A Home for Age Studies?

*Erin Lamb*

In 1999, I decided to go to graduate school to focus on aging, but I couldn’t find programs that were a fit for the questions I wanted to explore about identity, meaning, and representation. I studied literature in college, and I wanted to remain in the humanities. At that time in the United States, there were a handful of PhD programs in gerontology, but these had only the occasional token historian and no other humanities faculty. I didn’t see a clear road ahead to what I wanted to do. So, I picked a PhD program in English that was open to interdisciplinary work and an advisor willing to let me explore a topic in which she had no expertise.

Twenty-four years later, the situation is much the same. You cannot get a degree in age studies; you will not find departments of age studies; and you will not find job listings seeking experts in age studies, although age may be regarded as an attractive expertise you bring to a job in literature, history, sociology, etc. I informally surveyed age studies colleagues to ask, “If you knew an undergraduate or graduate student who wanted to become an academic in the field of age/aging studies, how would you suggest they do this?” Their advice for this student at the crossroads of higher education was to choose a discipline that appeals to them methodologically and focus on age within that discipline,

---

1 You may find departments of “aging studies,” but these are generally equivalent to gerontology departments, featuring strong multidisciplinarity with little to no representation from the humanities. There are some multi- or interdisciplinary “centers” where you can find small clusters of people who identify with the field, and Europe especially has post-doc or project-based opportunities that may gather groups of age studies colleagues.

2 I conducted informal interviews with seven age studies colleagues from five different national contexts, all of whom I know personally, and all of whom operate within or tangential to an academic “home” of health humanities. Via the NANAS (North American Network in Aging Studies) and ENAS (European Network in Aging Studies) listservs, I have also informally surveyed nineteen anonymous respondents from at least seven national contexts.
and/or choose an institution where there is another scholar interested in age studies who might guide their study. There is still no clear academic “home” for age studies.

And yet, without question, age studies is an established and growing field. Among markers of the field’s growth, we can point to the existence of the European Network in Aging Studies (ENAS, established 2010), the North American Network in Aging Studies (NANAS, established 2013), this journal (Age, Culture, Humanities established 2014), special age-focused issues of other journals, regular conferences and symposia, and increasing attention to and activism around ageism, much of this catalogued on the Old School: Anti-Ageism Clearinghouse website (established 2018). Whether we call the field age studies or aging studies, whether we focus across the life course or on older age, and whatever we think is our relationship to the field of gerontology, there is a “we” here to whom I can appeal. As Andrea Charise argues in her manifesto for the field “The Future is Certain,” there’s little value in quibbling over definitions; instead, let’s just “Make a big tent” (Charise 15). Let’s also acknowledge that the age studies tent has grown substantively bigger over the past decade or two.

Given this growth, does having an academic “home” for age studies matter? In thinking about how their work on age does, and does not, fit into their academic position, a colleague recently said to me, “I just want to be able to talk about age and aging.” This comment acknowledges that it may be a challenge for many of us to make space for age in the work we do. Does the relative “homelessness” of age studies contribute to that challenge, and if so, what can we do about it?

---

3 Throughout this article, I will use the term age studies. To be clear, the field as I envision it is one that draws methodologically from across the humanities, the arts, and the qualitative social sciences; that generally distinguishes itself from gerontology as being more theoretical and more focused on meaning; and that explores how age works as an identity category across the life course, how our ideas about aging are culturally constructed, how we might best fight and eradicate ageism, etc.
My thinking on these questions is shaped by my context as a North American academic, trained in American literature, and working in the field of health humanities. Age studies and health humanities have been developing over roughly the same chronology, and my academic career has involved opportunities to help build formal organizations and collaborative structures (conferences, listservs, etc.) in both fields. I have seen health humanities become academically entrenched while age studies has remained more nomadic. Age studies scholars gather at conferences or over specific projects, or they collaborate on journal issues and book series. Yet age studies scholars who want to live as academics typically need to find permanent housing elsewhere—within other disciplines or fields. Camping out in other disciplinary homes both enables and constrains the work we may wish to do. The alternative option is that we might consider building our own home for age studies.

In this essay, I explore some of the consequences that follow from age studies being academically “homeless.” I then use the example of age studies scholars working within the “home” of health humanities to delineate some of the gains and constraints of pursuing age studies work within a different discipline. I assess whether an academic home is necessary for growth in age studies, or practical as a venture, and lay out several priorities for future field growth. My hope is that this framing will be helpful for the larger conversations our field needs to have about its future. Personally, I remain ambivalent, as I have the luxury of speaking from a position of having found my own academic niche in health humanities which allows me to do the work on age I aspire to do. It may also well be that the work others most want to do involves policy, or advocacy, or areas that don’t necessarily require academia, let alone an academic home. But because opportunities to influence students’ ideas about age and aging are central to shaping age savvy future policy-makers, advocates, and others, I believe that opportunities to reach students should guide us in our
field-building. My particular investment is in considering the student who is scanning the possible roads ahead, looking for a place they can pursue age studies.

**Consequences of the Academic Homelessness of Age Studies**

I see at least three key consequences that follow from the academic homelessness of age studies. The first is that networks like ENAS and NANAS become crucial but also face significant challenges in garnering financial and institutional support. These organizations enable us to stay abreast of what others are doing, to exchange new ideas, and to build relationships that lead to collaborations, grant projects, and more opportunities for people to pursue age studies. Nevertheless, these organizations are often not primary affiliations for people. ENAS and NANAS set their fees reasonably low on the assumption that they will always be a secondary organization for scholars because age studies scholars will also be working in other fields that have more established organizations that are more recognized and valued by their departments or institutions.\(^4\) Following from the perception of ENAS and NANAS as secondary organizations, we don’t have the centralized funds to fully support a conference without additional institutional support, and we have few individual members who are in an institutional position to command the resources and administrative support necessary to launch an international conference, even one of our relatively modest size. Even though NANAS and ENAS have worked cooperatively to support joint conferences, and NANAS has experimented with virtual gatherings, there is no guaranteed annual conference. These organizations and their annual conferences are not only essential for

---

\(^4\) For example, in various moments of my career, my primary academic organization has been the Modern Language Association or the American Society for Bioethics and Humanities or the Health Humanities Consortium—but never NANAS, even when I was helping to chair the organization.
building field identity and collaborations, but also for bringing new scholars—like that student at the crossroads—into the field.

A second, related consequence of the homelessness of age studies is that our energy and resources often get devoted to setting up tents for age studies within other disciplinary or interdisciplinary organizations, rather than building up our own age studies organizations. If we have the luxury of institutional funding to support conference participation, our institution is still more likely to recognize the value of, and thus be willing to fund, participation in organizations it sees as primary rather than secondary. Thus, for scholars in literature departments in the United States, presenting at the Modern Language Association (MLA) may be perceived as more valuable than presenting at NANAS. As a consequence, age studies scholars have worked diligently to build enclaves for age within those other primary organizations. Within the United States, age studies tents have been pitched in organizations like the Gerontological Society of America, the National Women’s Studies Association, and the MLA. Such spaces facilitate valuable opportunities to introduce age studies across other disciplines and may be a means of attracting new scholars. At the same time, the energy and resources that go into creating such spaces (and regularly attending other organizations’ conferences) are not available for further building NANAS or ENAS. We may attract new scholars, but once engaged, we have limited options to point them to for further exploration.

A third consequence of the homelessness of age studies is that it leads many of us to engage in “stealth age studies”—that is, slipping age and aging into our teaching and our scholarship wherever we can, rather than having the freedom to focus wholly on age. Many age studies scholars I have talked to or surveyed don’t get to teach courses about aging because they must teach courses that are central for reproducing the academic discipline of their home department. Thus, it is clearly easier for those in gerontology departments, or those who
specialize in a recognized subdiscipline like sociology of aging, to teach about aging than it is for those in fields like literature, history, philosophy, or gender studies, to name just a few. If a scholar in these latter fields teaches a course on aging, that course will most likely be an elective rather than a required course and hence typically taught less often. Or, it may be that aging is inserted into other courses through a focused unit, or a particular text, or a day or two of material. In this scenario, students are less likely to be assigned papers or projects about aging and to be engaged by such independent inquiry. Given these limited opportunities, a secondary effect of “stealth age studies” is that it makes it harder to recruit new scholars into the field, let alone makes it challenging to get the ideas of our field circulating broadly in academic spaces and reaching students who can take these ideas out into the world.

**Gains and Constraints of Pursuing Age Studies from Other Academic Homes: Camping Out in Health Humanities**

I have noted above some of the consequences—some ambivalent, some primarily negative—of age studies’ academic homelessness for the field as a whole, but how does this homelessness affect individual age studies scholars? To investigate this question more deeply, I would like to consider age studies scholars who, like me, have made an academic home in the health humanities.

Health humanities, also referred to as medical humanities, is an inter-(or trans) disciplinary field that focuses on the intersection of health with humanities, fine arts, and qualitative social science disciplines. The field uses “methods such as reflection, contextualization, deep textual reading, and slow critical thinking to examine the human condition, the patient’s experience, the healer’s experience, and to provide renewal for the health care professional” (“Defining Health Humanities”). Within the US, the Health Humanities Consortium (HHC) held its inaugural conference in Colorado in 2015, the same
year as NANAS’s first conference in Miami, Ohio. In the years since these inaugural conferences, health humanities has gained significantly more institutional purchase than age studies, both in terms of institutions in a position to host the annual conference and in terms of being institutionalized—that is, having dedicated academic degrees or academic departments and dedicated academic jobs.⁵

While multiple explanations can elucidate this differential growth, some of the most compelling are that health humanities is a much broader field than age studies and attracts larger numbers of scholars; that many health humanists are positioned within health professions schools which have been more protected from the demographic “enrollment cliff” threatening higher education in the United States, resulting in more secure resources to support conferences and other activities (“Looming Enrollment Cliff”); and that health humanities has positioned itself as an applied field (Klugman and Lamb) that offers needed correctives for a clearly sick American health care system. In recent years, I have seen several age studies scholars settle within, or adjacent to, health humanities’ growing academic home.⁶ I want to speculate on why this is the case and what we gain and lose when we locate age studies in other disciplines or fields. For those of us who have other disciplinary “homes” within which we do age studies, I hope this discussion will serve as an illustration that helps us to think about the gains and constraints of our scholarly locations.

---

⁵ Health humanities is developing somewhat differently within Europe and within the UK, where it has a long and strong tradition, than it is in the United States and in Canada. Unless I reference a specific geographical context, I will be speaking to health humanities within the North American context.

⁶ For example, Canada offers two minors explicitly in the health humanities, both started in the last five years, and both started by age studies colleagues (Lamb, Berry, and Jones). The recent volume Critical Humanities and Ageing: Forging Interdisciplinary Dialogues, edited by Marlene Goldman, Kate de Medeiros, and Tom Cole, is published within the Routledge Advances in the Medical Humanities book series. These examples speak to how age studies scholars are creating curricular opportunities, and finding publishing venues, within health humanities.
Clearly, one of the gains is, simply, resources. Health humanities has regular conferences where attention to representational aspects of aging, age as an intersectional factor, ageism, dementia, etc. are welcome topics. There has been steady growth in degree programs in the field which offer curricular opportunities at the baccalaureate and master’s level (Lamb, Berry, and Jones; “US Health Humanities Graduate Programs”), and programs exist within medical and other health professions education curricula. Growing degrees most often signal the presence of departments or formalized programs, which mean there are jobs to be had in health humanities for which someone who focuses on age may well qualify. Those degree programs and jobs help to justify multiple publishing venues. While there have been some key health humanities journals for a couple of decades, book series and textbooks have been proliferating, largely justified by this growth in the field. When I talk about a field like health humanities having a “home,” these are the markers to which I am pointing—regular opportunities to present and publish scholarship, jobs that allow one to teach and research squarely within the field, and structural entry points to bring students into the field (classes, conferences, etc.)

Another key gain of pursuing age studies through the particular field of health humanities is curricular flexibility and thus freedom to teach about age. Ongoing conversations are occurring within health humanities about common learning objectives, essential disciplinary/methodological approaches, global assessment measures, etc. But for now, health humanities programs are a product of who happens to be at an institution that starts a program. With little consensus about what constitutes basic competencies in the field, it is easy to make the case for exploring age as part of the human condition, and aging-into-old-age and ageism as an essential component of health and medical experiences. It is thus much easier to teach age-focused classes. In short, because health humanities has the loose boundaries of a field rather than the
more strictly self-replicating rigidity of a discipline, it is easier to move from “stealth age studies” to insisting on the centrality of aging as another aspect of intersectionality critical to field inquiries. This would almost surely not be the case working within a more established discipline.

While these gains and resources and flexibility for teaching are significant, there are also several constraints to camping out in another field’s home. One such constraint is the need to contribute to that field beyond the age studies work we might wish to do. Such work might include teaching survey courses or other required courses for the major, or being pushed to apply for grants that are of particular value or interest to the department or institution but unrelated to age studies. It might also be necessary for our scholarship to land in the journals that our department or institution see as “flagship” for their field, even if those are venues where it is very difficult to place work on aging. All of this work is a necessary part of the appointment, tenure, and promotion process, and thus our ability to focus on age may be significantly hampered, especially for early career scholars. I would guess many of us may enjoy the diversity of engagements that come from the work one does for their academic home, but it is likely impossible for age to be central to all of our scholarship and teaching when working through another field.

Another constraint is that our field may dictate the lens through which we are able to look at age and aging. For age studies work within health humanities, that means age is typically considered in relation to health in some way, which is a limiting and possibly problematic frame to put around age and aging. The field of health humanities often—though certainly not always—takes place within, or adjacent to, or as preparatory for, medical or health care spaces. While often strongly critical of medicine, the field largely looks to reshape from within rather than critique from without. What gets lost if our focus on age and aging is bracketed by a focus on health and medicine? Certainly, topics that don’t
touch on health or wellness in some way—for example, inquiries about “late style”—may be seen as less relevant. Yet even within the realm of health and medicine, exploring a parallel example of disability studies and health humanities suggests that such bracketing may threaten our capacity to censure and to change some of the central structures that shape aging experiences.

The field of disability studies, which has a similarly close relationship with medical spaces, has been far more critical about working within those spaces and is thus illuminating for thinking about the constraints of working within health humanities spaces. Disability studies has long critiqued a “medical model” of disability and instead promoted a “social model” of disability, insisting that “the problem” of disability lies not in the impaired body, but rather in the disabling environment. Diane Price Herndl suggests that because of the need to critique the medical model, the work of disability studies really can’t be done through medical humanities: “Medical humanists (at least those who work in medical schools)…find that to be heard at all, their message cannot alienate physicians. Thus, while disability studies takes as its primary goal changing policies, environments, and minds, medical humanities seeks to improve the status quo” (Herndl; 595). If true, that suggests health humanities is not going to be the home for an age studies revolution. One other insight that comes from looking at disability studies is that age studies, arguably, has not tackled head on the medicalization and pathologization of aging in the way that disability studies has tackled the medicalization and pathologization of disability. The relationship between age studies and medicine, and between aging and health more broadly, merit critical attention.

A final potential constraint of pursuing age studies through health humanities is the rather practical and applied nature of health humanities work and its broad disciplinary reach. Health humanities has a strong commitment to social justice that translates into valuing most highly scholarship that has real-world
applicability or relevance (Klugman and Lamb). Thus, while the humanities often focus on understanding, explication, and critique, health humanities tends to want those findings to be accompanied by practical ideas for ameliorative change. Without question there is value in simply complicating the way we understand an issue; but such work may not find an audience through health humanities unless it can articulate how this more complicated view may lead to actual change. Moreover, given the breadth of humanities, social sciences, and arts disciplines, as well as health care professions, that find a home in health humanities, scholarship produced in the field needs to be broadly accessible, making jargon and sophisticated theoretical work less desirable. These emphases may constrain what kind of work on age gets produced within health humanities spaces. While I personally find these constraints quite generative, I would never want to insist that all age studies work needs to have practical applicability, nor would I want to discourage sophisticated theoretical work in the field.

I have found health humanities a welcoming place to pursue age studies, but my age studies colleagues may not feel the same. When I asked my colleagues if they, too, have noticed this trend of age studies folks working in health humanities spaces and why this might be, one of the responses I received was: “Is survival a trend?” This response seems to suggest that some may be moving into the comparatively “resource rich” environment of health humanities out of necessity, rather than because they see the opportunities there as desirable.

So Where Do We Go from Here? Priorities for Growth in Age Studies

Having addressed the consequences of lacking an academic home, and both the benefits and constraints of pursuing age studies through other academic homes, what is the best path forward if “surviving,” let alone thriving, is our goal? Building an academic home for age studies will require significant,
concerted effort far beyond the organization-building in which we have so far invested. Given the consistent cutting of humanities departments across many higher education institutions in the United States in recent years (‘‘Here’s What Happened’’; ‘‘WVU Cuts to Humanities’’), we might also need to admit that efforts to create an academic home for age studies—even if useful—could very well be futile.

Even further, we might question whether field ‘‘growth’’ and further institutionalization are the highest priorities for age studies. I have been writing with the presumption that they are because such growth seems the clearest way to enable humanities-aligned scholars who ‘‘just want to be able to talk about age and aging.’’ But this presumption, too, merits exploration. Perhaps it is not an academic field of age studies we should be focusing on so much as it is advocacy and activist efforts around age and ageism and the funding mechanisms, media savvy, and policy prowess necessary to promote these efforts? Does the essential work of age studies take place inside or outside of the academy, or is it necessary to address both at the same time?

These questions of priorities are ones that ‘‘we’’ need to address, through ENAS or NANAS or other fora. Whether or not growth should be a field priority, let alone whether or not building a home is the best path forward, I believe the field of age studies would benefit from staging explicit conversations about desired future directions. As an initial move towards those conversations, I will close by suggesting several priorities for field development that come from the colleagues with whom I have spoken and from my own observations.

1. Diversity

As a field, we need to be more diverse—which is another way of saying that ‘‘White Age Studies,’’ to quote Sally Chivers, needs to be less white, less female, less first world (28). Like Chivers, many other scholars have advanced this
argument in age studies spaces, including Tamara Baker, Aimi Hamraie, and Margaret Gullette (“Against ‘Aging’”). In Andrea Charise’s chapter on “Resemblance, Diversity, and Making Age Studies Matter” in the volume *Teaching Health Humanities*, she argues that “to ensure the long life of this important field” we need to begin “by confronting its ideological centeredness in upper-middle-class white Western experience” (189). Another part of moving in this direction is questioning: What can we do to make our field more attractive and supportive for diverse scholars, particularly scholars of color and scholars from non-American or non-European contexts? The commitment of a journal like *Age, Culture, Humanities* to being open access is a significant boon to such inclusive endeavors, but how additionally might we shift reviewing practices or explicitly invite scholarship from new and more diverse communities?

2. **Address Ageism in the Academy**

We also have a limited number of scholars who speak their age studies work from the subject position of “old,” and thus we need to support older age studies colleagues and collaborate more directly with older adults. Writing in *Academe* on ageism in the academy, Margaret Gullette points out that age discrimination in hiring, ageism in the classroom, and the erosion of tenure which has been a force holding ageism at bay mean “opportunities squandered, talents wasted, lives distorted, wisdom demeaned” (“The Monument”). Travis Chi Wing Lau, a literary, disability studies, and health humanities scholar, makes a similar point about ableism in the academy, writing: “As disability activists continue to remind us of the disability rights slogan ‘nothing about us without us,’ Disability Studies’ status as an academic discipline feels increasingly fraught as so few disabled scholars manage to enter and thrive in the academy, let alone publicly identify as disabled in the face of ableist norms that frame disabled
scholars as professional liabilities or unnecessary drains on limited resources.”

While ageism and ableism are sadly rampant everywhere, age studies and disability studies could unite our efforts to take on ageism and ableism in the academy, and facilitate more age-diverse voices from the academy. Likewise, disability studies’ commitment to involving disabled people in all aspects of their work provides a model for age studies to pursue collaborations with older adults in our research and programming.

3. Promote Our History, Respect Others’

We also need to keep seeking out new and generative connections with other theoretical work and fields, including gerontology, while promoting our substantial body of scholarship. During my years in age studies, I have many times heard complaints about people who “discover” age as an interesting identity to interrogate and don’t recognize the decades’ worth of work in the field. Leni Marshall in her book *Age Becomes Us* responds to the continued use of “groundbreaking” to describe new work in aging: “Forty years of scholarship and still we are just breaking ground—what rough territory this is!” (14). Given the innovative scholarship apparent at ENAS and NANAS conferences, I understand this to be largely a public relations or amplification problem. When we publish or present age studies work in journals or conferences outside of age studies, we should introduce age studies as a rich and historied field of study. In a parallel problem, one colleague pointed out in the survey that age studies scholars may appear similarly naïve to audiences in gerontology, “discovering” age or misrepresenting key gerontological concepts as our field sometimes vilifies gerontology and does not always engage deeply with research in the field.
4. Promote New and Diverse Scholarship

In a similar point, another colleague in the survey has called attention to our need to be more generous in referring to, quoting, and recommending each other’s work to enhance the visibility of the field. It may be that our need to keep “establishing” our field may encourage us to keep turning to and citing the sources that have long inspired us, instead of encouraging us to look to—and promote—innovative new work for inspiration. At the virtual ENAS conference in 2022, the presentations addressed age in the context of a wide variety of theoretical engagements: critical race and diaspora studies, queer theory and LGBTQ+ perspectives, the global climate movement, migration, artificial intelligence, colonial and post-colonial perspectives, trauma, social justice, intergenerational and intersectional approaches, and with a focus across the lifespan including youth culture, midlife, and middle-ageism as well as old age. While talking with my colleagues about age studies and health humanities, I heard one colleague say “Age studies is not enough for me. It doesn’t allow me to talk as broadly as I want to.” Perhaps it is the perception of age studies rather than the field itself that is “too narrow”? Let’s celebrate, facilitate, and widely promote the breadth this field can accommodate.

5. Engage a Life Course View

In keeping with the point above, to continue to push the boundaries of age studies, we should be deliberate in expanding our focus on age to insist on a life course view. I have made this argument in relation to our theorizing of ageism (Lamb). I recognize the viable concern that a life course view will obscure our focus on what the field tends to agree is the most marginalized part of the life course—old age. However, certain versions of old age can bring status and power, and thus seem less marginalized. To quote Charise, “In the binary pair [young/old] that gives rise to age studies, who loses and who wins is neither
clear nor constant—especially in comparison with the historical patterns of oppression that have delineated other profoundly ‘othered’ bodies” (“Resemblance” 190). Rather than viewing this ambiguity as a challenge to making the case for age studies, let’s use this complexity as a contribution to thinking about all ages, and aging, intersectionally. As one possibility, during the Covid pandemic, many in age studies did important work, reaching broad audiences, in calling attention to ageism. But why not go further? In an era where we are referring—at least within the United States—to droves of people leaving the workforce in midlife or earlier with terms like “the great resignation” and “quiet quitting,” why are we not looking to interrogate and reimagine the life course itself and how it shapes the meaning of age? Let’s think in revolutionary terms.

6. Create Pedagogy Resources and Programming

While ageism activism and awareness—such as the excellent work within the United States context of Ashton Applewhite and OldSchool.info or Margaret Gullette—is one important way to spread awareness about age studies, perhaps an even more central way to bring new voices and perspectives into the field is teaching. Creating an academic home for age studies would certainly facilitate such spaces, though it would necessitate many new conversations about what learning objectives, topics, and methods we see as central to our diverse field. One survey respondent suggested there could be great value in developing a reader or anthology suitable for humanities-oriented undergraduate courses. Perhaps NANAS and ENAS can sponsor pedagogy-focused programming—aimed at scholars both within and outside of age studies—to promote cutting edge classroom experiences as well as strategies for “stealth age studies”? Introducing students to age studies is necessary to bring new scholars into the field.
7. **Insist on the Inclusion of Age Across Disciplines**

While I have suggested that an academic home for age studies will facilitate teaching spaces, even if we never build it, we can continue to insist on the relevance of age across all our “primary” disciplines. Whenever the list of approaches to identity appears (race, class, gender, sexuality, disability, etc.), or the –isms version of this list, we can insist that age and ageism should also be present. Eventually, we can hope, it will seem just as irresponsible to do scholarship that ignores age as it does scholarship that does not take race, class, gender and all the other categories of identity into account. Joining forces with disability studies may be another way to open up spaces for teaching, particularly because—at least within the United States—disability studies programs already exist at many institutions. Recent work by scholars like Mariska van der Horst and Sarah Vickerstaff, or on the side of disability studies, Joel Michael Reynolds and Anna Landre, insists that we must think ageism and ableism alongside one another. This call for intersectional inquiry opens the way for attending to age as part of any disability studies program.

**Conclusion: The Student at the Crossroads**

In this essay, I have explored two possible structural visions for the future of age studies, one in which age studies scholars continue to make their homes in other disciplines, and another where the field builds on the already laid foundation an academic home for age studies. As I have admitted, I’m a bit ambivalent about these choices. For me, pitching my age studies tent within health humanities has been very fulfilling and it has allowed me to grow in many new ways. But I also want our age studies edifice—whether a moving tent or an academic house—to be there, with consistency and regularity, to constantly challenge and expand my thinking about age. More importantly—as teaching
about age has been central to my love of this field—I want a recognizable age studies structure to be there for the student looking to find a path into our field. I want age studies to be “enough” for any of us, to allow us to talk as broadly as we want to. Women’s studies, while holding sex and gender as a key analytic, now includes men and non-binary and trans people, and feminist analyses can be applied broadly to many types of marginalization. The fact that women’s or gender studies often does not have its own specific home within higher education institutions suggests age studies may find firmer ground even without building its own home.

There are, obviously, far more possibilities and priorities for age studies’ future than those I have suggested above. Others of you reading this article may already have blueprints in mind or new tools to contribute. Whatever we want the future of age studies to be, let’s plan for it collaboratively, critically, and deliberately.

**Works Cited**


Erin Gentry Lamb, PhD, is Carl F. Asseff, MD, MBA, JD Professor in Medical Humanities and Associate Professor of Bioethics at the Case Western Reserve University School of Medicine. Trained in literature, her research addresses aging and ageism, disability, death and dying, and the pedagogy and field formation of age studies and health humanities. A founding member and past chair of the NANAS, she has chaired the NWSA’s Aging and Ageism Caucus as well as the executive committees of the MLA’s Forums on Age Studies and on Medical Humanities and Health Studies. She is currently co-president of the Health Humanities Consortium.