

INDIGENOUS ELDERLY IN THE UNITED STATES: WOUNDED BODIES, VIVID MINDS

HEIDRUN MOERTL
University of Graz, Austria

Abstract

This paper addresses age and aging from a critical humanities perspective and uses indigenous societies as an example on how to positively manage the aging process, and to show that certain societies' positive approach to old age can help ameliorate the often negatively viewed phases of growing older, aging people's bodies over the years, but not their minds.

Keywords: *American Indian, Aging, Grandparenting, Anishinaabe, Ojibwe,*

Ill nourished by a popular culture that valorizes youth, that lives in denial of its own aging, and by an economy and society that relegates the old and retired to the margins, many of us hunger for fresh ways of imagining aging as meaningful process. (McNally xi)

In times of demographic change and medical advancement, the United States are faced with the question of how to sustainably deal with the rising number of old people. The number of persons aged 65 and older is steadily increasing in the United States, has tripled since the beginning of the 20th century and reached 35.1 million persons, representing 12.4 % of the total population at the time of the 2010 census (Congressional Research Service, online). According to US Census projections the elderly population will more than double by the year 2050, especially with the baby boomer generation coming into the years. The fastest growing group among the elderly is the 80+ generation (US Census Bureau, online). In Canada, the increase in the number of senior citizens over 65 has been a rapid one as well, and in 2001 one in eight people had reached the magic 65 years, a total of 3.92 million people. By the year 2021 seniors are expected to constitute 6,7 millions, by 2026 predictions are that one in five

people will have reached 65 years of Age and in 2041 nearly one in 4 Canadians, which can also be attested to the aging of the baby boomer generation (Health Canada 1-3).

Individualism and the promise to be an active member of society beyond mid-life are driving factors motivating the people to look forward to their latter years. “You don’t look your age” or “You don’t look a day over ‘x’ years” are regarded as flattery compliments, when in fact they imply that something must be wrong if the wrinkles of time have started to appear in one’s face. As societies that traditionally “confine” the majority of their elders to assisted living communities and senior citizen centers, the United States and Canada are seemingly not yet ready for the cohort of 80+ people who actively want to participate.

Based on indigenous perceptions of age and aging, and grounded in the critical gerontology of Margaret Morganth Gullette (Gullette, *Aged by Culture*; Gullette, *Agewise*) and Stephen Katz (Katz, *Disciplining Old Age*; Katz, *Cultural Aging*) who argue that people are not aged by biological factors alone, but also by the culture that they live in, this paper advocates that moving away from purely gerontological views of the aging process is the key to combating societal forces that age people prematurely. It showcases how indigenous culture provides a model to other societies as to how age can be dealt with “sustainably.”

On both sides of the U.S. – Canadian border, the dominant society has traditionally viewed middle age as a turning point. The cultural narrative of the frail and elderly shapes people’s perception of the aging process. According to this narrative, human life course is characterized by a fixed chronology, based on complementary and hierarchically structured stages of age, illustrated with a curve peaking at adulthood and gradually declining into old age. Stereotyping the aging process as a period of decline can have severe consequences on the individual experience of old age, and as elderly people are actively starting to challenge this curve, the narrative asks to be re-written to move away from promoting ageism on a structural daily basis.

The definition of Indian old age is in itself problematic. The question of how old an indigenous person has to be to be regarded as ‘old’ cannot be easily answered. The age markers determining who is considered an elder, Elder, elderly or simply an old person differ widely between communities. One fact is for sure – not all people of biologically old age are Elders and not all Elders have to be really old, those of course being relative terms. The act of becoming an elder is more closely connected to the roles a person has in the community, their social conduct and influence, and their experience. In her article *Elders and Elderlies: Well Being in Old Age* Weibel-Orlando outlines the issue of who is considered ‘old’ by giving various examples such as the Montana state plan for the elderly that includes Indians from age 45 on, recognizing their dire life

conditions; or federally funded nutrition programs that start supporting seniors at age 55. When put into relation to white mainstream definitions of old age, researchers frequently make the mistake of directly comparing life expectancy to age and death and rates, exaggerating the gap between Indian life expectancy and that of the general population (Weibel-Orlando 1989, 151-52).

U.S. Census provides data showing a generally lower life expectancy of American Indians (U.S. Census, online) and thus, the designation of Indians as 'old' at the same biological age as white Americans can be troublesome and brings us back to the Gullette's and Katz's theoretical concept of being "aged by culture." The same applies for Canada where the average life expectancy for First Nations is significantly lower than the Canadian average (Health Canada 6). "Consensus about when old age begins [is] culture-specific" (Weibel-Orlando 1989, 152). Whereas some cultures age their people prematurely as compared to their life expectancy, others consider eldership only for their oldest old, who, by just looking at their biological age, are much younger than other people. "Indians can be considered 'older' at a younger chronological age, thus increasing the overall number of those who should be termed 'elderly'." (Block 186) Lakota Elder Mathew King in describes the importance of eldership as the following:

In our Way the Elders give spiritual direction to the People. The wisdom of thousands of years flows through their lips. In our Way, when we grow old, we become Elders." And he spoke those words with a radiant pride. Then he looked at me, shaking his head sadly, and said: "In your way,[...]in white man's way...when you grow old...well...you just grow old... . (Minneapolis American Indian Center, online)

Susan Ship states in a project about cross-cultural approaches to ageing and cultural diversity that "[t]raditionally in First Nations, Inuit and most Ethnocultural Minority cultures, Elders are those people, usually older, who are recognized by the community as possessing great wisdom and who are called upon as an authority to advise or act on important family and community matters" (Ship, online). In his manuscript Mark defines eldership as "a point of reference: those people who have earned respect of their own community and who are looked upon as elders in their own society." (Mark, manuscript) As Eddie Benton-Banai, one of the founders of the American Indian Movement, remarks after telling in a conversation that he is a priest and a carrier of the sacred water drum and pipe of everlasting prayer – both are great honors - "do not call me an 'Elder' – that is an honor I have yet to earn from my people." (Wall, Arden 52)

In contrast to the dominant narrative of decline in mainstream U.S. and Canada, oral histories of indigenous elderly generally depict the broad

characterization that their cultural milieu contributes immensely to how aging is experienced and that general attitudes toward old age are positive. Indigenous autobiographies, poetry, and historical texts present a view of the aging process that can be described as diverging widely from the previously stated decline narrative. However, in a research field where stereotypes are too easily formed, the search for objective data underlining the above stated argument, presents itself as a difficult task. Indigenous texts rarely provide distinct references to the last stage of life as it is seen as an integral part of the whole life cycle. According to Block “this is due in part to the fact that, as a racial group, Indians have a small population and the smallest number of elderly among all minority groups” (184), but in part it can also be traced back to colonial history. Blanchard, John and Hennessy, on the other hand, attest this lack of references to the fact that the individual itself is only a small part of the larger tribal group. “Many American Indian cultures see aging as a natural process, not worthy of examination as a distinct stage of life.” (293)

Ojibwe people see their life as divided into four stages called the four hills of life. Here, one might make the mistake to compare them to mainstream representation of the stages of life and their ascribed criteria. However, the four hills are seen as the four seasons, a flowing concept, where the challenges and responsibilities of a person change as they climb each hill. The path of life is thus not structured by chronological age markers, but cultural events and traditions that help people understand the changes and let them grow along the path of life. One never stops to learn. Although, biological age does not play an important factor, observations show that by the age of two most babies have climbed the first hill, the springtime of their lives. This “achievement” is based on how much they have grown and learned, to walk, run, climb, but also the development of their senses. (Peacock, Wisuri 44) “As youth, we run up the second hill and enter the summer of our lives. We laugh and play with our friends, but everywhere around us are new things we must learn, new rocks we must climb.” (10) At the top of the second hill children are well developed, energetic, strong. However, this is when the development cannot be based on any age markers anymore as they range from as young as seven to being well in their teenage years. Their ability to do things, their ideas, their power and playfulness all mix and fill the second hill with laughter. (47) “Autumn begins when we climb the third hill and become adults.” (47) This is the time of life when reproduction is in the center of the development before the seasons change again to winter, which brings the first ‘snows’ of eldership. The top of the fourth hill is reached at some point along the path of life, but the individual is the one who determines when it happens, not society, not some imposed norm. (10) This stands in stark contrast to the narrative of decline dominant in the U.S. and Canada. Firstly, the life course is a cycle, never ending, always starting again – showing the close connection between birth and death, and secondly this model

shows the upward movement in life and appreciates the intersection of time lived and experience gained.

In the narrative *Night Flying Woman* the author Ignatia Broker, for instance, reminds us how important elders are to Ojibwe society by indirectly pointing to their roles as cultural conservators and teachers: “Because A-wa-sasi was very old, it was she who told the legends and the history of the people to the children.” (Broker, Premo 46) Up into old age indigenous elderly people are given authority and are asked to participate in the decision making for their whole community, which can especially be seen in elder’s councils. Elderly people’s status, multiple roles and prestige contribute vitally to their positive perception of themselves and their peers.

However, the just depicted evidence of the strong and rich cultural context that supports indigenous elderly, by providing them with multiple roles and giving them prestige amid family and tribal networks, is not all there is to the story. Demographic and statistical data shows that the hardships faced by American Indians, and particularly the older population, are devastating. These conflicting ideas about aging are characterized by Majorie Schweitzer as the “paradox of aging.” (18) Michael McNally further elaborates on this paradox by stating that:

There are important ways in which American Indian elders have faced a paradox more consistently dangerous, even lethal, and more consistently at odds with cultural expectations for old age. As a result we must reckon both with the refreshing possibilities and expectations for full life in old age as well as the realities facing older American Indians as a result of colonizing processes, broken families, and increasingly institutionalized patterns of care. (113)

The two sides of the coin are inseparable and can be found in every community to varying degrees. Despite all odds and the fact that indigenous communities face more problems than the mainstream groups of societies, they show a remarkable subjective affirmation of life satisfaction. These indices point in no small part to the continued vitality of practices and beliefs about American Indian eldership, a cultural resource that imagines possibilities for old age and its importance to traditional community life even in the face of difficult economic, social, and physical conditions: “‘Successful aging’ occurs in spite of all the difficulties and Elders who take pride in their heritage participate by filling ceremonial roles, becoming political leaders, performing tribal rituals, functioning as heads of families and clans, and acting as knowledgeable repositories and transmitters of tribal history, traditions and identity.” (Schweitzer 16)

The introduction of Article 22 of the United Nations Declaration on the Rights of the Indigenous Peoples, approved by the General Assembly in 2007,

was a major step forward in the discussion about indigenous elderly, their rights and the services provided to them. The article specifies that “particular attention shall be paid to the rights and special needs of indigenous elders.” (United Nations 9)

Historically speaking, aging started to become a concern on the National Level in the U.S. after the end of World War II, a time where resources for the support of social issues became available. In 1950 people called for the First National Conference on Aging, the forerunner to the 1961 conference which, in terms of policies, brought the most important discussions forward. During this initial conference a recommendation to install the first federal Committee on Aging and Geriatrics was issued and its creation enhanced the nation’s awareness for concerns of the elderly. The 1961 conference brought the beginnings of the Older Americans Act and health care was established as a key issue. However, aging only became major policy area in 1965 with the official creation of the Older Americans Act and the Administration on Aging who advocates for the cause on the federal level. From then on every state had offices and Commissions of Aging from that point on and special area agencies deal with problems right at site. (Administration on Aging 1979, online)

The 1971 White House Conference on Aging was the first to address the needs of American Indian elderly and the speakers presented a number of ideas to the conference in hope for opportunities for the American Indian elderly. The recommendations were mainly based on the relationship between the tribes and the government and asked for more control over their funding and programs. Furthermore, they suggested that extensive research on the condition of the American Indian Elderly should be conducted. (Administration on Aging 1971, 118-19) Speakers made recommendations and suggested solutions for problems regarding income, housing, legal issues, nutrition, transportation, education, physical, and spiritual well-being and health related matters. Many of the issues raised over forty years ago are still among the main concerns of the aged American Indians in the U.S. today. Often people’s income is too low to permit them to live a decent live, their housing situation is desolate and nursing facilities, if available and affordable, do not offer culturally sensitive care. Indian elders suffer from more severe health problems than other races in the United States and their access to medical services is inadequate. (Administration on Aging 1971)

One of the institutions that evolved from the advocacy after the conference is the National Indian Council on Aging (NICOA) that was founded by a group of tribal chairmen and convened for the first time in 1976. Over one thousand tribal elders joined the first meeting in which major problems and concerns of aging American Indians were addressed. The speakers especially recommended the integration of tribal needs in governmental programs. Over the past 35 years the organization has evolved to an important non-profit venture

advocating for the Indian Elderly and many improvements have been made throughout Native America. (NICOA, online)

In Canada, the improvement of the quality of life on all levels became a concern as early as 1867 when the Canadian Constitution, originally formed as the British North America Act was formulated. These first efforts are mirrored in the Constitution Act of 1982. The main responsibility for Aging issues here lies in the federal Cabinet and the Minister of Health is assigned the responsibilities of the Minister Responsible for seniors. Portfolios of other ministers are closely connected with aging matters as well. In 1980 the National Advisory Council on Aging was created and their task is to advise the Minister of Health on issues concerning the aging Canadian population. Matters of importance are housing, health care, human resources, and caregiver support etc. (Health Canada 18).

The situation of indigenous elderly people is fairly well documented in Canada. Their hardships include, among others, inadequate income, poor housing conditions, and frequent cases of disabilities. In 1998 the Canadian government released a plan of action called "Gathering Strength - Canada's Aboriginal Action Plan, a "fully integrated, long-term, government-wide strategy designed to improve the quality of life for Aboriginal people and promote self-sufficiency." (33) Visible markers for this commitment are financial investments and contributions by the federal government.

Minority elderly, among them indigenous peoples, face conditions that are, according to Dowd and Bengtson, called "double or even triple" jeopardy: they are old and a minority, or old, a minority and poor. (427-36). As diverse as American Indian communities are, aging difficulties generally begin earlier for indigenous elderly than they do for the general U.S. population. According to a two-year survey conducted by the NICOA, major health problems start occurring at age 45: "Impairment levels of Indians and Alaskan Natives 55 and older are comparable to non-Indian US elderly 65 and older. Rural Indians and Alaskan Natives 45 and older are comparable to non-Indian elderly 65 and older" (NICOA, online). In Canada a person over the age of 65 is considered a senior. Due to the lower life expectancy of aboriginal people in Canada, a senior is any person aged 55 and older. (Ship, online) The demographic shift asks for a re-definition of the categories of age and meaningful ways to spend old age, as raised by McNally. There is no one way to successfully deal with the "plight" of the elderly as it is so often referred to, but I propose that the largely positive attitude towards life and growing older displayed by many indigenous societies in the U.S. can and should be used as an example on how to sustainably deal with questions of age.

As previously mentioned, individualism, so prevalent in white United States society is at the sidelines of indigenous communities and commonly the traditional roles ascribed to the older generations are not only within the nuclear family, but very often within communities and whole tribes. These rank from

traditional grandparenting, educating, healing and guiding, to being a communal grandparent. Grandparents used to be the primary teachers in indigenous societies, and their wisdom gained over the years, was highly appreciated by everyone. And even today, they are the main conservers and transmitters of cultural knowledge. This reverence for old people lets them actively participate in society even at an older age and in many cases it functions as an incentive to look forward to the years ahead. Of course, simplifications are too easily made here, and shifts in society beginning with the urbanization movement have definitely changed the roles of elders.

Green remarks in her compiled bibliography about indigenous women that “Native women look forward to being old, to being a grandmother, to being an elder, when their words, actions and leadership will be respected, even taken for granted.” (Green 12) Various Ojibwe stories further show that they depict special regard for old age exemplified by Lac du Flambeau elder Cecilia Defoe who states that “anybody I talk to [says] be good to the older people. Because they came a long way, you know. They were on the long road.” (McNally 102) A further example is “traditional Lakota and Dakota society, [where] grandmothers [are] respected for their knowledge, wisdom, and power as life-givers, healers, dreamers, harvesters, and teachers.” (Penman 3)

Weibel-Orlando states that

[e]thnically inflected community statuses and roles in old age contribute positively to social and psychological well-being. Factors that support and sustain good mental health and personal well-being in the Indian old include active involvement in Indian community life, enactment of community recognized and valued political and spiritual roles, regular interaction with family (particularly grandchildren) and co-ethnics, continued community contribution and service, personal acts of altruism, and community recognition of such good works. (Weibel-Orlando 166)

Unfortunately, some elderly people are not as much integrated and incorporated into their ethnic communities as one would like and thus their access to these resources is limited. This is a problem especially noticeable in urban communities. Their socio-cultural marginality and thus sense of not belonging, loss and isolation, stands in stark contrast to that of elderly people involved into ethnic communities. Missing the cultural support of the community can often be seen as negatively influencing their well-being.

Already as far back as in 1974, elders gave their people the following advice: “We must take these things and discover and establish the harmonies with basic values, the Indian way, they thereby forge a stronger sense of identity.” (Medicine and Jacobs 78) This article aimed to show how indigenous societies’ positive approaches to old age is utilized to inform other societies as

they struggle to transform their interpretation of aging as downward slope into a positive model which values the elderly for their continuing positive contributions to society. The cultural context indeed facilitates the amelioration of negative consequences of aging and that one's culture can indeed have an impact on what is frequently referred to as successful aging, leaving people with withering and wounded bodies, but not with wounded minds.

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