

Advocate Health - Midwest

SHARE @ Advocate Health - Midwest

Historical Documents - Combined

Advocate Health - Midwest History

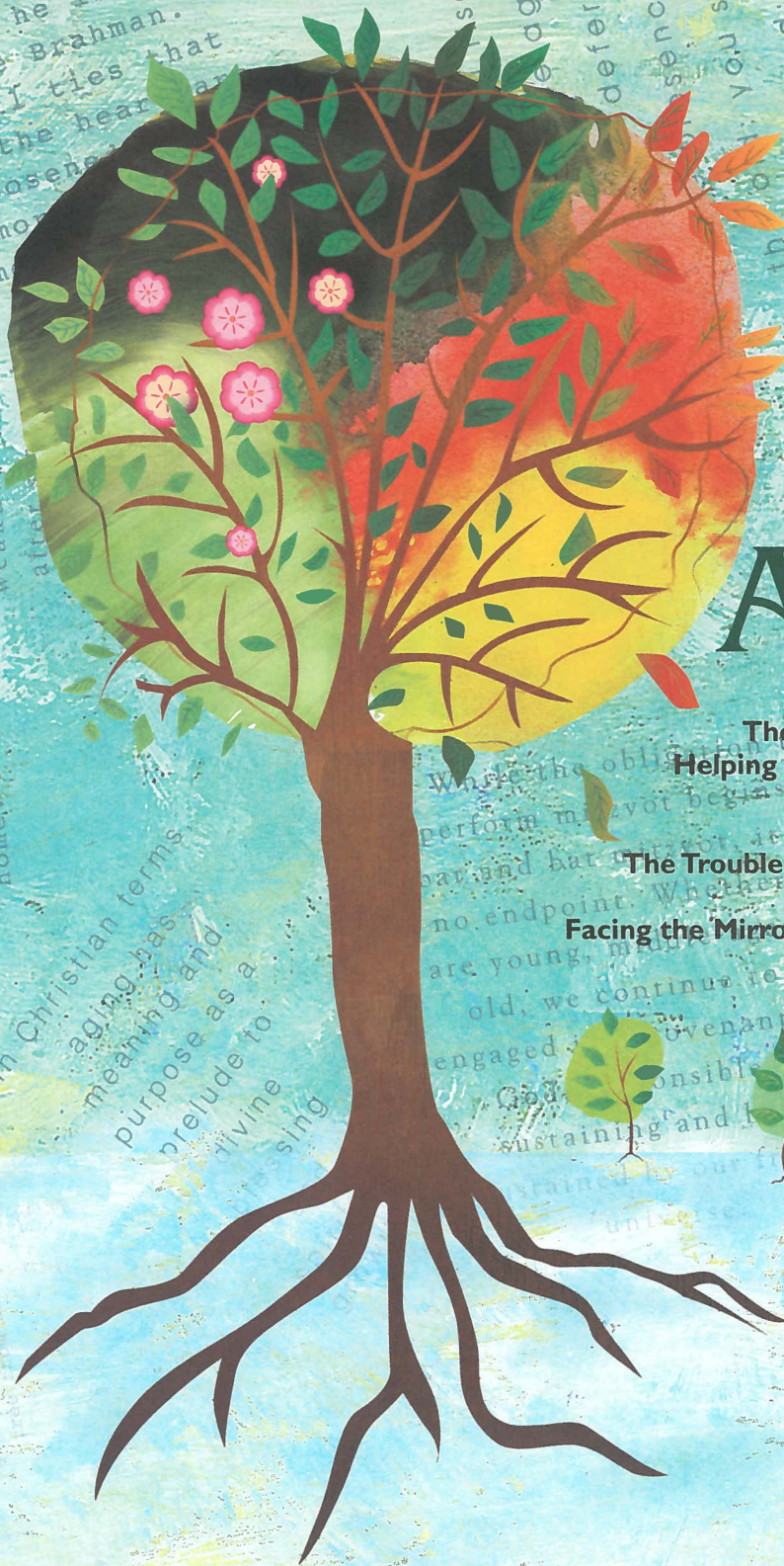
The Park Ridge Center Bulletin, 1998, N6, October/November

Advocate Aurora Health

Follow this and additional works at: <https://institutionalrepository.aah.org/alldocuments>

The Park Ridge Center

Bulletin



Aging

**The Visible Lives Project:
Helping the Elderly Recapture
their Identities**

**The Trouble with Successful Aging
Facing the Mirror: Elderly Women and
Beauty Shop Culture**

Issue Number Six
OCTOBER/
NOVEMBER
1998

A MESSAGE FROM...

Martha Holstein
Senior Research Associate

Attending to Elders' Voices A Moral Obligation

Some years ago Reinhold Niebuhr observed that confronting "the deeper terrors of the soul" gives meaning to human experience. For many people, old age is one such terror. Older people, especially those who are sick or frail, remind us visually and often viscerally of what we wish to evade for as long as possible. The young, with few exceptions, see the old as "other," while the middle-aged distance themselves from images of their future selves. Yet most of us will grow old, and at least some of the terrors we once held at bay will likely visit us.

To come to know the old in the first person is a step toward transforming our terror into a source of meaning. This issue of the *Bulletin* intends to help our readers take that step. First-person knowing can alter our perceptions of aging and old age and help us see beyond facial lines, white hair, shuffling gait, or stroke-induced paralysis to a whole person with a past, a present, and an identity often fractured by illness. In this issue, Tom Cole and Thu Tram Nguyen's article on the Visible Lives Project ("Who We Are, Where We Have Been") demonstrates how stories can be used to rebuild lives and reveal the person behind the mask of age. Cole and Nguyen's project reminds me of Jungian analyst Florida Scott Maxwell's observation, written in her 84th year, that as we age, we may become drab on the outside, but inside we burn with a fierce energy.

In contrast, the recent effort to reverse the traditional "decline and loss" paradigm that long governed thinking about aging has generated cultural images that try to eliminate aging's terrors by focusing on the grandmother marathoner or the mountain-climbing great-grandfather. But by willing away the negative forces that accompany old age, these images can easily, if not deliberately, exclude the physically or mentally frail from the human community. Drew Leder's article for our *Media Rx* department ("Aging into the Spirit") highlights this cultural trend and poses some solutions based on the spiritual insights offered by religion. And Marshall Kapp and Rabbi Peter Knobel, writing for our *Common Ground* column, explore a troubling case whose realities are probably much

more commonplace than the cheering prospect of "successful aging."

Gerontology today includes literature, sociology, anthropology, history, religion, and philosophy and encourages an immediate meeting of one person and another — in a sense creating the *I-Thou* relationship famously described by Martin Buber, an authentic encounter with another person in which the *I* cannot evade the terrors of the soul that the *Thou* may be experiencing. Such a meeting reduces the security that distance or "otherness" offers. The rewards of so risking oneself, however, are many. Jack Shea's wonderful story, "Part of the Ocean: Spiritual Wisdom and Aging"; the excerpts from Frida Furman's prize-winning and engaging book *Facing the Mirror: Older Women and Beauty Shop Culture* (in the *Reading Room* section of this issue); and Anne Wyatt-Brown's piece on women writers reveal the faces of old age with utter realism, occasionally biting humor, and inspiring spiritual depth.

Also in this issue, Madelyn Iris discusses a project recently concluded at the Park Ridge Center, *Retrieving Spiritual Traditions in Long-Term Care for the Elderly*, which explored how religious understandings of old age might guide us as we face our own aging process and that of people we love. And our colleague Martin Marty gives us his perspective on the blessings and challenges of retirement in "Moving Aside" (*Last Word*).

This issue of the *Bulletin* begins an engagement with older speakers and their lives. It emerges from our project funded by the Retirement Research Foundation — Scholars in Residence for Ethics, Values, and the Meaning of Old Age. We hope it will lead readers to their own exploration. The *I-Thou* encounter encourages us to "try-on" the aging body in advance of our own aging, to experience vicariously the degradations and the power of old age, and, above all, to be open to our own aging with its ambiguities, uncertainties, and also possibilities. Old age can be a time to free oneself of the inessentials and to tend to basic questions — a journey undoubtedly best begun early in life and hard to put off later.



The Park Ridge Center

Bulletin

The Park Ridge Center
211 E. Ontario #800
Chicago, IL 60611
Ph: 312-266-2222
Fax: 312-266-6086
www.prchfe.org

PUBLISHER

Laurence J. O'Connell

ASSOCIATES

Bernice Chantos
Edwin R. DuBose
Kirston Fortune
Elizabeth Glysh
Larry Greenfield
Kelly Hayes
T. Patrick Hill
Martha Holstein
Jonathan Huyck
Madelyn Iris
Regena Jackson
Constance Lane
Esther LeVine
Martin E. Marty
David B. McCurdy
Jack Shea
Vicki Siegelman
David Sinacore-Guinn

EDITOR-IN-CHIEF

Philip J. Boyle

EDITOR

R.T. Both

PRODUCTION MANAGER

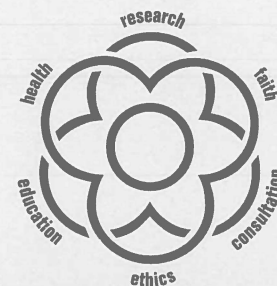
Kris Lane

EDITORIAL ASSISTANT

Jason A. Kirk

DESIGN AND
COVER ILLUSTRATION

Karen Blessen



The Park Ridge Center's six-foil portrays the unending and many faceted interaction that takes place among three major areas of human endeavor: health, faith, and ethics.

©1998, the Park Ridge Center for the Study of Health, Faith, and Ethics. No articles may be used or reprinted without the written permission of the Park Ridge Center.

Part of the Ocean: Spiritual Wisdom and Aging

By Jack Shea

Advocate Health Care Senior Scholar in Residence

Around a table in the recreation room of a retirement facility sit eight people between the ages of 82 and 92. Seven women and one man. Men, it seems, are not long distance runners in the race of life.

The gathering is a sea of suffering. Walkers are parked next to a number of chairs. People begin sentences with "After my third operation . . ." Strokes, heart attacks, diabetes, arthritis, and various other maladies are members of the club. There are more maladies than there are people. It is one o'clock in the afternoon, right after lunch. Nap time has been cancelled. Deadly.

These elderly folks have come together at my invitation to explore the possibility of their spiritual development. They seem interested, but occasionally I catch a glint in their eyes or a shared look that makes me suspect they are humoring me.

The background theory is that old age is a time of loss: physical, psychological, and social. The body declines, the mind is less sharp, and many relationships have been broken by sickness, death, and confinement. However, it may be a time of spiritual growth. It may be possible to develop spiritually even while there is decline in other areas of life. So it says here.

I have always felt a major piece of spiritual development is wisdom. People realize certain spiritual truths that allow them to see through the surfaces of life, and this deeper wisdom frees them from various debilitating obsessions. These spiritual realizations are fleeting. The point is to hold them in awareness long enough for healing to have a chance. To help this happen, I use stories from spiritual traditions. The hope is that people will see and talk about their experience through the wisdom the story provides.

I try a story from the Hindu tradition about the persistence of the human desire to heal suffering. It does not catalyze the group into conversation. I

For the truly elderly, loss is a universal experience. It can also be an opportunity for awakening to the Spirit.

tell a Christian story about God's presence in time of suffering. They smile, but do not talk. Wherever Lady Wisdom may be, she is not with us this afternoon. Napping, perhaps?

The final story is a tale of a woman who has lost her husband. She is inconsolable. The grief has lasted so long she feels she will never love and live again. Finally, she goes to see a holy man. This is spiritual storytelling's oldest ploy: "Maybe the holy man will help." She enters his hut (holy men always live in huts) and tells her tale. The holy man says he would like to help her, but he is cold. Could she go around to the neighboring houses and gather some wood? They could make a fire and warm his old bones. Then they could address her grief. She agrees, but as she is leaving he says to her, "Only take wood from a house that has lost no one."

Three women in the group say in unison, "She didn't get any wood."

I pause and finally say, "That's what the story says."

"But her grief lifted." This line, the actual last line of the story, comes from a frail woman who earlier had asked us to pray for her husband. Recently, they had to be separated because his Alzheimer's had progressed to a point where he was uncontrollable.

Never at a loss for words, I say, "That's what the story says."

Then they talk. They all talk.

I sit back and listen.

I do not listen to one thing or for one thing. I listen to it as a whole. It has many notes, but a single piece of music is being played. It comes to me slowly. When I see it, it is obvious.

Suffering isn't a problem for these people. It just is. It is not an offense to be railed against, an insult to who they are, or something they fear and fight

every waking minute. It is just what is there. As someone once said, "It is not my pain. It is *the* pain."

Their real struggle is not with the unfairness of life or with their pain and loss. They may want suffering and loss to stop, but they do not seriously toy with that fantasy. Their struggle is how to keep loving with diminished resources. They are part of the suffering world, but by accepting it, they are also part of a world that transcends suffering. They are animated, feeling connected to a love larger than affliction.

I know this awareness will fade and lesser levels of consciousness will take over. But now the wisdom is there, and it is my pleasure to witness it.

At the end of Mitch Albom's best-seller *Tuesdays with Morrie*, the dying Morrie tells Mitch a story he has come upon. There is a little wave, bobbing along in the ocean, having a grand old time. He's enjoying the wind and the fresh air — until he notices the other waves in front of him, crashing against the shore.

"My God, this is terrible," the wave says. "Look what's going to happen to me!"

Then along comes another wave. It sees the first wave, looking grim, and it says to him, "Why do you look so sad?"

The first wave answers, "You don't understand! We're all going to crash! All of us waves are going to be nothing! Isn't it terrible?"

The second wave says, "No, you don't understand. You're not a wave, you're part of the ocean."

Mitch Albom concludes, "Morrie closes his eyes again. 'Part of the ocean,' he says, 'part of the ocean.' I watch him breath, in and out, in and out." This is not the banal knowledge of mortality. It is the spiritual wisdom of connection being realized at a profound level. It is spiritual development in the midst of loss. And sometimes it occurs, however fleetingly. Even after lunch.





One Among Us:

Individual Compassion versus Jewish Community Welfare

By Marshall B. Kapp

Are there limits to compassion, even for religious-affiliated nursing homes and long-term care facilities? Attorney and law professor Marshall Kapp and Rabbi Peter Knobel examine the case of a woman whose family left her without resources.

Through individual donations of both money and time, the Jewish community creates and supports a rich variety of agencies and institutions to serve those who belong to it — who are members of our tribe. Sometimes, however, the unreasonable and unnecessary demands of a single person can seriously threaten the viability of an agency or institution, even to the point of compromising its capacity to serve the larger Jewish community. The moral balancing act in such situations can be wrenching. The case of Miriam L. presents this dilemma starkly.

Miriam's Medicaid Mess

Miriam L.* is a 60-year-old Jewish woman who has had a severe stroke. Following resolution of the acute crisis and stabilization in the hospital, she is transferred to the Jewish long-term care facility (JLTCF) in her city for an indefinite period. She is expected to need extensive, ongoing rehabilitative and nursing services for the foreseeable future.

The JLTCF accepts Miriam as a new resident because (a) its stated mission is to provide needed services to members of the local Jewish community and (b) it expects Miriam, acting through her family, to pay for her care either directly out-of-pocket, through private insurance, or by applying and qualifying for the state's Medicaid program. Owned by the local Jewish Federation, the JLTCF is sustained

financially — on a shoestring budget with few reserves — by a combination of payments made by Medicare, Medicaid, private long-term care insurance, and individual residents and by donations from members of the local Jewish community, made either directly to the JLTCF or indirectly through the annual local Jewish Federation campaign.

Unfortunately, Miriam's family situation is a picture of *tsouris* (troubles). She and her husband separated, with intent to divorce, a week before her stroke, and her two teenage children have moved in with friends. There is palpable hatred between her husband and Miriam's four siblings, Israelis who emigrated to the United States many years ago.

Miriam's payment status for the JLTCF's services is as confused as her family situation. Her private long-term care insurance, provided through her husband's employer, will approve payment to the JLTCF for only a fraction of the time she would need to reside there. Both Miriam's husband and siblings are uncooperative in making available either to the JLTCF or to the state Medicaid

The Moral Dilemma

Under federal and state regulations, the JLTCF would be within its legal rights to discharge Miriam, even against her or her family's objections, when her private insurance expires. While most states forbid involuntary discharge based on conversion to Medicaid status, the resident's refusal to either pay personally or apply for available public programs is legitimate grounds for expulsion. Most proprietary, and indeed many private nonprofit, nursing facilities surely would exercise this legal option.

However, the JLTCF is different because of its mission to serve local Jews. Miriam's plight is not her own fault; she herself is the victim of the bad relationships between her family members. Why should she be punished by an institution that, as an embodiment of her religious community, ought to be showing her kindness and compassion in her hour of need? Don't the Jewish traditions of *tzedaka* (charity) and *tikkun olam* (repairing the world) compel the JLTCF and the Federation to subsidize Miriam to the extent necessary to assure

Why should she be punished by an institution that, as an embodiment of her religious community, ought to be showing her kindness and compassion in her hour of need?

agency information about Miriam's personal financial status. Thus, although they claim that she is unable to pay for services out-of-pocket, their lack of cooperation prevents the state from approving her Medicaid application. None of the relatives are willing to comply with the JLTCF's request, reiterated by the local long-term care ombudsman, that one of them initiate a guardianship petition so that a particular individual can be formally authorized to act on behalf of Miriam and be made responsible in a fiduciary manner for her welfare. Under these circumstances, the JLTCF confronts the likelihood of caring for Miriam for a potentially long, intensive, costly period of time with no apparent payment source available.

her proper care? If not, how is the Jewish community distinguishable from a corporation whose only obligation is to its shareholders' bottom line?

One more point must be considered: a substantial financial loss as a result of subsidizing Miriam's care may jeopardize the JLTCF's ability to assure appropriate care for its other current and future Jewish residents. Members of the religious community have been generous, but their resources are nonetheless finite. Since the vast majority of JLTCF operating revenues derive from Medicaid, raising private pay rates for others is not a viable option, and even if it were, questions of fairness would arise. To what extent do Miriam's relatives, through their unreasonable, self-

*The facts of the case discussed in this article have been altered to protect the privacy of those involved.

ish, un-menschlike conduct, have the right to infringe on the Jewish community as a whole, particular donors to the JLTCF and the Federation, and other current and future residents? When this sort of utilitarian clash of "goods" occurs, are there no limits to the com-

passion owed by the Jewish community even to one of its own members? Unlike Solomon, we can split neither Miriam nor those others who depend on the JLTCF in half to resolve our conundrum.



Marshall Kapp is the Frederick A. White Distinguished Service Professor at the Wright State University School of Medicine in Dayton. He currently serves as the Dr. Arthur Grayson Memorial Distinguished Visiting Professor of Law and Medicine at Southern Illinois University.

Case Commentary

The Solution Is Examining Obligations and Setting Priorities Among Them

By Rabbi Peter Knobel

Marshall Kapp presents us with a case that raises an ethical dilemma of significance to the Jewish community and all religious institutions, particularly those in the healthcare arena: how to balance the needs of an individual and the welfare of the community. Dr. Kapp's presentation of this case asks us to investigate the limits of the community's obligation to one individual. Jewish law and ethics assert that both individuals and the community have an obligation to provide and support health care. In this case, the Jewish community has supported a long-term healthcare facility, which can provide quality nursing and rehabilitation services to Miriam.

Unfortunately, Miriam is unable to provide for herself or to be her own advocate. Her estrangement from her husband and brothers and the fact that her children are minors have left her with no financial recourse. There is no question that under Jewish law her family has an obligation to pay for her care or provide the necessary information to permit payments by Medicaid. However, since membership in the Jewish community is voluntary, the Jewish community cannot compel the family to meet its obligations, short of the threat to discharge Miriam. As Dr. Kapp points out, legally the JLTCF can discharge

Miriam, but would Jewish ethics permit it?

In Jewish law, the saving of human life takes precedence over all other obligations, even the observance of the Sabbath. It is my presumption that without rigorous rehabilitation, Miriam will have little chance for independent existence, and even with such care she will have certain significant disabilities. There is little question that Miriam's life would be endangered by her being discharged. Therefore, her needs have a high degree of priority on communal resources. In addition, we might consider her to be in the category of "the poor, the stranger, the widow, and the orphan," whose rights we are specially commanded to uphold. To discharge her would be an impermissible act of oppression. It is, therefore, the obligation of the community to provide for Miriam's care while vigorously pursuing her family to meet their obligations.

However, Dr. Kapp asserts that providing the long-term intensive care that Miriam needs may place the JLTCF in financial jeopardy and therefore harm the JLTCF and its current or potential residents. This is a serious issue and one which has important implications for the allocation of healthcare resources in general. In every community there are more needs than the community can

fully meet. Therefore, it is important to establish a hierarchy of priorities for using limited resources. Feeding the hungry takes precedence over clothing the naked because starvation is usually a greater threat to life than inadequate clothing. A threat to an individual who is identified as being at risk takes precedence over threats to those who are *potentially* at risk. Jewish texts further give priority to the needs of those who are nearest over those who are farthest away.

Miriam's circumstances could require that the community represented by the Jewish Federation, synagogues, and individual donors consider reducing allocations to other communal institutions or entities and increasing support of the JLTCF. A certain percentage of Federation funds are usually allocated to national and international needs. The local JLTCF would have a greater claim on local Jewish funds than, for example, Hadassah Hospital in Jerusalem. In a world of limited resources, our highest priority must be given to those most at risk in our local community.



Peter Knobel is Rabbi of Beth Emet the Free Synagogue in Evanston, Illinois. He serves as chair of the Liturgy Committee of the Central Conference of American Rabbis and is a corresponding member of the CCAR Responsa committee.



Who We Are, Where We Have Been

Making the Lives of Nursing Home Residents Visible

By Thomas R. Cole and
Thu Tram T. Nguyen

Sooner or later we shall have to get down to the humble task of exploring the depths of our consciousness and dragging to light what sincere bits of reflected experience we can find. These bits will not always be beautiful, they will not always be pleasant, but they will be genuine. And then we can build. . . . In time . . . a genuine culture — better yet, a series of linked autonomous cultures — will grace our lives.

— Edward Sapir,
“Culture, Genuine and Spurious,”
American Journal of Sociology, 1924

In his classic study, *The Puritan Family: Religion and Domestic Relations in Seventeenth-Century New England*, Edmund Morgan revives the term “visible saints” to describe elders who appeared to be chosen for salvation. Morgan notes that many of these deeply religious folk experienced intense anxiety as they grew older. Despite their best efforts to live according to God’s will, aging believers — accepting the Calvinist doctrines of predestination and divine inscrutability — could never be assured of their eternal fate. Hence, they looked for some reassurance that God had chosen them to rise among the just. This search for visible signs of “election” came to focus on longevity and wealth: older Puritans hoped that signs of physical and material success in this world would predict spiritual success in the next.

Older people who enter American nursing homes also experience existential uncertainty. Today, however,

A ground-breaking project in Texas reconnects nursing home residents to their own stories — and to each other and those who care for them.

old age and financial security offer scant solace to the nursing home resident. Profoundly disconnected from their new environment, rarely sharing a common vision with care providers, residents may wonder if their lives have any meaning. Alienated and frightened by the rigid routines that control their daily lives, residents often feel invisible — to themselves as well as to others.

The Visible Lives project described here does not aim to transform nursing home residents into “visible saints.” But it does aim, in Edward Sapir’s words, “to get down to the humble task of exploring the depths of our consciousness and dragging to light what sincere bits of reflected experience we can find.” Our project takes what is invisible — an elder’s life story — and renders it visible to the nursing home community of care providers, caregivers, staff, residents, and volunteers. Through life-story interviews, we collect significant images (i.e., family photographs, personal documents, certificates, etc.) and texts (i.e., narrative — life-story

experiences, religious passages, poems, adages, etc.) from a resident’s life; we then craft these into a montage, which is attached to a colored “story-board,” representing the elder’s life story in tangible form. We plan to develop a series of ceremonies in which a resident’s storyboard is presented to the nursing home community; displayed on the resident’s door or in some prominent place in the nursing home; later re-created to reflect changes in the resident’s life; and, after the resident’s death, re-presented to the nursing home community as a memorial and a public acknowledgment of their loss.



Mrs. Theresa Jackson of Galveston, Texas, a participant in the Visible Lives project.

For each resident who participates, the project begins with the taping of several in-depth, life-story interviews. Questions and follow-up probes include: "Tell me about your childhood. Describe your most vivid memories of your parents. Who are you most like? How are you most like that person? What is your most memorable adult life experience? Tell me about that. What would you most like people to know about you?"

Our life-story interview questions are designed to allow and evoke idiosyncratic responses. After the interviews are transcribed, the resident chooses themes to use in constructing the storyboard. Along with life-story narrative, old photographs, and documents, an animated contemporary image of the resident is placed on the storyboard. If old photographs and documents are unavailable, clip art or other images relevant to the elder's story are substituted. After all the artifacts are collected, we work with the resident in arranging visual images and enlarged pieces of narrative on the storyboard. Visible Lives builds on a resident's current interests, abilities and strengths and on learning more about his or her past. We hope to increase individualized care for nursing home residents by using elders' life stories to build and strengthen meaningful relationships between care providers and residents.

Without genuine collaboration with the elderly resident, biographical narrative and images alone would be subject to the same limitations as the medical chart — information may actually obscure knowledge. Collaborating on the storyboard focuses on what the resident finds significant about his or her life; it also facilitates creativity and control in a setting with few opportunities for individual decision making. We have begun working with residents of Texas nursing homes to craft personal storyboards, providing occasions for residents to "re-member" themselves in preparation for a "definitional ceremony" in which they present their storyboards to the nursing home community.

The terms "re-membering" and "definitional ceremony" are taken from the work of Barbara Myerhoff, who developed them while studying

the culture of elderly Jewish immigrants at a senior center in Venice, California, in the 1970s. Myerhoff observed that these people (who originally emigrated from Eastern Europe and whose culture of origin had been destroyed by the Holocaust) felt unseen. She also noticed that her listening presence gave people an opportunity to "become visible — [and to] exercise power over their images."

"Sometimes the image is the only part of their lives subject to control," writes Myerhoff in her 1992 book, *Remembered Lives: The Work of Ritual, Storytelling, and Growing Older*, "but this is not a small thing to control. It may lead to realization of personal power and serve as a source of pleasure and understanding . . . Heightened . . . self-awareness . . . does not always come with age and is probably not critical to well-being. But when it does occur, it may bring one into a greater fullness of being; one may become a more fully realized example of the possibilities of being human."

As the title of her book suggests, Myerhoff also observed the creative work of ritual at the Aliyah Center. Since these people had moved to California in later life, they were cut off from their children and from their culture of origin. At the Aliyah Center, they carried on various traditional celebrations, festivals, religious services, and other communal events that allowed them to re-member themselves. Myerhoff coined this term to capture the creative process of selecting, arranging, and connecting that characterizes life-story work.

In a talk on survivors' stories given in 1983, Myerhoff poignantly described both an elder's isolation and the empowering quality of storytelling: "[W]hen a person steps into a group of strangers and says, 'I was that,' who is there to believe it? And when the person says, 'I was that, and you have no way of knowing what that was, you

will never understand, you will never know my language, you will never know what it felt like to live there, you will never know how we talked, you will never know what we ate, you will never know what my grandmother sang' — then what? Then that whole invisible world somehow has to be remade, presented, made tangible, performed, enacted. The storytelling has to become a very persuasive and dramatized affair. All stories are rhetorical, or rather persuasive, but here the need to persuade is even more important. Storytellers must become, visibly, before the audience, some remnant of the vanished world, so that this — the world-in-the-story made visible in the teller — conveys some shred or some hope of hinting or giving a taste of what they are worth as human beings and why they should be seen and heard."



Mrs. Jackson prays in the community chapel.

The Visible Lives project helps elders reconfigure the experiences, values, and choices of a lifetime. In the process of creating a storyboard, we collaborate with residents in two ways: in actually creating the storyboard (the first occasion for listening and telling stories) and later in the presentation — definitional ceremony — of the shaped life story (the second, more public, occasion for listening and telling). These repeated life-story tellings reclaim and define life before nursing home placement — a reality not clearly seen by care providers.

We first met Mrs. Theresa Jackson in the summer of 1996, after she moved to a Galveston nursing home with her husband, who had been paralyzed by a

— continued on page 11

Voices of Older Women: Multiple Meanings of Aging

By Anne M. Wyatt-Brown

Women writers are pioneers in telling stories of growing old, and what it means.

Stories, poetry, plays, biographies, autobiographies, journals, and memoirs tell us about how we age. They offer strategies of survival and philosophies of later life that can sustain us through trials and afflictions. Fortunately, publishers have discovered that older readers want to read about situations similar to their own. Aging women's voices are beginning to be heard. It can be painful to read the accounts of women elders who write about their suffering, fear of the future, and sense of loss, but we will never grasp the nature of aging or respect the achievements of the old without such an effort.

To represent the varied reactions of older women, I have chosen the following writers: Anzia Yeziarska, an immigrant writer who achieved renown during the 1920s when she was in her 40s but wrote some remarkable short stories about aging in her 80s; May Sarton, the well-known poet, novelist, and journalist, who kept a journal recording her own aging until less than a year before she died; and Doris Grumbach, a novelist, teacher and journalist, who wrote two memoirs of aging in her 70s. Each of these women has a distinct voice, but some of their observations overlap. These similarities suggest that old age is a leveling experience, one in which the advantages — or difficulties — of ethnicity, class, and gender tend to diminish.

In 1962, 81-year-old Anzia Yeziarska started to compose a story of old age, "The Open Cage." In her 40s she had written about the plight of immigrant women, who were aspiring storytellers, most of whom longed to "make . . . [themselves] for a person." In her 80s, troubled by physical decline, Yeziarska dramatized the problems of aging women who lacked money and a nurturing environment. "The Open Cage" compares an old woman and an ailing bird. The old woman says plaintively:

I live in a massive, outmoded apartment house, converted for roomers — a once-fashionable residence now swarming with six times as many people as it was built for. Three hundred of us cook our solitary meals on two-burner stoves in our dingy furnished rooms. We slide past each other in the narrow hallways on our way to the community bathrooms, or up and down the stairs, without speaking.

Like Yeziarska's earlier stories, this one makes the most of her bleak surroundings. Her narrator rails against her failing eyesight and faulty memory, problems that plague many older folk. Poverty and cramped quarters add to the litany of woes.

We are invaded by the sounds of living around us; water gurgling in the sinks of neighboring rooms, the harsh slamming of a door, a shrill voice on the hall telephone, the radio from upstairs colliding with the television set next door. Worse than the racket of the radios are the smells — the smells of cooking mixing with the odors of dusty carpets and the unventilated accumulation left by the roomers who preceded us — these stale layers of smells seep under the closed door. I keep the window open in the coldest weather to escape the smells.

Suddenly "a frightened little bird" flies into the open window. The narrator takes it to Sadie Williams, a neighbor whose room is filled with parakeets. Sadie feeds the bird but fails to show much friendliness to her fellow resident. Despite the rebuff, the narrator invests the bird with great meaning: "Now it had become my only kin on earth. I shared its frightened helplessness away from its kind." When the bird fails to thrive, Sadie determines to set it free and advises the narrator to buy a parakeet. The narrator is shocked. "A bird bought to love me? She knew so much about birds and so little about my feelings." Yet when the bird gleefully leaves its cage, she says, "I felt myself flying with it, and I stood there staring. . . . I

saw it now, not only with sharpened eyesight, but with sharpened senses of love." Returning to the apartment house, she muses, "We were leaving the bird behind us, and we were going back into our own cage."

The early lives of Doris Grumbach and May Sarton were considerably more advantaged than Yeziarska's, but both needed creativity and introspection to survive the decline of physical powers in old age. Grumbach's *Coming into the End Zone* appeared in 1991, years after Sarton had begun her series of journals. Sarton's *At Eighty-Two* was published in 1996 after her death. Grumbach was about to turn 70 when she started writing her memoir; Sarton was 81 and debilitated from years of illness.

Despite being 10 years younger, Grumbach displayed much gloom. In her memoir she complains about memory lapses: "Now, my memory is much diminished, like a hard disk that suddenly fails to deliver what has been stored there." Like most of us, both had many "tip of the tongue" experiences during which they inconveniently failed to recall the names of people, things, and events until the moment for speaking had passed. During visits they observed each other carefully. Sarton compares Grumbach's memoirs to her spontaneous journals. In return Grumbach records Sarton's strengths and weaknesses, noting that the older woman showed great courage but complained excessively about the people who "oppress her with letters and demands." Officially ignoring each other's negative remarks, they maintained their friendship to the end.

Grumbach develops the metaphor of old age as a cage, which Yeziarska uses in her story. Watching moldy lions in a cage, she shares their sense of imprisonment. "What remains of their lives is a dirty joke," she complains. "What remains of mine is not much more elevated: There are too few years left to make another life. My age is my cage; only death can free me." Curiously, Grumbach's words apply much more appropriately to Sarton's

situation. The older artist repeatedly reports depressed feelings, for she was on the downward slope to death. Yet, *At Eighty-Two* demonstrates that creativity sustained Sarton. New poems kept emerging, and modern technology — the tape recorder which sometimes baffled her — made journal keeping possible even as her health declined.

The work of aging writers reflects

the struggles, successes, and failures of their lives. In youth Anzia Yezierska made her literary reputation by describing the uncertainties and discomforts of immigrant life and denouncing mainstream Americans for their xenophobia. Sometimes she exaggerated the negative to make her point more emphatic. In old age, she continued to fight, this time by creating a bleak picture of aging in a resi-

dence hotel. Sarton and Grumbach write from their position as middle-class, successful individuals. They have money and friends to cushion their lives. From these women we learn that age has many faces and voices, all of which have something to teach us.



Anne M. Wyatt-Brown teaches in the linguistics program at the University of Florida in Gainesville.

From:

**The Presence of Absence:
On Prayers and an Epiphany**
(Beacon Press, 1998)

By Doris Grumbach

For the Life of Me

The long siege of pain had almost lifted. It may have been that my body had exhausted its capacity to hurt, or, by means of the intensity of the pain, had almost cured itself. The childhood chicken pox virus retreated from the nerves, to be stored in the tissues beyond sensation, leaving behind a small residue of feeling to remind me that until recently, it had been in total command of all my time and senses.

Not once had I prayed for a cure, for if God was not attentive or present

or even nearby, how could I ask Him for a favor? But prayer had served in other ways: it had distracted me from my body for very short periods of time. It had given me the transitory illusion of clear, inner emptiness from which the pain, like every other sensation, was absent. But when it asserted itself over the barriers of unknowing it presented me with the specter of mortality, goaded me into continuing my search.

Now, without my familiar, I was praying entirely alone. The cruel hand that had gripped my side for more than a year had almost withdrawn; the space around the area felt empty. To Julian of Norwich, severe illness brought on "revelations," the wondrous appearance of the Lord Himself. For me, pain produced contradictory responses, at

one time fury at the force that was a disturbing distraction, and at another, the rare opportunity to see everything more vividly, with a clarity I could only wonder at, in which details of my present life were intensified and acutely delineated.

Shingles and its aftermath had been both affliction and gift, a salutary reminder of the approach of mortality . . . and intensification of the present moment. As for the future, I could not bear to think of it.

I returned to my hour of prayer free of the incubus that had clung to me for so long . . . Even when I found that, as a parting gift, pain had left me with a precarious gait — I was, as they say of the old, "unsteady on my feet" — I accepted this quid pro quo as a lesson: I was forced, at long last, to sit still.

From:

At Eighty-Two, A Journal
(W.W. Norton & Company, 1996)

By May Sarton

Sunday, July 25, 1993

I am more and more aware of how important the framework is, what holds life together in a workable whole as one enters real old age, as I am doing. A body without bones would be a limp impossible mess, so a day without a steady routine would be disruptive and chaotic.

I tell myself, this marvelous blue ocean morning, that it is not ridiculous that I feel put upon if the framework gets tampered with, if I am kept waiting a half hour by a visitor, for instance,

because I am ready for a visit but then use up the necessary energy by trying to be patient.

Wednesday, October 6, 1993

Betty Friedan goes on being of great interest to me and a shot in the arm, to put it mildly. I feel better than I have in months after reading her new book *The Fountain of Age*. What she is after, which I am beginning to see, being less than halfway through this enormous tome, is to point out that all the tests of old people have been based on tests of young people and that what old people have as they grow old is something that cannot be measured by the usual tests. The questions are not right, because in old age

we have a well of experience to draw on, and in some good way we have changed from the person at twenty-five who might have gotten high marks on a test just about information or doing a puzzle or something like that. We still turn to the old because they have something to give us, and what is so terrible about the present state of affairs in America is that the old are relegated to a place where they are simply a burden. We hear everyday that the young have to pay for the old. Well, the old paid for the young years ago. If we were willing to admit that old people have a lot to offer, then they would not be such a burden because they would be used. This is what we must hope and dream about.



The Trouble with Successful Aging

By Drew Leder

The new paradigm for “successful” aging emphasizes fitness and mental sharpness. But are these the only criteria for evaluating the rewards of a long life?

When a householder sees his skin wrinkled and his hair white and the sons of his sons, then he may resort to the forest. . . . Let him always be industrious in reciting the Veda. . . . In summer, let him expose himself to the heat of five fires, during the rainy season live under the open sky, and in winter be dressed in wet clothes, thus gradually increasing the rigour of his austerities. . . . [Then] after abandoning all attachment to world objects . . . let him always wander alone, without any companion, in order to attain final liberation.
—*The Laws of Manu*, trans. G. Buhler

How can we age well? In this century alone, life expectancy in the United States increased from 47 to 76 years. Of all the human beings who have ever reached age 65 and beyond, about half are currently alive. But what’s the point of this elongated life span? How can we put it to profitable use as individuals and as a society?

John Rowe and Robert Kahn provide some answers in their new book, *Successful Aging* (Pantheon, 1998). Summarizing more than a decade of research supported by the MacArthur Foundation, the book defines successful aging as manifested by (1) a low risk of disease and disease-related disability; (2) a high level of mental and physical functioning; and (3) a continuing active engagement with life. The MacArthur study involved some 16 researchers and helped generate nearly 100 scientific publications about how to meet such goals. “In sum, we were trying to pinpoint the many factors that conspire to put one octogenarian on cross-country skis and another in a wheelchair,” the authors say in their introduction.

Who can quarrel with this vision of good health, high function, and an active lifestyle as defining the good old age?

The Laws of Manu, for one. This Hindu text, quoted above (penned around 100 B.C.E.-100 C.E.), presents a radically alternative vision. In fact, it almost seems a brief for *unsuccessful aging* from the Western point of view. To head off to the forest when your hair turns white and you become a grandparent — and there, expose yourself to brutal summer heat and in winter to don wet clothes — this would do little to safeguard health. Instead of seeking to be engaged with life, the Hindu strives for disengagement. Active engagement, according to Rowe and Kahn, involves participation in a social network and in productive work “that creates goods and services of value.” Yet this is precisely what the forest-dweller flees. Age has granted him permission to cast off the myriad duties of midlife. By “abandoning all attachment to worldly objects,” one is liberated to focus on life’s truest goal — achieving union with God.

Let us call this a model of “spiritual aging” as opposed to conventionally defined “successful aging.” The spiritual model is based on the primacy of the transcendent. There is something greater than the ego-self, be that called God, eternal soul, the Tao, Buddha-Nature, or any of a thousand names. In the prime of life, we often neglect this source. We’re so absorbed by earning money, advancing careers, and raising children that we’ve little time for anything else. We don’t turn our thoughts toward an afterlife. In youth, it seems we’ll live forever.

Yet age throws all this into question. Despite all our vitamin, exercise, and beauty regimens, the body ineluctably decays. Nor is our mind impervious to slippage — what was I saying just now? Then, too, there are social losses. The kids move away,

friends and colleagues disappear, and loved ones we treasure may die. At work, we no longer inhabit the peak of the food chain. Our sense of power, prestige, and productivity take a hit as we’re surpassed by the young.

“Successful aging,” according to our Western model, involves *combatting* such losses as best as we can. The model of “spiritual aging” involves *embracing* them as a curriculum for the soul. Age challenges us to see beyond the ego-self, now falling into disrepair. Who am I, if not just this wrinkled face in the mirror? If not just “mom,” now that the children are grown up? If not the “vice president of finance,” now that I’m semiretired? What is the true self that transcends all these limited models? Is there something infinite and eternal reaching even beyond the grave? According to the spiritual model, truly successful aging involves confronting such questions head on.

As I discuss in *Spiritual Passages* (Tarcher/Putnam, 1997), different traditions teach different routes to wholeness in life’s second half. (This book grew out of research, supported by the Park Ridge Center, on spiritual communities for older adults.) The Hindu renunciate, as we have seen, sets off on a contemplative quest. Yet the Native American elder remains within the bosom of the tribe, serving as spiritual and political guide. The Buddhist cultivates an awareness of suffering and death. The Biblical story of Abraham and Sarah stresses the goodness of life. In their elder years, this couple undergoes a geographical dislocation, a change of name and identity, even an unexpected pregnancy. Their child, Isaac (from the Hebrew *yitzchak* — “to laugh”) is a symbol of the joyful rebirth possible even in later life.

Despite such differences, these cultures share a vision of aging spiritually and of becoming an elder-sage. Such a person, wise yet playful, detached yet compassionate, is a blessing to the community. Our own

society, with all its violence, injustice, and alienation, stands in desperate need of such elder-sages. We tend to fear the “graying of America” as a drain on social resources. But as Schacter-Shalomi suggests in *From Age-ing to Sage-ing* (Warner Books, 1995), all these gray-heads may prove a valuable resource to a planet run amuck.

But just getting old doesn’t mean we’ll become true “elders.” This demands a process of spiritual growth, which *Successful Aging* doesn’t address. Rowe and Kahn tell the secrets of that “octogenarian on cross-country skis,” and how to avoid being that other “in a wheelchair.” The latter becomes a symbol of failure, the necessary corollary to this vision of success.

Things look different from a spiritual perspective. The cross-country skier may be a shallow chap despite having powerful thighs. Conversely, the wheelchair-bound elder might be richer of soul. Disability may have attuned this person to the suffering of others, fostering a deep compassion. Perhaps she also learned to let others help her, a lesson in humility. And who knows how she spends those long hours sitting? Maybe it’s a time for inward meditation or intercessory prayer for the world.

Don’t get me wrong. I’d rather be on skis. No reason to go looking for suffering when it finds us all in due time. For those wishing to take good care of body and mind, Rowe and Kahn’s book is an excellent owner’s manual. After reading about the salutary effects of exercise, I went for a brisk walk, followed by a swim, and immediately felt better for it.

Nor should we minimize the spiritual benefits of a healthy mind and body and having a rich circle of friends. This can provide the optimal environment for inner work and outer service.

Still, the conventional model of “successful aging” remains incomplete. It is neither necessary to, nor

sufficient for, the quest for spiritual wholeness. There will always be best-sellers that teach us how to battle age and fend off that enemy, death. But sacred traditions, East and West, teach a different lesson: to befriend these erstwhile foes. Amidst the losses of age are precious lessons and graces. To find these is to age

successfully, whether in a wheelchair or on cross-country skis.



*Drew Leder, M.D., Ph.D., a professor of Philosophy at Loyola College in Maryland, is the author of **Spiritual Passages** (Tarcher/Putnam, 1997) and the newly released **Games for the Soul** (Hyperion, 1998).*

Who We Are

— continued from page 7

stroke. Shortly after their arrival, Mrs. Jackson’s husband died. She made use of the life-story interviews to mourn her husband’s death — to remember his life and to re-member her own.

“He wasn’t just a man,” she said, “He was a provider, he was a husband. . . . Roy was very religious, very dutiful to the usher board. Not a Sunday came that he didn’t go to church. He was always at his post at Jerusalem Baptist Church. . . . I sat next to Roy in my recliner after he got sick and held his hand. That was all that I could do. It was very hard after he died. But as I sit and talk it eases my mind quite a bit. Sometimes I talk to his picture. And I ask God to let me be with my husband forever in Heaven, and I believe he will do that.”

Mrs. Jackson’s storyboard — which contained the themes she selected — presented her life as a whole. We see her partly as an old woman who talks to the picture of her dead husband on the wall. She is a grieving widow, self-conscious about her missing teeth but proud of her still-thick gray hair, which an attendant braids and arranges in different styles. She is also a little girl in Arcadia, Louisiana, picking cotton alongside her four brothers; a young woman working at her first job in a meat-packing plant in Galveston; a young bride; a mother, grandmother, and great-grandmother.

The storyboard, in other words, allows others to see Mrs. Jackson as she sees herself.

The Visible Lives project then, attempts to blend meaning and experience — to express the rich variety and emotional possibilities of aging and the human spirit. The storyboard and its ritual presentation are intended to move and persuade the nursing home community — to see not only the wrinkled skin and white-haired head but also the little girl picking cotton (Mrs. Jackson’s storyboard), the young man playing the “mouth harp,” and the young nurse who hosted the neighborhood children. We want to help build a culture in the nursing home in which lives are linked — where resident storytellers are heard and seen and where care providers listen to the stories and see bits of themselves reflected in the lives of their charges.



*Thomas R. Cole, Ph.D. is a professor and the graduate program director at the Institute for the Medical Humanities, University of Texas Medical Branch, Galveston, Texas. He is the author of **The Journey of Life: A Cultural History of Aging in America** (Cambridge University Press, 1992) and Senior Editor of **The Oxford Book of Aging** (Oxford University Press, 1995). Thu Tram T. Nguyen is the Humanities and Aging fellow supported by the Sealy Center on Aging and a Ph.D. student in the Medical Humanities at the University of Texas Medical Branch in Galveston.*



Spiritual Traditions and Aging

By Madelyn Iris

For many older people, increasing age is often associated with chronic illness and even disability severe enough to require nursing home care. In fact, although only about 5 percent of the elderly live in a nursing home on any one day, the risk of nursing home placement increases greatly after age eighty. To find out how older people experience the religious and spiritual dimensions of life in the nursing home, researchers from the Park Ridge Center visited three homes in the Chicago area and talked to more than 45 residents, staff members, and administrators.

All three homes are affiliated with nonprofit organizations. In all three, there is a high quality of care, high levels of staffing, some connection to surrounding communities, and a variety of programs and activities, including religious ones, available to residents. The residents were very elderly, almost all were white, and most came from the same general economic background and were of similar religious background to other residents in the home in which they lived. All the residents in one home were Jewish.

Seven important issues emerged from this research.

- Although people move to nursing homes when confronted with significant illness and disability, nursing homes are very much about living.

- Diversity affects nursing home life in two arenas: the religious beliefs and practices of residents, and the ethnic, racial, and religious differences between staff and residents.

- Given the increasing prevalence of persons with dementia in nursing homes, special attention must be given to enhancing these residents' religious experiences.

- Of all the psychological issues particularly relevant to old age, loss is the most frequently cited and most acutely felt.

- Confrontation with death seems to be less of a problem for nursing

home residents than it is for staff and families.

- Chaplains provide leadership in the religious and/or spiritual dimension for staff and families as well as residents.

- Religious activities within nursing homes serve multiple social and psychological functions.

Although respondents' concerns are largely with living, death is a constant aspect of nursing home life. Most residents were quite direct in addressing dying and mortality, saying they use their time to "take stock," to evaluate the importance of their lives. Residents who cannot provide satisfactory answers to the questions of living are often those who experience the most difficulty in coming to terms with their mortality.

Staff also struggle to accept the nearness and constancy of residents' deaths. As one administrator stated, "Sometimes you wonder if you're a professional griever." Death brings an added stress to the work of staff in the nursing home and demands increased sensitivity to staff and residents' needs alike.

Although death and dying are so much a part of the nursing home experience, none of the homes does any consistent training or education in dealing with these issues.

Chaplains are called upon to counsel residents and families in regard to coping with the many questions around death and dying, such as writing advanced directives, dealing with grief, and even planning funerals and memorial services. Staff may seek counsel themselves, especially when a favorite resident dies. At the institutional level, chaplains are seen as important resources in ethical decision making.

While religious activities engage residents in religious action, they also address important psychological needs, including social interaction, spiritual enrichment, and emotional connection with self and others. As one staff

member commented, "[Residents] may never be religious, but relationships with people to them are important."

More and more residents of nursing homes have significant cognitive impairments, so special attention must be given to enhancing the religious experiences of residents with dementia. One nurse told an especially poignant story:

One of the most sacramental moments of my life was when Lily stood straight up carrying her purse and her earrings and all of her make-up, straight up and sang the entire song with Judy Collins. Sang the entire "Amazing Grace." There wasn't a dry eye in that dining room. We just stood there crying. Here was a person who, every other word out of her mouth was what time is it, what time is it, what day is it, what day is it. That's all she could say. I think songs

and music get through more than prayer, verbal prayer. I think music gets very rich for people with dementia.

When considering the meaning and function of religion in contemporary nursing homes, it is important to acknowledge the larger social, political, and economic context influencing policy and practice within these facilities. With the increased medicalization and regulatory requirements of long-term care, religion is at risk of becoming segregated from issues of care. Yet, while obstacles exist, there are numerous opportunities within the long-term care setting to meaningfully integrate religion and spirituality into the lives of these older adults.



Photo by Todd Hochberg



U.N. Population Policy: Religious Voices in the Five-Year Review

In our recent issue on **Faith and Sexuality**, the *Bulletin* reported on a historic U.N. conference and its impact on global population policy. PRC Senior Researcher Larry Greenfield traveled to Bangladesh to share his concerns.

In a special session of the United Nations General Assembly next summer, the Programme of Action of the historic International Conference on Population and Development (ICPD) of 1994 will undergo a five-year review. During the current year, a series of global round tables and technical symposia are being held to prepare for that assessment.

PRC researcher Larry Greenfield was a participant in the round table on Partnership with Civil Society held in Dhaka, Bangladesh, this July. With a long-standing interest in the ways religious traditions approach issues of sexuality and population, he was asked to share evaluations of how faith communities are responding to the recommendations of the 1994 Cairo conference and to suggest strategies for their greater involvement.

Prior to the ICPD, the Center had convened a domestic symposium and an international consultation on the

perspectives religious communities bring to population policies and their specific reactions to the new Programme of Action. The Programme emphasized human rights and individual choice, women's empowerment, sustainable economic development, and environmental concerns instead of demographic targets and goals as central to global population policies. Subsequent to the ICPD, the Center engaged in two major research projects on related themes: one focusing on religion, sexuality, and public policy and the other on religion and civil discourse, with particular attention paid to issues of reproductive health and population policy.

This summer's Dhaka round table concentrated on four dimensions of partnership with civil society: (1) creating an enabling environment for the implementation of the Programme of Action; (2) mobilizing society to promote the ICPD agenda; (3) strengthening financial sustainability and building coalitions; and (4) promoting access to high quality reproductive health and family planning services.

At the round table, Greenfield gave special attention to the concern for social mobilization, since religious communities are often overlooked and

sometimes seen as foes to population policies. The working group of which he was a member drafted five major recommendations, dealing with issues of communication, effective uses of the media, cooperation with related forums and networks, engagement with critics and adversaries, and the addressing of controversial topics and cultural taboos. In virtually every area, Greenfield reports, religion had a role to play. One recommendation, for example, stated, "Seek expert accounts of the nature and variety of religious teachings on ICPD-related issues among the world's religions and make these accounts available to all segments of civil society."

Recommendations from the round tables will be considered at an International Forum to be held at The Hague, the Netherlands in February 1999. Before that meeting, a two-day forum on Non-Governmental Organizations (NGOs) will be convened. The Dhaka round table suggested a significant representation of leaders and organizations from the world religions be included in the NGO Forum and that the topic of religion be included as an issue area on the Forum's agenda. The Park Ridge Center will participate in realizing this.



A New Education Program in Aging and Spirituality

Based on two years of research, **The Challenges of Aging: Retrieving Spiritual Traditions** is a newly accredited training program for use in congregational settings.

Retrieving Spiritual Traditions is designed for use by lay ministers and others ministering or providing spiritual care to the elderly. The program trains lay people to draw upon the resources of their religious traditions to enrich their work with the elderly.

Training Package includes:

- 36-page Handbook on Aging and the Religious Traditions: Christianity, Judaism, Islam, Buddhism, and Hinduism
 - 48-page Leader's Guide
 - Ten 48-page Participants' Workbooks
 - Two 20-minute Videos
- Cost of package ... \$229.00**

Available January 9, 1999, from:

The Park Ridge Center
For the Study of Health, Faith, and Ethics
211 E. Ontario, Suite 800
Chicago, IL 60611-3215
Contact Bernice Chantos at 312-266-2222 ext. 255,
fax 312-266-6086, e-mail bmc@prchfe.org



A selection from:

Facing the Mirror: Older Women and Beauty Shop Culture

(Routledge, 1997)

By Frida Kerner Furman

The very first time I went to Julie's International Salon to get my hair cut — some eight years ago — I could sense that there was something compelling about it, though I could not quite put my finger on what exactly was going on there. But it had to do with older women congregated together in an all-female salon, manifestly for purposes of hair and nail care, who seemed to be part of a lively and affirming community. For the next three years I toyed with the idea of doing a study of this beauty salon. I was held back by respiratory allergies, which I thought would be incompatible with the aromas of hair care products characteristic of beauty shops. Finally, in 1991, I could resist the place no longer; I resolved that I would deal with the air quality as best as I could.

Unlike most scholars who do ethnographic work, I did not set out to study this setting. It called out to me, as it were. The emotional climate of women's friendship, support, and camaraderie beckoned to me initially.

Once I actually began the study, I came to realize that women's relationships also conveyed significant moral meanings, as did their views of themselves as women, in general, and as older women, specifically. Other issues readily presented themselves, most centrally the fact that the clientele was largely composed of older women, most of them Jewish, and that they were committed to traditional practices of femininity and beautification. A perusal of the existing literature plus my own knowledge of American culture quickly revealed that little is known about the subjective experience of older women, less about older Jewish women, still less about their self-understanding regarding their physical appearance.

In the course of this study I came to realize the extent to which our society is age segregated. Few of us get to interact in a meaningful way with older people who are unrelated to us; as a consequence, until recently I knew little about old age. May Sarton captures this situation when she writes, "The trouble is that old age is not interesting until one gets there, a foreign country with an unknown language to the young, and even to the middle-aged."

Staying much closer to home than Margaret Mead, Frida Furman learns that some of the most interesting field work is conducted right in the neighborhood . . .

Illness-Talk

It should not come as a surprise to hear talk about ill health at Julie's. However, I am not prepared for the centrality of such a topic in the exchanges between customers and beauticians, and customers among themselves, because speaking about our ailments is not typically acceptable except with close family members. Older people are frequently caricatured about their alleged preoccupations with their ailments; consequently many are forced into silence about these matters for fear of social disapproval. These cultural tendencies reveal a profound denial of physical decline and death in our society.

By contrast, at Julie's one of the first things the beautician asks a customer, or that customers ask each other, is "How are you feeling?" and, if applicable, "Are you feeling any better?" or "How is your husband?" Women do not hesitate to respond with a health bulletin. What is significant, however, is that health or illness talk is reciprocal. No one has the exclusive right to speak, and no one seems to take advantage of a captive audience. Conversations about illness frequently involve advice-giving on the part of the listener, as when Shaina, recovering from an especially difficult bout of Crohn's disease, suggests it would be some time before she can clean her house the way she likes it. Verena responds that Shaina should not worry or hurry about this because, after all, "No one is going anywhere," by which she means, "You have no reason to pressure yourself."

Customers exhibit a capacity for laughing at themselves, at their aches and pains, and at their intense engagement in such matters. For example, Blanche and Carmela, along with Claire, find themselves discussing various surgeries that they've had, stimulated by the fact that

Blanche recently had cataract surgery. They first compare notes on that type of surgery; Blanche then talks about the hysterectomy she had years back, and so forth. Rather spontaneously, Blanche breaks into this discussion by saying, "Look at us, talking about cataracts, hysterectomies, hospitals!" They all laugh in this moment of self-recognition and amusement at themselves.

At times, illness-talk becomes competitive between customers, such as the time when Sara comes into the shop and I ask her whether she has recovered from a protracted illness. She playfully says, "I no longer answer that!" only to list the various maladies that she'd been afflicted with: upper respiratory infection, sinus, bronchial infections, and so on. No sooner does she get this out than Shelley pipes in with her litany of upper respiratory ailments. At times the two women interrupt each other in this discussion. What is distinctive for me about this exchange is not the comparison of ailments as such, but the joy and zest of the exchange itself. It represents an example of what linguist Deborah Tannen calls troubles-talk or lament-talk and applies, as well, to much of what I have said so far about illness-talk: Women talk to one another in search of connection and intimacy, to forge friendships and establish rapport.

Frequently it is the exchange of problems that cements this bond between women, and at Julie's, health issues constitute a primary conduit to intimacy and mutual support. For Sara and Shelley the joy comes not from having been ill but from the ability to share the symptoms with such abandon, completely free of the fear of judgment, secure that their conversation partners offer acceptance and recognition of the suffering endured. These exchanges support the observations of psychotherapist Rachel Josefowitz Siegel in her work with a support group for older women: "Our need to talk of death, dying, and loss of function seemed intensified by our awareness that these topics were shunned in other settings."



Frida Kerner Furman is Associate Professor of Religious Studies at De Paul University.

Moving Aside Some Thoughts on My Retirement

By Martin E. Marty

Assignment: "You have just retired. Use your experience as a prism to view and write about such a transition."

Terms: I recall an editor saying to autobiographers, "Those who read you are not saying, 'Tell me about you.' They are saying, 'Tell me about me, using you as a mirror.'" Fine. I will take care of the autobiographical data in 56 words:

Age 70. Retired at the University of Chicago after 35 years, but directing its Pew Charitable Trusts-funded Public Religion Project one more year. Retired as senior editor at the *Christian Century* after 42 years, but continuing to write for it. Continuing as senior scholar-in-residence at the Park Ridge Center and as editor of the newsletter *Context*.

Significant transitions, these. Can others learn from my mirror, given the accidental and idiosyncratic features of all our lives, vocations, philosophies, passages, and passions?

My late wife's oncologist once taught our family that one freedom we should not take away from others is their choice of how to cope with whatever comes. I like to think the same is true of how we deal with the major transitions. There is no prototype, template, or pattern of "stages" that fits all. But I do believe we can learn from the many mirrors of diverse people undergoing one transition, such as retirement.

At a Center for Health, Faith, and Ethics, let me start with *health*. Of course, there is more concern for this, especially since I am unpracticed, never having missed a day's work for ill health. I am a Lutheran, and have to say that in our language this good health was a "grace," not a matter of "works." I have no useful insights to hold up on this subject and hope to learn from the mirrors others hold up

to me as I have to come to terms with bodily changes. Let me begin by promising myself more long walks and more exercise. But I know I am good at breaking resolutions. So let me move on to the second term, *faith*.

Eternity is closer. The end of the Apostles' Creed makes the same old sense but grows more urgent. No one has been there and come back to report and thus satisfy me with descriptions. But I trust the love of God, which is stronger than death. It is time to measure my days.

Death is closer. We are beings-toward-death and experience meaning in life because of that. My retirement party poem, by Kay Boyle, ends

*Have no communion with despair;
and, at the end,
Take the old fury in your empty
arms, sever its veins,
And bear it fiercely, fiercely to the
wild beast's lair.*

Vocation remains, career pattern changes. I recall hearing gerontologist Bernice Neugarten in an interview for *Second Opinion* say that, inevitable physical changes aside, few things tell less about a person's being and outlook than her or his age. For me, guidance

longer come divided into curricular quarters? If I thought about that, I have no doubt uncertainties would surface. Turn to:

Quotidian existence. I believe in "dailiness" and "ordinariness." I devote myself to philosophies, theologues, and practices that discourage the guilt that comes with the wrong kind of backward look and the worry that impinges if one tries to command the future. Such an approach has worked, more or less, for seven decades. I hope to have no worry about it working for a couple more.

Community. I have celebrated *Friendship* at book length and lifelong and hope to nurture old and new friendships now. The local congregation, town meeting, and voluntary associations mean more every year. I do not envy retirees who do not inherit or find community. A purely personal choice: Harriet Marty and I intend to stay in Chicago, loving this milieu and knowing it as our village. We hope to see our snowbird friends half of each year.

Justice. Political and voluntary associational interests should receive more attention, and I hope to reengage the city, the inner city. Nothing disturbs me more in domestic affairs

The image that is most useful to me finds life as a book with many chapters; one turns a page for new adventures.

through the years comes from a sense of vocation, of calling. Life is a response to the call to the *I* from the *Thou*, a call to responsibility to others. Vocation has an individual stamp on it; each of us is irreplaceable, and we have to take pains to find out what the call means after retirement or job change.

The image that is most useful to me finds life as a book with many chapters; one turns a page for new adventures. For 35 years, my teaching schedule gave structure to the week, and that is now gone. Will I know how to pace the seasons when they no

than the complacency with which we, which includes me, have regarded the development of a permanent underclass and have sought and found little imagination and few resources to alter this scene. I promise to read Isaiah 58 regularly and hope to respond in faith and love. This leaves the third term of the Park Ridge Center:

Ethics. At this center for medical ethics, I have to describe myself as, professionally, "neither medical nor ethical." In retirement from most of my professional posts, I hope to learn more here from colleagues.





The Park Ridge Center

Bulletin

Issue Number Six
October/November 1998

“If some messenger were to come to us with the offer that death should be overthrown, but with the one inseparable condition that birth should also cease; if the existing generation were given the chance to live forever, but on the clear understanding that never again would there be a child, or a youth, or first love, never again new persons with new hopes, new ideas, new achievements; ourselves for always and never any others — could the answer be in doubt?”

“‘Alas for those who cannot sing, but die with all their music in them.’ Let us treasure the time we have, and resolve to use it well, counting each moment precious — the chance to apprehend some truth, to experience some beauty, to conquer some evil, to relieve some suffering, to love and be loved, to achieve something of lasting worth.”

— Gates of Repentance
(Central Conference of
American Rabbis, 1978)

Attending to Elders' Voices.....	2
Upfront	
Part of the Ocean:	
Spiritual Wisdom and Aging.....	3
Common Ground	
One Among Us.....	4
<i>by Marshall Kapp</i>	4
Case Commentary.....	5
<i>by Rabbi Peter Knobel</i>	5
 Who We Are, Where We Have Been	
Making the Lives Of Nursing Home Residents Visible	
<i>by Tom Cole and Thu Tram Nguyen</i>	6
Voices of Older Women: Multiple Meanings of Aging	
<i>by Anne Wyatt-Brown</i>	8
 Media Rx	
The Trouble with Successful Aging	
<i>by Drew Leder</i>	10
Centerline	
Spiritual Tradition and Aging	
<i>by Madelyn Iris</i>	12
U.N. to Assess its Population Policy.....	13
Reading Room	
Facing the Mirror: Older Women and Beauty Shop Culture	
<i>by Frida Kerner Furman</i>	14
Last Word	
Moving Aside: Some Thoughts on My Retirement	
<i>by Martin E. Marty</i>	15



THE PARK RIDGE CENTER
FOR THE STUDY OF HEALTH, FAITH, AND ETHICS
211 EAST ONTARIO STREET
SUITE 800
CHICAGO, ILLINOIS 60611-3215

**NON-PROFIT
ORG.
U.S. POSTAGE
PAID
MT. PROSPECT, IL
PERMIT NO. 1024**