The Need to Debalkanize Gerontology: A Case Study

“It is never too late to give up our prejudices.”

—Henry Thoreau

This journal is predominantly focused on the biology of aging and its postponement—but only predominantly. A substantial part of our mission is to promote high-quality discussion of the social, ethical, and political context of such work, so as to dispel misconceived fears about what a post-aging world would be like and to highlight the advantages that it would have over the world we know today.1–12

Non-gerontologists display a wide range of views on these matters, and that is no surprise: it is entirely to be expected that those who have not spent much time considering the available information and arguments on any given topic will start off with a stance that is defined by their individual personal experience of often only tangentially related things, which will thus exhibit wide variability. But the postponement of aging is exceptional in that its desirability is hotly disputed among those who are card-carrying members of the relevant profession (i.e., gerontology).

I am somewhat oversimplifying above. With a very few exceptions (the most vocal among them being Len Hayflick and Robin Holliday), academics who study the biology of aging are united in the view that aging, just like any disease, is (a) a bad thing and (b) potentially amenable to biomedical intervention (albeit probably only to postpone it, not to “cure” it). (There is, of course, a wide range of opinion within the field concerning how—and how soon—such interventions might be developed, but that is not my topic today.) Where the dispute arises is between the biogerontologists and other academics who also call themselves gerontologists: the clinical gerontologists (geriatricians), the sociologists of aging, and the psychologists of aging. There are again exceptions—scholars who fall within the latter disciplines but are sometimes vocal in the view that aging should be combated—but they are few and far between.

In my view, the divide between biogerontologists and other gerontologists concerning the desirability of combating aging is a symptom of the pitifully limited amount of communication between these subfields. Though they study facets of the same phenomenon, these researchers’ actual contact is very nearly nil. It is thus no surprise that such fundamental differences of opinion persist. Whether anyone is really to blame for this “balkanization” of the field is debatable: it exists in a more limited way even within biogerontology, and the reasons are probably the same, revolving around the much higher priority (in career terms) of maintaining prestige among those who know and understand one’s work best than of disseminating it to others.

There has long been a recognition that this balkanization is regrettable, and token measures have been taken to diminish it: for example, the Gerontological Society of America (GSA) brings together all the gerontological specialties under one roof every November. But token is all these measures are: as anyone who has attended the GSA’s annual meeting will tell you, the event is indistinguishable from a coincidence of three or four conferences going on in the same building at the same time.
In short, the situation I have described above is very long-standing. Why, then, have I chosen to write about it in this space at this time? Ultimately the main reason is personal: that in recent months I have been more intensely exposed than previously to the harm that it is doing to the rate of progress against aging. The problem is that apologists for aging within gerontology base their opinions on arguments that most of us—even those such as myself who discuss such matters with a wide variety of constituencies—would never have thought of, and thus never critique.

I promised you a case study, so here it is. I recently had the pleasure (in the sense that a cordial exchange of views with another intellectual is always a pleasure, but only in that sense) of corresponding with a prominent social gerontologist who claims that the war on aging is ageist.

Yes, you read that right. My correspondent genuinely regards it as desirable to celebrate the challenges of aging in order to give the elderly more dignity and thus better quality of life in spite of their plight. This is in line, in my experience, with many other social gerontologists and geriatricians; it was the particularly articulate and unabashed manner in which this professor expressed his view that drove me to focus on it in this editorial.

I am left so speechless by this position that I apologize if I complete this account mainly by use of simple quotations. Statements made by my correspondent include the following:

Your concluding points are in essence re-iterating the position that no death can be a good death. This is a point of view that has been increasingly common in the West through the twentieth century. My point is that the cultural logic of this position is to deprive those people in the life stage next to death of any means of valued existence.

If so, is there any way to avoid the conclusion that “cultural logic” is an oxymoron?

There are many alternatives to Cartesian thought in both the West and other cultures. The problem with it is that it arbitrarily separates the individual and social personality from the body it inhabits, and thus enables the body to be seen merely as a machine to be tinkered with. Hence you feel able to make the argument you present.

Would Descartes have agreed that this separation was “arbitrary”?

There is some irony, given the history of “nature/nurture” debates (or mutual incomprehension) between science and social science, that I am arguing that bodily processes and social and psychological processes are tightly mutually bound up together whereas you are arguing that they are separate and can be tackled independently.

“Mutual incomprehension” is clearly on the money—but particularly here, where the ability to tackle two things independently is blithely presumed to require that they be separate.

We can all agree frailty is by definition undesirable . . . So when old age is equated with illness it is a category which no one wishes to have applied to themselves. Our language has no terminology which differentiates social and biological ageing, nor a system of cultural categorisation that distinguishes them, hence when biological definitions dominate older people are as a result devalued.

Our correspondence has so far concluded with my reply to this last point. The idea that a terminological convention should dictate a decision to continue to condemn 100,000 people per day to an unnecessarily early and unnecessarily painful death is possibly the most extreme example of the pro-aging trance that I have ever encountered. The fact that it is espoused by a highly credentialed gerontologist—someone who can sway (and, by extension, can counter my efforts to sway in the other direction) the views of policymakers and opinion-formers concerning the world’s number one killer—depresses me more than I can easily express. At least he’s willing to engage in cordial debate; all is not lost. I shall not capitulate.
REFERENCES


—Aubrey D.N.J. de Grey
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