutors, administrators, in industry, or as trainees in completely different fields. For many people, getting involved in gerontology happened by chance or serendipitously: opportunities presenting themselves at the right time and in the right place. Word of mouth and networks also played a part at various stages of people's careers. There appears too to be a gendered element here. A number of male participants spoke about being put forward for, or being recommended by, one of their university tutors for postgraduate research assistant posts with key figures, which subsequently led on to appointments as lecturers and a conventional academic career path. Only one female participant shared this experience. More commonly, women experienced many years on short-term and insecure research contracts before securing 'permanent' posts.

Finally, whatever people's routes into gerontology, many spoke about the importance of periods of time spent studying or working abroad and/or the influence of key figures in their professional and academic lives. Some participants went as graduate (and occasionally undergraduate) students; others secured fellowships or internships; yet others went on 'study abroad' or 'travelling scholarships' to learn about practices and developments in Australia, North America and around Europe. This brought people into contact with luminaries in their field and often established relationships and friendships which have endured for many years. As a consequence, many participants value the international links they have and which, in turn, contribute to the vibrant and global nature of contemporary gerontology.

Our project, ourselves

To complete this discussion, we also wish to acknowledge the personal and professional forces which have brought the three of us to gerontology and to this project in particular. In a sense, we reflect three generations of gerontologists and three different routes into gerontology despite covering only fifteen years in chronological age between us. Miriam (Mim) Bernard is one of the 'senior' gerontologists included in the 50 participants interviewed for the project and whose pen portrait can be found in the next chapter. Entering gerontology in the early 1980s, her career path reflects some of the key themes identified above: brought up in a household which included her paternal grandfather as well as her uncle and his family, she came to gerontology by chance rather than design; spent years on temporary research contracts in the voluntary sector and only moved into academia – albeit on a fixed-term post – in her mid-thirties. This was the late 1980s: a period which, as Chapter Three will show, saw the emergence of educational courses alongside the burgeoning of research. Mim was appointed to teach on Keele University's newly established postgraduate programmes in gerontology which was how, in 1992, she came to be teaching Mo Ray.

As the courses grew, Mim's post was made permanent and, a decade later, at the end of the 1990s, she was awarded a personal chair. Drawing on her own background and experience of applied and policy-relevant research, Mim's approach to gerontology is characterised by a commitment to inter and multidisciplinary perspectives; much of her written work also combines social scientific research with insights drawn from her interests in literature and the arts.

If Mim can be considered as one of the first generation of gerontologists like others interviewed for the project, then Mo Ray is a second generation gerontologist. At the time she came to Keele in 1992, Mo was a practicing social worker and social work trainer working with older people. She came knowing she wanted to take the one-year postgraduate diploma course to widen her knowledge: seeing it as the basis for research she intended to do having become very interested, through her practice, in how long married couples managed caring responsibilities when one or both of them experienced illness or disability. Combining part-time study with full-time work, Mo then embarked on her PhD (supervised by Mim and Judith Phillips), completing it in 2000. She was subsequently awarded an ESRC Research Fellowship in 2003 (also at Keele) and was appointed as Lecturer in Social Work (again at Keele) in 2005. In 2014, she became Professor of Gerontological Social Work before joining the University of Lincoln in September 2016 as Professor of Health and Social Care. Committed to practice development in health and social care, and educated and supervised in the critical gerontology environment of Keele's Centre for Social Gerontology, Mo is a leading advocate of the need for, and benefits of, a critical gerontological social work approach to ageing and later life.

Jackie Reynolds is our third generation gerontologist. After many years as a self-employed working mother, Jackie returned to education in midlife and undertook her first degree as a mature student, graduating in 2005. Following her Applied Social Studies degree, she completed a Graduate Certificate in Community Practice focussing on community arts. This was what first sparked Jackie's interest in arts and older people. After a period as a part-time Research Officer at Staffordshire University, she came to Keele to undertake her PhD with Mim (and Tom Scharf). Jackie's research focussed on investigating the meanings older people attach to participation in group arts activities throughout their lives. Awarded her PhD in 2011, she worked as an independent researcher specialising in participatory research, as well as teaching in the Creative Communities Unit at Staffordshire University. In 2013, she was appointed as Senior Researcher in their Faculty of Arts and Creative Technologies before returning to Keele in 2015 to work on our project. Her commitment to public engagement led to her appointment as Keele's first ever Public Engagement (with Research) Fellow in 2017. She is currently back at Staffordshire University having taken up a new post in 2018 as Research Impact Manager. Jackie's approach to all her work reflects her passions for cultural gerontology, participatory and arts-based research, and – above all – for the creative possibilities of later life.

Conclusion

The chapters which follow pick up and develop many of the themes touched upon in this introduction. As we shall see, gerontology as a field of research and practice is maturing rapidly so, while our focus is on British gerontology and British gerontologists, this is framed by knowledge of the international gerontological literature and of international gerontologists. As such, we believe the book will interest a wide readership for three interrelated reasons. First, British gerontologists

are internationally recognised for the world class contributions they have made – and are still making – to gerontological theory, research, policy and practice. Second, because certain key individuals are no longer with us, and others are retired and/or approaching retirement, it felt timely to try and capture the contributions, experiences and perspectives of leading British gerontologists before the opportunity was lost. By gathering together their insights and views, this book provides a perspective largely missing in the current international literature and research about ageing and later life. Third, in contrast with many disciplines in which the ‘young Turks’ may be thought to make the future, long established gerontologists are well placed to help us articulate possible future directions in ageing research because of their unique historical vantage point and, for many, their continued involvement with, and mentorship of, younger colleagues. National and international gerontologists will therefore be interested to read about the avenues for further research these analyses raise, and the key messages and advice which senior gerontologists have for career young colleagues.

The book itself is divided into four parts. Part One – ‘The Ageing of British Gerontology’ – consists of this introductory chapter and Chapter Two. Together they provide the background and context for what follows. To complement this first chapter, Chapter Two presents pen portraits of all 50 participants. Drawing on the literature and on our analyses of the archival materials and interviews, Part Two: ‘Learning from the Past’, also comprises two chapters. Chapter Three explores the evolution of gerontology considering, first, the broader political, policy and practice context. It then looks at advances in education and research including the impact of major research programmes on ageing; the role and contributions of the BSG are also appraised. Chapter Four complements these explorations by drawing on the analyses of conference materials to examine some of the key themes and topics which have characterised the evolution of British gerontology. We consider three overarching areas: themes which have had a continuous presence; themes which have waxed and waned over time; and new and emerging themes.

The three chapters in Part Three look together at ‘Lives and Careers in Gerontology’. Chapter Five uncovers how our 50 gerontologists first got involved with ageing research, policy or practice; whether they identify as gerontologists; and what has motivated them over the course of their careers. Chapter Six focusses more particularly on the intersections between personal and professional identities and in what ways growing older challenges what participants thought they knew about ageing. Chapter Seven rounds off these discussions by considering whether gerontologists ever retire, looking at transitions to retirement and at what life is like now for people whose career in ageing has spanned many decades. Part Four – ‘Informing the Future’ – comprises a final chapter: Chapter Eight. This reflects on lessons learnt, considers what directions British gerontology might now take in a global context, and articulates potential avenues for future research. Our hope is that this unique sociohistorical exploration of a field, a topic and a set of social practices which ultimately affect us all, will shed light on some of the ways in which we might creatively address the continuing difficulties and opportunities that population ageing and later life presents us with.