

Context and Text: Realities and Jewish Perspectives on the Aged*

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The Jewish tradition deliberately points to the heart of the care of old people: that we know how frightened they are of abandonment; how important it is that they stay among us as long as possible; how marvelous it is when the generations are endeared to each and how terrible when children disdain their old parent.

ONE of my teachers, Dr. Henry Slonimsky, had a very candid way of characterizing how we use the literary sources of the Jewish tradition, particularly texts that are selected from the Bible and the vast array of Rabbinic literature. He used to say that a Jewish source could serve three functions: as a text, as a context, and as a pretext.

Rather than fall into the last trap, I would like first to construct a context for the perspective of the Jewish tradition and then suggest how the Jewish tradition may relate to the realities of our service. I make no pretensions to speak at the sophisticated clinical level to which you are accustomed, but I hope that my description of this context is valid nevertheless.

Permit me to make several generalized points on what we call the aging process.

1. The aging process is inevitable, and at the end of it is death. All of the participants in the life of an older person—and especially that person—know this. This knowledge is terribly debilitating. There is a point in time when that realization begins to hit you and from that time on, the overriding battle in life becomes to stave off death and to make the best of one's remaining years.

2. While illness, accident, and a multitude of other causes always dog every human being, it is only when you get old that you begin to confront the breakdown in physical and mental apparatus as an ineluctable counterpart of living. There is a helplessness and hopelessness about it all, especially knowing full well that illness and accident are also like thieves in the night that can come upon you without warning and rob you of your strength.

3. Death and incapacitation may represent the denouement of this final act in the play of life. But the ongoing dialogue is with the lesser but still forceful invader—slippage. The inroads of slippage are incremental, but the road itself points only in one direction, more slippage.

There are surely as many variations on these basic themes as there are people and societies on this earth. Nor do these three motifs exhaust the litany of aging. Nor, on the other hand, can we assume that people are without their defenses, holding off the enemy as long as possible.

There is a host of defenses that are innate in the human personality in general, although the deployment of these defenses is as infinitely variable as the remaining strength and imagination of individuals who recognize that they are old people.

1. There is indeed the matter of recognition. Recognition can lead to a

* Presented at the Annual Meeting of the Conference of Jewish Communal Service, Baltimore, June 3, 1985.

passivity, worse, a feeling of uselessness, and in many, a surrender in the game of inevitability. Recognition can also lead to what the Bible calls a "girding of one's loins," an amassing of the ammunition necessary not only to survive, but to live creatively.

2. Between surrender and the will to live creatively, there is the widest spectrum of emotional defenses of which three, among others, merit some comment.

a. One is anger. I am talking about the most raging, violent anger. The trigger may be the death of a beloved spouse, a succession of illnesses, a crippling accident—one kind or another massive irreversible tragedy that causes an unanswerable frustration that breeds a raging anger.

Anger is a punishing reaction. It may be destructive. But it may be one of the most powerful stimulants to life. In either case, anger is a blazing furnace of creation. It is an act of life.

b. Ambition. One of the most amusing misconceptions about old people is that they have achieved what they set out to do in life and are now satisfied. The rabbis have a bright, encompassing term which includes but is greater than the word "ambition."

That term is *yetzer hara*. Which is simplistically translated as the will to do evil, but which really means the unquenchable and aggressive, hungry human desire to do more, accomplish more, conquer more.

There is a corollary to the misconception that old people consider themselves by and large to be satisfied achievers. That corollary is that they necessarily consider the achievements of *their children* to be their own.

"But, look," we say to parents, "look at the wonderful children you have raised."

That may be a great achievement, but it neither means it is the only one or that

an old person's agenda is complete or satisfied with that fact.

Oddly enough, we make heroes out of old people who have achieved greatness—Einstein, Schweitzer, Eleanor Roosevelt, without reference to their ambition, creative urge, *yetzer hara*, which fires were not banked but fanned to greater intensity by old age.

More than the productivity of an old person or a stubborn insistence on hanging on is involved.

The spur of ambition cuts deeply and is a cultivatable defense.

c. Sex. There is a growing literature today on the sex urge of old people. It is, for the most part, a supportive body of writing which recognizes this fact of life, supports old people in their sexual activity, and instructs their children not to assume that old love is commitment without passion, without sex.

In reading the Five Books of Moses, I was always struck by three stories about old people. The first is the story of Abraham and Sarah. He was 100 and she was 99. When the angel announced to Abraham that Sarah would bear a child "at the appointed time," Sarah overheard and laughed. But you will note that she conceived and not immaculately, either—and bore a child, Isaac. It has occurred to me from time to time that the angel spoke to Abraham in the sense that God helps those who help themselves.

The second instance of the Torah's recognition that sex is a vital part of life to the very end of it is the description of Moses at the conclusion of the last chapter of the last book of Moses, *Deuteronomy*. The text has a unique Hebrew phrase to describe Moses. Among other ascriptions, it says of Moses at 120 years of age *v'lo nas leicho* which euphemistically translates (to avoid the literalness of the Hebrew) as: "His strength did not wane." What is really meant by the Hebrew is that "his mois-

ture did not cease," which tells us about Moses and about what his epitaph considers to be important enough to inform us.

The third instance is of an old man, this time apparently waning in strength, whose advisors and family tried to revive him by stimulating his sexual urge. I am talking about King David in whose bed his counselors placed a young virgin. Although the Targumists and later rabbis strenuously sought to apologize by insisting on what did not happen, their comments are a vain attempt to create smoke when there was really some fire still left.

I would even go so far as to say that this was implicit in the charge to Abraham who, by the way, took a second wife after Sarah died, and explicit in the cases of Moses and David—the three greatest names in Jewish tradition—and suggest conceptual models about aging, virility and plain, ordinary sex.

I have spoken about anger, ambition, and sex, as three cultivatable defenses that old people naturally have as they become older. I have selected them because they are primal responses, as primal and as elemental as the fear of death, the anxiety over accident and illness, and the frustration at the incremental ebbing of physical and mental power.

I am sure you can supply your own example: of people of the sort that Malcolm Cowley in the *New York Times* called "the old old" who are still fired by anger, ambition or sex, or all of the above.

Along with the primal defenses which are innate but require recognition and cultivation—but never dampening or suppression—there is a second, related but different area that merits our consideration, the defenses supplied by science, particularly medical science.

Aging remains today a puzzle wrapped in an enigma. Every medical research institute of any consequence

spends a portion of the annual millions allocated to the search for the key to the enigma. Perhaps, as in so many areas of human toil, the answer of medical science will only be the composite of many very small answers to specific puzzles. In the meantime, what medical science can do is to support life, that is to say, to keep the physical organism operating, if necessary by what ethicists call extraordinary or heroic means.

Medical science's promise of the mechanisms for prolonging life, however, makes available only one of the two instruments that are minimally necessary. We are the second instrument.

In an article of eight years ago, I wrote on the subject of the Right to Die.¹ There I commented on various issues and dilemmas connected to the specific matter of the Right to Die, the living will, and the tensions and consequences that flow from asking questions about the treatment of terminal illness. The intellectual atmosphere was still heated then about the Karen Quinlan case and the legislation enacted in California requiring that ethical wills be respected. At that time, hospital and universities were trying to formulate rules of procedure that would bring decision-making into sequential order. The moral consequences were being addressed by Sisella Bok of Harvard and by Elizabeth Kübler-Ross.

During the intervening years, I began to realize what so many of you know, that the specific issues which appear so sharply at the point of terminal illness are already foreshadowed in their perplexity and gravity in the kind of service we can offer in the pre-terminal years, which we broadly call long-term care for the aging.

I single out this area because the

¹ Leivy Smolar, "The Right to Die, the Bio-Ethical Frontier: Creating an Agenda," this *Journal*, Vol. LIII, No. 4 (1977) pp. 320-329.

brave words which describe primal responses to primal fears and anxieties are severely diminished in this area where the boundary has been crossed from independent to dependent living. At this stage, there is a certain amount of control that is gone and irretrievable. It is a step that the body has taken against the will of its possessor and there is no chance of resisting it. As a dear friend put it: "There are bad days and there are good days, but there are never really any better days."

The issues in the delivery of long-term care services to the aging are beyond the scope of this conference and possibly this generation of service. But the human instrument—not the researcher not the physician so much as the most human instruments that we are expected to be—can never be beyond our scope.

Again, the first issue in long-term care is recognition. Critical to this stage is the recognition by the family of the old person that a chasm has been crossed that cannot be recrossed. It is intensely painful for a family to recognize that dependency occurs at both ends of life's scale: the child who grows out of it and the old person who grows into it. It is enough to make you want to cry when you recognize that diapers are made in many sizes, that you feed not only babies, that instinctive but only partial recognition increases in an infant and may decrease in the old, that a baby crawls in order to walk and an old person may be stationary ever again and, finally, that the mechanism for prolonging life may bring into being a travesty of what life should be.

Second is the issue of the quality of life which dominates the agenda of long-term care even as, *in extremis*, it is the crux of the issue of the Right to Die. It is precisely because of the ability of medical science to prolong life, to add that massive assist to primal innate

human resources, that life continues although the human resources can no longer function unassisted.

The dilemma increases, moreover, when the matter of life and death is not there to sharpen the issues, when the decisions about care are enveloped in a broad gray cloud. This is particularly true when the physical strength of old people has retained a good measure of vitality while their mental strength perceptibly diminishes. The parallel that comes to mind—and I beg your indulgence for the crudeness of the analogy—is the child needing special education. I remember 25 years old being placed as a day substitute in what was then known as a CRMD class in New York City public school. A tall, well built boy, who I later learned was 14, was the first to come into class. With a charming broad smile, he asked me to tie his shoe. I have seen that warm smile many times since then on the faces of "special education children" and of old people with diminished mental capacity. This combination of physical well-being and mental incapacity—of whatever sort—is especially heart-rending to family and professionals alike. The number and variety of support groups that have grown up and been sponsored by our communities, most recently around Alzheimer's Disease, are, therefore, expressions of compassion in the highest sense.

That support is essential because of a third issue—the ongoing decision-making that tests a family's capacity to decide. In this large area of grayness, the judgment expected of a family is excruciating. When do you move a person from an apartment to senior citizen's housing, and why; when from independent living in the senior citizen's housing to sheltered housing or directly to a home. When is a home not a hospital? When is a resident not a patient? On what level of supervisory care should a

resident be placed? How do you measure the degree of what is called "dementia?"

Again, I am centering on the physically well but mentally not well old person because so much is unclear.

To sum up, I have lingered on three issues in long-term care: the matter of recognition that a line has been crossed; the paradox between medical prolongation of life and the quality of life; and the agonizing dilemmas this poses for families of the old person, particularly in the case of mental incapacity. All of this, I believe, provides the multitude of life scenarios in which we are the crucial supporting cast. Every skill we have acquired, every ounce of compassion is called upon.

In all of this, the Jewish factor plays a host of roles. Before I turn to the broad Jewish perspective on issues I have raised in this paper, I must say that it is axiomatic to me that a thorough grounding in the basic practices of Jewish life is a minimum requirement for professional care of Jewish old people. That applies to every level of service, particularly top management, and includes all levels of literacy. A hands-on staff member in a home needs to know why a Jewish woman may stand by the window and cry on a Friday night because she is not allowed to light candles in her room. A nurse or dietitian needs to know why a resident would rather not eat at all than eat bread on Pesach. All need to know the Jewish calendar so that a sensitivity exists to the longing on a *yom tov* for family and visits that may or may not take place. A senior citizen's residence, whether based on a concept of independent living or hospital care, must have a system of self-accreditation which holds knowledge of Jewish practices on the part of staff to be primary.

However, in dealing with the broader and perhaps more elemental problems

in providing care for Jewish old people that I have touched on, there is a different framework than that of Jewish *practices* that we would address.

We have indeed been circling around the issues of the intangible yet central human resources on which an old person, a family, a worker can draw, the context for the text.

We come now to the traditional texts themselves.

There is no problem in locating verses and episodes in Biblical and Rabbinic literature that favor the cause of the aged. In fact, the prototypes for the old are heroic: Abraham, Moses, Aaron, David and so forth. Probably the most fascinating old people in the Bible are women: Sarah, Rebecca, and the most wonderful, Naomi, the true heroine of the Book of Ruth.

Jewish tradition venerates the old. Their physical properties are praised in the Book of Proverbs which has the antiphonal verse:

"The glory of youth is their strength; the majesty of old men is their grey hair." (20:29)

That kind of praise was not indiscriminately given.

"Grey hair," writes Proverbs, "is a crown of glory; it is obtained by the way of righteousness." (16:31)

Only the unrighteous person of any age could disqualify himself from meritorious praise. There was no other qualification.

Both the learned and the unlearned old earned the highest respect. The old without book learning were treated with dignity because their conversance with the facts of life and the workings of nature were assumed to have refined their wisdom and common sense.

The dignity accorded to age was, furthermore, universal and not reserved to Jewish old people alone.

Maimonides interpreted the Biblical injunction to rise when an old person enters to apply to all old people. (Hilkhot: Talmud Torah 6, 9; Jerusalem Talmud Bikkurim 3, 3).

Among the rabbis, the advice of old people was preferred over the recommendations of the young. So Pirkei Avot teaches:

“He who learns from the young eats unripe grapes and drinks new wine. He who learns from the old eats ripe grapes and drinks old wine.” (4, 20)

The fundamental law of respect for the old is found in the Biblical Book of Leviticus in the section called the Holiness Code (19:32):

“You shall rise up before the grey head and you shall glorify the face of the old and [thus] fear your God.”

However, examined more closely, the Jewish attitude toward the old appears a little too consistent and somewhat exaggerated. To the Psalmist, a vital old age is regarded as a reward for the righteous:

“In old age, they still produce fruit; They are full of sap and freshness.”

The Talmud is somewhat extreme in urging (Megillah 31b):

“If the old say ‘tear down’ and the children say ‘build’, [then] tear down, for the ‘destruction’ of the old is construction and the ‘construction’ of the young is destruction.”

So is the instruction of the Midrash:

“He who takes counsel with the old will not falter.” (Midrash Rabbah, Exodus 3).

The embracing respect for the old and the ascription to the old of long life, strength, and wisdom is part of a human strategy found throughout Jewish tradition that praises old age in order to

protect old people. The continuing laudation of old age, which sometimes borders on hyperbole, becomes understandable because admiration for old age *per se*, is contrary to human nature. People recognize that they are getting older or have become old. They do not look forward to old age with eager anticipation. Consequently, old age has to be praised as a comfort to those who have reached it.

Both the praise of old age and the teachings of respect for the old are one side of a coin. The other more realistic side, equally implicit and explicit in Jewish tradition, is that old people are poorly valued by society.

The Bible recognizes that children behave insolently against old people (Isaiah 3:5) as did other societies (Deuteronomy 28:49–50). Nor was old age always identified with wisdom. “It is not the aged who are wise,” says Elihu in the Book of Job, “[nor] the elders who understand how to judge.” (39:9)

The most common-sense book of the Bible, the Book of Proverbs, includes warnings against the mistreatment of old parents:

“Listen to your father who begot you; Do not disdain your mother when she is old.” (23:22)

The author of Proverbs is quite harsh in another verse:

“The eye that mocks a father and disdains the homage due a mother—the raven of the brook will gouge it out, young eagles will devour it.”

The same protective sentiment is displayed in a warmer motivational tone in still another verse in Proverbs:

“Grandchildren are the crown of their elders; And the glory of children are their parents.” (17:6)

Praise and threat went hand in hand as Jewish tradition protected the old.

Two depictions of the Jewish value system have stood out in my own experience. The first I remember from my childhood on Yom Kippur. I sang in a choir that was hired only for the High Holy Days. The cantor, who was also a *shochet* and a part-time caterer, had an iron memory for *nusach* and a perennial sore throat. He was an older man and when he pleaded in his hoarse voice:

*Al tashlichenu l'et ziknah; Kichlot
kocheinu al ta'azveinu (Psalms 71:9)*

old men and women in the congregation wept. It was no act. He was tired by then and when he asked,

Do not cast me off in old age; When
my strength fails, do not forsake me

he was the most authentic messenger of that congregation.

The Psalmist has conveyed for thousands of years the deepest fear of the old that they will be abandoned. Indeed, the Talmud reflects the reality that people who were sick or became old often lost their jobs, were obviously abandoned, and died of starvation. (Kiddushin 82a)

Against the disregard for the old, the Talmud offered the protective cloak of compassion. Here the Talmud compares an old person to the first Tablets of the Law containing the Ten Commandments that were broken at Mount Sinai.

The Talmud teaches:

We must be careful with an old man who has forgotten his learning because of his incapacity, so as not to shame him, and to treat him

with dignity. For were not the broken tablets placed side by side with the whole ones in the Ark [of the Covenant]? (Sanhedrin 96b; Berakhot 10a)

That spare analogy conveys a strong message: that old people will forget what they knew, that they will be broken in different ways, that they are not to be abandoned or isolated but placed side by side in the same secure frame of life as the young and the whole.

Finally, none of the verses that I have read contains an entire value system. Even all together, they do not comprise a systematic ethics.

Each one, however, with its own motivation, comment, and truth serves as a warning and as a horizon, a warning against what we dare not let happen and horizon of what we can never really achieve.

The Jewish tradition deliberately points to the heart of the care of old people: that we know how frightened they are of abandonment; how important it is that they stay among us as long as possible; how marvelous it is when the generations are endeared to each and how terrible when children disdain their old parent.

It is largely a gentle tradition which affirms life and strengthens hope, which values old age, and which has called upon us over the centuries to cushion the advent of the inevitable, to support the living, to urge respect for the old, and, at the very last, to insist on dignity for the dying.

This is a hard task and the only credit for having taken up the task will be our knowledge that what we are doing is right and true and good.