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Being a gerontologist: intersections between the professional and the personal in the Ageing of British Gerontology project

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Abstract

Despite the growth of cultural gerontology this century, relatively few gerontologists have interrogated their own experiences of ageing through a critical reflexive lens. This paper seeks to address this lack of attention by discussing some findings of the Ageing of British Gerontology project: a two-year (2015–2017) Leverhulme-funded study focused on identifying key developments and changes in gerontological research, theory, policy and practice in Britain since the founding of the British Society of Social and Behavioural Gerontology (now the British Society of Gerontology) in 1971. As part of our mixed-method study, we undertook 50 in-depth biographical interviews with ‘senior’ or retired individuals who have played a key role in the creation and development of gerontology in Britain. As well as focusing more widely on gerontological developments, we asked participants about the relationship between their professional insights into ageing and their personal experiences of ageing – both their own and that of loved ones. In this paper, we discuss the findings in relation to five key themes: health, illness and mortality; close personal relationships; work relationships; challenging ageism; and ageing selves. We found evidence that participants often drew upon their personal experiences of ageing in a range of contexts, including teaching and research. There were also numerous examples of professional insights informing personal decision-making, especially in relation to care of loved ones, though the emotionally challenging aspects of this emphasised the limitations of professional insights. Ultimately, we argue that the distinction between the personal and the professional is something of a false dichotomy, and there is often a complex interplay between the two aspects.

Keywords: cultural gerontology; reflexivity; ageing; gerontologists

Introduction

The Ageing of British Gerontology was a two-year (2015–2017) Leverhulme-funded study that looked critically at the ways in which gerontological knowledge has

developed and changed over the past 40–50 years. The research questions focused on identifying key developments and changes in gerontological research, theory, policy and practice in Britain since the founding of the British Society of Social and Behavioural Gerontology (now the British Society of Gerontology) in 1971. Through archival analysis and a series of in-depth biographical interviews, we explored the evolution of gerontology and identified how it has been understood and conceptualised by those who have been fundamental to its creation and development. Given that participants were at a later stage in their careers, or indeed had retired, we were also interested in the connections between their own experiences of age and ageing and their professional career, as well as their reflections on the ageing of others who are close to them, such as partners and parents. We examined their relationship to their own ageing and whether being a gerontologist had helped them to navigate their personal experiences, or whether those experiences challenged what they thought they knew through research and professional practice. The insights gathered in addressing this research question form the basis of this article. Readers are also invited to explore the materials available on the websites of the project (<https://www.keele.ac.uk/abg/>) and the British Society of Gerontology (<https://www.britishgerontology.org/about-bsg/history/the-ageing-of-british-gerontology>), as well as the book about the project (Bernard *et al.*, *in press*).

Gerontologists on ageing

It is perhaps surprising that while an extensive literature on auto/biography exists in many fields – including, in particular, narratives relating to health and illness (*see e.g.* Sarton, 1973, 1984, 1988, 1992, 1993; Davis and Horobin, 1977; McKevitt and Morgan, 1997; Rier, 2000; Oakley, 2007; Bolte Taylor, 2008) – relatively few gerontologists have yet chosen to reflect on the links between their professional involvements in ageing and their personal experiences. There are some notable exceptions to this. Some 30 years ago, pioneering American gerontologist/psychologist Bernice Neugarten (1988) wrote about the links between her academic career and her own ageing, as did environmental gerontologist Powell Lawton (1990). More recently, Andy Achenbaum (2011) has written about the experience of being a grandparent while, in an article entitled ‘As a gerontologist enters old age’, geriatrician William Hazzard (2013) reflects on his own health. He describes his approach to ‘personal preventive gerontology’, which includes strategies for maintaining physical good health and embracing ‘an exciting challenge and opportunity to continue to learn, to grow and to be inspired by the next generations of students and practitioners of all disciplines that contribute to the care of folks like me’ (Hazzard 2013: 639).

In addition, several British gerontologists have drawn on aspects of their own ageing in their academic writings. Examples include Bill Bytheway’s (2011) *Unmasking Age* book, Sara Arber’s work on grandparenting (Arber and Timonen 2012) and Julia Twigg’s (2015) research and writing about clothing in later life. Although by no means focusing exclusively on people’s own ageing, an earlier collection of 16 articles and essays by 13 North American and three British

contributors – in a 2008 special issue of the *Journal of Aging Studies* – addressed the relationship of critical gerontologists with their subject and includes examples of reflection on ‘walking the talk’:

I know firsthand more about wisdom, about loss, about compensation, about courage in late life than I gleaned decades ago from materials stored in archives. In my brushes with chronic illness and with cancer, I have come to a self awareness of myself as a spiritual being. Spirituality animates the way I write and live in my seventh decade. Learning lessons from the past, while incorporating ideas from gerontological symposia, help me ask questions and seek answers in ways that resonate at the interstices of my mind, my heart, and my deeds. Few professionals are paid, much less rewarded, to walk the talk as I have been fortunate to do. (Achenbaum, 2008: 187)

While Achenbaum emphasises the role of spirituality in his reflections, for Toni Calasanti the intersection of the professional and the personal is primarily a political issue:

Here, at the intersections of my career success and middle age, I feel both the fact of ageism and our need to eradicate it. I see my bodily changes, the indifference that greets gerontology, my peers’ attempts to keep aging at bay, and my parents’ efforts to make doctors take them seriously. All of these are data and impetus to uncover and fight ageism. (Calasanti, 2008: 157)

This special issue illustrates the differing ways in which it is possible to ‘write from the personal’ and ‘become historical to oneself’ (Moody, 2008: 208).

However, personal or auto/biographical reflection is a somewhat different undertaking to being the subject of biographies written by others, or to taking part in empirical research. Book-length biographies have been written about, for example, the pioneering American scholar, psychiatrist and Pulitzer Prize-winning author Bob Butler: an iconic figure in the evolution of gerontology (Achenbaum, 2013); and, in the United Kingdom (UK), about Eric Midwinter: social historian, educationalist, co-founder of the University of the Third Age, and former Director of the Centre for Policy on Ageing (Hardie, 2015). In similar vein, special issues of the *Journal of Aging, Humanities and the Arts* (2010) and *The International Journal of Reminiscence and Life Review* (2018) were dedicated to the life and work of gero-psychiatrist Gene Cohen and psychologist James Birren, respectively. Over 20 years ago, Achenbaum and Albert (1995) compiled a biographical inventory of 300 profiles of key researchers, teachers and practitioners in gerontology to mark the 50th anniversary of the Gerontological Society of America, while biographies and profiles of prominent UK geriatricians – from Marjory Warren to the present day – can be found on the website of the British Geriatrics Society (see <https://www.bgs.org.uk/about/archive>). However, to date, there are very few examples where gerontologists have been asked by other researchers about their own ageing. In the United States of America, Dana Bradley and colleagues (Brown *et al.*, 2015) have been undertaking the WIGL (Women in Gerontology Legacy) Project since 2014. Through means of structured

interviews, the project seeks to capture the lifecourse trajectories of older women gerontologists and emanates from the Gerontological Society of America's Task Force on Women.

These kinds of auto/biographical writings and research reflect the wider cultural turn in social science and the emergence this century of cultural gerontology (Twigg and Martin, 2015), as well as resonating with what scholars and theoreticians have variously termed 'age consciousness' (Woodward, 1991; Gullette, 1997, 2004), 'conscious ageing' (Moody, 2009), 'generational intelligence' (Biggs and Lowenstein, 2011), 'reflexive seniority' (Miles, 2014) and 'conscious criticality' (Amigoni and McMullan, 2019). Such concepts and perspectives are not just about critiquing society's treatment of ageing and older people, and relations between different generations; they are also about the ability to critique and examine one's own life and relationships as one grows older. Indeed, Cathrine Degnen (2015) suggests that there is now an entire cohort of (cultural) gerontologists who are able to reflect differently on the ageing process, including their own ageing. For gerontologists interested in meaning-making, a unique opportunity exists to reflect on their own experiences of ageing as Jon Hendricks (2008: 109) notes: 'Not every academic field offers those who ply it an opportunity to encounter themselves in the pursuit of their subject. Social gerontology is an exception, fortunately, and what we make of it is a personal choice.'

That said, there is still a sense that an opportunity for the advancement of gerontology has been missed in the limited attention to date on gerontologists' experiences of ageing. Settersten and Hagestad (2015: 49) argue that: 'There are few examples of gerontologists who have been reflexive about their own aging and the insights generated in the process. This creates a state of affairs that limits understanding and theoretical advances.'

Likewise, Des O'Neill (2016: 439) observes that 'it is striking how little scholarship has been directed towards the attitudes and personal beliefs of geriatricians towards ageing and, in particular, towards their own future narratives'. Consequently, the Ageing of British Gerontology project is, we believe, the first time empirical research on this topic – and on this scale – has been conducted, certainly in the UK. It has involved not just academics and researchers but a wide range of 'gerontologists' from different disciplines and professional backgrounds.

Methods

The first phase of the two-year (2015–2017) mixed-method project concentrated on researching the archives of the British Society of Gerontology which, at the time, were held at the Centre for Policy on Ageing in London (but have since been moved to Swansea University). The second phase involved filmed qualitative interviews with 50 'senior' figures in British gerontology, using a life history/biographical framework. A purposive sample was initially compiled based on our knowledge of the field and our professional and personal networks, the main criteria being around length of career and significance of contribution to the development of British gerontology. The list included people from ageing organisations and from other areas of practice and policy, as well as from academia. Once the project began, the list was cross-checked with members of the Advisory Group and, as a

consequence, some names were removed, others were added and others, it transpired, were unfortunately no longer alive. In addition, a couple of further participants were identified and invited to take part as a result of their contributions being highlighted during the first interviews. The final 50 participants included researchers, practitioners and people who saw their role as translators or facilitators of research. For various reasons, by no means all participants (including researchers) described themselves as gerontologists, but we use the term broadly in this article simply to signify their contribution to gerontology.

Keele University's Ethical Review Panel approved the project (including the interview guide, information leaflet, consent forms, letter of invitation and participant details form) in 2015. The letter of invitation and information leaflet set out the details of the project and explained that the interviews would ask about people's career and development; their reflections on the evolution of gerontology as a discipline; their involvements with the British Society of Gerontology; as well as their own experience of ageing and any ways in which this intersected with their professional/academic life. For the strand of the project reported on in this article, we were intrigued to explore to what extent participants thought about their own ageing, or whether, as Calasanti (2008: 157) suggests, 'most people continue to keep their concern with the aging of our population at the abstract level, as few of us want to think about ourselves growing old'. Participants were asked in what ways they drew upon their professional knowledge in navigating their own ageing, or that of others close to them and, *vice versa*, about any ways in which they applied their personal insights about ageing to their work.

During 2016, all three members of the research team conducted the interviews which took place in various locations around the UK, mainly either in participants' homes or their places of work, though one took place via Skype with a participant now living in Australia. All interviews were audio-recorded and professionally transcribed and, in the 43 cases where permission was given, they were also filmed by the researcher using a tripod and camcorder.¹ Interviews typically lasted around two hours. Participants were also invited to attend a photography session with gerontologist, professional photographer and artist Sukey Parnell. Most sessions took place either at the British Society of Gerontology's 2016 Conference at the University of Stirling, or at Sukey's studio in London. Forty-seven people consented to be photographed as part of the project.²

Following the interviews, all 50 audio recordings were fully transcribed. The transcripts were checked in detail by the research team and then sent to participants who were asked to correct any errors and provide additional information if they wished to do so. At our request, transcripts were not substantively amended, in order that they remained an accurate record of the interview. Ethical approval had been given on the basis of being able to use participants' real names, provided that people had the opportunity to ask for the removal of any parts of the transcript that they did not wish to be published, or that they wished to only be included on an anonymous basis. This was, therefore, a further objective in returning the transcripts. Only a couple of people asked to have some parts of their transcript removed and, with this proviso, all 50 participants consented to have their quotes used and attributed in publications, presentations and exhibitions, and on the websites of the project and of the British Society of Gerontology.

Together, the research team conducted an initial manual analysis of the transcripts using an analytical framework that developed iteratively. Each member of the team then worked individually on this data-set for three separate, but related, aims: to produce a more detailed thematic analysis of the transcripts using NVivo software; to provide the filmographer with narratives and content for the eight films; and to develop 500-word pen portraits of each participant. Consequently, all three members of the research team were immersed in the data. With each member taking a lead on each of these three separate tasks, we were also able to cross-check our analyses and discuss and agree the main findings with each other.

Findings

To contextualise the findings – and echoing Calasanti's (2008) suggestion above – participants varied in the extent to which they wished to discuss their own experiences of ageing: some clearly relished the opportunity, while others were reluctant to discuss the topic or commented that they had given little thought to their own ageing. There were various ways in which people related elements of their working lives to their own ageing. Unusually, in the case of Simon Biggs, he drew direct parallels between the age focus of his work and his own lifecourse, having started his research career focusing on adolescence, then looking at mid-life and, at the time of the interview, now working on dementia. Not everyone, however, drew connections between their work and their own ageing, suggesting that there was no strong relationship between their professional life and their own experiences. Chris Phillipson, for example, asserts that: 'I don't have any great insights into my own ageing. It's there, manifest, but ... I'm afraid I'm not terribly hung up on examining it in terms of its intrusion into my professional life'.

For the purposes of this article, the findings are organised around five key themes: health, illness and mortality; close personal relationships; work relationships; challenging ageism; and ageing selves. Each of these themes considers the ways in which people draw upon their personal experiences of ageing in the course of their work and, conversely, in what ways they draw upon their professional knowledge in navigating their own ageing. It is also important to note that issues of ageing were often implicit when people discussed their attitudes to retirement. However, retirement as a topic is discussed in more detail elsewhere (Bernard *et al.*, [in press](#)) and in one of the films entitled 'Do Gerontologists Ever Retire?'

Health, illness and mortality

The physical ageing of our bodies was referred to by a number of participants, and experiences of 'early indicators of ageing' were commonly viewed as being 'par for the course', causing varying degrees of frustration and irritation, but often not seen as too serious. There was also recognition that such difficulties could affect people of any age; people were often able to adapt and, in some cases, the impact of relatively minor health challenges could be mitigated by the enjoyment of pursuing healthy lifestyles:

Changes to eyesight are just annoying. I think my hearing is declining, and I find that pretty irritating ... I believe in doing what one can to maintain health. So, in terms of leading a reasonably physically active life, and having a ... healthy diet and everything: I do that largely because I enjoy it rather than that I think it's going to buy me a few more years of life. (Tom Kirkwood)

The accounts of many participants were clearly influenced by knowledge of the benefits of 'active ageing': Christina Victor, a lifelong swimmer, spoke about how this had influenced her interest in physical activity and ageing as a research area. Robin Means, on the brink of retiring at the time of his interview, admitted that:

Suddenly, you start comparing your own biography and projected biography against the literature in a kind of interesting way. So I still 'other' the issue of dementia – rightly or wrongly. But the more general issues of ageing, and what is a good old age, what is active ageing, suddenly, is about me and my life.

However, there was acknowledgement from Robin, and several others too, that it was not always easy to put active ageing principles into practice. Even when people were generally in good health and taking steps to follow healthy lifestyles, this was often accompanied by a sense of not knowing 'what's around the corner' (Jim Traynor) and fears about actual or anticipated loss of activities:

I've always been a hill walker, and I'm still able to hill walk. Last year when we went up Green Gable and Great Gable, I said, 'Well we better go up today, this might be the last time I can get up here.' Which was a jesting remark to a friend of mine's son who was 25 or 30 or so. But it kind of is like that. You have to think, 'Well is this the last opportunity?' (John Bond)

Some participants were also surprised when they became ill. Clare Wenger, for example, found it difficult to accept that she had had a stroke, as 'strokes happen to other people'. Similarly, John Vincent reflects with some bemusement on the way in which it had to be pointed out to him that he had experienced a 'fall', despite his professional understanding of the term:

I never thought of it like that until someone pointed that out to me. But to me, I had a blackout and damaged myself as a result of falling on the kerb. I never thought of it like that: as 'a fall', but of course it was, it's exactly the same.

Other participants were struggling to adapt to severe health issues, in some cases acknowledging that this had forced them, perhaps rather reluctantly, to confront their own ageing:

I have fallen about a year ago, broken or fractured some bones, and they don't heal very easily. So I'm really fed up about that. And I realise that I've got quite severe osteoporosis. And when you realise that, because it's so hidden a thing, and because I'm very active and love walking and exercising, you have to, sort of, think, 'Yes, but I'm old, I'd better be careful.' (Sally Greengross)

These experiences, responses and attitudes are clearly not exceptional and would no doubt resonate with many older people from every walk of life. The key question therefore is around the relationship between such experiences and people's professional lives as gerontologists. There were some comments acknowledging that, to some degree at least, the common emphasis in gerontology on ageing as a social construction could be challenged by the realities of people's lived experiences:

I talk blithely about ageing not being directly related to decline. And yet, something's happening and clearly my body doesn't seem to behave in the same ways it did 20 or 30 years ago ... one becomes aware of more stiffness and pain or aches after activity, and so on, than perhaps was previously there. And I guess on a more psychological level, that sort of sense of how do you manage the fact you're not going to be able to do X, Y and Z: these things that we sort of have on our bucket list. 'Yeah, I'll do that at some point.' But suddenly you realise that well, maybe the time has gone. (Bob Woods)

On a practical level, there were a variety of ways in which people made use of such personal experiences. Mary Marshall, for example, talks graphically about how she brings her own health experiences into her teaching of students:

Increasingly when I stand up and teach I say, 'Look at me': I've got arthritis; my proprioceptors are shot because I have two plastic joints and arthritis ... In terms of sensory impairment, I've got the beginnings of macular degeneration. I know exactly what that looks like ... if you've a big grey blob in the middle of your eyes, you walk into things ... And so what I benefit very directly from is experiencing what I'm teaching. And I don't know what the dickens the people I'm teaching make of it when I say, 'Look at me' as I cross the floor, watching the floor ... And, if you're experiencing complexity, it's really useful in a macabre sort of way.

For Eileen Fairhurst, issues of health and illness are not only a matter for later life but are at the heart of her self-identity. She experienced a CVA (stroke) in her thirties and 'had to learn to talk again'. Eileen describes how her professional insights and identity helped her to cope with traumatic challenges, which also included devastating bereavements. She draws directly on these experiences in her academic life, highlighting an article (Fairhurst, 1997) that she wrote for a collection of papers (Jamieson *et al.*, 1997) as being significant in her personal recovery and return to her career, and describing how, to some extent, she has been able to 'step outside' her difficult personal experiences and to view them through a professional lens:

Those kinds of personal aspects of my biography have clearly had an impact on what I did. And I can remember, I think it was the paper that I did in the Anne Jamieson collection of papers, which was, for me, a real kind of breakthrough of getting back into being an academic ... Having that academic identity has helped me very much: has been a great source of resilience in view of the personal experiences I've had ... I've never been reduced to just one identity. So, personally, it's been a lifeline, I guess.

As well as these approaches to using personal experiences of health and illness to inform professional understandings, there are also examples of the opposite: of people's professional knowledge informing the personal in practical ways. Randall Smith talked about some of the steps he had taken regarding making advanced directives and appointing a Power of Attorney, and highlighted that he had shared this knowledge – gained through his work – with particular colleagues. Meanwhile, Christina Victor has prepared a 'care home box' for herself, knowing that if she did one day have to go into institutional care then she may not be able to collect her precious things together at the time:

I've got my box of things that I'm going to take to my care home. Everybody in the family thinks is ... Because I keep saying, 'Look ... I might end up in a care home.' So I guess this must be through my work. I've never really thought about it like that. You know most people go into a care home as a result of an emergency ... so I've got my box of things that are important.

In discussing issues of health and illness, numerous participants also touched upon – either implicitly or explicitly – their mortality. Robin Means refers to finitude as 'the hardest bit to address', acknowledging that he avoids confronting the fact that there is 'an endpoint to ageing'. As Joanna Bornat also articulates:

You know it's going to come to an end soon. Perhaps sooner than later, who knows? And I think that's also a very determining and shaping thing ... I used to think, 'How do old people cope with the idea of death?' And it was mostly by people never talking about it. Which probably is just as well because who wants to talk about death the whole time?

In Peter Coleman's case, he had recently, if rather reluctantly, become involved in end-of-life issues, feeling a sense of responsibility because of the particular perspective that he could offer on the issue:

I do have a religious view on ageing: I think it has some meaning, some purpose and one must find it and bear witness to that, too. I feel that with the views that I have, I should be involved in end-of-life issues, end-of-life care issues ... I've agreed to join the BPS [British Psychological Society] working party on end-of-life care. Just a very recent decision. It's not something that I really want to do, but I feel a kind of obligation to express myself in that kind of context, and to express an ageing voice: a gerontological voice within it...

Unsurprisingly, where people's work directly involves end-of-life issues – in research or in practice – this does prompt reflection on their own mortality. In Ian Philp's case, such reflection focuses on the high proportion of older people who achieve 'a state of acceptance about death', in that even though they may not wish to die they do not see it as a tragedy because they have had a good life. A small number of participants also talked about their views on the 'right to die'. Sally Greengross argues that it is unfair that only those with the financial resources can go to Switzerland if they are 'close to death and suffering' and

wish to end their lives. She actively campaigns on this issue and feels that ‘knowing a bit about ageing’ has influenced her views. Likewise, Ann Netten argues that people should have this choice rather than the idea that ‘you struggle on and struggle on when ... life isn’t offering you many things’. Of course, issues of health and illness, including end of life, are closely related to people’s relationships with their loved ones, a theme now considered below.

Close relationships

As well as recounting their own experiences of ageing, people would often reflect on the ways in which the experiences of family members intersected with academic discourse on particular topics. Christina Victor, whose work has been influential in understanding loneliness in later life, discussed her late mother’s ‘really strong relationship’ with her grandson (Christina’s son). The strength of this relationship meant that although she was ‘very isolated’ and ‘potentially lonely’, nevertheless ‘as far as she was concerned, that was all she needed in her life and she was very content’.

Grandparenting was a theme common to numerous accounts: many participants talked of their commitment to, and enjoyment of, their grandchildren. In some cases, they made explicit links between their grandparenting and their professional experiences, as John Vincent does here:

Well I think the one thing that we haven’t talked about, which does reflect on gerontology and my work and understanding of generations, is the fact that I’m the oldest of four generations of my family. I not only have children and grandchildren but great-grandchildren, and I live for them as much as anything.

Others reflected on ageing without children and/or grandchildren. For some people, this was a matter-of-fact discussion that might include concerns over levels of support if they reached advanced old age. Julia Johnson also talked about the worry of not being able to pass on, for example, family photographs that have been given to her by older relatives. She relates this to the concept of ‘succession’ which she suggests ‘has been very much neglected in gerontology’. In some cases, ageing without children was clearly a painful issue, and this was particularly so for Eileen Fairhurst who had experienced the devastating loss of her three children. She reflected on the challenges posed in particular by family occasions, as well as on how other relationships, such as with nieces, nephews and friends, become all the more important.

Interviews frequently included accounts of caring for older relatives, particularly parents, during periods of declining health, and often through periods in residential care and, in many cases, at the end of life. For many participants, such experiences gave deeply challenging insights into the issues that had been a core focus of their work for many years. Mary Gilhooly, for example, commented that her experiences of supporting her mother and her aunt had resulted in her ‘living and breathing the stuff ... that I’ve been reading about for years, but suddenly I could understand what this really meant’. This was often a time when the limitations of professional insights became apparent, and professional identities could be both a help and, on occasions, problematic.

In a practical sense, professional knowledge could be helpful in decision-making about family members. John Bond, for example, knew of the risks of his bereaved father moving home to live nearer to his family through his understanding of the value of social networks in later life, especially when one has lived in a particular place for many years. Several other participants spoke about how professional knowledge could be helpful in navigating the workings of the care system and, in some cases, obtaining services and benefits family members were entitled to. However, involvement in decision-making processes for loved ones (especially when choosing care homes) could lead to the kind of uncertainty and anxiety that is commonly associated with such challenges. Here, Joanna Bornat reflects on these issues in relation to her mother:

I think I used that knowledge to judge what I thought would be good for her and, at different points, I don't know, I sometimes think I've failed her totally and other times I think we did help. It's really hard to know.

Being well informed and able to engage confidently with all the relevant systems and services by no means meant that everyone had been able to get the support they needed for themselves or their loved ones. This had been the case for Tessa Harding who, following retirement, had spent three years caring for her stepmother who had dementia. Tessa describes how, by the time she died, she herself was 'in a state of collapse':

And there simply is grossly inadequate support. There's nobody to share responsibility with ... That's what I found most difficult. It wasn't the lack of information, although there was a lack of that ... it was accessing services because there basically weren't any. I couldn't even get an assessment for her or for me as her carer.

Moreover, while some participants were open about their professional background in dealing with (for example) hospital and care staff, others deliberately did not reveal it, due to the risks of making those staff more defensive, or leading them to withhold information that might be used to challenge a particular decision. Maria Evandrou describes how she removes her 'professional hat' and deals with such situations simply as a family member:

If it involves my family, I don't want to put them off. I want them to do their job in a confident way ... and they're just often surprised that I'm asking very informed questions. And so it doesn't help ... if I tell her I'm a Professor of Gerontology [when] at the time, we're trying to deal with turning the person or the practicalities of the care package. So, at the time, I was the niece; I'm the daughter; I'm the sister.

This point is echoed by Jim Traynor who acknowledges that he struggles to detach himself from his professional role in such circumstances, and so sometimes has to take a step back, commenting wryly that 'as a social worker, you can't be a social worker in your own family'.

From an emotional perspective, it was generally felt that no amount of professional insight could provide adequate preparation for painful personal experiences.

Tom Kirkwood, reflecting on living with someone with dementia, spoke for many when he said: 'however much you know about it professionally, you can't anticipate what it actually feels like'. The illness of loved ones was the main area where people acknowledged that personal experiences had gone some way to challenging what they thought they knew. This is described particularly poignantly by Mike Nolan, who gave a moving account of his family's experiences of supporting his mother through depression and dementia in the final years of her life:

And you know I produced guidelines on how you should do this, and all the things you should look for. But when it comes to doing it yourself, it's just an entirely different experience. When you know *everything* you *should* be doing, but actually doing it with your own parents is a very, very much more challenging experience than I imagined it might be.

It was also clear that the relationship between the personal and the professional is not simply unidirectional: instead, for many people it was a two-way relationship. Here, Jay Ginn also discusses her experiences of supporting her mother:

Yes, some of what I'd learned through my research informed me as to what was available for my mother. But equally, finding out what worked well and what didn't, helped me to know what questions to ask about social care: identified the issues that need investigating. I learned about the Homeshare scheme from a social worker, Nan Maitland, who was the founder. And we used the scheme for my mother's care. I wouldn't have met that person if it hadn't been for networking in the course of research.

When Sara Arber was designing and undertaking research work on sleep in care homes, she found the experiences of visiting her mother in a care home each week over a six-year period to be 'actually helpful', noting that whilst the personal experiences did not create her interest in doing the work, 'all aspects of our biographies influence how we see things'. In Mary Marshall's case, concerns relating to the treatment of her father led her to do a series of lectures for Alzheimer's Disease International:

He became a kind of case study. I don't know if he would have liked it or not, but I suppose in some sense there's an ethical issue about using him. But he was a great social change campaigner, so I think he probably would have been okay. A whole range of major ethical issues came out of that experience, which is very salutary and important.

Thus, for some participants, supporting family members in the final stages of their lives made them strongly resolved to bring about changes to try to improve the experiences of others – particularly through recognising that – as Mike Nolan comments, 'without those sets of insights ... people who have to deal daily with the system, they must really find it quite challenging'. Such experiences emphasise the complexity of these interconnections between the personal and the professional,

which are further highlighted through the interpersonal relationships that people develop through their work.

Relationships through work

Through their employment in the field of gerontology, people had often become part of a 'community of practice' where the lines were blurred between professional relationships and friendships. Accounts included days spent with fellow gerontologists in people's gardens at home, both in the UK and overseas, where they could talk, exchange ideas and plan publications. Some participants singled out individual people who had been influential in their careers and had also become personal friends. This strong sense of a community of practice (which is not unusual within academia) was reinforced by the almost universal perception of the British Society of Gerontology as being a small, friendly organisation, and of the annual conference being exceptionally inclusive and welcoming. Again, in some cases the strengths of the relationships, especially amongst those who had been members since the early days, was seen by some as being linked to the nature of gerontology: it was perceived, particularly historically, as an unfashionable, marginalised subject, which people tended to be discouraged from engaging in. This contributed to a sense of solidarity amongst long-term members, who effectively became an 'ageing community' in themselves.

Whilst the focus was generally on the long-standing relationships *within* this 'ageing community', John Miles also reflected on his recent experience as an 'older' research student trying to relate to younger gerontologists embarking on their careers:

What I think I really most enjoyed playing around with as a student within a gerontology setting was: what is it that, as a senior or an elder in this place, this situation, what do you offer? What should a conversation with [a younger gerontologist] be about in relation to career, growing up, making choices? And how do you communicate stuff without being boring, or just absorbed with the context in which you grew up? Which is a very difficult ... becomes a difficult thing to carry around with you without getting up other people's noses. So I enjoyed that as a challenge.

Other people reflected on what it felt like to have started out their research careers as significantly younger than their older research participants, but now to have reached a similar age:

I think, when I started doing research on age, I was in my forties. And although I was very committed to improving the lives of frail older people, inevitably I think they were frail older people: distant; there's a distance that's there with age. And I suppose, as I get older, I'm conscious that I'm now in the category that I used to study, and still study, as it were. So it is something that provokes reflection. (Julia Twigg)

Bob Woods, who feels that he had the strongest relationship with the older people he worked with in the early days of his career, also talks about the challenging

realisation of no longer being able to ‘other’ older patients as he grew older himself:

Latterly, all my clinical work was in memory clinics: seeing people concerned about their memory and perhaps in the early stage of dementia. And increasingly I began to see people younger than myself, and that was a very odd sort of feeling in lots of ways ... I think in clinical work, older adult psychologists sort of have this sort of privileged position for most of their careers of being able to feel, ‘Well, I’m not in that position.’ But then as you age, suddenly you are ... So I think that was a big change.

Robin Means discussed this issue in relation to engaging critically with the concept of co-production, including questions about whether older researchers themselves could contribute their personal insights in representing ‘the voice of the older person’. Robin felt that having now become part of the ‘in-group’, he was in a stronger position to interrogate the motivations and rationale behind co-production in different types of research contexts, as he now had ‘the authority of being the same age’. Randall Smith raised a similar issue, describing how, as an ‘older person’, he can justifiably be seen as representing the ‘user voice’ in meetings with research partners and other organisations.

In many ways, exploring the theme of relationships through work clearly illustrates that the ‘personal’ and the ‘professional’ is, in fact, a false dichotomy. This was a point made by a number of participants, including Bill Bytheway, who commented that, ‘the BSG [British Society of Gerontology] was one of the worlds in which we were all ageing’, and that there was learning to be gained from examining what was taking place between people at BSG meetings and conferences. Rather than these occasions being an escape from jobs and ‘the real world’, such interactions were also part of the reality of ageing and lived experience. These realities also included a clear political dimension for many participants as well as coming face-to-face with ageism in their own lives.

Challenging ageism

A uniting focus across the careers of all project participants is that everyone has worked in some way to challenge various forms of ageism. In this respect, growing older enables people to reflect on the extent of wider progress towards this goal. In some cases, there was recognition of how far we have come, and a sense of optimism for the future. Kate Davidson, for example, comments:

We can’t change minds overnight but I am hoping that with the baby-boom generation of which I am one – I’m in the classic first-wave baby boom straight after the war – that we are the ones that are hopefully going to be able to sort of be old and be proud of it and maybe our generation will ... We will see a sea change when we get through.

In contrast to this optimistic assessment, a number of participants felt disappointed by continuing levels of ageism. Joanna Bornat suggested that it was, if anything, becoming an even more pressing issue and was concerned that:

What I and maybe others saw as a reliable intergenerational contract now appears to be crumbling ... The difference which has emerged is that we older people are blamed for the economic downturn, basically for living too long and having benefited too much, and now for the [European Union membership] referendum result.

Joanna's disappointment and anxieties are echoed by Peter Coleman who describes being 'worried about the future of ageing in a way that I wouldn't have expected to be'. Likewise, Bill Bytheway – who is known for his contributions to our understanding of ageism – reflects on his own position in a 'fundamentally ageist' society:

I mean it's a paradox, isn't it? ... on the one hand I think older people at the moment are having it quite easy, aren't they – aren't we? Compared with the students next door who are basically loading themselves up with debts for the rest of their lives ... But at the same time ... the whole society is fundamentally ageist, and part of you thinks, 'Well, that's the way of the world ... there's nothing wrong with that'. Even when I'm asked to declare my age, 'I'm older' because that's how things work ... and it's relatively quick and painless ... but the fact is you are categorising yourself ... and barring yourself from various possibilities and at the same time privileging yourself.

Experiencing ageist attitudes first hand had also given unwelcome insights into some of the issues that had only been understood on a theoretical basis otherwise:

With all the hundreds of interviews of older people I have done, I was never aware of these changes in the way you are spoken to – or I may have occasionally noticed it but I had no idea of its effect on older people. It creates a distance between you and the person you are talking with, whereas previously you were spoken to as an equal. Gradually you start to believe you are weaker than you were and not as competent as you were. (Clare Wenger)

John Miles refers to a number of presentations that he had recently given with the theme of 'I hope I get old before I die'. He argues that (as gerontologists), 'unless we are willing ourselves to be old, we won't be creating a positive social construction'. He goes on to talk about the connections between the language used to describe ageing and the fact that 'the oldness we need to value is the oldness that will come, regardless of whether we're running marathons, or dancing at 101'. For some participants (though by no means all), reflecting on becoming and being old in these ways is fundamental to people's ageing identities.

Ageing selves

The ways in which people spoke about their ageing selves ranged from those like Paul Higgs who asserted that, 'In terms of personal ageing, I suppose I haven't really thought about it', through to people such as Anne Jamieson who, at the time of interview, had just completed an article that included explicit reflection on her own experiences of retirement (Jamieson, 2016). Others describe their own ageing in terms of somewhat detached, academic curiosity. Tom Kirkwood

says: 'I, kind of, experience my own ageing ... with curiosity, interest, sometimes frustration.' Likewise, Ian Philp comments:

I think my academic training has allowed me to realise how important it is to look at it both objectively, in terms of not deluding yourself about things, but have a spirit of inquiry and curiosity around what is life? What is ageing all about? What difference can you make in your own life? Gerontology gives you that perspective, I think, which makes for a better life, really.

Eileen Fairhurst, by contrast, emphasises the ways in which her own experiences have reinforced her sociological perspective on the lifecourse as a 'messy', non-linear process, while Chris Gilleard – noting that he does not personally wish to be defined by age – expresses similar views on the [ir]relevance of the different 'stages' in life:

I mean, this notion that Chapter One: birth; and finally, Chapter Eight: death. And Chapter Seven is old age ... I kind of have no interest whatsoever in that kind of view. I mean, I'm conscious that a lot of my friends are old so I must be old. And I will talk about things ... it's like I share this generational discourse.

Peter Coleman, meanwhile, reflects on the fact that his 'background in lifespan developmental psychology' means that: 'I've always been conscious: what am I doing now at this stage of life, and so on? I'm always looking at these theories and seeing how, to an extent, they are reflected in my life.' Coming from a similar background and perspective, Simon Biggs both echoes and expands on this theme:

Yes, I think it's a funny thing that gerontology does to you, because you're thinking about ageing in a way that most people on the street don't think about it. So it's present for you ... And it's something that helps you reflect upon yourself and where you're going and what you're planning. And I think, as you mature yourself, you can see the truth of some of the things that gerontology expresses in your own experience.

In Simon's case, being a gerontologist is helpful in navigating transitions and challenges at different stages of life, providing insights that enable one to focus on the future. In reflecting upon his relationship to his own ageing, he suggests that the precariousness that is such a persistent theme throughout many people's accounts can be a foundation for meaning in later life, in the sense of making the most of the time that remains:

I think being more relaxed about life; also, valuing things more: being less anxious about achievements and your position in the world, and more concerned about the fact that you know you've got a limited number of years. You don't know how many, but you know it's limited.

The accounts of Eileen Fairhurst and Ken Blakemore – both of whom had experienced painful bereavements and serious ill-health themselves – were particularly

informed by a heightened awareness of the fragility of life. Eileen's philosophy is: 'You can't wait: you can't sit around waiting for things to happen. Just get on and do.' The late Ken Blakemore similarly – and poignantly – talked of his accentuated focus on 'living for the day'. He described his 'sense of brevity' as being 'not a gloomy or pessimistic thing' but rather 'a kind of intensity of experience' in which, as a writer, he was determined 'to get these things written while I can'. He also spoke of having a heightened awareness 'of the beauty of the environment and all the usual clichés ... about scenery and so on'. Ken made direct links between his attitude to life and his experience as a gerontologist:

It's led me to expect happiness, or more satisfaction in later life, which has generally come true. I mean, there are always setbacks and losses. I've been through some bad losses ... But there was always that light at the end of the tunnel that I'd read this research about how, in your sixties, that ... unless you get a serious illness, you feel the most fulfilled, and maybe even beyond that. So gerontology's given me a very positive outlook towards ageing, which is sort of coming true, partly because I've decided it's going to come true.

Spirituality and faith also shapes people's relationship to their own ageing. Alison Norman, Simon Biggs and Peter Coleman all discuss the importance of later-life spiritual growth and development. Indeed, Peter sees spiritual growth as 'quite central to later life' while Malcolm Johnson explains that being a Christian is – like being a gerontologist – a core part of his identity.

For others, their experience of their ageing selves was shot through with ambivalence: a sense that being a gerontologist 'should' be helpful, but uncertainty about whether this is in fact so. As Sara Arber says:

It would be nice to think that having studied ageing, one is better able to cope with one's own ageing: the mask of ageing and all those sorts of things ... I don't know, to be honest. You know, I don't know.

Nor could being a gerontologist address all people's fears regarding their own ageing, as Julia Twigg explains:

When I look at frail older people, I think I ... what do I think? ... I think that's my future. And I think, like most people, I don't find that terribly encouraging, to be honest. I'd like to say, as a gerontologist, positive things, and there are positive things to say. But there's also quite a frightening future, however bravely gerontologist you are.

Moreover, in marked contrast to those who felt that being a gerontologist had helped them in some way to navigate their own ageing, Julia Johnson clearly felt uncomfortable about the disjuncture between her professional and personal experiences:

People tend to say, 'Oh, you're the expert on ageing.' Well, actually, no, I'm not. And I feel rather ashamed of the lack of connection between my academic life

and the reality of ageing. I think the whole thing is quite scary, really, and that being a gerontologist has not prepared me for it at all.

Indeed, in some cases, it was even possible to 'know too much' about ageing, as Anthea Tinker contends:

I think we know too much, quite often. You know: ignorance is bliss. I think we almost do know too much about it. It's not always a very ... I know the upbeat message about contributions of older people: ... it's all bright and cheerful, but it isn't. There are downsides, particularly when you get relatives who die and you see them dying, it's not a cheerful picture.

Overall, however, there was widespread recognition amongst participants of both the problems and the potential of later life, understood through both a personal and a professional lens, and this was often expressed in terms of acceptance and a sense of resilience as here, by Joanna Bornat:

I call old age settling for less because everything, the things you do, tend to be less than you did: like your health or your stamina or whatever, is less than it was ... you just have to settle for it. You can't really rail against it ... I've never been one who's been into any anti-ageing activities or anything like that. You just have to accept it and things are sometimes quite tough to accept.

As Sally Greengross also observes: 'there's no point in not coming to terms with ageing'.

Conclusion

The findings from this strand of the Ageing of British Gerontology project demonstrate both parallels and differences to existing auto/biographical literature and research. While the interviews did not concentrate on experiences of health or illness, this group of professional and academic gerontologists shared stories about their own ageing, and the ageing of others close to them, which inevitably revolved around these issues. However, they also discussed personal and professional relationships, the impacts of ageism and aspects of their ageing selves. The explicit focus on ageing and ageism is what distinguishes this study from cognate work: it shows how being a gerontologist provided useful practical insights that were helpful in both people's professional and personal lives whilst, at the same time, the realities of ageing challenged what people thought they knew.

As gerontologists, participants were able to draw on their experience and knowledge to plan and prepare for potential changes should they become seriously ill, mentally incapacitated or in need of institutional care; to help with decision-making and provide advice and information to loved ones about services; to be able to deal with the kinds of professionals and systems one might encounter later in life; and to enhance teaching, academic writing and research relationships. However, putting professional knowledge and experience of ageing into practice was not straightforward and, on occasion, knowing too much could in fact be unhelpful. Moreover, on an emotional level, no amount of theoretical or academic

understanding could compare to actually experiencing particular challenges first-hand. Together, these findings suggest that making a sharp distinction between the personal and professional aspects of gerontologists' lives is something of a false dichotomy. Instead, influences of each on the other are much more complex and nuanced, and not unidirectional or absolute. Rather, there is often interplay between the two aspects. For some participants, their ageing experiences and their work identities as gerontologists have been, and remain, closely intertwined; for others, the relationship is present but perhaps more in the background.

Between them, the gerontologists in this study have generously shared stories of their own ageing and engaged in self-reflection and self-critique about the intersections between the professional and personal aspects of their lives (Ray, 2008). As well as adding to existing auto/biographical work, the findings also provide empirical evidence for – and illuminate – conceptual formulations such as ‘age consciousness’. Indeed, Pickard (2016: 244) argues that developing an authentic ‘age consciousness’ as part of reimagining the meaning of old age is formed by ‘an individual biographical narrative in which we “tell our own stories of age”’. Participants also demonstrate ‘reflexive seniority’ (Miles, 2014) in action in which self-reflection, in combination with continued curiosity and compassion, a proactive interest in others and other issues, and a willingness to adapt, are essential. Far from being a narcissistic activity, John Miles told us in interview that gerontologists reflecting on their own ageing and experiences of ageism is not just an opportunity but also a responsibility: a responsibility from which others might usefully learn. As Katz (2015: 31) also contends: ‘when our work and careers are looked at reflexively, they provide exciting individual portals into how biography, imagination, ideas and circumstance are connected to our pursuit of critical perspectives’. In thinking about the relationship between professional and personal experiences, one such new idea was proposed by Bill Bytheway. We conclude with Bill’s upbeat suggestion that gerontologists could be viewed as ‘ageful’:

A lot of us gerontologists, far from thinking we’re ageless, we’re actually thinking we’re ageful ... I think it’s an interesting contrast to youthful. And, arguably, it’s only us gerontologists who are ageful, and constantly sort of thinking about our changing age.

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Notes

1 The films were edited according to thematic areas, creating a series of eight films. These are available on the British Society of Gerontology website: <https://www.britishgerontology.org/about-bsg/history/the-ageing-of-british-gerontology>.

2 The photographs were developed into a project exhibition which was launched at the British Society of Gerontology 2017 conference at Swansea University, and also later displayed at Keele University. The exhibition includes a companion newspaper-style publication, a series of postcards, pull-up banners and the project films. The electronic element of the exhibition and an online version of the companion publication are also available on the British Society of Gerontology website, as above.

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