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Résumé de l'article

L'initiative de recherche et d'enseignement The Biography Project établie en Australie permet aux étudiant.e.s de niveau universitaire d'aider des personnes âgées résidentes de régions rurales ou de maisons de retraite à entreprendre le récit de leur vie. L'article discute en quoi l'entreprise de récit de vie s'avère souvent enrichissante du fait de permettre aux personnes impliquées de réfléchir sur le passé, d'établir des liens sociaux avec autrui, de partager leurs expériences et perspectives sur la vie avec des jeunes, tout en acquérant un sentiment de valeur personnelle au cours du processus en question. En se penchant sur l'autobiographie de Merle, résidente d'une maison de retraite en Australie qui, pendant un an et demi, a partagé le récit de sa vie avec l'auteure, l'article explore l'impact du processus de récit de vie sur la personne qui raconte sa vie et sur celle qui l'écoute. Ce faisant, l'article cherche à savoir si les récits de vie tels que celui de Merle, du fait de transmettre des perspectives, expériences et savoirs à la fois singuliers et issus d'un temps qui n'existe plus, ont le potentiel de contribuer ou d'offrir une ressource aux études littéraires y compris dans la réflexion sur l'espace.

A Room All Her Own: An Aged Care Story

Catherine Dhavernas

Five years ago, after relocating from Kingston, Ontario, Canada to Brisbane, Queensland, Australia, I shifted my research and teaching interests from the field of 20th century contemporary French Literature to the Medical Humanities. Prior to making the change I had worked on the limits of representation and focused on experiences that eluded writers' efforts to communicate or put them into words. My research addressed experiences of individual and collective trauma, illness and death and had led me to collaborate on projects with physicians, including palliative care specialists, and to train as a volunteer in both palliative and aged care. Upon arriving in Brisbane, to continue such work, I took up volunteering roles in a residential aged care facility and a local hospice where I later trained as a biographer to assist people facing the end of life in recording and transcribing their stories. While working with hospice "clients" on their biographies I became increasingly aware of the value and impact that going over and articulating one's life story can have for people approaching the ends of their lives. Witnessing such experiences led me to offer biography services as part of my volunteer duties in residential aged care and to later develop "The Biography Project," a research and teaching initiative that facilitates intergenerational exchanges through the sharing of stories.

The Biography Project, which has now been running for 3 years, matches aged care residents with 3rd year university students enrolled in the Arts, Humanities, Social Sciences and Medical Sciences. As part of the Project, in preparation for the fieldwork component of a medical humanities course on the reality and challenges of ageing, students are trained in cultural sensitivity, working with vulnerable persons (including people with dementia), deep listening and transcribing the life stories of people facing the end of life. While teaching students about the realities of ageing through class work and exposing them to such realities through fieldwork, the Project enables older persons living in residential aged care to share elements of their lives and experiences *in their own words* without having to succumb to the constraints of more conventional forms of biography services that tend to rob individuals and their stories of their singularity.

The project involves ongoing partnerships with two aged care providers whose facilities are spread across the state of Queensland and was initially developed in consultation with the director of a hospice-based biography service for palliative care patients in Brisbane. Over the past 3 years, the project whose success has prompted its expansion into rural communities has produced over thirty-five transcriptions of resident life stories. The very first of these, which I conducted, is the focus of what follows.

On 4 February 2018, after falling in her apartment on the ground floor of her grandson's multiplex home, Merle, aged 87, was admitted to a private hospital, in Brisbane, Australia. After being treated in Emergency for a sprained ankle and a broken wrist, she was transferred into the rehabilitation wing of the hospital where, for the few weeks that followed, she and three other women of roughly the same age shared a room on the 4th floor while recovering from recent injuries.

The day I met Merle, she and her roommates were discussing how it would be to have someone new move in and take over Gertie's bed. After introducing myself, I discovered that Gertie had been cleared to go home. Perched on the edge of her bed, legs dangling over the edge, Gertie couldn't sit still. Waiting for her husband's arrival, she began telling the "girls," all three of whom were propped up in bed, how much she would miss them. The "girls" said they were sad to see her leave and that they would keep in touch. They had lived together for more than two weeks and would miss having Gertie around.

As I watched from the doorway, I saw no need for the company Scout and I had come to offer. Pulling gently on Scout's leash I began to make my way back out into the corridor.

Miss! Miss! A voice called out from the room.

Before you go, could we have a wee visit with your dog?

"Of course," I said, turning around.

Moving from one bed to the other, her tail wagging, Scout secured pats and cuddles from everyone with me, in tow, engaging in idle chit chat at each stop. Eventually we made our way to Merle, the woman who had called us in.

Just let her up, said Merle, looking up at me with a smile. *It's fine, really!* she insisted, tapping her blanket. *Me little Blacky always sleeps with me at home.*

Scout hopped up onto the designated spot, curled herself into a doughnut and tucked her head underneath Merle's neck.

What a darling! said Merle cheerfully. *I've missed me Blacky so much since coming here! She doesn't know where I've gone to, poor luv.*

Well, Miss Scout, you'll just have to do for now.

You know, Merle whispered after a short while, *there's a woman next door... she's real lonely. She's got no visitors and she's got nobody in her room to talk to. I reckon she'd really enjoy a visit with you and Scout.*

"Of course."

When Scout was done with her care duties, I thanked Merle for letting me know about the lady next door, called Scout down from the bed and made my way toward the hallway.

Come back and see us next time you're on 4. We'd all love to see Scout... and you too of course!

The following week, toward the end of our rounds, Scout and I headed up to the 4th floor where Merle was sitting up in bed talking to a woman in the bed across from hers. The newcomer, whose right arm, bent at the elbow and in a sling, lay carefully placed across her chest, had found her place among the group.

Doctor says I'm ready to go home! blurted a beaming Merle as soon as she caught sight of Scout and me.

Won't be here next time you come by for a visit, she added, stretching her smile a little wider.

"I guess that's a good thing!" I was somewhat disappointed not to have had a chance to get to know her better but happy for her. She needed to get back to her life.

A week later, I was startled to find Merle sitting up in her same bed, this time, cradling a cup of tea.

Still here, luv, she said, looking down.

Merle's family had decided not to take her back home. They worked full-time, worried about the risks and, without alerting or consulting Merle, had arranged to have her moved from the hospital's rehabilitation ward to an adjacent residential care facility where a room was to open soon. Until then, rather than have her return home, Merle's family had thought it best to have her remain on 4.

I don't understand why they won't let me go home. Her eyes welled.

I was packed and ready to go when me daughter called to tell me she wasn't coming. She didn't even come in to tell me they were moving me next door. She told me on the phone. I haven't seen or heard from her or me grandson since.

"I'm sorry."

Don't be sorry dear. I'm sorry for dumping on you. I'll be o'right. It's just... It's just really hard. What's going to happen to me Blacky? They won't let her come with me. Merle burst into tears.

The following week, when Scout and I returned, Merle was gone.

"Merle Norris? She's in the care facility next door. A spot opened up earlier than expected. She's in a room all her own!" the nurse at the reception desk said smiling

"Merle's room" read the name plate affixed to the wall adjacent to the door.

Come in.

I let myself in. The room was tiny. From the doorway, a short corridor, the left of which opened onto the bathroom, led to a small bedroom. In the gloom cast by a squat rectangular window sat a single bed, a four-drawer dresser, a portable table and a small TV screen at the end of an adjustable metal arm that hung from the ceiling. In a large red vinyl armchair sat Merle rocking back and forth, gazing straight ahead.

Come in, luv. Have a seat on the bed and make yourself comfortable.... She looked up at me.

I'm not sure I'll be good company. Feeling a bit crook, not me usual self.

Within minutes, Merle talked me through why she should be back home.

If I fall, I fall. I could either fall here or at home. At home, I'd at least be happy. Here... Merle's voice began to crack. *I'm sorry dear.... Truth is, luv, I hate it here!*

Daubing her tears with a handkerchief, she handed me a photo of her sitting in the same armchair working a crossword with what had to be little Blacky, asleep on her lap.

That's in me apartment, all done up the way I like it! Her eyes suddenly lit up. That was just before I come into hospital. I nodded, smiled.

I'm fine living at home on me own. Had the walker before me fall. The place's all set up for me – No stairs to go up. Bathroom, kitchen all equipped.

I returned the photo.

They just don't want me to go back. It's easier for them if I'm here. But, what about me? What about what I want? They say it's not safe, but have a look, over there.

She pointed toward the bathroom doorway.

See, over there? There's this lip on the floor where you go in to go to the toilet.

I got up to look. Leading into the bathroom was a sharp rise in the level of the floor.

It's real tricky with the walker.

"I can see that."

They won't let me do it on me own. So now I've got to ring for help to go to the toilet.

"I'm so sorry."

I don't want someone to be standing there watching. It's horrible! Last night, there's a man on shift. When I see him come in here, I said to him, I said: 'I don't need to go.' I told him the buzzer must've gone off or something. But, then you worry you might offend them or something... make 'em cross, y'know!

I nodded.

I'd rather die from a fall or accident at home than live in here like this... alone, without me Blacky, without me things or me grandson upstairs. Even if he didn't come down much.... y'know, he's got his partner, his life and things... Just having him there ... y'know. Here, I've got no one and nothing to do, nothing to look at. Have a look out the window, luv. Merle pointed to the squat opening above the foot end of the bed across the room.

You can't even see the road.

Through the window I saw a brick wall.

If they keep me in here, I reckon I'll be dead by Christmas.

From one day to the next and against her will, Merle had found herself living in residential aged care, far away from her home and isolated from everyone and everything she knew and loved. Hers is a story shared by many older persons. People who enter long-term aged care facilities lose half of their relationships and often experience the transition as a trauma of grief, sorrow, dependence and loss. Studies have shown that living outside of family, society, and public consciousness harms residents' health, self-image and well-being (Cacioppo et al, 977-978; Jansson et al, 43-45; Peerenboom et al, 30; Holt-Lunstad, 128; Beller and Wagner, 808-809).

After a month, Merle and I each began to open up a little more. Merle inquired about my work, asked how I filled my days. Likewise, I asked her about hers and witnessed her frustration and disappointment toward her family steadily mounting. The more time passed, the less people called or came to visit, the more Merle longed for stimulation and company. From her perspective, by putting her into aged care, her family had freed itself from the burden of having to check-in on her. This left her to wonder how, after everything she had done for her children and grandchildren – who together with her great-grandchildren now totalled 82 descendants, she could be in her present situation; how, after tirelessly working all her life and contributing her full share, she could find herself, at 87, needing for the first time her family's help, abandoned and left to sit in a room she refused to decorate within a facility run by strangers.

As I got to know Merle, there were more and more questions that I wanted to ask: about her children, about her grandchildren, about how she had been the sole provider for her family at a time and in a country where women traditionally stayed at home. Finally, I asked her if she would like me to record her story.

I don't have much of a story to tell luv. Me life was ordinary, boring and very sad. I never really accomplished much except having and raising me family. That's all I ever wanted and that's what I did. Nobody'll want to know about that.

I did and I told her so. Whether or not her story was “interesting” wasn't the point. I would be there to help her tell her story however she wanted to tell it. I would listen, prompt her if needed, record and transcribe. She could talk about whatever she wanted to share or explore, in whatever order, in her own words. Once we finished, she would have the opportunity to reread her story and decide what to keep or leave out of the final printed version that she could either share, or not, with whomever she pleased.

Getting started took a bit of convincing. Merle was shy and ashamed of her lack of education. At age 11, she had left school to help her mother who, suffering from elephantiasis, needed assistance with household chores. Merle had no regrets but didn't see her life as worthy of anyone's interest.

Life story programs in aged care have been shown to be effective interventions that can improve quality of life (Doran et al., 1070-1071, 1080-1082; Munirah et al., 373, 378; Iannello et al., 425-426, 434; Pinquart and Forstmeier, 541, 547; Menn et al, 16). Sharing one's life-story opens a beneficial “respite space” (Capstick and Ludwin, 157) outside of “bed and body” routines that construe residents as inert objects needing to be cleaned and fed, diminish their humanity and contribute to a broad culture of disregard (Cook and Brown-Wilson, 24). Telling their story affords residents the potential to explore and articulate how they perceive themselves, find value in their experiences, and address unresolved issues (Chan et al., 106 105-110).

Too often, however, residents like Merle, who are shy and more isolated, are overlooked by such programs because care staff and biographers believe that a life must be “interesting” in order to be told. With that, the stories that are told are generally forced to conform to the normative logic and linearity of conventional narrative expectations (Tammi, 25). Life, however, is messy and difficult to describe because language and literary conventions are neither neutral nor natural tools (Freeman, 1-17). One can never know, much less speak, for anyone else with any certainty (Schiff, 21).

One way to reconsider such limitations, especially in relation to life story programs in aged care, is to look at the literature that emerged out of the rubble of post-war France. Marguerite Duras, Sarah Kofman and Robert Antelme, among others, upset received notions of linearity, logic, and voice and explored the discontinuities, gaps, lapses, silences, and confusion that must frame any attempt to tell a story. They wrote as if language obscured rather than revealed meaning and struggled to undo language's pre-determined power to signify by turning it against itself or by deliberately coercing it into unfamiliar

and, at times, awkward formulations in order to allow new and unexpected meanings to surface.

Duras exposed across several of her novels and screenplays the impossibility of capturing elusive experiences. In *The Lover* she examines, for example, a photograph that was never taken to evoke the absence of a key and defining event of her youth:

The photograph could only have been taken if someone could have known in advance how important it was to be in my life, that event... But while it was happening, no one even knew of its experience. Except God. And that's why – it couldn't have been otherwise – the image doesn't exist. It was omitted (10).

Leaving things unsaid across her body of work by inserting blank spaces into her texts further evokes what cannot be put into words. Rather than surrender her untold experiences to pre-existing formulations, she believed that to represent them would betray them.

The war's aftermath prompted yet other confrontations with conventional narrative that impelled Sarah Kofman and Robert Antelme to deploy memoir against the impossibility of narrating their personal experiences. Kofman invoked the necessity to speak on behalf of those who had been robbed of the ability to communicate while also pointing out the ultimate impossibility to do so adequately. Describing her father's murder in Auschwitz (3) involved neither stepping into anyone's shoes nor making sense of a reality that does not, cannot, and should not, in any circumstance, appear to make sense.

Antelme's account of the liberation of the concentration camp in which he was imprisoned recounts the detainees' encounter with the American soldiers who had come to free them and before whom they felt an urgency to share their stories. When they could speak, however, the detainees' realization that an unbridgeable gap separated them from the soldiers or anyone who had not lived through the horrors they had experienced paralyzed them. Describing the situation from the soldiers' perspective, Antelme likens the latter's entry into the camps to discovering life on another planet.

Such authors highlight the fact that traumatic events entail experiences for which there are often no words and, therefore, no narratives; that such experiences cannot be captured by the language of worldly experience nor, in another way, can they be heard.

As Antelme makes clear, the soldiers who had come to liberate the camps were not equipped to deal with what awaited them. What they witnessed was, in the end, far too alien to register and the prisoners' accounts far too numerous to assimilate. After listening to the detainees' unthinkable testimonies, many soldiers either felt compelled to cut them off or simply turned away, while others, who continued to listen, seemed only to have two words with which to respond: "Frightful!" and "Unimaginable!" (289). The two words, Antelme recalls, in a single sweep presumed to capture everything there was to know about the horror of the camps and the individual experiences that unfolded within their walls. As such, they had a devastating and silencing effect on the prisoners and served only to further deepen the divide between their world and the world of the soldiers.

Notwithstanding the obvious differences between the individuals whose experiences were the focus of post-war French writers and aged care residents, there are significant parallels in the incommunicable nature of their stories and the lack of people able or willing to listen to them. Knowing what we know about the limits of representation and the biases that, in the past, averted us from honouring voices who had significant experiences to pass on, we cannot let a similar divide silence our elders and wall them off from a world they helped to build and that owes it to them to listen to the experiences they have to share with it.

Whereas in the past, grandparents lived with children and grandchildren who helped with tasks they could no longer perform while benefiting from the knowledge they imparted them, today, "old" and "young" live separated from one another having no sense of one another's reality. Undeinkable, today, when an older person's mental or physical

capabilities begin to falter and they are deemed unfit to live independently, like Merle, they are moved into residential care facilities and, from one day to the next, are suddenly cut off from family, friends, and the world they knew and grew up in.

Merle had a room of her own, sheltered from the chaos of daily life, with all the time in the world but, unlike the women writers Virginia Woolf had in mind, she lacked the means and audience with which to share what she had to say. After choosing to take part in the Biography Project, however, over the course of 64 weekly sessions, Merle shared experiences, memories and anecdotes that offered a different view of the world from what we currently have and speak as much to our future as to her past.

Merle started at the beginning, recollecting key fragments of what she considered to be an ordinary childhood.

Isn't that funny. I'd completely forgotten about that and now, it's like it happened yesterday!

As Merle continued to recall aspects of growing up in Queensland, the details and anecdotes that surfaced comprised a time radically different from today.

I left school when I was eleven because Mum had elephantiasis....I got something like a dollar a week for pocket money, but it was hard work because we didn't have washing machines. We had these big lines across the yard, with props to prop them up. We had to boil the clothes in a boiler, and then get them out with a poker stick. You'd heat underneath the boiler with wood outside, because the laundries were outside....The hardest part was, you'd get them out with a stick, put them in a trolley, and they'd drain. Then, you'd have to put them in cold, clean water, and ring them out by hand. You'd do that once, and then you'd do it again with some blue stuff in it, Rickett's Blue.

Details led to perspectives and, as she retraced the course of time, Merle slowly came to realize what she had accomplished and gained from her own experience of a past that no longer existed.

I worked very hard when I was young. My own family seems to think that I've had an easy life. But you know, we had no vacuum cleaners or anything like that as far as washing the floors, just the mops and polish. You'd have to get down on your hands and knees, and put the polish on, and then get back down and buff it up. It was a big house too....

Through her recollections, Merle could better appreciate why her views so often clashed with those of her children and grandchildren for whom technology had priority over family.

When I was young, we'd all sit and have our meal together but, these days, no one tells you what they're doing.... We talked around the table about everything....Everyone knew what everyone was doing....Now, Jane, my daughter, gets annoyed with me because I'll ask, 'Do you have plans for the weekend?'....A lot of technology's ruined the world...people are slaves to their phones; even my own family. If Jane's here, or her son, the phone rings and they've got to answer it.

Anecdotes about her family led to more general observations about the importance of community and its progressive disappearance.

Back then, you talked to your neighbours over the fence. Now, you never see your neighbours.... When Steve and I moved into our own place, you could tell your friends or neighbours what might be worrying you whereas today, the way the world is, you don't have your neighbours or anyone to talk to like that. Now everyone moves all the time. No one stays in any one place long enough to become a friend. Nowadays, you don't have anyone to talk to, I mean anyone that you really know you can trust. I think it boils down to that. You could trust people more in those days.... People were more friendly then, I think, because of the way we lived. There was a close bond whereas now no one's really close and everyone does their own thing.

While she recognized the characteristic hardships of her youth, for Merle the past comprised a better time, one from which her children and grandchildren had the potential to learn.

What I'd like to tell my grandchildren and great-grandchildren is how different life was back when I was little. Most of the things I've been remembering from when I was young, they don't know about and should.

Key differences she sought to convey between life today and the past included a slower pace of life and a sense of civility that had since disappeared.

If there was an emergency back then, you had to go to the public phone and ring the police or the ambulance. That took time, so you'd just have to wait for them to come. ... It wouldn't be as quick as it is today.... Sometimes, when you went, there'd be five or six people waiting to use it because there weren't a lot of them around, and they weren't that close to where people lived. You could hear other people's phone conversations while you waited, but we didn't listen.... We had more manners in those days.

Technological progress and innovation seemed to Merle the main culprit. Among their more ironic impacts she noted people's lack of time for what she valued most.

Something I can't understand is that people don't have as much time as we had, to be friends, or to talk over the fence. And yet they have all these modern conveniences that we didn't have. All the kids are on computers and no family sits together anymore. People don't even eat at a table, they sit in front of the TV in the lounge, which has taken manners away.

Looking back at her own youth, she recalled how kids and young adults had to interact and make their own fun.

We played rounders. It wasn't much at all, but we amused ourselves with things like that because we didn't have many toys. We only got one present at Christmas, and an Easter egg at Easter. We were happy though. Because we didn't have anything more, we didn't know what it was like to have more. Kids might say they want a dozen things for Christmas these days, but we knew we only got one, and we were quite satisfied with it.... Even when I met Steve, my husband, we didn't go out much for entertainment. On Saturday afternoons.... Steve's parents had a horse and one of those two-seater things... a sulky, I think they're called. Anyway, he'd come and get me in that. We'd go for a drive in that and talk. It was good back then... a better time. I'd love to go back to those days! (*Australian version of baseball)*

As she continued to retrace the course of time, the contrast between her own preferences and those of other family members allowed core values to reveal themselves.

My sister was money orientated. To me, money means nothing. Love and family are most important to me, something I wish my children could understand.

While connecting events that she hadn't thought or spoken of in years, Merle pieced together thoughts, feelings and emotions and in her own way made sense of challenging phases in her life in ways that eluded linear logic or progressive movement.

She opened up about the antidepressants she had been prescribed following the loss of an unborn child and the accidental death of her husband after being hit by a truck.

Something I can't do these days is cry. I'm on antidepressants and I have been for years. I find it very hard to cry now, but when the children were young, if we watched a sad movie, my son used to say, "Aw, get out the lifeboat, Mum's off!" The least little thing would set me off if it was sad.... I don't know if I've got quite hard or hardened myself, or what it is, but I just can't. ... Things that I used to cry easily over, I don't seem to now. The tears don't come, I don't have the emotions. I find it hard to get excited, or I just don't think I've got many emotions now...

Taking stock of the long-term cost of the pharmaceutical treatment prescribed by her doctors, Merle now recognized how key life-changing events in her life could have been approached in more effective ways had the possibility to talk about them existed.

I don't really like taking the pills because.... it's hard to explain. It's like an even 'no highs and no lows', you know... like you're a zombie, I suppose.... The last time they took me off antidepressants I was about fifty something – my blood pressure went sky high and the doctor put me right back on them. They all just seemed to want to give me pills. I think psychologists are better than psychiatrists because psychiatrists are the ones who want to put you on drugs. You got to talk about these things or they just bottle up inside of you. It's hard, but you have to try.

Thinking back on her own actions exposed what she came to see as her own culpability in locking emotional doors.

I didn't take my children to their father's funeral because I thought it wasn't a good idea. I'd seen my younger sister at home when she died. I didn't want the children to see their father and feel the way I had.... But I look back now and think, perhaps I should have. I feel Jane my daughter has blocked it off. Mentally, she's repressed it. She never had proper closure with her father. Jane was nine at the time. I thought I was doing the right thing but, as I've gotten older, I really think that I didn't which is a shame. I do regret it and I can't change it. Jane's grown up now. We don't really talk about it. She never asks. I have, later now in life, but she doesn't seem to remember much about him. That's why I think she shut it out. When someone dies, you should carry on like they're still there and talk about them, but I didn't do that, I shut it away. I didn't have a photo of him around because I couldn't stand to look at him without getting upset.

By having the space to articulate regrets and insights about the past that she wasn't able to share with her family, Merle seemed to gain assurance, assertiveness and a different sense of self. She had bowed to her sister's will throughout her life and for the most part silenced her own wishes and opinions.

It was alright living with her although, she and I never got on that well, ever. As we got on in age, I think we got on even less. I'm the sort of person ... Well, I like to keep the peace. I do things to please and to save from getting into arguments. My sister was more dominant and that came out when we lived together. If I ever stood up for myself, we wouldn't get on.

It's funny, all my life I've never spoken up. "You want to learn to stand up for yourself," Carmel used to tell me, "Don't let people walk all over you. You're too soft." But when I stood up for myself with her, she didn't like it. Depends whose court the ball's in doesn't it?....

By telling her story, Merle was choosing to assert her own voice.

I think the book's been good for talking about things that I don't ever remember talking to other people about, getting it off of my chest and... relief.

Some days Merle didn't feel up to talking. She'd either had a bad night or was finding her current situation hard to manage. The guilt that came from not accepting her new environment as quickly as her family had expected ate at her. She had begun to silence herself for fear of turning away her daughter who, probably out of her own sense of guilt, could not bear to hear her mother complain about life in care. Rather than listen to the details and experiences that Merle needed to share, her daughter shut down any potential conversation on the topic, telling Merle she was being difficult and that, like the other residents, she should join in the different activities that were organised for her. As Merle explained, she was shy, didn't like bingo, had little interest in the leisure activities on offer and, as far as she could tell, didn't have much in common with those who did. After having finally agreed to attend a concert in the lobby, to her daughter's disappointment, halfway through the event, Merle had asked to be taken back to the room.

There we were sitting with all these old people, all of them strangers. A lot of them were sleeping, poor souls. A lot of people in here are not quite there, y'know. They've got dementia and that. This day, there in the middle of the room, there's this young man – bless his heart, who's playing the piano and probably getting nothing for it, and he's telling us

to sing along to old songs I don't know or like, but that he probably thinks all old people like because they're old and the music's old. It was horrible! I felt so sad seeing all those old people just sitting there, some of them in wheelchairs, thinking 'Is that me?' and wondering where my life's gone to. So, when we got back to the room, I told Jane, I said, 'I'm never going back!' Of course she didn't like that and so she left in a huff.

On several occasions, I had asked Merle if she was sure about keeping sections of her story that might prove difficult for her family to read.

That's how things happened, It's the truth and it needs to be told.

Over time, Merle opened up about other challenges, among which her fear of death of which no one she knew was willing to speak.

I think about the past a lot now, and I also dream about it. A lot of dead relatives are in my dreams. I think that has a lot to do with living here. I'm surrounded by old people and a lot of them die. That's life here. It's not good for your mental state. I think it's because you're thinking back to when they were alive. I hate to think of my age. I can't believe it, y'know....How quick I got to this age.... I think, 'Gee I'm not far off ninety, I won't live long.' You think about these things, y'know.... I don't know, perhaps my mind is on things that happened years ago and now they're coming out through dreams. I'm getting that way where I hate going to sleep because I know I'm going to dream. It's horrible!... I suppose I'm in the room all the time and because there aren't many people who come to talk to me, I'm thinking about things that I shouldn't. Thinking how old I am and how close to dying I am...all those sorts of things and there's no one to talk to about it. My daughter says not to think about it because she doesn't want to think or talk about it. Nobody wants to. But I'm eighty-nine! That's old and I don't have long left.

Merle teared up. For a few minutes we sat there in silence, aware of the absence of words between us. Time passed, silence earning its place, words losing theirs.

The life-shattering losses and changes that being admitted to a residential care facility entail and the inability to share such experiences recall the gaps that fragmented Duras' writing, the incomprehensibility that preoccupied Kofman and the alienation Antelme described. Indeed, once placed into a care facility and relegated to a room, older persons inhabit a different world from the rest of society, a world that prompts them to turn from the present and revisit the past. It is a world that strips them of their independence and in which they are condemned to live out their final days in a regimen dictated by efficiency rather than care and over which they have no say or control.

It's a lovely feeling being independent. I miss that here as you've got no independence. I mean you have to shower when they want you to; eat when they want you to; do everything when it suits them. It's an awful thing to say, but it's like a prison....

Merle died on 29 June 2020 after a fall from which she never recovered. It was her fourth since entering aged care. Each occurred in the bathroom while being assisted by care staff. At her funeral, several of the people who had ignored her in her room told conventional eulogies without ever acknowledging that it was when they had placed her in care, not when she had died, that she had left their present. In contrast, the story Merle had told unfolded not as a linear narrative that "makes sense" or is "interesting" but as an accretion of the feelings, obligations, responsibilities and contributions of a lifetime that had enabled her to conclude that she had wanted more from her family and from her remaining life. As I watched her final ceremony unfold, as scripted by the funeral home professionals who presided over the ritual as was the menu of refreshments on offer at the reception that followed, I heard her story as she told it puncturing the narratives that her family had crafted, conjuring a time no one in the room had experienced, and imploring those that had decided to remove her from the arc of life she had so valued and desired, to understand that she had been alive all the while she had, for them, ceased to exist, alone in her room with her red vinyl lounge, slowly rocking in front of the TV, waiting for someone to knock, have a wee cuppa and a chat.

Over the past three and a half years, in our efforts to provide older persons living in residential aged care the opportunity to share their stories, the students and I have, as mentioned, to date recorded over thirty-five resident biographies which, like Merle's, relate perspectives, experiences and knowledge from a time that is no longer. We have during this time also compiled feedback from residents, resident families, students, carers, facility staff and facility managers on their experience and view of the project. Having now begun to analyse both residents' stories and the Biography Project feedback data, the next step will involve bringing what we learn into the context of literary studies and see how our findings have the potential to contribute to the field while opening up new avenues of inquiry. If the present article constitutes a first step in this direction, ongoing work will focus on the following questions which I encourage others to also explore. What relevance can texts such as the life stories of older persons being produced by the Biography Project hold for the field of literature? Can such texts be added or contribute to repertoires drawn on by scholars and students of literature? Do such texts have the potential to be habilitated into the field of study of literature and, if so, what status or role might they be allocated?

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