Chapter Three

“Here, Every Minute Is Ninety Seconds”: Fictional Perspectives on Nursing Home Care

Moving in with relatives because of physical and/or economic needs that accompany late life implies a dependence that looms even larger over the choice to enter an institution. In three of the novels discussed so far, the nursing home threat precipitates the crisis of the narrative. In *The Stone Angel*, the Silverthreads visit causes the central conflict of the novel, especially in terms of its present-tense narrative (Laurence 1964). In *Duet for Three*, Aggie’s incontinence causes June finally to investigate the local nursing home on behalf of her mother, and the novel resolves to some degree with Aggie’s assent that “I know we’ll have to do something” (Barfoot 1985, 248). The threat that June’s exploration poses prompts the retrospective narration that makes up much of the plot, motivates the content of the stories told, and makes Frances’s upcoming visit crucial to the interactions between the two older women. In *Chorus of Mushrooms*, the ominous Silver Springs Lodge enters Kay’s thinking about her mother because she misunderstands the old woman’s increasingly strange behavior (Goto 1994). Consequently, Naoe begins her physical journey. Each novel depicts an old woman as reluctant to enter an institution and her offspring in turn as hesitating to commit (as it is so frequently put) a parent to such a place. Each character agonizes over the choice until it can be presented as the only viable option. The situations these novels depict do not necessarily represent either actual decisions about nursing home care or even novelistic depictions of the institutions, but they do potently signify the ominous symbol that the nursing home can be for the elderly and those caring for and about them. Currently, nursing homes signal failure—of old people to remain independent and of family members to provide
adequate care. Nursing homes invite fear partly because they house a conglomeration of what people often dread about old age. If old age were not necessarily to conjure up negative opinion, nursing homes may, in turn, not seem or be as threatening.

**Housing the Old, Containing Negativity: Two Narrative Examples**

*The Stone Angel* invests heavily in the negative associations that come with nursing home care. Hagar’s terror of Silverthreads symbolizes her terror of old age and of being old more generally. Though she rankles against dependence on her offspring, that dependence seems comfortable compared to what Silverthreads menaces. Hagar discovers Marvin and Doris’s seemingly treacherous plot when she stumbles upon a brochure in the kitchen, rather than when Marvin and Doris discuss it with her. Similarly, she claims that Marvin and Doris trick her into a visit, and she dramatizes her emotional fragility on the journey to the home: “After supper they baggage me into the car and off we go. I ride in the back seat alone. Bundled around with a packing of puffy pillows, I am held securely like an egg in a crate” (Laurence 1964, 93). The control Hagar maintains over readers’ perspectives has a double edge in this metaphoric moment because she both captures the ignominy of being forced to travel against her will and yet reinforces the physical fragility that suggests the necessity of her move.

Hagar’s reaction to Silverthreads, after the initial shock of being taken for a visit against her will, is typical of how nursing homes are figured and described culturally. She is dismayed by the anonymity and uniformity conferred upon the inmates. She regrets praising the pane windows because her admiration situates her with the other “unanimous old ewes” (98) who inhabit this “mausoleum” (96). Her attempt to refuse the stifling category of old age is threatened when she inadvertently adopts behaviors of the residents. Accordingly, a passing nurse elides her with other inmates: “A young high-bosomed nurse flips open the main door, nods without seeing me, crosses the porch, goes out and down the steps” (99). The devastating possibility that she may blend in with all of the others terrifies Hagar to the extent that the visit to Silverthreads motivates her final escape attempt (running to the cannery). Through Hagar, Laurence figures Silverthreads as a place where individuality disappears alongside the more obvious loss of independence. That homogeneity typifies the way in which old people relegated (as it is so frequently expressed) to institutions are considered primarily if not solely as old (and therefore dependent).
Hagar undercuts this uniformity, however, by immediately and intricately individuating the various inmates she encounters, thereby variegating the category of old age. She instantly dislikes Miss Tyrrwhit, who “pats at her hair with a claw yellow as a kite’s foot” mostly because of the picture she paints of living at Silverthreads (101). Despite her own distaste, Hagar does not wish to face vivid descriptions of the meals and other details of her potential residence. In spite of herself, she is much more amenable to Mrs. Steiner, who fits another stereotype of old women—the photograph wielder. Hagar’s conversation with Mrs. Steiner hints at a community strength at Silverthreads that could perhaps offer Hagar something she does not have at her present home. Still, when Mrs. Steiner verbalizes the connection she feels with Hagar and suggests the two of them could benefit from living at Silverthreads together—“Well, you and I would get on pretty good. . . . I hope we see you here” (104)—Hagar cannot accept the possibility and contemplates the escape attempt that both actualizes and prevents her eventual participation in a female community similar to the one hinted at in her visit to Silverthreads. The negative associations Hagar makes with old age are writ large at Silverthreads, with the result that she is unable to accept either her age or residency there.

May Sarton’s *As We Are Now* (1973) provides another (in this case American) narrative example of negative discourses surrounding nursing homes. Seventy-six-year-old Caro Spencer is literally (if her narration is to be believed) abandoned in a decrepit, dirty facility with inadequate, even abusive caregivers. Miles from other dwellings and badly maintained, the home harbors old people whose families can hardly bear even to visit them any longer. The home also encapsulates countless cultural fears of decrepitude and isolation. When Caro incinerates the building, she explodes negative depictions and treatment of old age from the inside by taking advantage of the very attitudes that assume her incapacity and cause such treatment. Read literally, *As We Are Now* presents serious concerns about the abuse of old people in institutional care; read figuratively, the novel localizes fears of age and provides the elderly the tools with which to dismantle such fears.

Caro tells readers that when she defies her caregivers, she is placed in a dark room for days at a time. It is difficult to discern the accuracy of her story because she depicts her wardens’ description of her as demented and she reports that all of the inmates are drugged, either of which could be the case. As Barbara Frey Waxman explains, “Sarton may want Caro’s text to enable readers to experience an elderly person’s lapses into mental confusion and anxiety about the unreliability of her own senses in perceiving reality. Experiencing such sensations through Caro’s journal may be a young or middle-aged reader’s ticket
into the foreign country of senescence” (1990, 142). Because the care-
givers never provide their version, readers must determine who is trust-
worthy. She may be demented, she may be drugged, but Caro’s ex-
perience nevertheless is clearly agonizing. She tells readers, “I am in
a concentration camp for the old, a place where people dump their par-
ents or relatives exactly as though it were an ash can” (Sarton 1973, 9).
The journal form of the novel embodies Caro’s attempts to maintain
clarity of mind. As she writes, “This document is becoming in a very real
sense my stay against confusion of the mind. When I feel my mind slip-
ning, I go back and rediscover what really happened” (69). While she
sadly discourages herself from hope, which she claims damages more
than any other emotion, she struggles to come to terms with her old age
and its signification. The only way for Caro to take agency is to destroy
the home, literalizing her exaggerated concentration camp claim. To do
so, she takes advantage of assumptions of the unreliability and incapaci-
ty of the old. She starts the fatal fire, making it look as though the blaze
is caused by the carelessness that others expect of someone her age,
despite the presumed assumption that an old person could not be capa-
ble of such an action.

As We Are Now puts readers in intimate touch with the emotions that
can accompany professional care. It is an extreme example because the
home clearly houses, or at least is depicted by Caro as housing, abuse.
This is not the shiny faceless institution featured in news items; this is
the embodiment of metaphoric associations of old age. Full of dirt,
meanness, and insanity, the home incorporates cultural detritus for
Caro to analyze. When she destroys the home, she acts against the
assumptions that have made it possible for her to end up there, drawing
on those very assumptions in order to do so. One hopes that such neg-
ative thinking also goes up in smoke. Readers cannot help but sympa-
thize with Caro, especially because Sarton depicts touchstone
characters, such as Reverend Thornhill, as agreeing with Caro’s agony
and attempting to alleviate it. She gives Caro the power to act against
her own situation. Though perhaps a bit simplistic, As We Are Now at the
very least allows readers to witness and deplore both nursing home
abuse and the attitudes that generate such treatment.

**Theorizing the Nursing Home**

As these novels’ depictions illustrate, it is extremely difficult to theorize
the nursing home. So much depends not only on cultural but also on
geographical considerations. Because of vast differences in health care
funding, for example, dilemmas differ drastically for Americans and
Canadians when they consider moving themselves or their parents into institutional care. The issue becomes politically charged because there is such a vast difference between public and private institutions. As a result, individual economic choices enter into any such decision and change the emphasis of the emotional consequences. Even more than these to some degree generalizable differences, there are countless factors—health, mobility, habits, age, sex, mental acuity—in each individual case that make any theoretical conclusions about nursing homes inevitably reproduce the institutions’ own biggest flaw: a tendency to homogenize the very old. In *The Stone Angel* and *As We Are Now*, the treatment of institutional care both enacts and criticizes that tendency. As with most aspects of old age, nursing home life demands a continued consideration of the physical aspects of changing age, especially because relatives and medical practitioners usually cite physical infirmity as the trigger for the decision. Caregivers face the intricate difficulty of emphasizing individuals without overprivileging the physical demise old age is too often thought to be. Fiction faces a similar problem, though the results of either choice are of course less dire in an immediate sense. Whereas *The Stone Angel* and *As We Are Now* forcefully emphasize the physical dimensions of what Hagar and Caro perceive as indignity, later works—discussed in this chapter—also draw on caregivers’ perspectives to broaden their depictions of institutional care.

**“The Nursing Home Specter”**

In *The Fountain of Age* (1993), Betty Friedan’s chapter title “The Nursing Home Specter” captures the ways in which care facilities permeate popular thinking about old age without adequate, concrete elaboration. A number of popular works, geared toward a general audience, take on nursing home care and its haunting legacy from the Victorian poorhouse. Julietta K. Arthur, in her 1954 *How to Help Older People: A Guide for You and Your Family*, explicitly but unconvincingly addresses homogeneity as a positive aspect of nursing home care. Arthur explains that facilities try to group together people they predict will get along based on similar backgrounds. Her explanation is pragmatic: “This is not snobbishness. It is a practical recognition that problems arise when people live together whose life patterns were set long before they met each other. Homogeneity helps to eliminate sources of possible friction” (241). Although dated, this reasoning at least shows an attempt to recognize individual similarities, acknowledging that old people have distinct backgrounds that can be matched. Accordingly, there are differences among the elderly, but there are distinct groups within
which members can be considered alike. However, the underlying assumption, oddly, is that people with similar experiences will experience old age similarly. By emphasizing experiences, Arthur eschews the dangerous overconsideration of physical change and even avoids merely grouping together those with similar physical challenges. She considers similar experience to be more significant than myriad other similarities or differences. An even larger problem occurs when the similarity of being old is thought to be greater than other potential similarities and differences, however constructive or complicating. It is dangerous to think of old age as an overreaching, uniform category rather than as a descriptive term that might apply to a large number of distinct people with different needs, experiences, and expectations. To perceive age first supports the melding of individual differences that, necessarily to some degree, governs many institutions.

Because old age is so frequently thought of as a unifying similarity and because nursing homes are usually populated with old people, nursing homes themselves face countless stereotypes that challenge their own distinctness. Judging from media coverage, medical textbooks, and many fictional depictions, a typical understanding of a nursing home includes physical restraints, forced confinement, being committed against one’s will, overmedication, diapers, bad food, and a general lapse into an undesirable complete dependence. Often people fear that moving into a place designated for old people will confirm age as a defining characteristic and that the most negative physical changes imaginable will accompany that designation. Numerous media reports about nursing homes support a general understanding of such places as repositories of dependence and abuse. Typical images accompanying such coverage consist of an elderly resident lying helplessly in bed with some other younger human figure, a relative or employee, standing nearby in order to provide a contrast that emphasizes the “plight” of the elderly. A series of fires in Montreal nursing homes raised compelling questions because of repeated disturbing images of elderly patients clothed only in diapers carried out into cold weather. Such images support the prevailing negative associations that nursing homes provoke. However, such treatment—not adequately dressing those residents who require help—surely constitutes an abuse of a system that does not have to treat the elderly people, upon whom it wholly relies, as invalid.

Friedan cites many American institutions where residents are physically restrained and neglected. To heighten her point, she invokes personal experience to condemn institutional care: “In ten years of research, no data has emerged to counteract my impression of nursing homes as death sentences, the final interment [sic] from which there is no exit but death. . . . Of ‘no apparent cause,’ as they said of my mother.
She died in her sleep ‘of old age’; she was ninety. I think she had no wish to live any longer, in that nursing home; no bonds, no people she cared about, no purpose to her days” (1993, 510). Friedan’s experience is, however unfortunately, not at all unique. She goes on to cite numerous instances where physical and mental deterioration, even to the point of death, increase when older adults find themselves in nursing homes that restrict freedom of choice or personal control. The overriding and most damaging process of the negative associations with nursing homes is the development of dependency or even just an attitude of dependency to the extent that individuals lose control or distinction.

Not surprisingly, analysts of nursing home care continually cite, as I have, the tendency to generalize and not treat elderly people (sometimes referred to as inmates, residents, patients, or, if lucky, consumers) as individuals. In contrast to her poignant description of how institutional care contributed to her mother’s death, Friedan offers positive examples of alternate models for group care that continually provide residents with choices that individuate them and counter their perceived dependency. The California Live Oaks Living Center and numerous group homes in Oregon cluster their caregiving strategies around the individual desires of the old people they house. For example, residents are free to move back and forth between acute care and supported living, with the result that any one resident’s physical situation does not define that person within his or her living space. In her discussion of “the dignity of risk,” Clara Pratt (director of Oregon State University’s gerontology program) unconsciously echoes William F. Forbes, Jennifer A. Jackson, and Arthur S. Kraus’s explanation of the importance of allowing old people to take risks: “[T]he need for an individual’s independence and privacy makes it necessary to accept some risks, including the possibility of falls” (quoted in Friedan, 528; Forbes, Jackson, and Kraus 1987, 74). Because of a seeming need to characterize the very old as feeble in order to maintain a comfortable distance perhaps from younger bodies, caregivers sometimes become overly protective. (A narrative example of this would be Hagar Shipley’s feeling trapped like an egg in a crate.) Protectiveness is not always a productive mind-set for helping an elderly person decide to enter an institution. Understanding the need for continued life, rather than living in fear of risk, helps nursing home residents to develop a fulfilling community in late life. As Friedan describes them, the potential results of an alternate model at Live Oaks are remarkable in terms of physical rehabilitation and the general well-being of residents.

Clearly, the negative associations that govern cultural attitudes toward late-life institutional care need to be changed. As Friedan points out, this can be a matter of life and death. The poor popular image of
nursing homes likely results from both actuality and normative myth (similar to the Japanese lazy housewife narrative that Margaret Lock describes). Forbes, Jackson, and Kraus, citing the Victorian poorhouse model, blame unfit decisions and common attitudes about the hopelessness of nursing home stays for the negative public opinion (1987, xi). As much as I would like it to be otherwise, I sincerely doubt that literature will affect funding for nursing home care. The problem is as large as the healthcare system and appears hopeless for those old people without the means to pay exorbitantly for “luxury” care. It is, however, possible that literary depictions of old people in general, and of institutions specifically, might generate critical thought and debate. They might also incite residents to come to grips with both the changes their aging entails and the ones it does not necessarily entail.

When I visited a friend’s grandmother in an Ontario care facility, I was struck by how my idealism was a far cry from the actuality of the situation before me. Because of strain on the system and a lack of personal funds for a nearby private facility, the resident had been placed in an institution an hour away from her family rather than within walking distance. Notes about the previous occupant of her bed remained at its head, with the result that staff could easily confuse her name and dietary requirements. As we chatted in the common room, I was overwhelmed by her new reckoning with age identity. She told us that “we old people” are different, and she struggled to understand how that difference worked. Perhaps, in addition to the prevalent fashion shows and carol singing, a reading group that focused on novels about aging could promote discussion about the new identity she was taking on.

After that experience, in the interest of volunteering in local seniors’ residences, I attended an orientation session for the Vancouver Regional Health Board’s Volunteers for Seniors program. The main goal seemed to be an assessment of whether potential volunteers (I was the only one in attendance) would be able to stomach the nursing home scenario. To ensure that I made an informed decision, the organizer screened the Canadian National Film Board’s (NFB) production devastatingly titled Priory: The Only Home I’ve Got. The orientation leader assured me that the film was made in the 1990s, but in fact it was released in 1978. The opening shot shows a woman delicately transported, wrapped in a blanket, from a vehicle into an institution. Viewers gradually learn that this woman has just been placed in Priory, and she is not at all happy with that decision. She refuses to eat and appears generally bewildered throughout the documentary. Of course, her discomfort may come not only from being forced into an institution that she may not have chosen, but also, or even more, from having that painful moment intruded upon not only
by a host of caregivers but also by a camera crew. It is possible that a greater good may have occurred from the intrusion because the film provides what seems to be a thorough and balanced glimpse of institutional life for the elderly. Still, I suspect one individual’s dignity need not have been sacrificed for that accomplishment.

The NFB makes nursing home life a subject for close scrutiny in their 1970s’ production. For the most part they do so without exploiting the elderly charges. They provide even coverage of the humor and pain of living in such an institution, with an emphasis on activities designed to make residents feel they participate in a larger social world. They show nursing home residents swimming, wrapping Christmas presents, dancing, and talking in groups in addition to more clichéd depictions of crying and confused nighttime behavior. Viewers can assume some knowledge of nursing home life from engaging with the film and may even understand the particularities of aging in the process. Still, the filmmakers do not really provide an inclusive view. There is no real sense of inside knowledge or understanding. Instead viewers are situated with volunteers and caregivers who go into the home and try to engage with the funny and pathetic residents. A strong barrier between “us” (younger) and “them” (older) remains.

In a move away from traditional documentaries, codirector Owen Kydd calls his film You Are Here (winner of the 1998 Montreal Film Festival in the category of best student documentary), a “poetic documentary, comparing two buildings” (personal interview, December 28, 1998). In the process of comparing a functioning nursing home, occupied by residents, with a defunct one, occupied by squatters, the video juxtaposes two conversations. The piece begins in a Vancouver nursing home where female residents gather in a discussion group clearly carefully designed for their own personal expression. They discuss contemporary and past issues, as well as life in the nursing home. Presumably expressing her frustration with nursing home staff, one woman jeers, “I’ll be back in a minute. Here, every minute is ninety seconds.” Viewers are situated as participants (although they are listeners) in the conversation. A contrasting conversation occurs among young squatters in a café where the men and women discuss the strategy behind their future occupation of the defunct building. They excitedly contemplate the possibilities of what could still be inside the former institution. The juxtaposition not only provides viewers many vantage points from which to imagine nursing home space, it also gives the old women power of possession and the nursing home potential for transgressive excitement. The nursing home specter can be debunked only if care for the elderly in institutions changes. Nursing home reform depends on agitation not only from without but also from within the system.
The Role of the Caregiver

The caregiver’s perspective on nursing home care and on nursing home reform is crucial. I have discussed elsewhere the role that family members, and especially female family members, play in caring for elderly relatives. This chapter examines the role of professional caregivers in the establishment of and challenges to current problems in nursing home care. Current gerontological nursing textbooks sometimes stress the importance of individuating care for the elderly and thus occasionally avoid and even combat the pervasive homogenization of late-life care. A recent study suggests that caregivers themselves need to operate as individuals in order to have a larger, systematic effect within their profession (Dimond 1996, 14). Because nurses are responsible for physical care, they require an elaborate understanding of chronic illnesses. The crucial differentiation among residents can begin here, at a physical level. Beyond physical needs, the recognition of their own potential individual roles can then lead nurses to understand and partake of the necessary steps toward new understandings of autonomy within nursing homes (Aller and Van Ess Coeling 1996, 22). Having nurses participate in the choice residents make to enter a nursing home makes them aware of the lives outside that differentiate residents on the basis of past experiences (Bliesmer and Earle 1996, 35).

Loretta Aller and Harriet Van Ess Coeling’s “Quality of Life from the Long-Term Care Resident’s Perspective” is not, as one would expect from its title, written by residents but rather by health care professionals. The article evaluates the difference between what caregivers perceive to be important indicators of quality of life for elderly residents and what elderly residents claim in interviews are actual indicators. Current research by professionals in the field claims that “physical environment, recreational activities, and social environment” are key factors to long-term care quality of life (1996, 21). In fact, residents identify only the latter as crucial, and they do so only insofar as they stress the importance of social interaction: “I’ve made a lot of friends since I’ve been here.” Other typical comments: ‘I like to meet people’ and ‘People are the most important thing’” (20). When actually consulted (spoken with), residents pinpoint communication as a priority for improving the quality of life in an institution. Such communication presumably involves not just exchanges of seemingly vital information but also narrative discussions.

Forbes, Jackson, and Kraus stress communicative strategies between caregivers and residents as crucial to the development of individualized care. They explain a method for addressing problems of mental disori-
entation commonly associated with the elderly, a technique intriguingly named “reality orientation”: “The technique uses a process of day-to-day information exchanges between staff and resident that aims to stimulate and develop the senses and to increase social contacts. This provides support to the individual’s failing memory and a feeling of comfort and security to the confused. A sense of security, a steady supportive relationship with staff and a reduction in the level of anxiety may also have a beneficial effect on memory and behaviour” (1987, 75–76). Caregivers deliberately speak directly with residents about the choices to be made and try to value personal knowledge of their increasingly confined world. The idea is that this strategy orients residents to a “reality” that has perhaps been forced upon them. That such a process must be named and encouraged is sad testimony to the assumptions made, even (or especially) within the medical discipline dedicated to their care. The key to the “reality orientation” solution is communication with individual residents to create a shared understanding of what constitutes a shared “reality” and not simply to assume that understanding without dialogue.

Gail Landau, a healthcare worker in a Toronto nursing home, writes of attention to entire individual care in a poignant 1998 *Globe and Mail* article. She emphasizes the familiarity that allows her to see beyond the age of the residents to their individuality. In contrast with the general public to whom she writes, Landau explains, “Mrs. L. does not look to us like Y. Simply because they are both small, old and grey.” She explains how seemingly small details become individualized rituals with each resident and that “establishing the appropriate relationship with the residents is part of the task.” She touches on the displeasure that forcing a resident to wash against his will gives the three caregivers it requires and does not ignore other negative aspects of her job: “stress-related tempers, suspicious family members, unrealistic regulations.” But she goes a long way to debunk numerous erroneous assumptions and even describes mealtime as an exciting individualized moment when caregivers scramble to meet the distinct desires and tastes of the one hundred and fifty residents. For Landau, experience has eliminated the troubling views she had about elderly people when she trained: “On my break, my mind returns to the nursing home where I trained. My first impression was that it was dark, with a pervasive smell of ‘oldness.’ Fragile bodies, pale faces. Unanswered calls for help. Now I wonder at how those impressions have evaporated. Warmth and familiarity have replaced the darkness.” Landau relates her experience in the hope that she can pass on her increased understanding through illustrations of the people she knows. She writes a personal narrative that offers a similar opportunity to a general public because they can share in a new understanding of the
individuals where she works and thus potentially transform their attitudes alongside hers. Her piece suggests that narrative is an important mode for organizing and relating the processes of change necessary to nursing home care, as well as for making an appeal to a general public whose attitudes must also change in order for reforms to succeed.

The gerontological texts cited thus far touch on gerontological strategies, such as “reality orientation,” to create a better understanding, by younger people, of old people in nursing homes. The intended audience of those texts comprises healthcare professionals and gerontological researchers, so the appeal is specific and limited. Landau’s newspaper item appeals to a larger audience, but does so directly in connection to personal experience in the hope of stimulating selfish interest on the part of readers. I suggest that narrative fiction offers a richer venue for bridging the gap between elderly people and younger people—maybe even for providing a “reality orientation” in the sense of dialogism more than actual concrete lived experience. The texts seem to offer data for research about nursing homes, but more so they theorize institutions in such a way as to make abstract claims about the homes’ as yet largely unfulfilled possibilities for companionship, mutual support, and change.

**Narrating the Nursing Home:**
**Edna Alford’s *A Sleep Full of Dreams***

Two works of fiction I discuss in detail in this chapter situate relationships between young caregivers and older nursing home residents in an institutional setting and offer readers at least dual, though perhaps pretending to be neutral, access into long-term care in Canadian and West Indian settings. Through third-person descriptions of common space, Edna Alford, in *A Sleep Full of Dreams* (1981), manages to draw readers inside an institution in a way the nonfiction texts I have cited cannot. Readers participate in the disturbing disjunction that the homogenization of individuals causes and must follow the main character to negotiate the attendant complications. That character, Arla, acts as a cipher for what readers have to do in connection with narrative fiction. Shani Mootoo, in *Cereus Blooms at Night* (1996), adopts a first-person voice through a character not usual to contemporary fiction and thus pretends to possess a personal insight to which most readers will need to adjust: evaluating old age in an institution by means of a transvestite body and mind. These caregiver figures are especially interesting because of the theory of readership they offer allegorically.

In Edna Alford’s collection, the short stories are linked by their set-
ting in a Calgary nursing home, Pine Mountain Lodge, and by the character of Arla, a young, female caregiver who works with the elderly characters in each vignette. Although Alford writes in the third person, Arla’s continued presence encourages the reader to evaluate and relate to her constantly changing and developing perceptions of the older adults she attends. Arla’s assumptions are continually undermined, whether she begins a story with a negative opinion that some new knowledge thwarts or starts out full of optimism that is debunked. Accordingly, readers can accompany Arla through this third-person, partially omniscient narration in her continual reevaluation of her job, Pine Mountain Lodge’s residents, and her own thoughts on aging. Alford subtly and gradually alters the seeming neutrality that the third person sets up by introducing various Pine Mountain residents.

Overall there is a stark disjunction, reflected architecturally, within the nursing home. The contrast between the individual stories of the characters as located in their personal rooms and their uniformity in the dining room and common areas crystallizes the conflict between homogeneity and individuality that inhabits the institutional setting of any nursing home. Via their settings, the stories manage to evoke what the gerontological nursing textbooks begin to hint at—that individuality is crucial to an overall interaction with aging residents. The difference Friedan illuminates between certain institutions and the Live Oaks Living Center is accomplished and elaborated in Alford’s depiction of an unenlivened, typical, institutional setting. The dining room, especially, flattens the individual characterizations of residents that occur throughout the rest of the stories, set elsewhere.

The first story of the collection, “The Hoyer,” comments on the nature of representation and storytelling between generations. Arla takes Miss Bole from her room, where her own art work differentiates her as a valuable citizen who contributed greatly to a larger community, to a general bathing room, where she is just another old, incapacitated body. Arla hoists her into the room on a machine that further dehumanizes the processes that continue to maintain her body in old age. As revenge for the fear invoked by this instrument, Miss Bole repeatedly tells grotesque and grim stories of farm accidents to Arla. She seems to hope that the young woman will be so shaken that she will err in the bath-giving process and justify both the old woman’s fear and possibly even a change in procedure.

At a point when the hoyer severely restricts Miss Bole’s mobility, she turns to the only site of power remaining to her: her ability to tell stories based on a vast and disturbing set of experiences. The resulting disguised battle conceals the women’s acute awareness of each other. Miss Bole knows the limits of her game: “[S]he always tested only as far as she..."
safely could, never far enough to push the girl over the edge into anger because that was very dangerous" (10). She is also fully aware of the effect she produces but plays on conceptions of an elderly, unreliable mind to achieve the desired results: "I don’t b’lieve I ever told you ’bout the time I’s at my cousin’s place.’ They both knew she had and both knew that the other knew" (15). Miss Bole tells stories and weaves narratives to evoke in Arla the fear she herself repeatedly feels at the young woman’s hands. The patterns of her repeated tales affect Arla, allowing readers to understand the power that fictionalized narrative (the stories seem to have some basis in Miss Bole’s past) can have. In this depiction, old people’s stories are meant to disturb, and readers are offered in Arla a touchstone for a typical, likely familiar reaction to the usually irritating, repetitive narratives of the old.

When the two return to Miss Bole’s room, a department of cultural affairs representative awaits the old woman because she has an interest in Miss Bole’s earlier artistic production. Arla inquires into the type of paintings, which she has never taken seriously—old people’s stories are not to be fully credited after all. Lyanda Weatherby tells her that “most of them are of meadows filled with flowers so perfectly executed and flawless that for a long time the critics didn’t consider them seriously at all” (26). The exact mimicry of the repeated gruesome stories is replicated, with starkly different subject matter, in the paintings that have garnered the woman’s fame. Both try accurately and repeatedly to depict an external actuality. The contrast between the pictures’ idyllic and the stories’ gruesome subject matter leads the reader to wonder what rebellion the old woman’s art may enact. Having followed Arla as an exemplary interpreter of old people and sensed her error in failing to comprehend the significance of Miss Bole’s ruthless replication, readers reevaluate both the stories of the old and the interpretations Arla offers.

The following story, “Mid-May’s Eldest Child,” reverses the pattern of “The Hoyer” in that Arla approaches Miss Moss looking forward to her impending interaction with the old woman. Her plans to thwart nursing home policy in a day away from Pine Mountain excite her because she thinks her plans match Miss Moss’s desires. Thinking she understands Miss Moss’s love for Romantic poetry, Arla is certain that a connection to the natural world will appeal to the old woman. She distinguishes Miss Moss from other lodge residents and likes her even though other employees consider her “an irascible, uncompromising old witch and they would have as little to do with her as possible unless she mended her ways” (29). Arla is shocked and disappointed by Miss Moss’s transformation from the resident “full of spit and fire” and with unequalled rhetoric to a tired, confused, wheezing, old woman in public (29). Again Arla fails to interpret appropriately the individuality of the old
people with whom she works. In this case a compulsive optimism and desire to see more than is there fails her and readers. “The Hoyer” suggests that old people have inherently valuable insight to offer younger generations, but “Mid-May’s Eldest Child” drastically undercuts this when Miss Moss turns out to need exactly the kind of care and protection the institution offers her.

Their failed outing ends in utter disagreement with Miss Moss threatening to report Arla’s flaunting of Pine Mountain Lodge regulations, regulations that Arla mistakenly thought Miss Moss would resent. As a result Arla thinks of Miss Moss as similar to the other residents, in contrast to how the ending of “The Hoyer” leads Arla to an understanding of Miss Bole as unique. Disappointed by the old woman’s inability to commune with nature as Arla had envisioned, “Arla began to feel not so much hurt any longer, but anger toward the old woman, she felt herself withdraw, felt the old woman’s power over her diminish, was relieved to find herself objective. Miss Moss was just an old woman. That’s all she was” (39). Arla’s fluctuating between individualizing and generalizing the nursing home residents operates as a metaphor for a cultural necessity to interpret the elderly as complete entities. Arla’s conclusion, that Miss Moss is “just an old woman,” is clearly insufficient because it has already been proven in the previous story to have no inherent meaning; there is no such thing as “just an old woman” any more than feminists at the very least would agree that there is no such thing as “just a woman.”

Readers become increasingly aware of Arla’s futile struggle to maintain a consistent outlook as a caregiver to institutionalized, elderly people. Both the individualities and the similarities of the residents necessitate continual adjustments. Readers learn firsthand the need for such adaptation and develop strategies for understanding and coping with the problems of Pine Mountain Lodge’s rules that restrict residents (such as limited outings) alongside Arla.

When Miss Moss vomits at the entry of the lodge steps, Arla remembers what Miss Moss had taught with intense irony. The failure of Romanticism to translate into a gratifying escape to an outside world culminates in Arla’s accompaniment to Miss Moss’s dry heaves: “‘A thing of beauty is a joy forever,’ she recited to herself, her voice mocking the old woman’s, her mouth twisted, her eyes glazed with anger—‘Its loveliness increases; it will never/Pass into nothingness; but still will keep/A bower quiet for use and a sleep/full of sweet dreams and health and quiet breathing’” (40). A sustained one-on-one encounter with the old woman has indeed extended Arla’s capacity to interpret the poetry she has learned from the retired teacher. However, the bitterness of failed hopes belies the positive spin Arla repeatedly tries to put on her nursing home job when justifying it to her family and fiancé. Frustratingly,
Arla must continue to understand the many facets of her relationships with various residents and cannot settle on any particular solution to her own, let alone her family’s, concerns about her job. At another remove, readers engage with a different textual mode, poetry, and its attempts at representation. Alford derives her title from Keats’s lines quoted in this story, with the important elision of the word “sweet,” leaving readers to question the nightmare that “the sleep full of dreams” may involve.

In “Fall Cleaning,” Alford once again leaves readers in an ambiguous position when a strange lack of empathy on Arla’s part thwarts the desperate efforts on the part of Mrs. Tweedsmuir to hoard seemingly useless items, probably so that she can maintain some feeling of control and individual identity. The cleaning of her room has a devastating effect on the old woman, with the result that she requires extra care from Arla. Amidst a flash of insight that Mrs. Tweedsmuir may not have always hoarded junk, Arla nonetheless demonstrates her lack of sympathy: “If you think that makes you special, Mrs. Tweedsmuir, you’re wrong. There’s not a woman here who doesn’t have something wrong with her but most of them handle it far better than you.” Arla knew she was stretching the truth a little but Mrs. Tweedsmuir was getting on her nerves” (88). While she continues her bitter thoughts, Arla then takes the reader through the excruciatingly slow process of accompanying Mrs. Tweedsmuir to the next room. She begins to adopt the stereotypical attitudes toward aging that she tries to counter in her personal life and that her professional experience should help her to avoid: “She had whiskers growing out of the many moles on her face, like the witches Arla remembered from fairy tales” (89–90). Arla momentarily takes refuge from some of the unpleasant daily aspects of her job by mimicking, with vitriol, the cultural perceptions of old age that can do so much harm.

Readers have developed too complex an understanding thus far in the collection of stories to avoid frustration at being offered only Arla’s biased view. Still, they recognize in her their own tendencies to vacillate between a rich new understanding of late life and a narrow, easy ageism.

Plays on Arla’s changing perspective continue in “Poll 101,” wherein Pine Mountain employees, including Arla, encourage Mrs. Bjourensen to vote on the premise that a negligent son awaits her in the voting room. The story ends with Arla’s staring at a newspaper page: “She must have figured it was Olaf, Arla thought, and stared at the picture for a long time, long enough to lose herself in the millions of minute black dots on the surface of the newsprint” (107). Arla momentarily avoids the unpleasant realization that she is complicit in the nursing home’s deception of Mrs. Bjourensen. She loses herself in the baffling surface array of seemingly meaningless patterned print to slow the process of understanding what lies behind the false image. Similarly, a focus on Mrs. Tweedsmuir’s physical
match to prevailing notions of typical elderly decay, as is the case with Mrs. Moss, enables Arla to justify a callousness that does not come easily to her because she works one-on-one with nursing home residents daily.

In “Tuesday, Wednesday, Thursday” Arla begins to internalize and identify with the most devastating aspects of nursing home residency to an extent that limits her tenure at the home. Her encounters with the stubborn Mrs. Langland and her resulting impatience end in the stubborn older woman lying in a pool of her own excrement. Alford once again imparts to readers a disgust that exceeds the stereotypical disgust of older bodies that younger people often associate with the elderly. Stereotypically, wrinkles or gray hair may seem worthy of disdain, but what Arla presents in the following is unquestionably vile: “Her face looked like a blank sheet of paper, her eyes large, almost silver, mirroring the eyes of the old woman lying on the floor. The longer Arla stared obliquely at the body, the more she recognized or remembered something familiar in the old woman’s frozen face, something unholy in the humiliating posture of the crooked old bone body, framed in the yellow ooze of its own feces” (114). Arla begins to see herself in the helplessness she perceives and struggles to overcome her frustrations and administer the care Mrs. Langland appears to need. Because Arla is unable to maintain her distance, her identification with Mrs. Langland, a recognition that this too could be her own fate, initially pushes her frighteningly closer to damaging attitudes toward elderly flesh: “And although she would never really know why, it tore like a ragged fish-knife through the flesh of her indifference, her only ally at times like this, left her with a deeper repugnance, a more palpable fear and disgust than she had ever felt before, even at Pine Mountain Lodge” (115). Motivated by the association of her own potential plight with that of Mrs. Langland, she tries to overcome this disgust and to offer comfort, with the only response coming from another nursing home resident, Mrs. Mackenzie, who makes clear to Arla that others observe her interactions and either sympathize or disapprove. Arla must reevaluate Mrs. Langland’s behavior, defend it to Mrs. Mackenzie, and eventually accept the extent to which it is the potential fate of anyone. Yet, in order to continue in her role at the home and to accept its institutionalized indifference, she simultaneously backgrounds and foregrounds her understanding: “Angry now, forgetting grew easy for her, understanding impossible—both finally of the same thing—that these could be her feet, her toes, her somewhere, some other distant time” (121). To maintain the indifference necessary to represent the institutional setting, Arla continues to force herself to perceive the old people she cares for as similar to her and merely old.

In the final story of the collection, “Companionship,” however, Arla faces the impossibility of homogenizing the old women with whom she
works. Mrs. Dawson, so nearly a centenarian, after having fallen, cannot survive partly because she is mistreated through indifference similar to that which Arla has attempted to cultivate. As a result, Arla confronts the difficulties of working within the institutional framework at Pine Mountain and can accept its limits no longer. Watching a woman she grew to respect let go of a will to live she knows, from frequent contact, was hard earned, Arla can no longer pretend to maintain the distance she desired: “By now Arla was stooped over the bed, her hands softly cupping the old woman’s face, looking hard at the eyes, desperately trying to reach into that space which housed the fight, the will the old woman had brought over from the old country and had worked for years like a plough horse in order to get through all she had” (151). Arla walks away from Pine Mountain for the last time, marking not her failure to work with old women but rather the failure of a specific type of institutionalized setting that does not allow for the kind of care Arla would choose to offer, despite her relentless struggles at indifference. Because she worked closely with Mrs. Dawson and conversed with her often, she knows how small a challenge this last bump on the head should be in comparison to countless preceding vicissitudes. Because Pine Mountain does not provide for the type of companionship (aptly the title of the final story) she develops with Mrs. Dawson, she can no longer tolerate its bounds.

The narratives woven together in A Sleep Full of Dreams create a new and developing understanding of the experience of aging and, in particular, aging in an institution. They depict Arla as a dedicated caregiver who is committed to personal interaction. Arla’s exit at the conclusion of the stories demonstrates the incongruity of her style of caregiving with institutions that misunderstand and homogenize old age. The collection as a whole, even better than the textbooks, illustrates the potential value of new, innovative, and even basic communicative strategies to adequate, nurturing nursing home care. Further, the falsely neutral narrative voice involves readers imaginatively and evaluates preconceptions of both the homes and the people they house. Arla’s job is to interpret the needs and desires of nursing home residents; she is a reader herself, and she offers a paradigm of caring, listening, failing, and engaging.

The Nursing Home as Frame: Shani Mootoo’s Cereus Blooms at Night

Shani Mootoo’s Cereus Blooms at Night depends, as a novel, so much on a caregiver-nursing home resident relationship that there is no possibility for Tyler, a nurse, to walk away from Miss Mala Ramchandin, his
charge. The friendship that develops between the two characters is as crucial to the transmission of the story as it is to the survival of the two characters themselves. Although most of the novel relates the framed story that explains the past that led Miss Ramchandin to Paradise Alms, the slight frame itself, set in the nursing home, is crucial to that story. In his opening explanation, an address to the reader, Nurse Tyler makes explicit the caregiver’s role of passing on old people’s stories: “Might I add that my own intention, as the relater of this story, is not to bring notice to myself or my own plight” (1996, 3). He clarifies the necessity of story to his charge, because when she is committed to the home, her personal narrative is her only possession. Readers can imagine, from the very beginning, the communication that must have taken place to enable such transmission and the dedication to listening and understanding on his part it must have required.

As the novel unfolds, the devotion required of Nurse Tyler to divine Mala Ramchandin’s story emerges. She does not articulate entire words or even make a sound for the first period of her stay. Tyler has not been allowed to care for any of the other residents of Paradise Alms because of his suspected queerness, so he has more time and attention than other caregivers at nursing homes likely do. Nonetheless, his work typifies the kind of transformation that careful, steady attention may bring about when a caregiver focuses on a patient’s desire or need to communicate. Tyler realizes that, although he elicits no response, his own words still have a crucial effect: “I became acutely aware of my movements and the subtleties of my tone, which may have been all that communicated with her” (16). Initially he must read Miss Ramchandin’s responses in her body, be it the clenched fists that indicate a fighting spirit, or her “defiant stare, pursed lips and deep, slow, calculated breathing,” or her first gesture of turning her head to follow with her eyes, or much later her swinging legs, which indicate happiness (17, 19, 23). As Tyler himself puts it, he becomes “accustomed to reading, as if by Braille, her twitches and gasps” (100).

Unlike Braille, however, Mala’s alternative communicative strategies reflect both her own and Tyler’s capacities. The twitches and movements seem especially designed for Tyler in the way that Braille is adapted for those who feel better than they see, but Mala’s physical gestures also meet her own ends. Most significant, she silently resists when she faces the possibility of losing Tyler’s exclusive caregiving attention. He has so effectively normalized her for other staff members that they momentarily think they would rather care for her than for the man who perpetually perceives red ants crawling on him. Not even imagining that she does not care, Tyler fears that she does not comprehend him when he communicates the potential change: “That night I mentioned to
Miss Ramchandin that I would not be spending as much time with her in the future. She didn’t respond. I returned to my room but kept one ear open all night waiting, expecting, wondering. As the hours passed and there was no commotion I became more and more despondent” (97–98). Miss Ramchandin waits until the next day and performs the insanity that has brought her Nurse Tyler’s special care:

The centre of the room had been made bare. Three dresses, a slip, two nightgowns, panties, four pairs of socks, a pair of shoes, a night potty, brush and soap were neatly lined up along the edges of the room. A roll of toilet paper had been dissected, sheet by sheet, each sheet pinned to the wall. The dresser lay flat on its face in front of the window. The bed frame, balanced on its side, sat on the dresser. It was straddled by the eating table atop which lay the mattress, which itself lay under four drawers, neatly arranged side by side. Two chairs faced each other with their feet symmetrically placed in the drawers. Straddling the two chairs was the stool and in, or rather on the stool sat Miss Ramchandin. (99)

Mala comprehends to the degree that she fully understands her effect on the other nurses at Paradise Alms and exploits their fear in order to maintain her comfortable situation. More than the strange buzzes and moans she begins to verbalize, her defiant piling of furniture, a defensive gesture long engrained because she hid herself from her father’s incestuous advances by building a wall of furniture, signals to Tyler her complete understanding and desire for his care.

When Mala finally begins to communicate verbally, Tyler strains to hear and understand her efforts and realizes, from her repeated query, “Where Asha?” that she has a story to tell. He obtains a notebook in which he scrupulously documents every word she attempts, “no matter how erratic her train of thought appear[s] to be” (99). The respect he accords her is well merited because seemingly random references to insects and gramophones turn out to have devastating significance. The tale Tyler unfolds, though partly a love story, is intensely violent and disturbing. Graphic descriptions of incest and beatings form its core, and Miss Ramchandin’s twitches and moans take on a new meaning within its turbulent bounds.

The narrative frame that the meeting of Tyler and Miss Ramchandin constitutes partially mitigates the horrifying center of the story. The retrospective narration is difficult subject matter, and it is well screened by the nursing home surroundings. Readers could possibly ascribe the horror to the setting of the narrative frame rather than to the comfortable domestic setting, which the actual violence ruptures. Accordingly, the relationship that forms between Tyler and Miss Ramchandin and his
careful attention to all of the details of her attempted communication become as crucial to the brief narrative frame as to the framed narrative. Without Tyler’s continued and justified respect, Miss Ramchandin’s sounds could easily be dismissed, even by readers, as the ramblings of a deluded, senile, mental patient. Tyler’s diligence, however, carefully informs readers that she has a potent story to tell. Readers subsequently cannot fully concur with the opinions of the other nurses at Paradise Alms, even though they may fervently want to align themselves with those women to deny the terror of Mala’s past.

Mootoo plays with the concept of the unreliable narrator, providing touchstones that indicate the utter reliability of the source of her incest narrative and the unreliability of interpretation in connection with that source. She filters descriptions of extreme sexual abuse through an old, discredited body. Instead of thereby discrediting the story or dismissing old age as a natural consequence of abuse, she carefully weaves a tale of intergenerational friendship between outcasts. Readers have to identify with both of them and become careful interpreters of visual and verbal clues, as Tyler demonstrates himself to be.

**Conclusion**

Both Alford and Mootoo position readers so that they have critical insight into the subtle negotiations involved in caring for elderly women who live in nursing homes. In *Sleep Full of Dreams*, the appeal to the reader takes the form of a false neutrality that reveals a lack of social neutrality in connection to the elderly and especially the biases that typically rule nursing home care. Similar to Goto, Alford encourages readers to examine their own attitudes toward old age that they may previously have thought of as givens rather than opinions. As a result, readers can relate to Arla’s growing realization that the situation at Pine Mountain is untenable, and they might also imagine other possible strategies that institutions could adopt. Mootoo filters her appeal to readers so carefully that they have to concentrate on how to negotiate the many subject positions she encourages them to evaluate. The negotiations they undertake in order to connect with troubling subject matter mirror Tyler’s own negotiations with Mala. Whereas gerontological nursing textbooks stress the importance of communication, they often present it as a secondary concern in a larger discipline dedicated to the physical care of the elderly. Alford and Mootoo make communicative strategies central in their imaginative depictions of nursing home care.

The nursing home does not have to be understood as a venue of incarceration; it is crucial, however, to remember that for many residents a
nursing home is a site of imprisonment. Personal relationships that develop within residences might mediate, mitigate, and even ameliorate the problems of professional care. Readers of the fiction I have selected witness a close relationship between caregivers, visitors, and residents that allows old people relegated, or moved, to institutions the opportunity to tell their stories, to provide a window into a dynamic past, and to make their present more dynamic in the process. The interpersonal connections readers find in *A Sleep Full of Dreams* and *Cereus Blooms at Night* form a stark contrast to assumptions about how old people in care are treated and what old people in care have to offer. The contrast fruitfully encompasses a reimagination of the possibilities of what most people think of as a last resort in frail old age.