

“When sixty-eight-year-old Henry Longfellow was asked to speak at his fiftieth class reunion at Bowdoin College, he read a poem he’d written for the occasion” and which I share with you now:

*It is too late! Ah, nothing is too late
Till the tired heart shall cease to palpitate. . . .
Chaucer, at Woodstock with the nightingales,
At sixty wrote the Canterbury Tales;
Goethe at Weimar, toiling to the last,
Completed Faust when eighty years were past. . . .
What then? Shall we sit idly down and say
The night hath come; it is no longer day? . . .
Something remains for us to do or dare;
Even the oldest tree some fruit may bear; . . .
For age is opportunity no less
Than youth itself, though in another dress,
And as the evening twilight fades away
The sky is filled with stars, invisible by day.*

SERMON:

I turned 70 in October. Am I “old?” Are you “old?” What does that mean ... to you? To me? To the rest of our society? People of my generation grew up thinking of age 65 as retirement age. I think, at least to me, that meant “old age.” But as I got closer and closer to it, I found that it didn’t mean that to me anymore. I was still biking moderately long distances (I went about 20 miles last Monday), and functioning in the same ways I have been for several decades. So I’ve begun to question what it means to be “old,” or “older,” or “elderly,” or even “ancient.”

Now, for those whose predecessors died in their 60s or 70s, age 65 is pretty old. But if you’re like me, and most of your grandparents and their siblings lived well into their 80s or one even close to 100, 65 holds the promise of many more years of productive living. In light of that, though, I have noticed a shift in the behavior of people I don’t know, especially. Restaurant servers are increasingly solicitous. I’m aware of being perceived as “cute” when I know how to pay my tab using the QR code on the bill. A neighbor and her sister came by one day to see me and my

housemate and called us “adorable” when speaking to one another, as if we weren’t there. (We weren’t doing anything particularly adorable, but to tell the truth they were a little drunk.) You know who else is cute and adorable? Pets. And children. Especially small children. This language is condescending to older adults. (It’s actually condescending to children, too, but that’s another topic.)

You’ve seen it. If you’re older, you’ve probably experienced it. If you’re younger, you’ve probably done it, or at least thought it. “Look at that couple holding hands. Aren’t they cute?” Thinking, “They’re behaving just like regular adults.” This is the way we perceive children and pets when they do things like adults, as though there is something precocious about their behavior.

“And what’s wrong with that?” you might ask. My answer: “There’s bias in it. In this case, it’s called ageism, and it manifests throughout our culture in many ways. It is so pervasive that it’s difficult to recognize.”

One of the authors I’ll refer to today, Louise Aronson, geriatric physician and author of Elderhood, reports an assignment that a colleague gave to his first year public health graduate students – students who are going into the field of medicine. He asked them to free associate what came to mind when they heard “the word *old* in reference to a person. ...the most common associations with the word old included *wrinkled, bent over, slow moving, bald, and white hair*. Many also wrote *weak, fragile, feeble, frail, or sick*.”

When we talk about sexism or racism, we seem to recognize that it involves “othering” a group of people. *They* are different from us in some particular way – gender, or race – and *they* are all alike in that difference. And we know that this is inaccurate. There are many of *them*, and they are not all like one another. And in many ways they are more *like* us than they are different. We are learning to be curious about *those* other people.

Those affected by ageism, however, exist across race and gender lines, and yet are still lumped into a homogeneous group. For instance, are all older folks a drain on the system? According to Senior Citizens, Inc, a Georgia-based organization that coordinates services for seniors, “Older adults – the wealthiest

age cohort in the world, by the way – earn wages, spend money, generate tax revenue, support social causes, and create demand for goods and services that stimulate job growth. They also represent a large chunk of unpaid activities like caregiving.

“In fact, if Americans 50 and older were counted as their own country, they’d constitute the world’s third-largest economy. That’s from a 2019 AARP study that also found that this group’s economic impact will triple by the year 2050, increasing spending from \$8.7 trillion in 2020 to a projected \$15 trillion in 2030.”

So, no. Not a drain on the system. Yet you will hear that often repeated.

Are all older people senile or suffering from memory loss? My mother seems to think she is. She’s 94, and lately I hear often from her, “My memory is terrible.” It’s really hard to forgive oneself a memory lapse or two in a culture that is bound to convince us all that forgetfulness after “a certain age” means you’re losing it. Those of us interacting with my mother, including her internist, don’t see evidence of this terrible memory she’s talking about. And she can still learn and process new things, so chances are good her mind is still operating well. But the mere suggestion, perpetuated as it is throughout the culture, that an older person’s mind is going can be self-fulfilling. Descartes said, “I think, therefore I am.” I say, “What I think, I become.” And Becca Levy, author of Breaking the Age Code, agrees. She says:

A good place to begin is by recognizing that it is often ageism that makes being old difficult, not the aging process itself.

She goes on to tell the following story:

I recently heard a doctor tell the story of an eighty-five-year-old man who goes to see his doctor with a dull pain in his knee, only to be told, “Look, this knee is eight-five years old. What do you expect?” “Well, yes, Doctor,” the patient replies, “but my other knee is eighty-five years old, too, and it doesn’t hurt one bit.”

A doctor dismissing his patient's concerns because the patient is old means the doctor is blaming old age when something else could be at play. By failing to investigate the source of the problem and relying instead on the ageist assumption that decline in later life is inevitable (an age belief that is often implanted in preschool and reinforced all the way through medical school), this doctor is shirking his medical responsibility.

This actually reminds me of a visit I made to a chiropractor some years ago. I knew this man peripherally and had visited him before, but I was not a regular patient. I was out biking in iffy weather, slipped on a patch of ice, and fell. I told him the story, but he wasn't really listening. "Do you fall often?" he asked. I said, "Were you listening to me? I was *biking*. I hit some ice. No, I don't fall often." I was maybe 50? 55? And he assumed I was falling because I was old.

In both of these situations, the people in question held out for their identity and dignity. But that's not always the case. So often, older people have been cowed by the same age beliefs that affect their doctors and family members, as Levy says, from preschool to medical school. They believe it themselves.

Are older people falling apart physically? Louise Aronson says yes ... and no. As illustrated above, many of the issues older adults encounter come from the fact that medicine is only slowly catching on to what pagans of eons ago understood. There are *three* stages to life, not two. When Aronson was in medical school, there was no geriatric specialty. Medicine looked at the elderly as older versions of younger adults, and treated them as such. Even now, geriatricians have to fight to be heard by those in other specialties who are treating their patients. Aronson says, "The anthropologist Margaret Clark reframed aging as an ongoing process of simultaneous adaptation—not only to one's changing body but equally to one's specific social and cultural situations."

Levy explains, "To better understand how culture-based age stereotypes get under our skin, I developed a framework called stereotype embodiment theory (SET), which proposed that negative age beliefs bring about detrimental health effects that are often, and misleadingly, characterized as the inevitable consequences of aging. At the same time, positive age beliefs do the exact

opposite: they benefit our health. My research, on which I based these twin concepts, has been confirmed by over four hundred studies conducted by other scientists on five continents.” In the book she elucidates just *how* those beliefs affect people as they age.

And, of course, our medical system is designed to keep people alive at all costs – and the cost may be astronomical. So geriatricians have to educate doctors in other areas to the fact that older adults may wish to make different choices than their younger counterparts. And all of us need to have conversations with those in our families who are aging, bringing curiosity to know more about how they see things and what they want for their lives.

Aronson says, “Geriatrics isn’t just about *who* is being treated or *what* disease they have; it’s also about *how* and *where* they are cared for and *what* and *who else* besides usual medicine and doctors might help their health and well-being. So yes, the body is aging, but to what extent depends on the individual. And how every individual is treated, both medically and socially, is important.

I had a hard time finding a children’s book that portrayed older adults as positive role models – no, that’s not quite true. Grandparents often cook and play with their grandchildren in these stories ... and then the message of the book comes through with the children helping them remember things they can’t anymore. Sweet, yes; and self-fulfilling.

In some cultures, elders are seen as sources of love and wisdom, and revered as important to their societies. In Japan, there are national celebrations focused on older citizens. Of course, a friend who has lived there for many years says that it is more likely for older people *with money* to be revered, and for the poor of any age to struggle invisibly. He attributes that to the US’s influence post WWII.

Native American cultures honor the elders and listen to their counsel. This from the University of Hawai’i web page:

This study looks at a range of Indigenous populations, including Inuit, Métis, and First Nations in Canada; Alaska Natives, Native Hawaiians, Samoans, Tongans and

Native Americans in the U.S.; Māori in New Zealand; Aboriginal and Torres Strait Islanders in Australia; and the Aymara tribe in Chile.

Published in the [International Journal of Environmental Research and Public Health](#), the study identifies six common themes across cultures, finding that an elder is someone who:

- *Is respected for living, knowing and teaching traditional knowledge*
- *Is committed to passing down wisdom to younger generations*
- *Continues contributing to the community*
- *Provides a vision for the future rooted in tradition*
- *Is not necessarily defined by age*
- *Acts as a care provider*

These findings highlight that elderhood is a respected status earned through cultural stewardship, community service and wisdom, rather than age alone. Supporting individuals in attaining this role can promote healthier aging and enhance community resilience.

And in those cultures where the elderly are revered, aging has a different look to it. Levy says:

In Japan, it became clear to me that the culture we're in impacts how we age. Take menopause, for instance. I learned that Japanese culture doesn't typically make a lot of fuss around it, treating it as a natural part of aging that can lead to a valued phase of life, rather than as fodder for those Western stereotypes of female irritability and sexual obsolescence that characterize menopause as a midlife affliction. And the result of the Japanese being less likely to stigmatize this natural aspect of aging than their peers in North America? Older Japanese women are much less likely to experience hot flashes, as well as other symptoms of menopause, than women of the same age in the US and Canada. And Japanese older men, who are treated, culturally, "like rock stars in their country," according to the anthropologist who led this study, were found to have higher testosterone levels than their European counterparts. This suggests that your libido ages differently depending on the way your culture perceives and treats aging.

Do we want to change this ageism? If the answer is 'yes,' then how do we go about it. As in any change, it is up to each one of us, individually. We can stop using phrases like "having a senior moment," with a laugh. We can stop talking about how we're "just getting old," when a physical difficulty arises. We can keep looking forward to plans, trips, people, new books to read, new ideas to discuss, rather than falling asleep in front of the TV every day. We can remember that, as a neurologist on NPR reported, our brains are like a library. As we age, we accumulate more and more information. The more information that's in there, the harder it is for the "librarian" to find a specific piece. So having trouble remembering a word or name doesn't mean we're losing it. We need to recognize that we have stored a tremendous amount of information and experience, and with it the ability to process things that younger people have not. We have ideas and opinions that matter, and we need to bolster our courage to express them.

One thing I've noticed is that there is a lot of shame connected to growing older in our culture. We become ashamed when we can't remember, or if we have to have some procedure ... we are ashamed that we can't operate physically in the same way we did 10 or 20 or 30 years ago. We are certainly ashamed if our bodies require attention from another person as we go through our day. Our voices get quieter and quieter, afraid (not without reason) that someone will laugh or condescend, and we gradually lose the use of them.

If you're retired, you have time to speak up where younger folks might not. Maybe you *won't* be listened to, and maybe you will. But you will make space for more voices that might not otherwise dare to speak up. Don't forget to keep dreaming. The dream trajectory may be shorter, but you never know. I've always planned to live to be 100, and I plan to be riding my bike right up till the end. That vision will help me to stay active and healthy. Dream with your kids and your grandkids. Share theirs, and share yours with them. Stay engaged. Talk to people. (This is a great place for that, and if you're stuck at home, reach out to these friends and ask for a visit. That's what a community is for.)

I'm leaving some sheets on the cabinet outside the door with the names of the books and authors, as well as my email address. I'd be interested in your

reflections on this topic. I'm also awaiting some organizing materials from The Gray Panthers so, if you're interested in a group like that, you can let me know.

How do we "grow old gracefully?" By accepting that aging is a part of life, and that no two people will approach it in exactly the same way. By knowing ourselves and living life's adventures, big and small, to see what we can learn. By not giving up on our dignity, even when it's time to say good-bye. And by treating one another as the wise, knowledgeable, loving, interesting, still-growing individuals that we all are, at every age.