This section features original works on pathographies—that is, (auto) biographical accounts of disease, illness, and disability—that provide narrative inquiry relating to the personal, existential, psychological, social, cultural, spiritual, political, and moral meanings of individual experience. The editors of this section are Nathan Carlin and Therese Jones. For submissions, contact Nathan Carlin at Nathan.Carlin@uth.tmc.edu.

My Left Hip

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In August 2013, my wife and I rented an eighteenth-century house perched in the Berkshire Mountains in western Massachusetts. The house sits just off Fred Snow Road, three miles in from Route 20 in Becket, a town of less than two thousand people. It's a perfect location for us—deep in the New England woods for me and close to Tanglewood for my wife, Thelma Jean Goodrich. Every year, we make a pilgrimage to Tanglewood, the summer music venue of the Boston Symphony Orchestra. That year, we saw John Williams conducting segments of his own film scores composed for movies, like *Jaws*, *Star Wars*, *Schindler's List*, and *Saving Private Ryan*, while clips of the movies without their soundtracks played on big screens above us. The previous year, we saw James Taylor singing his old favorites and, improbably but most powerfully, "Old Man River," from the 1927 Broadway musical *Showboat*.

Fred Snow Road is barely more than a gravel path. Over several miles, it curves and rises and dips and rises—just right for our long, brisk daily walks.

For the previous few years, I had nursed a vague ache in my left hip that kept me up some nights and limited the range of motion in my left leg. I was told not to worry about it unless the pain got worse. That summer, my hip turned against me. The pain was excruciating. I pushed through it. There was no way I was going to stop walking up and down those hills, through that gorgeous, quiet greenery. A bit of ibuprofen, JointFlex, massage, ice, and heat—I thought I could manage it.

Soon I began to limp. X-rays showed that the cartilage between the head of the femur and the outside edge of the acetabulum had worn out. The gasket, in other words, meant to ease the friction between the ball and the socket, was crushed. Bone on bone, the orthopedic surgeon said. I could schedule a total hip replacement or wait and see. It was up to me.

I had been studying aging as a cultural historian and humanistic gerontologist for 30 years, long enough to know that at 64 I was already an object of my own study. Over the preceding five years, I had been to surgeons who repaired my Achilles tendon, sewed together pieces of a torn meniscus in my left knee, and performed a microlaminoforaminotomy

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(it took me weeks to learn how to spell, let alone say, this word), widening the nerve canals of three cervical vertebrae to ease the stenosis that was pressing against my spinal cord. In addition, I had suffered a TIA (transient ischemic attack) in which I briefly fainted and could not make new memories. My physicians found no sequelae and no evidence of heart problems, neurological problems, or a stroke. They called it an idiopathic episode that had no clear cause and usually happens only once in a lifetime. Actually, except for the pain in my left hip, I felt fine. I followed the usual prescriptions for "healthy aging"— proper diet, exercise, adequate sleep, and so on—and Lisa Ehrlich, my primary care physician, said, "Go live your life."

When we celebrated the 2014 New Year, I didn't feel old. But my arthritic hip was pushing me to the symbolic brink of old age—the third leg. The symbol of the third leg originates in Sophocles's *Oedipus Rex.* A female monster known as the sphinx has been sent by the gods to cast a spell on the town of Thebes, and she is devouring all the young men who fail to solve her riddle: What goes on four legs in the morning, two legs at noon, and three legs in the evening? Oedipus solves the riddle with great bravado. "Man," he answers. Man—we would say a human being—is a creature who crawls on all fours in childhood (the morning of life), walks upright as an adult (the afternoon of life), and leans on a cane as an old person (the evening of life). As his reward, Oedipus ascends to the throne, which has been vacant since the unsolved murder of King Laius. He takes Queen Jocasta as his wife.

In solving the riddle of the sphinx, Oedipus masterfully solves the riddle of being human in time. But his answer is an abstract one. It articulates the division of human life into three stages. But prideful Oedipus does not yet know himself. He does not yet know that he himself had earlier murdered the king, who was actually his father, and that he is now marrying his mother. When Oedipus learns the awful truth, he blinds himself and goes into exile, accompanied by his daughter Antigone.

When we think about the tragedy of Oedipus, we usually think that the story stops there, when Oedipus puts his eyes out in shame and agony and goes into exile. But Sophocles was not finished with Oedipus. His last play, *Oedipus Colonus*, was written and produced when he was close to 90. When the story continues, Oedipus is a very old man. Blinded, he has been wandering for 30 years, walking on a cane and guided by Antigone. He approaches the outskirts of Colonus, where Sophocles himself was born. By the time he reaches the Grove of the Furies, Oedipus has grown morally and spiritually. He has come to understand himself and to accept his terrible past. He is granted a holy resting place. His wandering is over.

After we returned from vacation, my hip hurt so much that I gave up our early morning walk in Houston, which took us along esplanaded streets shaded by canopies of huge live oaks embracing one another. But I never contemplated using a cane. The third leg represents the beginning of the end: physical decline, loss of social capital, dependency, and the inexorable fall into the grave. I have, of course, seen many dignified people walk with canes, people whose identity is not spoiled by a hunched back or a slow, shuffling, painful gait. Still, I was not ready to become one of them.

As my hip pain grew more severe, I steadily reduced my exercise regime. I became deconditioned. My right leg compensated for my left leg, whose muscles got weaker and went into spasms, contorting my pelvis and altering my gait. Orthopedic surgeons in the United

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States today replace more than 300,000 hips each year. I think frequently about the millions of people who do not have access to this surgery, and about the millions more who lived with osteoarthritis before the availability of safe and effective hip surgery. Life in pain, with only a cane, crutch, or rocking chair and painkillers—what a hard and sad way to live.

Pain is debilitating. It is exhausting. It reduces the capacity to work, to play, to take care of yourself and your home. Pain creates awkward feelings and reactions in others, who may be condescending, afraid, sympathetic, uncertain, helpful, or contemptuous. Your pain and others' reactions undermine your identity as a vital, capable person. You are left feeling inadequate, irrelevant, *old*.

I am not the strongest or most handsome guy on the block. But I take pride in my body. I was a nationally ranked fencer in college (all those lunges might be one reason my hip wore out). Before my joints betrayed me, I loved playing competitive basketball, football, squash, racquetball, softball, and tennis. I still enjoy biking, hiking, and fast walking. I feel a strong obligation to take care of my body, not just for myself but to spare others the burden of caring for me and to maintain the strength to take care of others—in particular, my wife. It feels good to go into the weight room at the gym, walk the treadmill or ride the exercise bike, and do leg presses, calf lifts, lateral pulldowns, curls, rowing, pushups, overhead free weight pushes, and so on.

As 2013 dragged on, spasms of pain and fear woke me up at night. I imagined becoming frail and barely mobile. I imagined becoming one of those people all around me, limping and walking gingerly, slowly, on canes or with walkers. I was determined not to inhabit this fate. Yet, if I live long enough, that is precisely what will happen. Will I be able to make friends with the loss of my physical vitality? Will I be able to make space for the grief, to find grounds for hope? I live with the paradox of struggling to hold on and preparing to let go. This is the spiritual work of aging.

I must say here that this narrative is not mine alone. I am writing it, but the experience was lived jointly with the love of my life, Thelma Jean. Our love did not solve all of the problems. But it has made all the difference. When I woke up at night in pain, she asked (as she always does), "What can I get you, my love?" When I decided to cut back on exercise, she (who is more energetic and in far better shape than I am) helped me think about what was possible. (It turned out that one of the most important things I learned to do was to "prehab" my hip. Riding an exercise bike regularly helped maintain my cardiovascular fitness and also maintained the range of motion and strength of the hip muscles.)

When I decided in early 2014 that it was time to schedule the surgery, Thelma Jean helped me think through the options, talk to surgeons, and plan the dates. She was there for everything: the decisions, planning the timing, the actual date and experience of the surgery, and the months of rehab. As close as we are, though, we didn't share our deepest fears with each other until later. Thelma Jean didn't share her fears that I wouldn't be able to go to the bathroom or get up and down the stairs in our three-story house; that I would get a hospital-based infection; that the anesthesia might wipe out large parts of my memory; and that the pain would sap my spirit. Neither of us took my dying in surgery as a serious possibility. I didn't talk about my fear of being too much for her to care for. I barely allowed myself to think about the worst possibilities: that I would die in surgery (or of a blood clot or a hospital-based infection), or that the operation would

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fail and leave me with a permanently damaged leg, or that I would never regain my strength and be able to live with the vigor and athletic ability I cherish. But I did make sure to talk with my children and my mother. Before surgery, I made sure that my life insurance, health insurance, and burial plans were all in order.

In addition to exercising to increase my strength and cardiovascular conditioning, I worked with Kris Halsted, a friend of Thelma Jean's, who specializes in mind-body work. Kris taught me to open myself imaginatively to something I was anxious about or afraid of (e.g., becoming disabled). She encouraged me to follow that fear to a place in my body that felt tense (e.g., my neck or shoulder) and to breathe quietly through my nose and feel that body part relax. This technique—a method of relieving fear and anxiety—became a regular practice in the weeks leading up to my surgery. Kris also taught me another practice—to intentionally imagine the surgery itself, to own it rather than passively submitting to the assault on my body. I followed her advice.

Kris also instructed me to take in the hospital staff as real, seen people so that my neurological system could experience them as caring helpers, not as intruders assaulting me. So as I was being prepared for surgery, lying on the gurney with nothing but a hospital gown on, I looked every person in the eye, shook his or her hand, asked his or her name, and repeated it. There was the dignified African American phlebotomist Gina, who seemed at odds with the OR nurse Shirley, who was harried because one of the other nurses called in sick. The tension between them made me anxious, but I looked each in the eye and made small talk. Likewise, I looked straight at the anesthesiologist who waltzed in and read the chart without introducing himself.

"And you are?" I asked.

"I'm Dr. Joseph."

"Nice to meet you. I'm Tom Cole."

Dr. Joseph looked hesitatingly at Thelma Jean with a slight smirk on his face. She smiled back. "What's that in your hair?" he asked.

"Oh, that's just confetti," she said. "Our friend Ginger gave us an eggshell filled with confetti and told us to crack it over our heads to celebrate as we headed to the hospital. So as we got in the car before the sun came up, we did that. Some of the confetti is still stuck in my hair."

Dr. Joseph laughed.

"Don't worry, we'll take good care of him."

Dr. Stocks, the surgeon, came by. He must have been about 50, but he had retained his blond-haired, blue-eyed, baby-faced look. Before I chose him as my surgeon, I had checked out his reputation, his rates of infection, and his rates of success. But what convinced me was what is known as "bedside manner": his smile and his quiet presence, which seemed to say that he had all day to answer any of my questions. I felt comfortable around and cared for by him.

Thelma Jean waited with confetti in her hair for about an hour. She couldn't read or listen to music or watch TV. She said it was like holding your breath, like being preoccupied with worry about a sick baby. She prayed that God would be with my doctors and nurses and for my well-being.

After an hour, Dr. Stocks came out and said that the surgery had gone as well as it possibly could have. She teared up and called our family, friends, and colleagues to say I was out.

The recovery was painful but steady. At first, I couldn't sleep on my left side or move my leg beyond the midline of my body. From the first day, I pushed myself to walk up the steep stairs to our

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second-floor bedroom. Blood oozed through the stitch holes on my left buttock, through my underwear and onto the bedsheets. Dr. Stocks and his personal assistant had told me to let my pain level guide activity. Like most men trying to prove that they are still strong, I overdid it. I didn't keep my leg up above my heart enough during the day, and my left leg became swollen all the way down to my foot.

After surgery, I used a walker for a day or so, but it was more trouble than it was worth. We bought a cool-looking cane, and I allowed myself to use it for a week or two, knowing that I would soon be walking without it. I brought my books, files, and computer down from the third-floor study. The dining room table became a temporary desk and a place to meet with friends and my research associate Andy Klein. Andy was helping me work on my next book, *A Country for Old Men*, based on interviews with accomplished male elders 80 and above. It is a country I do not plan to visit for another 15 years or so.

I began walking slowly around the block—or, rather, I began walking 100 yards before turning back from pain and exhaustion. As my speed and endurance grew, I got to know my neighborhood in a new way. I met Heinrich and Willem, who were planting flowers and landscaping the public esplanade on Bonnie Brae. I watched workers constructing the public park on the corner of Richmond and Mandell—a welcome relief from the deluge of new apartment buildings rolling over historic bungalows and pricing young people out of the neighborhood.

Life didn't stop just because I was recovering from hip surgery. My sabbatical from the University of Texas Medical School at Houston was almost over, with only two months of writing time left. I also worried about my 88-year-old mother, who began showing symptoms of vascular dementia. As her durable power of attorney, I spent hours and hours getting legal and financial paperwork in order, working with my brother and sister, and making plans to support and care for her. She refused them all. I woke up sweating at night worrying about her, feeling at once responsible and helpless.

I have spent the bulk of my scholarly life writing and thinking about the meaning of aging. In *The Journey of Life*, which I published almost 25 years ago, I wrote that Western ideas about aging had undergone a fundamental transformation, spurred by the development of modern society. Ancient and medieval understandings of aging as a mysterious part of the eternal order of things gave way to the secular, scientific, and individualistic tendencies of modernity. Old age was removed from its place as a way station along life's spiritual journey and was redefined as a problem to be solved by science and medicine.

This historical change from communal and religious to individual and secular ways of thinking about aging has been a mixed blessing. Today we are blessed with healthier, longer life, yet cursed with chronic disease and a false belief in medical salvation. Despite the promises of some molecular biologists and biological gerontologists, I believe that no amount of applied science and technology will ever transform aging into a solvable problem. Biological senescence will quite likely be further delayed or modified, with more (perhaps many more) years added to the average length of life. But aging will remain part of the mystery of coming into the world and disappearing from it. Mysteries require meaning. And meaning requires love, strong relationships, and a sense of transcendence or connection to one's highest beliefs and values. This is not only an academic truth; it is also a social and personal challenge.

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This past summer, Thelma Jean and I rented that same old house on Fred Snow Road. I walked briskly up and down those steep Berkshire hills without pain. The sun felt good on my face; the sweat poured down my shoulders. We snuck up on gophers and deer and stayed away from the black bear lumbering across the huge grass parking lot at Tanglewood.

One night, we went to see Capitol Steps, a terrific political satire ensemble, at the Cranwell Resort in Lennox. Hustling down the stairs to find our seats, I got stuck behind an old woman walking with a cane, guided by her husband—both of them walking as slow as snails down the steps. I was irritated, wishing that this old couple would get out of the way and let me through. There was nothing to do but wait.

My impatience appalls me. I have worked for almost 40 years to counter negative stereotypes and images of old people. And still, I am shaped by the ageism of our culture—the prejudice and stereotyping and hostility toward old people bred from our commercialized, fast-paced, self-reliant, health-obsessed way of life. Ageism is also internalized. It affects the self as well as the other. Put another way, ageism creates an other—an alien stranger—within the self. Without my surgery I would have been ashamed of *myself*.

For the time being, I have avoided the third leg. I am not hunched over, leaning on a cane, able to walk only a short distance. I wish I could say that I feel wiser or old in a positive sense. I cannot. I am not wiser for having lived through the pain and struggle of arthritis and surgery and rehabilitation. Perhaps writing this piece has gained me a grain or two of wisdom. It has taught me that I have the same prejudices toward "old" people as anyone else in our culture. And it has taught me that, as hard as I've worked to become stronger physically, that is how hard I need to work emotionally and spiritually to enter an old age of my own.

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