



IT'S A COLD, STORMY NIGHT IN late November when I collect my mother at the hospital. Rain lashes sideways as I help her out of the car and up the walk toward my house. Once she's safely inside, I'll run back to grab the walker and the supplies I was given as we were leaving. But for now all I can think about is getting her inside without incident. Without another fall. She is 90 and rocky on her feet. A few days earlier she blacked out; I found her on the floor of the guest room coming to, her head in a pool of blood. After the paramedics whisked her away, she was admitted to the hospital with a bleed in her brain, a subarachnoid cerebral hemorrhage. According to the attending neurosurgeon, it was a "subtle" bleed. She can

Barbara and Irene Graham in Napa Valley, 1998.

90 Is Not the New 50

Young at heart
will get you only so far.
Barbara Graham reports.

spell *world* backward and aces the rest of the cognitive tests. She is pronounced "lucky."

But she doesn't feel lucky. As I struggle to unlock the front door while keeping a firm grip on her and the umbrella, she chides herself for her unsteady gait. "I'm so clumsy," she says with despair.

"You're not clumsy," I say. "You're old."

The words just come out, unpremeditated. My mother is startled, and so am I. She looks at me as though I have accused her of committing an unspeakable crime—and in a way, I suppose I have. But then we both laugh. It's true: She *is* old. The colossal elephant in the room has finally been named.

YEARS AGO SHE MADE ME swear that I would keep her birth date out of her obituary. This was when she still believed that aging meant nothing more unpleasant than moving to Florida and having fewer opportunities to show off her mink coat. It didn't occur to her or my father that someday one of them would likely wind up alone, in deteriorating health, a thousand miles from their children and grandchildren. Life seemed to stretch out before them—an endless round of golf games and cocktail parties, spiced up by the occasional cruise. She often joked that she would live forever because she was "too mean to die."

We have not had an easy time of it, Irene and I—no cozy mother-daughter camaraderie, no affectionate natural bond. Growing up, I often felt as though we were mismatched, like two landmasses that don't fit together—say, Greenland and New Jersey. I always imagined that she would have been happier with a daughter more like her: glamorous, stylish, a celebrated hostess and arbiter of good taste. She is, among intimates, a famously harsh judge of other people's looks. During my high school years, she asked almost daily if I was sure I didn't want a nose job. I rejected the whole package and shackled up with a stoned cowboy, living in hippie outposts from Boulder to British Columbia. Whenever we settled in one place long enough to have a phone, I kept the number unlisted so she couldn't call. But now, as her only daughter, I am also her designated caretaker. She is old, and death is no longer just a nasty rumor.

"Spell *world* backward." This challenge has been posed at least two dozen times: by residents, interns, and medical students in the hospital; by the visiting nurse who came to assess whether Irene needs home healthcare (she does); by the physical therapist and the guy who rigged up the medical alert button she now wears around her neck. I can tell by her crumpled expression as she conceals the device beneath her sweater that she is shamed by the accessory. She'd prefer a little something from Tiffany—and who wouldn't?

Before her ill-fated trip to visit my husband and me in Washington, D.C., Irene was self-sufficient. She had survived the loss of my father—her husband of 63 years—as well as the passing of a gentleman caller. She lived alone in her Florida condo and refused to consider the possibility of moving to a retirement home closer to me.

"I manage," she'd insist, holding up her hand like a school crossing guard to halt me whenever I broached the matter. "I get along." And so she did. She drove, went to movies and dinner with friends, kept her regular appointment at the beauty parlor, and did her own

grocery shopping and cooking. All this despite the fact that she'd fallen a few times and often leaned against walls and furniture to keep herself from tipping over. Never mind that a broken hip could spell disaster for her as it had for her mother; when I suggested a cane or walker, she'd shrug and say, "I'm too vain."

At 90 this former belle of Pittsburgh was still trading on her girlish good looks. Even with no makeup, even with a black eye and nine stitches in her left temple, she looked like a wilted beauty queen. She flirted with the doctors and was the talk of the hospital. Without exception, everyone who examined her (and asked her to spell *world* backward) did a double take upon finding out how old she was.

IMAY HAVE SHIED AWAY FROM using the word *old*, but for years I had poked fun at Irene for refusing to admit her age. "You're an elder," I'd point out. "It's nothing to be ashamed of. Just think of how revered you'd be in Native American cultures."

"So you think I should move to a tepee?" she'd snap.

Yet it wasn't just vanity that made her feel the way she did. Ours is arguably the most unforgiving country on earth in which to age. One glance at the titles on the best-seller list or the headlines in magazines says it all: SIXTY IS THE NEW 30; GROW YOUNGER, LIVE LONGER; STOP AGING NOW! Sooner or later, some "expert" is bound to declare that "80 Is the New Pink." As a society, we're engaged in a massive cover-up; age is treated like a preventable disease and death its avoidable outcome.

In her new book, *The Denial of Aging*, Harvard professor Muriel Gillick, MD, writes, "Denial is sometimes a good thing; it can help us cope with intolerable truths. In the case of aging, however, widespread belief in perpetual youth or eternal life has pernicious consequences." In our desperate pretense that aging can be eradicated by modern medicine, positive thinking, diet, exercise, vitamins, or crossword puzzles—all of which can influence our quality of life, none of which can stave off our inevitable decline—we set ourselves up to spend our final years feeling defective, weak, and guilty for having failed. But the

real failure is our refusal to accept that we're mortal—human—with all the joy, pain, hope, and loss that condition brings.

"Spell *world* backward." Though she now rolls her eyes whenever a well-meaning member of the helping professions issues the request, Irene's own world has shrunk precipitously. Since our return to Florida a few weeks after her fall, she has not cooked a meal or left her apartment alone. Some of the people in her circle still call, others drop by, others send food but can't seem to find time to visit, and a few stay away completely. One woman, a neighbor and former close friend, breezes past my mother in the lobby

of their condominium as if she weren't even there. No doubt the woman worries that my mother's affliction—old age unmasked—might be contagious. Almost overnight, Irene has become a stark reminder of what lies in store for her more robust friends. Perhaps they cling to the magical belief that if they look away they'll be spared. I can imagine this because I'm frightened for myself, too.

Still, I try to remain upbeat as I prepare to say goodbye. Now that she's set up with a health aide and a spiffy new walker, I'm flying home to Washington.

"Here's everything," I say, handing her a sheet of paper with a list of important names and numbers.

"You're so good," Irene says in a shaky voice.

"You're good, too." I take her bony hands in mine. ▶

Irene at 19, in a photograph taken in New York City, 1934.



This may be the first adult exchange we've ever had without a hint of defensiveness (me), criticism (her), disappointment at our failed connection (both of us).

"I'm no good," she protests, weeping. I know she is referring to her bruised, vulnerable body, the indignity of needing help, the loss of autonomy and control. I wish I could kiss away my mother's shame over the truth of her life the same way I healed my son's scraped knees and elbows with a kiss when he was small. But it is her grief, her life, her choice to embrace or reject it, with all its startling limitations.

IN *THE JOURNEY OF LIFE: A Cultural History of Aging in America*, gerontologist Thomas Cole, PhD, writes that aging, "like illness and death, reveals the most fundamental conflict of the human condition: the tension between infinite ambition, dreams, and desires on the one hand, and vulnerable, limited decaying physical existence on the other." My mother is right in the eye of the storm. The day after I get back to Washington, I ask her on the phone if she's had the grab bars installed in her shower as she promised. "Don't bother me," she hisses. But the next day she admits that even though Lupe, her aide, can't cook to save her life ("Tell me, how can someone ruin a baked potato?"), she couldn't manage without her. And not long ago, I was heartened to hear Irene working out the logistics of getting to and from the ballet so that she could still thrill to the spectacle of dancers soaring, no matter that she can barely walk. Bit by bit, she is putting up less of an argument with reality and adjusting to the new normal.

I like to think that the adjustment is made less bitter by the fact that despite her mounting losses, there has been an unexpected gain: the change in our once-turbulent relationship. I have heard of this happening between mothers and daughters—a mutual mellowing, a rapprochement—but my relationship with Irene was always so fractious, I never dreamed that intimacy and tenderness could be ours.

"I don't know what I'd do without you," she says now almost daily. "And I don't know what I'd do without you," I reply, amazed that I mean it. No matter how you spell it, the world we share is touched by grace. ●



What Adam and Eve Didn't Tell You

The world's most famous couple proves that what you don't know can help you.

(Attention, anyone going through a midlife crisis.) Irwin Kula spells it out.