1. In *Elderhood*, Louise Aronson shares anecdotes from her twenty-five years of caring for patients, information about aging from science, history, and popular culture, and her personal experiences of getting older and watching her parents’ age. Using what she has learned from these varied sources, she envisions a large-scale shift in society’s—and medicine’s—attitude toward aging: no longer an ending or decline, but another stage of life with its own hardships and challenges, opportunities and joys. In *Elderhood*, Aronson urges us to re-examine the meaning of aging and to better prepare for and thrive in those final years.

2. Early in the book, the author discusses Professor Guy Micco’s classroom exercise with medical students, in which he asks them to name common associations with the word *old*. “Wrinkled” and “frail” were among the words given in response by these young people. What words do you associate with the word *old*? Does a person’s outlook on elderhood change as they age, or do these negative stereotypes persist?

3. Age is just a number, we’re told, but age sixty-five is a widely recognized dividing line between young and old. With so many societal changes in our modern world—medical, economic, interpersonal—is this numerical partition outdated? Do you see it as harmful or helpful? Why or why not?

4. We live decades longer than we did throughout most of human existence, and old people are a steadily increasing part of the population. How have these changes transformed societal attitudes toward the elderly? And how has this demographic shift impacted society as a whole?

5. Driving a car means independence to both a sixteen-year-old and a seventy-five-year-old. Issues both physical and emotional converge on the fraught question of when it’s the right time for an older person to stop driving. What point is that, do you think, and how is this subject best broached? Since younger drivers are more dangerous than older ones but we don’t discuss raising the driving age, is this discussion based in ageism, social need, or both?

6. Simone de Beauvoir maintains, “Otherness is a fundamental category of human thought,” and Donald Hall writes of old age, “People’s response to our separateness can be callous, can be goodhearted, and is always condescending.” What in particular about aging transforms another human being into a feared, scorned Other? What results from such a classification?

7. Aging people may bemoan an increased invisibility, but poet Mary Ruefle says, “As soon as you become invisible, there’s a freedom that’s astounding.” What might she be referring to? What advantages and freedoms potentially come in life’s third act?

8. Biology matters, but it’s only one part of the aging puzzle, says Aronson. Psychologist Lilien J. Martin suggests “looking at old age as a period of life rather than as a bodily condition.” What impact might this change in attitude have? What other changes in attitude impact our well-being as we age?
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_Elderhood: Refining Aging, Transforming Medicine, Reimagining Life_
By Louise Aronson

9. These days we don’t just want faster, slicker devices; we want humans that way too. Aronson writes, “We prize youth, though doing so means that all of us will spend most of our lives in a state of failure.” What’s lost when a society values — above all - speed and very particular forms of beauty and production?

10. Writing that aging withers our creativity and renders us disabled, Zeke Emanuel states that “living too long is also a loss.” What concerns him is a loss of productivity. Aronson argues that, despite decline or disability, life continues to have great meaning for many people through, among other things, learning and art and relationship building. Aristotle used the word _eugeria_ to mean “a good old age.” What does a “good old age” mean to you? What is successful aging, not just in the early decades of elderhood but through the end of life?

11. It sounds good to the ears, but is it actually a good or bad thing when someone says you don’t look your age? What age do you want to look? Do you feel a person’s mode of dress should necessarily match a numeric age? What about their behavior? Should you “act your age”? What activities does society deem appropriate or inappropriate for elders?

12. Aronson writes, “Care is never futile, though treatment can be.” Too often these words are used interchangeably even as their meanings differ. Discuss the difference, and the dangers of blurring the line between them. And if care was indeed made the priority, how would our medical system look different?

13. Before the American medicalization of aging, the process of growing old was seen as natural, and survival to an advanced age seen as an accomplishment. Now behaviors, bodily functions, and physical states once considered natural are given diagnosis, management, and treatment. Financial reward for medical procedures persists, even when the procedures are unlikely to benefit the patient. How much treatment is too much? What factors suggest a person might be harmed more than helped?

14. “Part of what makes old age hard is that we fight it, rather than embracing it,” writes Aronson, who goes on to say we fail to appreciate the many upsides of elderhood, an attitude that contributes to the old age many of us dread. How can one actively embrace aging? Name two advantages of old age.

15. Aronson writes, “Revolution occurs when enough people accept that the current paradigm is inadequate and reject it in favor of a new one.” What myths about aging have been debunked or are in the process of evolving? How did reading _Elderhood_ impact your thinking on the topic?

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