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Dear Reader,

This issue of the Newsletter is on the topic of Old Age and Its Problems. It is a subject on which the country remains deeply conflicted. To some extent, the difficulties with old age are inherent to human nature. The difference now is that there are more old people than ever before. When the United States was founded, the median age of the population was 16 years old. Today it would be more than double that. And the trend is sure to continue as the demographic bulge of middle agers moves toward elderhood. In most ways the United States is fortunate to have the problem. In parts of the world, particularly Russia and Africa, the life expectancy has dropped precipitously. The health problems are overwhelming the ability of countries to care for the sick and aging.

The problem in the United States is not a lack of resources, but the maldistribution of wealth, a problem that has drastically increased over the last twenty years. Old age for some people has become the most enjoyable time of life. But if one lacks a private pension and a health insurance plan, old age can be fearful and exhausting.

Gabriel Moran outlines some of the changes that have occurred during the last thirty years. Attitudes have improved but severe problems remain. The second essay is a truly prophetic piece by Rabbi Abraham Heschel. It was delivered at the White House Conference on Aging in 1961 but can still be read with profit today. The third essay is a remarkable essay on Alzheimer's disease, the dreaded problem which hangs over all of the aged. In finding positive aspects of the disease, the author might be thought unrealistic. However, since she spent 16 years taking care of her mother who had Alzheimer's, one has to grant that she speaks from experience.

Correspondence and contributions to:

Alternative Religious Education, Inc.

Box 1405

Montauk, NY 11954

Gm1405@aol.com

Copies of The Alternative are online at www.nyu.edu/classes/gmoran

THE AMBIGUITIES OF ELDERHOOD

By Gabriel Moran

During recent decades there have been a series of social movements that have improved the lot of groups that had been discriminated against. The first movement, for black civil rights, became the inspiration and model for other movements that followed. The gay rights and feminist movements changed the dynamics of the country and continue to do so. The environmental movement was not about a group but the concern for the environment, together with the women's movement, has challenged the most basic assumptions of the economic order.

What has arguably been the biggest change but one that does not usually attract great notice is the change of attitude toward the old. Economic and social changes in the lives of older people have been impressive. As in these other movements, the results have mostly been improvement along with some new or persisting problems.

The most obvious change has been in economics. In the 1960s, the population over 65 was disproportionately poor. Single, older women were generally in dire straits with little attention paid to their plight. Over the past thirty years, this picture has changed dramatically. There is still a population of poor widows, but the more typical picture is the retired person who is able to enjoy a time of leisure.

The downturn in the stock market of the last two years rightly worries many retirees but it is a new thing to have a portfolio to worry about. Due to a confluence of factors from Medicare to rising real estate values, the old now constitute a formidable economic block. The American Association of Retired People is one of the most powerful lobbies in Washington. There has developed resentment among younger people at the disproportionate wealth of the old.

Along with economic changes, there has been a change of attitude toward the old. They are no longer fair game for cruel jokes. Thirty years ago, a group of seven women, all of them over 65 years old, set out to change attitudes. The news media dubbed them *the grey panthers*. Like other groups have done, they exploited for publicity a term used against them in ridicule. Maggie Kuhn and her six friends (most of whom had been church secretaries) led a successful fight to stop the crude stereotyping and hurtful humor directed at the old. People don't lose their sense of humor when they get old; laughter is indispensable at every age. But one person's or one group's idea of a joke can be a cruel put down of another group.

One might think it should be obvious to treat older people with respect and compassion. Unlike the concerns of blacks, women or gays, everyone has a

personal stake in old age. The twist, of course, is that for most people their stake is still in the future. Because old age does belong to everyone, it is widely believed that everyone understands old age. What the old find difficult to do is to convince younger people that they do not understand old age without the experience of old age.

One thing that the old keep telling the young is how fast time goes and that the older you get the faster it goes. (Since time is experienced as a percentage of one's life, a year at age 60 is 1/60th of life; at age 10 it is 1/10th of life. A year lasts six times as long when one is 10 compared to when one is 60). A character in Beckett says: *Two and a half billion seconds; who could have thought so few.* The irony is that two and a half billion is not a few; but they disappear at the rate of sixty a minute.

What has revolutionized old age is the advance of modern health care. More people are living longer and healthier lives than at any time in history. Pain is an omnipresent factor in the history of old age. Today it is possible to manage most pain, although economic inequities and faulty professional training still leave many people in pain. Enormous amounts of money go into health care in this country but an exaggerated part of that is spent on the last two weeks of life. We are living in the midst of a mass confusion as to how to use equitably more than a trillion dollars of resources.

In some areas the offense (the length of life) seems to be outstripping the defense (protection from chronic diseases). Most notably is the case of Alzheimer's disease. In 1907, Dr. Alois Alzheimer discovered the disease which is now known by his name. Most people never heard that name until the 1980s. And in fact it was only in the 1980s that serious research was begun on the cause of Alzheimer's and the possible treatment of the disease.

This history of Alzheimer's seems to me a tragic tale that now affects the lives of millions of people. Alzheimer's was for decades thought to be a very rare disease among young and middle-aged people. (Even today the only certain diagnosis is by autopsy). It is difficult to comprehend how researchers could have missed the connection between Alzheimer's cases and the symptoms exhibited in the lives of many elderly people. The problems of old age were simply written off as *senility*, a term that did not name a disease and therefore sparked no research interest. Great progress has been made in just twenty years of research. Improvement in drugs during the last ten years has improved the quality of life for Alzheimer's sufferers. Still, it still seems to me one of the great medical scandals of the twentieth century that no one was enough concerned with the health of the older population to recognize the connection to Alzheimer's decades earlier.

In 2002, the government quietly announced Medicare coverage of procedures for Alzheimer's patients that had previously been denied coverage. The change was made without fanfare because of the embarrassment of admitting what had been standard practice. The problems of treating the old who are sick are both economic and medical. At the gerontological conference in November, 2002, a survey found that people over 65 are routinely excluded from the full range of cancer treatments. Healthy old people are celebrated in advertising but sickness among the old makes people uneasy. The cruel jokes in the past were a way of keeping old age at a distance; the jokes have stopped but the uneasiness with age continues.

There are only a few thousand gerontologists and geriatrics specialists in the country. It is not a branch of medicine which promises great rewards. The young people who take this on as their specialty have to be applauded. While research is desperately needed on Alzheimer's and related diseases, there is a pressing need for clinicians who take the time and interest to care for the old

GROW IN WISDOM
By Abraham Heschel

What we owe the old is reverence, but all they ask for is consideration, attention, not to be discarded and forgotten. What they deserve is preference, yet we do not even grant them equality. One father finds it possible to sustain a dozen children, yet a dozen children find it impossible to sustain a father.

Perhaps this is the most distressing aspect of the situation. The care for the old is regarded as an act of charity rather than as a supreme privilege. In the never dying utterance of the Ten Commandments, the God of Israel did not proclaim: Honor me, revere me. He proclaimed instead: Revere your father and your mother. There is no reverence for God without reverence for one's parents.

Ours is a twin problem: the attitude of society to the old and old age as well as the attitude of the old to being old. The typical attitude to old age is characterized by fear, confusion, absurdity, self-deception, and dishonesty. It is painful and bizarre. Old age is something we are all anxious to attain. However, once attained we consider it a defeat, a form of capital punishment. In enabling us to reach old age, medical science may think that it gave us a blessing; however, we continue to act as if it were a disease.

The test of a people is how it behaves toward the old. It is easy to love children. Even tyrants and dictators make a point of being fond of children. But the affection and care for the old, the incurable, the helpless are the true gold mines of a culture. We maintain that all people are created equal, including the

old. What is extraordinary is that we feel called upon to plead for equality, in contrast to other civilizations in which the superiority of the old is maintained.

In our own days a new type of fear has evolved: the fear of medical bills. In the spirit of the principle that reverence for the old takes precedence over reverence for God, we are compelled to confess that a nation should be ready to sell, if necessary, the treasures from its art collection and the sacred objects from its houses of worship in order to help one sick person.

Old age is a major challenge to the inner life; it takes both wisdom and strength not to succumb. According to all the standards we apply socially as well as privately, the aged person is condemned as inferior. In terms of manpower he is a liability, a burden, a drain on our resources. Conditioned to operate as a machine for making and spending money, with all other relationships dependent on its efficiency, the moment the machine is out of order and beyond repair, one begins to feel like a ghost without a sense of reality. The aged may be described as a person who does not dream anymore, devoid of ambition, and living in fear of losing one's status. Regarded as a person who has outlived one's usefulness, one has to apologize for being alive.

The tragedy is that old age comes upon us as a shock for which we are unprepared. If life is defined exclusively in terms of functions and activities, is it still worth living when these functions and activities are sharply curtailed? The tragedy, I repeat, is that most of us are unprepared for old age. We know a great deal about what to do with things, even what to do with other people; we hardly know what to do with ourselves. We know how to act in public; we do not know what to do in privacy. Old age involves the problem of what to do with privacy.

While we do not officially define old age as a second childhood, some of the programs we devise are highly effective in helping the aged to become children. Preoccupation with games and hobbies, the overemphasis on recreation, while certainly conducive to reducing boredom temporarily, hardly contributes to inner strength. The effect is rather a pickled existence, preserved in brine with spices. Is this the way and goal of existence; to study, grow, toil, mature and to reach the age of retirement in order to live like a child? To be retired does not mean to be retarded.

What a person lives by is not only a sense of belonging but also a sense of indebtedness. The need to be needed corresponds to a fact: something is asked of every person. Advancing in years must not be taken to mean a process of suspending the requirements and commitments under which a person lives.

Our work for the advanced in years is handicapped by our clinging to the

dogmatic belief in the immutability of people. We conceive of the inner life as a closed system, as an automatic, unilinear, irreversible process which cannot be altered, and of old age as a stage of stagnation into which people enter with habits, follies and prejudices. To be good to the old is to cater to their prejudices and eccentricities.

May I suggest that a person's potential for change and growth is much greater than we are willing to admit and that old age be regarded not as the age of stagnation but as the age of opportunities for inner growth. The old person must not be treated as a patient, nor should retirement be regarded as a prolonged state of resignation.

The years of old age may enable us to attain the high values we failed to sense, the insights we have missed, the wisdom we ignored. They are indeed formative years, rich in possibilities to unlearn the follies of a lifetime, to see through inbred self-deception, to deepen understanding and compassion, to widen the horizon of honesty, to refine the sense of fairness.

One ought to enter old age the way one enters the senior year of a university, in exciting anticipation of consummation. Rich in perspective, experienced in failure, the person advanced in years is capable of shedding prejudices and the fever of vested interests. Competitiveness may cease to be one's way of thinking.

At every home for the aged there is a director of recreation in charge of physical activities; there ought to be also a director of learning in charge of intellectual activities. We insist upon minimal standards for physical well being, what about minimum standards for intellectual well being.

What the nation needs is senior universities, universities for the advanced in years where wise people would teach the potentially wise, where the purpose of learning is not a career, but where the purpose of learning is learning itself.

Time is perpetual presence, perpetual novelty. Every moment is a new arrival, a new bestowal. Just to be is a blessing, just to live is holy. The moment is the marvel; it is in evading the marvel of the moment that boredom begins which ends in despair. Whoever lives with a sense of the present knows that to get older does not mean to lose time but rather to gain time.

INTIMATIONS OF THE GREAT UNLEARNING: ALZHEIMER'S
By Gisela Webb

The peculiarities of Alzheimer's disease, with its characteristic loss of memory,

judgment, language and social boundaries that define self-consciousness and adulthood, provide both patient and caretaker with the kind of powerful inner tests and revelations that have traditionally been associated with times of physical and psychological crisis and with the process of death and regeneration.

Moreover, it is the development of traditional religious habits of contemplation, mindfulness, compassionate speech, diminishment of ego, and use of ritual and nonlinear modes of communication in dealing with Alzheimer's decline that we may find the key to the very practical, concrete questions of the kind of care-taking that befits this critical transition period through dying/death. Care-taking of the Alzheimer's patient is potentially no less than a form of practical mysticism that uses a contemplative attitude in everyday life to effect - or create an opening for - the kind of spiritual breakthrough, transformation, and healing (for the person dying and the caretaker) that characterizes authentic forms of spirituality

Compassionate or right speech is a mode of being of real value to be appropriated by the Alzheimer's caretaker. The issue of compassionate speech, and the difficulty in using it, is connected to the nature of our ego. The suffering created by our need to keep life, ideas and people in a fixed form (a past idealized, or wished-for form) in order to feel happy, are insights derived from Buddhist thought. Sometimes we use uncompassionate language because we need things to be a certain way to feel comfortable. In the case of Alzheimer's in particular, it takes some work to let go and to enter in the logic, landscape and culture of Alzheimer's - and to *not* try to change things.

I know from my experience of how our expectations of how things were or ought to be cause a profound sense of upside-down-ness, such as when you, the child, are feeding your parent, and when they do not recognize you, or when they do not see you in front of them but rather another person - or even a stranger. Sometimes an astonishingly clear awareness of recognition would zing through; it appeared in a momentary flash, clearly manifest in the eyes, but it could not be planned. It gave the impression that there is an essential knowing self, the soul, somewhat trapped beneath the veils of decaying mind/brain and body.

There is truth in the seemingly conflicting claims of both classical Buddhist and Christian thought: the radical impermanence of reality and the reality of the eternal in the finite. In Suzuki's *Zen Mind, Beginner's Mind*, the Zen or beginner's mind is described as the mind that is flexible, compassionate, watchful and not controlling. In this giving up of control, there is a kind of control - and freedom..

What we witness in the Alzheimer's outbursts and emotional suffering seems to be vestiges of unresolved wounds, anger, disappointments - the repetition of

injustices done - or realizations of self-loss. If that is so, might there not be the possibility of intervening - since these events are in the present for these people - to help resolve or heal these wounds (a sort of time-travel therapy), even if only temporarily. It is truly amazing what happens in just holding the hand of the Alzheimer's patient, or in simply acknowledging what they are saying - echoing it and then providing affirmation of the event they are reliving, an affirmation of them as people, of their forgiveness, of comfort.

My sense is that this aspect of processing the past by the Alzheimer's patient is not considered to be worth dealing with except for the utilitarian purpose of achieving individual or institutional calm, which is why many of these outbursts are treated first by medication. (This is not an objection to the use of medication. It depends on why and how). Moreover, there is not the satisfaction that such therapeutic intervention would last more than a fleeting moment. Would that be cost effective? And it does not soothe the caretakers egos. We get nothing back because we do not see progress. The decline continues. But this caring does give momentary healing. Perhaps we are allowing the patients to process their death before death, which they are experiencing whether we intervene or not.

The area of Alzheimer's care on which caretakers could probably come to some consensus is the importance of the roles of religious faith and ritual, and the affective, nonlinear forms of experience. The caretakers of the sick and dying have come to recognize the efficacy of faith and ritual in actualizing change in the state of people, in bringing joy and deep feelings to (and from) the dying. What I have come to appreciate in a heightened way through witnessing the Alzheimer's process is the positive dimension of sacramental religion - that is, religion and spirituality that affirm the power in material forms to reveal the presence of the divine - not only through official religious actions (liturgy) or objects (sacred scripture), but through the world of nature, music and visual arts.

Moreover, sacramental religion does not see the experience of the sacred as limited to the rational intellectual processes, but as available through the intuitive, affective parts of our being. In the Alzheimer's decline, with mind and language gone, even the most minimal formulations of religion eventually go. It is evident, however, that *body memory* remains much longer than mind and linear thinking and so the feeling of religious ritual, music, chant, poetry, body postures and, the quality of music (its character as well as its memory and meaning for that person), continue to be enjoyed even after life-long rituals can no longer be performed and life-long prayers can no longer be articulated. These days therapies are discussed that integrate body, mind and spirit. But with regard to situations where there is little or no mind, or consciousness, the discussion stops.