

THE HUMOUR OF OLD AGE

REVD DR UNA KROLL



The Sixth Leveson Lecture

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Revd Dr Una Kroll

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Foreword

For six years now The Leveson Centre has been encouraging thought, reflection and better practice in the area of ageing, spirituality and social policy. We are particularly proud of our achievements in encouraging inter-professional dialogue and putting older people on the agenda of our churches. Our conferences and publications have gained a national and international reputation.

Our sixth Leveson Lecture exemplifies so much of what we believe in. Una Kroll is herself an older person and we are delighted to present here the fruits of a long, varied and interesting professional life. She combines within her own career the inter-disciplinary approach, being both a medical doctor and a priest in the Church of England.

Shamefully, there were fewer obstacles to her becoming a doctor than she faced in becoming a priest. She was one of those who, with others, worked hard to enable women to test their vocations to priesthood in the same way as men. She engaged in a long and difficult struggle and many of us will remember her shouts from the gallery of Church House during one of the many adverse votes in the Church of England, when she said clearly, 'We asked you for bread and you gave us a stone', words which were not forgotten in November 1992, when at last a positive vote gave women in England the right to test their vocations.

Una's varied practice of medicine and Christian ministry has resulted in ten or eleven books, mostly about interface subjects that call for both medical and theological knowledge. Her latest book, *Living Life to the Full*, picks up many of the themes and questions which she has engaged in with such insight and honesty.

In this lecture she explores the place of humour in old age, the humour that sharpens the mind and lifts the spirit, the humour that acts as a wry defence against melancholy or despair, but also the humour that can be cruel and that needs to be challenged. Along the way she also points to some of the needs of older people and how younger carers and family members may be able to help meet them. Her lecture amply demonstrates the value of listening to what older people have to say about themselves on their own behalf.

James Woodward
Director of The Leveson Centre

Introduction

Thank you for inviting me to share these thoughts on the humour of old age. I am honoured to be with you tonight, thanks to God's provident mercy.

During our time together I want to explore the ways in which a good sense of humour can help older people to respond positively to the inevitable physical and mental diminishment that come with ageing. I also want to look at ways in which ageist jokes and jibes, so often directed at older people, can be challenged and neutralised through humorous responses. Then I shall share with you some thoughts about the ways in which family members, friends and carers of older people can help to lift the gloom that so often assails older people as they become more frail and dependent on others.

The blessings of humour in the later years of life

Humour manifests itself most often in laughter. Clowns commonly evoke this laughter in their audiences by presenting a series of comic disasters, such as slipping on a banana skin, placed in a way that is obvious to the audience but not to the victim.

If I, an elderly person, did slip and fall on a banana skin, or over an uneven pavement stone, I would *not* laugh. Neither would anyone else. Yet I know very well that if I went to a circus or pantomime or watched a comedy programme on television, I would laugh if I saw it happening to a clown or comic actor. You see, *the setting makes the difference*. The fear of falling is very real among older people. We all know that, but we can displace that fear by laughing at what we know is intended to be funny, but is not dangerous to the practised clown or actor. Laughter would be unkind and uncalled for if we saw an older person fall in the street. It might be a healthy way of dealing with fear in another setting.

There is another way in which the subject for laughter and the setting in which it occurs is very important. You see, human beings need to

have a fair measure of mental ability to find the core of a funny event or joke, and they need great sensitivity before they laugh. The mental ability to think logically *is* important, so is a situation in which humour would be appropriate. I shall show later that this fact is a very important one when carers are using humour therapeutically. For the time being, let me illustrate this point by a story that might seem entirely logical to some elderly participants but humorous to a substantial number of the members of a younger audience.

Three men were at the doctor's for a memory test. The doctor asked the first man, 'What is three times three?' '274,' he replied.

The doctor said to the second man, 'It's your turn, what is three times three?' 'Tuesday,' he replied.

Then the doctor asked the third man, 'Okay, it's your turn, what's three times three?' 'Nine,' he answered. 'That's great,' said the doctor. 'How did you get that answer?'

'Easy,' said the third man. 'I subtracted 274 from Tuesday.'¹

The point of this story is to contrast the *logical* answers expected from the questions with the *actual* answers given by the patients. The third patient got the answer right, but the extra question shows up his inability to think logically. If you saw the absurdity in his thinking and found it humorous, you have the ability to think logically yourself: in this present setting, in which I am telling this story, you might laugh. The doctor in this real story, however, would *not* have laughed in front of the patient.

Incidentally, I have always been mindful of the teaching of my training consultant psychiatrist, Dr Freudenberg of Netherne Hospital in Coulsdon, Surrey. He taught me a great deal about the necessary sensitivity of doctors towards their patients during interviews. He always told us to be very careful about when and with whom we laughed, whether we were trying to communicate with a patient who was demented or one who had some other thought-

interrupting condition. A paranoid schizophrenic's thought processes, for instance, might be temporarily so disturbed that undue smiling or laughter might be seen by the sick person to be critical or cruel even if it was not. He might then attack the doctor or attempt suicide. Humour and friendliness *may* be blessings in one situation *but* cruel, or even dangerous, in another circumstance.

A sense of humour *is* a blessing to older people like myself for it helps us to live with the disabilities and diminishment of old age, the inevitable imprisonment of longevity. Shakespeare knew this from long observation of older people in his own community. In his portrayal of King Lear he draws us a picture with which we are all too familiar in the twenty-first century, the picture of a broken old man who knows he is not in his right mind, yet has moments of illumination as well. In Act V, Scene II, Cordelia and Lear are in a British camp near Dover and Cordelia is lamenting their plight of imprisonment and banishment. Lear replies:

No, no, no, no! Come, let's away to prison;
We two alone will sing like birds i' the cage:
When thou dost ask me blessing, I'll kneel down
And ask of thee forgiveness; so we'll live,
And pray and sing, and tell old tales, and laugh
At gilded butterflies, and hear poor rogues
Talk of court news; and we'll talk with them too,
Who loses and who wins, who's in, who's out;
And take upon's the mystery of things,
As if we were God's spies: and we'll wear out,
In a wall'd prison, packs and sects of great ones
That ebb and flow by the moon. ²

Lear's situation is unique, yet in this passage we catch a glimpse of the blessings of our own old age. So often in later life we do find ourselves in need of forgiveness. We *can* 'pray and sing and tell old tales, and laugh at gilded butterflies.' We *can* sometimes be happy because we do have a few friends with whom to gossip and laugh, and 'tell old tales' about times gone by. Mutual reminiscence is one of the joys of such friendship. But such humour *is* possible even among strangers given the right circumstances.

Here I come to another blessing of humour. It helps us to get through situations of frustration, stress and fear. This time my illustration comes from personal experience.

Several years ago I needed a hip replacement. My companions in the ward were also awaiting operations. Before the operation I, being a minister of religion, was visited by a number of clergy. I noticed one of the patients watching us. That evening she and I had one of those conversations that do happen in hospital wards where sometimes confidences are shared at times of stress and natural nervousness.

'I'm a lapsed Roman Catholic,' she said. 'I have told everyone I do *not* want a visit from a priest.'

Next morning, a Roman Catholic priest called to see her. Someone outside the hospital had told him she was having an operation. 'I don't need a visit,' she said, but it made no difference. As he pulled the curtains round her bed she gave me an agonised glance across the ward. Over half an hour later a somewhat stern faced priest emerged. He left without a backward glance, or smile.

I sensed what she felt. I looked up to find her helpless with laughter. Both of us then collapsed in uncontrollable giggles as we got rid of our anxieties over our impending operations, intimations of mortality or surgical catastrophe of a disabling sort.

During our recovery period she and I fell into giggles whenever a cleric appeared in the ward. This was inexplicable to our visitors. Moreover, our laughter might have been seen as rude by those who so graciously came to see us; but, you see, it served both to address our unspoken fears and to unite us in our thankfulness that we had not suffered brain damage during the operation, or died of embolism. The laughter helped our determination to overcome our post-operative pain, and get better as quickly as possible.

Our laughter was infectious. Our memories are still strong with happiness at having experienced that sort of companionship.

This story brings me to what is sometimes called 'gallows' humour. It is the ability to laugh in the face of disaster and death. Jewish people are very good at this kind of laughter as the following stories show.

A pious man who had reached the age of 105 suddenly stopped going to synagogue.

Alarmed by the old fellow's absence after so many years of faithful attendance, the rabbi went to see him. He found the old fellow in excellent health. 'How come, after all these years, we don't see you at services anymore?'

The old man looked around and lowered his voice. 'I'll tell you rabbi,' he whispered. 'When I got to be 90 I expected God to take me any day. But then I got to 95, then 100, then 105. So I figured that God is very busy and must've forgotten about me. And I don't want to remind him.' ³

Of course such humour can also be non Jewish and acerbic, as this witticism from Voltaire shows:

I advise you to go on living solely to enrage those who are paying your annuities. It is the only pleasure I have left. ⁴

Now one reason why I have turned to Jewish humour to supply some of my quotations is that I have in my possession a wonderful old paperback book with yellowed pages entitled *The Wisdom of Israel*. In it there is a section of Yiddish humour and the preface to that section says this:

Since humour is largely a vent for frustration, one can understand why it was particularly well developed among the Yiddish speaking Jews. Forced to live on sufferance among people who were their cultural inferiors, humour served them in two potent though unconscious ways. First, it enabled them to exact a subtle vengeance for the gross injustices to which they were subjected, and thus produced a deep inward consolation. Second, it armoured them against insults which were always coming their way, and thus furnished them with an effective method of outward defence. This second factor helps to explain why so much of the humour was

directed against themselves. Jibes were certain to come anyway, so why not let them be self-inflicted? Thus the jibes were not merely robbed of their sting, but actually made a source of perverse pleasure. They transformed the Jews from the victim of mockery into its master. ⁵

This book was first published in 1948 *after* the horror of the Holocaust and at a time when the British government was attempting to prevent Jews from moving to their homeland. In one of the stories the Jewish participant shows his mastery over mockery:

It once happened that the Chief Rabbi of Warsaw was invited to attend a city banquet and found himself seated next to the bishop. The latter, thinking to have some fun with the old Jew, urged him to try the hors d'oeuvres, which consisted chiefly of spiced ham.

'Thank you, your grace,' said the other, 'but do you not know that such food is prohibited by my religion?'

'So?' remarked the hierarch. 'What a foolish religion! This ham is so delicious!'

When the banquet was ended, the rabbi bade a polite good night to his neighbour, adding, 'And please, your Grace, be so good as to pay my respects to Madame, your wife.'

'My wife?' cried the bishop in horror. 'Do you not know that my religion forbids a priest to marry?'

'So?' murmured the rabbi. 'What a foolish religion! A wife is so delicious.' ⁶

The rabbi's sense of humour counters rudeness with a corresponding joke, and in both, it has to be said, there is a touch of cruelty.

Which brings me to a less pleasant aspect of humour in old age, the cruelty that so many of us *do* have to endure from people who are afraid of being old. In their jokes they are emphasising that they have not yet reached the age of diminished strength and dignity.

The cruelty of some forms of humour

The cruelty of some forms of humour used in the presence of older people is, I think, very common, and it is largely unconscious, coming from disgust at the thought of one's own old age and from fear of what loss of control will mean for us when we are old. Sometimes the jokes are relatively benign. Here is one told by the comedian, Bob Monkhouse:

I had a job selling hearing aids from door to door. It wasn't easy, because your best prospects never answered.⁷

Sometimes our fear of such jokes provokes us into telling them ourselves in anticipation. Here is Harold Macmillan's wry aphorism :

Memorial services are the cocktail parties of the geriatric set.⁸

And Pablo Picasso's equally perceptive remark:

When they tell me I'm too old to do something, I attempt it immediately.⁹

Now, of course, you will immediately say to me, 'These remarks fit other categories than cruelty.' Yes, they do. They come under the category of defensive humour, but each contains a measure of stark truth that is cruel. Jokes about hearing are very common indeed and display our fear about the cruelty of isolation that deafness brings to many people in their older years. Macmillan's remark shows the cost of being such a public figure that one has to go on, and on and on, attending friends' and colleagues' funerals, while visibly deteriorating in health oneself. Picasso's remark shows the danger older people often put themselves in when younger folk try to help them 'be their age'. It's a natural response, but a very dangerous one – as I well know from personal experience.

Those remarks are contained within the boundaries of decency, but many jokes one sees and hears in the media are more cruel. They sometimes verge on the obscene. Here, for instance is a cluster of such jokes.

You know you are old when:

- An all-nighter means getting out of bed to pee.
- Getting a little action means you don't need to take any fibre today.
- Getting lucky means you find your car in the parking lot.¹⁰

Each of those jokes emphasises something that most of us dread – loss of control of bodily actions and memory. Yet many jokes made in public by comedians reflect the cruel fact that we can no longer control our orifices, that, like infants, we 'oldies' suffer from incontinence, farting in public and disabling memory loss even though we are not anywhere near dementia.

Sex is another target for cruel humour:

A 97-year-old man went into his doctor's office. 'Doc, I want my sex drive lowered.' 'Sex,' replied the doctor, 'you're 97. Don't you think your sex drive is all in your head?' 'You're damned right it is,' replied the old man. 'That's why I want it lowered!' ¹¹

And here is one that would be mercifully lost on the patient concerned:

The doctor says: 'I've got some bad news and some good news for you.' The patient says: 'Lay it on me doc. What's the bad news?' 'You've got Alzheimer's disease.' 'Good heavens! What's the good news?' 'You can go home and forget about it.' ¹²

Now, I have taken all these examples at random from internet sources and they are relatively printable. I have unfortunately overheard obscene jokes told at old people's expense, sometimes in their hearing, as well as mine. No wonder then, that old people who have lost their inhibitions may reply with equal mockery, or sharpness to what they suspect is being said and signed about them being 'silly fools', 'dulally', or not so secretly mocked at by their insensitive audiences. These are the kind of things that may be said. In my time as a family doctor I heard many similar ones:

All you want is my money. Well, you just wait and see.

'You hate me,' said to a daughter who had commented on her mother's loss of keys.

Send me to the 'knackers' then. I know you want to get rid of me. ¹³

None of these accusations were true. The patients had been devotedly cared for. They had been treated with kindness and patience when they had vented frustrations and ill temper on their younger relatives again and again. Their remarks hurt, as they were intended to, and in one case the threat was unjustly carried out. The daughter was cut out of her mother's will, and the damage was permanent.

I do not want to dwell on cruel humour. I end this section with one caution taken from Rabbi Akiba that finds its place in the Mishna:

Jesting and ribaldry lead a man to lewdness. Tradition protects the torah, tithes protect wealth, and silence protects wisdom. ¹⁴

Let me instead turn to a much happier subject, that of healing humour and laughter.

Healing humour and laughter

The Dutch Philosopher, Baruch Spinoza (1632–77), once wrote a book on ethics. One section is about laughter:

Laughter, like jesting, is mere pleasure; therefore is in itself good, so it be not excessive. Surely 'tis but an ill favoured and sour superstition that forbids rejoicing. For why is it a better deed to quench thirst and hunger than to drive out melancholy? This is my way of life. No deity, nor anyone but an envious churl, hath delight in my infirmity and inconvenience, nor reckons towards our virtues weeping, sobs, fear and other such matters which are tokens of a feeble mind; but contrariwise the more we are moved with pleasure, the more we pass to greater perfection, that is, the more we needs partake of the divine nature. Therefore it is

the wise man's part to use the world and delight himself in it as best he may, not indeed, to satiety, for that is no delight. ¹⁵

One of the greatest therapies for older people in this world is the presence of children's laughter in their lives. You can watch a young child playing with an old granny or grandpa and see what I mean immediately. There is an instant rapport there. It expresses itself in delight, peals of laughter that younger adults may not understand. It expresses itself when the child, as yet with no taught inhibitions, comments on an old person's 'funny looking skin – like an elephant's' without the slightest malice, or asks questions about her false teeth. It surfaces when an older grandson teaches his grandmother to use a mobile phone, something he can do without thinking, but patiently teaches her until both delight with laughter, once she accomplishes it.

'Don't bother granny: she's tired,' is one of the worst things that adult children can say to a child visiting a grandmother who, tired though she may be, is gaining life from her encounter with her young grandchildren or great-grandchildren. Yes, when granny goes home, she may have to take to her bed for a couple of days to recover from the excursion. You see William Shakespeare's keen observation of the end stage of some people's lives in *As You Like It* is poignant and can indeed be true but it does not encompass the whole truth:

Last scene of all,
That ends this strange eventful history
In second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything. ¹⁶

That dreaded end does happen to some people, but it is remarkable how it can be postponed by good therapy. One of the best therapies is to encourage *short* periods of exposure to children's trust and delight and love for the child-like (rather than childish) nature of many older people. As Plato said, 'the spiritual eyesight improves as the physical eyesight declines.' ¹⁷

Yes, it does and playfulness is one of the fruits of old age.

Shared happy and family memories are another of the therapies that can help older people to enjoy life. Some families do this naturally by poring over old photographs and sharing memories round a dining room table, but many seem to have lost this ability to listen to one another. They need encouragement and sometimes outside advice before they can use this healing power of shared laughter.

Social isolation is one of the biggest enemies of old age. It is an enemy that creeps up on older people by default, or by the old person's insistent desire, all too often. As I was growing older, I lived alone between the ages of 61 and 78. Now I live in sheltered accommodation with 22 other elderly people, the youngest of whom is in her seventies and the eldest is 98. We have a good deal of fun together, without it becoming oppressive to our proper privacy.

I have personally found that shared memories of funny war-time experiences have been, and still are, therapeutic in such company. My own children have no experience of the funny and horrific things we 'oldies' went through during the war. For that reason they do not laugh at my memories as we 'oldies' do. We enjoy our reminiscing and we laugh together. Incidentally, I was delighted to find that the teachers in my grandchildren's local primary schools were asking their pupils to get their grandparents to recount their war-time adventures. I did so enjoy having an attentive audience that day.

Now that I am old myself I can recall being a mere youngster of 65 when I became a 'buddy' to a patient who suffered from Alzheimer's disease. We were buddies for 10 years and what we talked about most of the time were his residual memories of his war service in the RAF and of his prowess at cricket. He had been a very intelligent well loved teacher after the war, but all that skill had gone. He could not have understood any jokes that needed good thinking and logical powers of thought, but oh how we learnt to laugh again and again at the same story. I laughed because he laughed. His delight became my delight. It was a privilege I do not forget. But it is easier to do that work when you are older yourself. You are closer to

heaven, so you are more aware of Jesus' words to those who wanted to forbid children to go near to him: 'Except you become as little children, you cannot enter the kingdom of heaven.'¹⁸

Those who are carers for elderly people at different stages of their ageing sometimes need help so that they can make older people's lives pleasurable, especially if they are professionals. Since I have reached 80 I have noticed in myself a diminished capacity for sitting on hard church pews for long periods of time, however funny the sermons are! I love being with my grandchildren but I am no longer capable of looking after young activists for a long afternoon in the park while their parents go off for hours. On the other hand, I *can* sit in an armchair in their home for a whole afternoon while the youngsters play games on their play stations, watch television or engage me in snakes and ladders. I can still go for short walks, but if I go out with my family I know they need to take their bicycles and go off for a long ride while I sit under a tree with a book in my hand and a cup of coffee nearby.

We who are older have to help those who care for us to know and understand us. If we do not say, they do not know. So we who are old can, I think, and hope, find ways of telling our relatives and carers what we can, and cannot, do. Sometimes the professionals also need to step in. They have no axe to grind and can sometimes say things that are very helpful to the older people and their carers alike. And what I have just said applies as well to the use of therapeutic humour.

It is good to sit with an older person and watch an amusing 30-minute sit-com about old age. It is a pleasure to share their laughter and their delight. But it is hopelessly wrong to sit them in front of a television set for half the day, then reproach them for falling asleep. It is daft to expect an elderly and tired person to stay up late to see a sit-com. Better by far to tape the sit-com and then at a suitable time make plans to be with that older person so as to share in the delight of laughter. Please note in passing the importance of shared pleasure. It far exceeds the pleasure one gets from seeing a programme on one's own.

What we ‘oldies’ need are *short* periods of shared laughter, *short* periods of reminiscence, *short* periods of conversation. Short, yes, but short *and often*, and we seldom get what we need. It is very important to adjust your treatment of older people to their physical and cognitive capacity rather than to their chronological age. In other words you have to know your older people and be prepared to change your own attitudes to their health needs as they grow older. In my sheltered accommodation the residents’ needs are assessed every six months. In church and the wider society no such assessments go on and as a result I see far too many older people exhausted by the unthinking demands that are put upon them by younger relatives and carers. Yes, we often need to be stretched a little, but not to the point where we break like an overblown balloon.

There is no all-encompassing prescription for the use of humour as a therapeutic tool. One of my own favourite memories is of those wonderful bonds of companionship forged in an NHS hospital ward between strangers about to undergo operations and the way in which our giggles spread to ward occupants and nurses after our operations and speeded our recovery. Another is the humour engendered by our late Queen Mother whose stamina was amazing by any standards. One day, on an outing to the Cheltenham racecourse, aged 97, she spotted a group of pensioners. ‘I’ve got to go and see the old folk,’ she said, and set off across the turf.

That story reminds me of another old friend, now aged 88, who plans sherry parties for her companions in a residential home for older people. She also convenes a reading group for a slightly younger group of friends, and takes her younger friends out for splendidly unhealthy meals at a local restaurant. Smiles and laughter accompany her wherever she goes. She is one of God’s merry-makers you see, and to know what that means I have to tell you a final story which is unconnected with age and which comes from the Gemara.

Rabbi Barucha of Hunza frequented the market of Lapet. One day Elijah appeared to him there, and Rabbi Baruka asked him: ‘Is

there among the people of this market any one that is destined to share in the World to Come?’ Elijah replied, ‘There is none.’ But then two men appeared on the scene, and Elijah said to Rabbi Baruka, ‘No, here are two who will share in the World to Come.’

Rabbi Baruka then asked them, ‘What is your occupation?’ They said, ‘We are merry makers. When we see a man who is downcast, we cheer him up; also when we see two people quarrelling we endeavour to make peace between them.’¹⁹

Yes, blessed be God for his gift to us of merry-makers. Happy are those who know the truth of Madeleine L’Engle’s saying that ‘the great thing about getting older is that you don’t lose all the other ages you’ve been.’²⁰

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