Gerontology at Case Western Reserve University
A History of Pioneering Scholarship

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Tracking the evolution of gerontology at Case Western Reserve University (Case) has been an inspiring and humbling experience. We chose the landmark publication of the anthropological treatise by Leo Simmons, *The Role of the Aged in Primitive Society* (1945), published the same year that the Gerontological Society of America (GSA) was chartered, as the start of gerontological activity at Case. In the 60 years since the publication of Simmons's classic book, members of the faculty have produced steady streams of pioneering scholarship. Many intellectual and organizational leaders, from different "management centers" and departments, have made their mark. Yet, a hallmark feature of aging scholarship at Case is that it has, from the beginning, focused on the intersections between the social sciences, medicine, and nursing, thereby capitalizing on strengths in these distinct areas.

Gerontologists at Case have been a determined, creative, and colorful group. Though they often shared an intellectual or organizational base, they were also highly individualistic in their orientations. There has been a persistent dialectic between countervailing forces of cooperation and conflict. Individual leaders often had to overcome the limited or wavering support of administrators or doubting colleagues, but through their efforts they repeatedly demonstrated that positive external evaluations and support for aging-related activities also merited internal recognition. The history of gerontology at Case can be organized into six distinct eras, to which we now turn.

THE BEGINNINGS

The early history of gerontology and geriatrics at Case was closely intertwined with pioneering efforts of physicians at the Benjamin Rose Hospital for the Aged (est. 1953), a hospital that was jointly operated by the Department of Medicine and the Benjamin Rose Institute (est. 1908). This hospital focused on rehabilitation of chronic diseases of aged persons with limited means and was directed by Austin Chinn. Chinn's commitment to delivering high-quality services to chronically ill elderly individuals resulted in efforts to introduce geriatric training throughout the medical school, and his multivolume *Working with Older People: A Guide to Practice* (1966–1971), which became the standard textbook for geriatric training.

Chinn enlisted the efforts of two talented young internists—Sidney Katz and Amasa Ford—to establish high-quality geriatric care, design rehabilitative services, and assess their effectiveness. In 1957, Katz published a landmark paper on the measurement of activities of daily living, which would eventually evolve into the national standard for assessing IADL (the most widely cited measure appeared in 1963 with Ford and colleagues Moskowitz, Jackson, and Jaffe as coauthors). At this time, neurologist Joseph Foley also created groundbreaking guidelines for conducting neurological examinations of the aged, and nursing professor Mary Adams was instrumental in launching early research on the provision of services to the aged.
These investigators were committed to tackling pressing social issues, collaborating with social scientists and, above all, doing right by older people. This spirit was also reflected in the introduction of courses in the late 1940s and early 1950s that were, for the first time, explicitly devoted to aging—including Social Legislation and Public Welfare, which focused on survivor’s insurance and proposals to amend the Social Security Act, and Meeting the Needs of the Aged. These courses signaled what would later become major commitments to education and training in gerontology.

THE EARLY YEARS

In the early 1960s, Western Reserve University, which merged with Case Institute of Technology in 1967, was becoming a national hub of gerontological activity. By 1962, a wide variety of courses were regularly offered, including Aged in America, Cultures and Aging, Economics and Aging, Personality and Aging, Family Life Socialization and the Aging Process, Sociology of Old Age, Aging and the Problems of Aging, and Care of the Aged. Few universities could boast such a range of offerings. During the 1960s, Ruth Glick, a professor in the education school, launched a continuing education program—termed Retirement Studies—designed for the elderly decades before elder hostels and lifelong education became fashionable. Other pioneering ideas of this decade include Irving Rosow’s landmark Social Integration of the Aged (1967), which, along with his later work Socialization to Old Age (1974), laid important foundations for later theories of aging.

Gerontological efforts began to coalesce programmatically during the early 1970s, as a few leaders seized opportunities as gerontology began to expand as a field. The first major funded training program in aging at Case was spearheaded by Marvin Sussman, who obtained funding from the National Institute of Child Health and Human Development to train doctoral students in sociology; he recruited George Rosenberg, who had published The Worker Grows Old (1970), to lead the program. Sussman also obtained funding for a highly visible research program on families with emphases on aging. This paved the way for subsequent family research by Case faculty, including Jetse Sprey, Sarah Matthews, and Gay Kitson. The Journal of Marriage and the Family was for numerous years housed in sociology, with Sussman and Sprey each serving terms as editors.

STRUGGLES AMIDST RETRENCHMENT

The period from the mid-1970s through the mid-1980s was a time of retrenchment in arts and sciences at Case. Faculty positions were lost with each retirement, and graduate programs dwindled. Yet, the thrust of gerontology continued as strategic collaborations were forged between faculty in the social sciences and medical school. Marie Haug, who had received her doctorate in sociology from Case in 1968, was a central force behind these collaborations. In 1978, Haug established the University Center on Aging and Health (UCAH) with Armasa Ford, noted earlier, and David Van Tassel, a historian who was advancing humanistic perspectives on aging and had edited Aging and the Elderly (1967) with Spivak and Woodward and Aging, Death, and the Completion of Being (1979). Although the missions of UCAH have changed slightly over the years, its central task has always been to foster interdisciplinary collaboration and generate innovative research, education, and services to further the well-being of elderly people. Explicitly formed as a partnership between the social sciences, nursing, medicine, and the humanities, UCAH was truly unique for its time.

AGE OF EXPANSION THROUGH COOPERATION

Rising out of the era of retrenchment came an era of expansion and growth. This was prompted by Haug’s successful efforts to raise funds for two senior positions in gerontology, which led to the hiring of Eva Kahana and Bob Binstock. Kahana joined the Department of Sociology in 1984, bringing the Elderly Care Research Center (ECRC) and a newly funded NIMH-sponsored postdoctoral training program in mental health and aging, and soon after assuming duties as department chair. Boaz Kahana, a clinical and developmental psychologist who was recruited to chair Cleveland State University’s Department of Psychology, codirected the postdoctoral training program and the ECRC. Binstock, who had served as president of the GSA from 1975 to 1976, arrived on campus in 1985 and held the Henry Luce Professor of Aging, Health and Society in the medical school. Kahana and Binstock shared a commitment to raising gerontological scholarship and education at Case to new heights, and Binstock took a secondary appointment in sociology and helped revitalize its graduate program.

Although Haug retired at the age of 70 in 1984, she directed UCAH for some time and her status as a leading scholar continued to grow long past the age of retirement. Haug remained an important influence in fostering campus-wide initiatives on aging and conducted funded research with Ruth Dunkle, who directed UCAH after Haug, and May Wykle, who directed after Dunkle. Kevin Eckert of anthropology and Ford were also active collaborators in UCAH activities. The pervasive climate was one in which major gerontologists knew they could—and should—support one another’s efforts. Diane Ferris, who had served as department assistant in sociology for
20 years, became the administrative assistant at UCAH and offered good cheer as she worked with Haug and Wykle to organize annual conferences on timely topics. These conferences resulted in 14 books published by Springer, a tradition that continues today. Illustrative of these books are Physical and Mental Health of Aged Women (Haug, Ford, & Sheaf, 1985), Food, Drugs, and Aging (Dunkle, Petot, & Ford, 1986), Stress and Health Among the Elderly (Wykle, Kahana, & Kowal, 1992), Family Caregiving Across the Lifespan (Kahana, Biegel, & Wykle, 1994), and Serving Minority Elders in the 21st Century (Wykle & Ford, 1999).

With the support of Dean Joyce Fitzpatrick, UCAH was given a home in the nursing school and became the place where people met and exchanged ideas. Specific centers with focused research agendas began to spring up and thrive, working in tandem rather than at odds with one another. Eva Kahana directed the ECRC; Peter Whitehouse led the Alzheimer's Center (est. 1986), Jerome Kowal directed the Geriatric Research and Education and Clinical Center (est. 1975), and Ford headed the Office of Geriatric Medicine. During the 1980s and 1990s, two teaching nursing homes were also funded at Case, one by the Robert Wood Johnson Foundation and the other by NIH.

With a renewed sense of community among gerontologists across campus, and with the cachet of the NIH-funded geriatric mental health initiative in nursing and the postdoctoral training program in sociology, gerontologists at Case were better positioned to enhance predoctoral training. In an effort to rejuvenate PhD-level training, Kahana initiated a successful NIA-sponsored interdisciplinary training grant in 1989 with Grover Gilmore of psychology and Wykle of nursing as codirectors. None of the individual programs was sufficiently developed yet; cooperation was central to both stimulating graduate training and growing departments and schools. With external funding, these investigators worked closely to enlist the support of deans for university-funded fellowships to complement the federal traineeships. This resulted in a new cadre of graduate students who brought fresh energy into classrooms and research projects.

The Department of Sociology made a conscious decision to focus its doctoral program on aging and medicine. With each retirement, new faculty hires were made to build these areas (e.g., Kyle Kercher, Gary Deimling). Alumni and new graduate students played central roles in invigorating the department's graduate program. Of special note were the contributions of distinguished alumna Linda Noelker, who was leading the Research Institute at Benjamin Rose, and graduate student Elaine Borawski (now associate professor of epidemiology and biostatistics at Case), who helped to recruit students nationally.

Faculty presence in gerontology grew as deans began to recognize its value. This recognition resulted in several new hires, including David Biegel (applied social sciences), Charlotte Ikels (anthropology), Robert Palmer (medicine), and Milton Strauss (psychology). The presence of these scholars complemented other long-standing and productive members of the faculty who have not yet been mentioned, including Melvin Goldstein (anthropology), Herman Hellerstein (cardiology), Merl Hokenstad (applied social sciences), Jack Medalie (family medicine), Alex Orfer (psychiatry), Grace Petot (nutrition), Danielle Ripich (communication sciences), and Beverly Roberts (nursing). These new faculty strengths also supported successful training efforts, such as a postdoctoral program in geriatric medicine directed by Jerome Kowal and the renewed funding of the predoctoral program in sociology directed by Eva Kahana.

Interests began to converge across departments and schools in the area of health and aging, which was the focus of the initial predoctoral training grant and would become the hallmark of the next era. Many efforts were aimed at understanding health experiences and caregiving in medical settings and a wide range of other social environments, whether single room occupancy hotels, support networks and families, retirement communities, or across cultures.

GOLDEN AGE OF MEDICAL SOCIOLOGY AND MEDICAL PARTNERSHIPS

Throughout the 1990s, social science graduate programs matured. The strong spirit of cooperation continued, but each initiative was now self-sufficient. Because sociology had made aging and health the centerpiece of its program, it was in a position to secure funds for a predoctoral training program. Anchored in the discipline of sociology but greatly enhanced by collaborative relationships with other units, this new predoctoral training program was funded by NIA in 1995 and renewed in 2000. Rick Settersten, who arrived in 1995, joined Kahana as the codirector of the program.

This new era brought attention to issues of aging, health, and society, but was organized around three specific disease populations: Alzheimer's disease (AD), cancer, and arthritis and musculoskeletal disorders. Major projects related to AD were aimed at understanding the etiology and treatment of the disease and caregiving to persons with AD (expressed through the research of Robert Friedland, Marian Patterson, Kathleen Smyth, and Peter Whitehouse). Similarly, major research on arthritis was conducted through a center on arthritis and
muscular skeletal disease headed by Moskowitz, who invited collaboration with health services researchers and sociologists (Kahana, Kercher, Kwoh). Cancer research also became a major focal point with the establishment of the Comprehensive Cancer Center. Strong basic science initiatives were complemented by a focus on prevention and epidemiology under Kurt Stange (family medicine). Over time, these efforts led to the funding of an aging and cancer initiative under the direction of Nathan Berger (medicine). A significant stream of basic research also focused on the biology of aging, with high profile contributions by Karl Herrup (neuroscience), George Perry (pathology), and Arnold Kaplan (biology). Health communication and doctor-patient relationships became an integrating theme across research on these distinct diseases.

Health care initiatives also converged in studies of acute care of the aged in hospitals. Seth Landefeld (medicine) attracted many first-rate researchers interested in aging. A series of publications related to functioning and quality of life among hospitalized patients involved collaborations by Ken Covinsky, Robert Palmer, and Denise Krescevic, later to be joined by Amy Justice, Kent Kwoh, and Laura Siminoff, all from internal medicine, and Kurt Stange from family medicine. Several of these medical researchers reached out to sociologists as collaborators. Covinsky and Justice received K08 awards, with Kahana as their mentor, on studies of coping with depression and HIV/AIDS, respectively, in later life; Landefeld collaborated with Sue Hinze on dual career physician couples; Kwoh became involved in research on responses to medical care by arthritis patients with Kahana and Kercher; and Stange served as principal investigator on applications related to aging and medical care with the Kahanas and Kercher. Marcia Pyle (dentistry) and Eleanor Stoller collaborated on the role of self-care among elders with oral pathology.

Though medical and health care initiatives were a central focus during this period, there was also an active strand of scholarship that emphasized healthy aging and the resilience of older adults. These initiatives included the Kahanas' longitudinal study of proactive adaptation among Florida retirees, as well as targeted studies of adaptation to traumatic stress and life-threatening illness, such as the Kahanas' studies of elderly survivors of the Holocaust (with Zev Harel) and Gary Deimling's studies of cancer survivorship. Emphasis on healthy aging was also at the foundation of a program of research on cognition among the aged, spearheaded by Cleve Gilmore of psychology, and on gerontological nursing, anchored in the efforts of Patti Brennan, Carol Musil, Beverly Roberts, May Wykle, and Jacqueline Zauszniewsky.

Educational initiatives grew in tandem with these advances in research, bringing a new interdisciplinary major in gerontology studies, a certificate in gerontology for graduate and professional students, the ongoing predoctoral training program in sociology, and postdoctoral programs in geriatric medicine and cancer research.

THE DAWN OF A NEW CENTURY

Much of the work of gerontologists at Case today relates to themes of diversity, whether that which is produced through time and the life course or through social inequalities. The need to describe variability among older people, and to explain its causes and consequences, brings significant challenges to theories and methods. These challenges are prompting new research topics, questions, and theories (or revisions of old ones) to better account for dramatic social changes that have altered the aging of both individuals and societies. These complexities, for example, are reflected in the writings of Settersten, whose recent work seeks to reveal connections between late life and earlier periods and to strengthen partnerships between life-course sociology, life-span psychology, and history. Dale Danner, who recently arrived on campus, has turned attention to issues of inequality and aging, particularly cumulative advantage and disadvantage.

The ever-changing world has also brought novel and difficult bioethical dilemmas. These dilemmas, for example, are reflected in the work of Binstock and colleagues, who are grappling with the consequences of anti-aging interventions meant to extend the human life span to its limits. The importance of this inquiry is also reflected in the new Department of Bioethics, which includes figures such as Eric Juengst, Steven Post, and Stuart Younger. Ethical concerns also are being addressed in a growing number of funded projects on end-of-life issues (Barbara Daley, Beth O'Toole, Julia Rose, Aloen Townsend).

As we look back on this history, we see moments of great hardship and victory, but always the commitment of a critical group of individuals to conducting pioneering scholarship. What is rather unique to Case is that disciplinary boundaries have seldom stood in the way of people coming together. From the very beginning, a small group of progressive-minded physicians crafted equal partnerships with nursing and the social sciences. What is more, cross-disciplinary cooperation, especially against a backdrop of limited institutional resources, eventually led to greater administrative support.

Many of the pioneers who loomed large early in this story—Ford, Foley, Katz, and Petot—are still with us as senior scholars. As role models, they embody a set of
humanitarian values in seeking to improve the lives of older adults and train new generations of practitioners and researchers. We finish our story with even greater respect for the individuals on whose shoulders we stand and the long traditions of which we are part. We also leave with renewed excitement about the future of gerontology and the hope that more of its promises will be fulfilled in our lifetimes. But that, of course, is a history that will be written by someone else.

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REFERENCES


