Griffith Review 68

Getting On

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SIR SAMUEL GRIFFITH was one of Australia’s great early achievers. Twice the premier of Queensland, that state’s chief justice and the author of its criminal code, he was best known for his pivotal role in drafting agreements that led to Federation, and as the new nation’s first chief justice. He was also an important reformer and legislator, a practical and cautious man of words.

Griffith died in 1920 and is now best remembered in his namesakes: an electorate, a society, a suburb and a university. Ninety-six years after he first proposed establishing a university in Brisbane, Griffith University, the city’s second, was created. His commitment to public debate and ideas, his delight in words and art, and his attachment to active citizenship are recognised by the publication that bears his name.

Like Sir Samuel Griffith, Griffith Review is iconoclastic and non-partisan, with a sceptical eye, a pragmatically reforming heart and a commitment to public discussion. Personal, political and unpredictable, it is Australia’s best conversation.
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Anna Di Mezza, Memory’s Persistence 2016 [detail]
Acrylic on board, 45 x 60 cm
Image courtesy of the artist

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YEARS AGO, I read a book by Douwe Draaisma, a professor of history and psychology at the University of Groningen, called *Why Life Speeds Up as You Get Older* (CUP, 2004). Draaisma recounts early explorations of this phenomena, including the French philosopher Paul Janet’s 1877 proposal of a mathematical relationship between the proportion of life lived and the speed at which it seems to move. By this equation, a ten-year-old child perceives a year’s passage as relatively slow because it represents a greater proportion of the total time they’ve lived (one tenth) compared with the same duration experienced by a fifty-year-old (2 per cent of their life). The philosopher and pioneering American psychologist William James (brother of Henry) echoes this in distinguishing between the novel and exciting experiences of youth – ‘intricate, multitudinous and long-drawn out’ – and those of later life, where ‘the days and the weeks smooth themselves out in recollection to contentless units, and the years grow hollow and collapse’.

No matter the theory, Draaisma concludes, our experience of time is explained by the operations of consciousness.

TO TALK ABOUT ageing in Australia today is rarely to talk about the passage of time. In recent months, the subject has been largely framed by intersections between a Royal Commission and its revelations of institutional shortfalls and betrayals; the urgent need for reform; the conditions we place under the umbrella designation of ‘dementia’; an increasing awareness of under-reported ageism; the seemingly intractable gap in life expectancies between Indigenous and non-Indigenous Australians; the day-to-day experience of some 200,000 older Australians who live in residential-care facilities; and an emphasis on the ‘costs’ of an ageing population rather than any framing of the potential benefits of longevity.
None of these topics is new: as several writers in this collection note, Australia has held seventeen inquiries into this sector in the past decade, with calls for reform attending every one. At the end of Dear Life, her 2015 Quarterly Essay, the writer and physician Karen Hitchcock calls for ‘the resources to care better for the elderly in the institutions we have imperfectly built’ as well as ‘adequate supports and deep social transformation so that many people can live on in their communities and homes’. She advocates for awareness of ageism ‘in every program and policy we implement’. She also quotes Simone de Beauvoir’s observations that ‘old age exposes the failure of our entire civilisation’. ‘Once we have understood what the state of the aged really is,’ de Beauvoir wrote in The Coming of Age (André Deutsch, 1972),

we cannot satisfy ourselves with calling for a more generous ‘old-age policy’, higher pensions, decent housing and organised leisure. It is the whole system that is at issue and our claim cannot be otherwise than radical – change life itself.

It’s the word life that feels crucial to highlight. At a basic biological level, the concept of ageing – senescence, defined as the condition or process of deterioration with age; the loss of a cell’s power of division or growth – is nothing to do with seniority or dotage, longevity or maturity. It’s me today instead of yesterday, and the biological change that’s taken place across that time. It’s an idea that recalls the famous impossibility of stepping twice into the same river: the water – or time – rushes on. It’s what happens between birth and its inevitable successor, death – no matter how long that span.

THERE ARE MANY prisms to bring to bear on age and ageing, maturities and mortalities. This collection includes stories of changes navigated and celebrated, and changes of heartbreaking loss. There are lives recalled, lives observed, lives imagined and challenges laid down: calls for transformation from individual ways of being through to policy and practice at a whole-of-sector level, from standards of care to the contested spaces that surround voluntary assisted dying. The modernity of the concept of retirement is laid against the realities of superannuation and pension-fund shortfalls – particularly for older women, who are also more vulnerable to homelessness. There are calls for advocacy – from the personal to the institutional – from the generation on the brink of a more senior demographic bracket, and the one
that will follow after that. There are calls for agency, for recognition, for a
deeper acknowledgement of lived experience, and for a focus on people as
people, not problems to be solved.

In all these ways, Getting On investigates the range of definitions
suggested by its title: getting older, yes, but also finding ways to get on with
each other – and the pragmatism, too, of simply getting on with things.

JUST BEFORE HIS death at eighty-two, the neurologist and writer Oliver
Sacks worked on a series of essays including ‘My Own Life’, later described
as a ‘self-penned obituary’ for The New York Times. In what may have been a
kind of final breath of creative satisfaction, it extols the ‘privilege and adven-
ture’ of having lived as ‘a sentient being, a thinking animal, on this beautiful
planet’. It’s a resonant sentence, and it speaks to the idea of longer life as a gift
against any framing of longevity in more negative or imminently catastrophic
terms. The quality of that life matters, of course, as several contributors to
Getting On make clear – it’s not just quantity at any cost. But quality and
longevity is a heady mix. That’s a cause for celebration, and for more growth.
And it’s an opportunity to keep looking forward.

We’re strangely wired to look backwards as we get older: people aged
sixty and older recall more from their earlier lives than more recent events,
thanks to a tendency called the ‘reminiscence bump’. But change – transfor-
mation – depends on what we see in this moment, and how we imagine the
future to be. That foresight, that imagination, is as remarkable as the capacity
for sentence.

As for the apparently changing pace of time, perhaps it’s a trick of
competing perceptions – think of the way Ravel’s Boléro accelerates as it
unfolds. But the music doesn’t speed up; the volume builds. We mistake one
change for another.

Perhaps our experiences of ageing – of all the living we do until the
moment of our death – depend, in some ways, on what we’re conscious of,
as much as on our consciousness. What we remember, what we observe and
on what we insist.

For references, see griffithreview.com.

This publication contains content some readers might find distressing. If this raises any
concerns for you, help is available from Lifeline on 13 11 14, at beyondblue.org.au or from
the National Dementia Helpline on 1800 100 500.
WHY DID THEY ask me for an essay about stopping writing? And why did I say yes? Did I tell someone I’d stopped? Have I stopped? I could, if I wanted to, couldn’t I? I’m seventy-seven and I’m pretty tired. And lately I think I’ve copped what the French call ‘un coup de vieux’: a blow of old. I’ve got arthritis in my left wrist, my right knee gives twinges, and my left foot sometimes aches and stabs all day. Other days, nothing hurts at all. I don’t know what this means. I’ve read that when people are grieving over the death of someone they love they can suffer from ‘shooting pains’. My dear friend in France died a few weeks ago. I knew he was going to, he was awfully sick, but when the email came and I saw the words ‘died last night’ it was like a punch in the chest. I didn’t cry, I was numb and I still am, but for whole days I had to keep sighing and sighing as I went about my business, I couldn’t seem to fill my lungs; and sheets of silvery pain went fleeting through me, moving in flashes up and down my limbs and in and out of my joints and across my lower back. I could only move slowly and I heard myself grunt like an old woman whenever I sat down or stood up.

I am an old woman.

I’ve never written at home, because when I’m hanging round here I keep thinking up tasks, inventing housework, bargaining with my laziness: if I put on a load of washing, for example, forty minutes later I’ll be allowed to get up from the desk and hang it on the line. So I’ve always rented an office in another suburb, a drab room without Wi-Fi where there’s nothing to do
except work. It’s spartan, my office; some people might call it grim. I like it very much. But I’m not going there today. It’s summer and the family’s gone away. I’m here on my own, without even the dog. My job is to guard the chooks and the vegetable garden. I know it’s neurotic, but I can’t go out. Somebody might break into the house. Junkies from the flats might climb the back fence and steal the bikes. A northerly might get up and tear the nets off the fruit trees. I have to stay home.

Right. The essay. I open the laptop at the kitchen table. Nothing happens. I copy out a ferocious quote from a Rachel Cusk essay I’m reading about the artist’s ‘inviolable selfishness in the face of other people’s needs’. Don’t want to think about that right now. I chew some sugarless gum and spit it into a torn envelope. I go to the broom cupboard and put on my apron: maybe that’ll make me feel businesslike. Maybe I’ll ask them to put an apron on my coffin, if I ever bloody well die. I turn on the radio. Norman Swan is saying that cognitive decline does not necessarily mean Alzheimer’s. How many years have I got left before I hit the age Mum was when she died of Alzheimer’s? Five years. Four and a bit. At that moment the bloke with the mower and the whipper-snipper charges through the back gate. Cheerfully he puts on his headphones and sets up his tremendous roar. Energised by the proximity of someone else’s manual labour, I start randomly rattling away on the keyboard. I may be an old woman, but I’m not done for yet.

‘THESE DAYS, WHEN in the circumstances I am not getting much done, well-wishers think to comfort one by instancing what one has done already. This is no reassurance. One’s back-catalogue is more of a tribunal. One is arraigned before it and current work (or lack of it) judged.’ Alan Bennett, in his 2019 London Review of Books diary.

‘NO, I’M NOT working on anything.’

‘Nothing?’

‘No.’

‘You don’t want to talk about it?’

‘It’s not that. There’s nothing to tell. I’m not writing a book, that’s all.’

‘Oooh. That must be…uhmm…’

‘Actually I’ve often gone for quite long periods without writing a book. Years, even.’
‘Really? But you published that one, that one about the, sorry, I forget its name, the dam one? The murder trial? That wasn’t very long ago, was it?’
‘Couple of years ago, yes.’
‘But haven’t you been at any interesting trials lately? Have you been at the court?’
‘No.’
‘But you love courts! I heard you say that in an interview! Or was it in a magazine?’
‘Yes. I do love courts.’
‘So there isn’t a trial that you’re interested in going to?’
‘Not right now, no.’

THE LAST TIME I went to the Supreme Court – this is the way I always used to start – my sole aim was to take a good look at the person in the dock. This one was an international postgraduate student from La Trobe University. She was charged with having stabbed her homestay host in the neck, on the second day of her residence with his family, while his wife was at work and he was having an afternoon nap with their five-year-old daughter. Such was the force of her blow that blood splattered the walls, a vertebra was fractured, the tip of the knife snapped off. The man survived, seriously injured and (as was the child) terribly traumatised. The knife the student used to attack him she had brought in her luggage all the way from Bangladesh, to kill someone, anyone, she didn’t care who. This, she had told police, was her purpose in coming to Australia.

The headshot in the paper showed a perfect petal of a face, round, child-like, soft-lipped and solemn, tightly framed in a black hijab. When I saw that photo something in me hardened and went cold. That was my warning. I ignored it.

I went to the court and sat in the front row of the media seats. No other journalists were present. They had all rushed into the courtroom next door, in which the killer who had driven his car through pedestrians on Bourke Street Mall was about to be sentenced.

The guards brought the girl in. They walked her right past me, an arm’s length away. She was fully covered: niqab, floor-length black coat. She was tiny. I have shrunk with the years, I have lost two inches, but if I had stood up I would have towered over her. They ushered her into the dock and she
sat down. The judge, a woman, strode to the bench. Everybody sprang up to bow, except the girl in the dock. She stayed in her seat. She did not acknowledge the authority of the court. That was when, mentally, I lost it. I wanted to leap over the wooden barrier, tear off her sinister mask and throttle her where she sat.

I sank down in my seat, trembling, shamed by this mad, ugly fantasy. I knew I had to get out of there and go straight home and lie on the bed. Because I’d lost whatever the quality was that for twenty years had equipped me to do this work, to sit day after day through a criminal trial and never lose patience, or curiosity, or the longing to understand the person in the dock. In short, the well of my empathy had run dry.

The judge did not lose her sang froid. While the court stayed on its feet and held its breath, Her Honour addressed the accused in the low, dangerous voice of a deeply unimpressed headmistress. The accused would kindly stand. She obeyed. The accused would remove her facial covering so that the court might identify her. She raised her niqab and showed her face. Was she the person named in the charges? She was. The accused might replace her covering and take her seat. She did as she was told. But I stood up quietly, slid along the row to the door and ran home.

In due course I read that she had been given a colossal sentence – forty-two years. Did that shock me into caring? I don’t even know how to answer. Where such matters were concerned I seemed to have lost the ability to think and feel.

I DIDN’T WANT to talk about this to anyone. I was mortified. I thought that at last I had lost my nerve. I began to think that I must always have been a dilettante, a wimp, a middle-class perv masquerading as a journalist. I remembered the real journos I’d sat with during the murder trials I had written articles and books about over the past twenty years: their unflappable stoicism, the armour of their experience, their ability to protect themselves from the rushes of horror that I would be secretly almost overwhelmed by – and their kindness to me, their patience, at moments when I couldn’t hide my ignorance of court procedure or of the law.

Then one day, in the lobby of the ABC at Southbank where I was dully waiting to be interviewed, the street door opened and in walked a journalist I knew by sight from a certain very long and painful murder trial we had
both sat through several years before. I didn’t think he’d remember me, but I gave him a little wave. To my surprise he dashed across the lobby, warmly shook my hand and dropped into the chair beside me. ‘How are you?’ he said in a strangely emotional voice. ‘How’d you pull up, after that trial?’ I could see from his face that I didn’t need to fake it. ‘Oh, awful,’ I said. ‘I was a mess. For months. A year. How about you?’ And out it came. ‘Terrible. I had a sort of crack-up. I ended up leaving my job.’ I don’t remember what else we said to each other that day, and I’ve never seen him since; but I’ll always be grateful to him for his comradeliness, for dropping his shield and letting me see that I hadn’t been alone in my devastation and grief.

LAST YEAR MY ears started to pack up. If someone in conversation made a gesture that covered her mouth I would slap her hand away. In court I leaned forward, turned my head this way and that, strained in vain. I went to an audiologist. The tests were humiliating: I had to repeat sentences spoken by a voice that kept getting fainter and fainter until all I could say, miserably, over and over, was ‘No. No. No.’ I got hearing aids. They cost an arm and a leg. In court they were no help at all. Too much ambient noise. The cop in front of me scratched his neck and I thought someone was sawing wood. Water gushed into a glass in a gurgling torrent. Counsel’s brilliant submissions were mouths opening and shutting and a harsh nasal stream of vowels. I spent a couple more days in the County and Magistrates’ Courts, striving and failing to follow, and emerged from that spectacle of weakness and woe with a broken heart and no story.

That’s when I threw in the towel. My life as an amateur journalist was over.

Months later I put on my overcoat and found in one of its pockets a small square of paper on which someone had neatly printed, ‘Helen Garner. Nail clipper x 1. Tweezer x 1,’ dated it and signed his name. It was the receipt from security at Broadmeadows Magistrates’ Court. My confiscated items must still be out there at Broadie, in a locker or a drawer. I’ll keep that slip of paper forever, to prove to myself that I really did try to keep going.

YEARS AGO, IN one of those moments of self-hatred that can overcome a woman whose marriage is about to blow up in her face, I asked the man in my life if he thought I was lazy. ‘No,’ he said coolly. ‘I think you’re a
hard-working little money-making machine.’ And I was. For forty years, between books, I wrote freelance journalism. I always had a deadline hanging over me and I loved it: it fed my anxiety, my driven nature. But the years went by, and I grew older. I became a hands-on grandmother. The work I had done began to amount to something. I had a backlist in print. I won a couple of generous awards. Money came to me from people who had died – my parents, and a woman who was a silent benefactor to me and to certain other artists of this country. The tight link between work and money loosened, and fell away. Now, when an editor offers me work, I don’t have to do it. I can open my mouth, and take a breath, and say no. At long last, I’m free.

I’m out here, floating.

This is the worst possible thing that could happen to a person like me.

NEXT, MY EYES stopped working properly. I began to dread driving at night. I couldn’t recognise my grandchildren on the football field; never before had footy bored me. I had cataract surgery. Oh, the glory of anaesthetic: permission to drop my bundle, to absent myself, even if it felt like less than a second. And when I prised open my swollen, gravel-filled eye the next morning, the world redeemed itself. My grey blanket was cornflower blue. The white IKEA curtain beside my bed showed its warp and woof in such fierce detail that tears ran into my pillow. A sunbeam struck a ruby-red water glass and I lay there tripping on its knobbly surface in speechless bliss.

MAYBE I CAN learn to look more slowly, rather than rushing about with a notebook and a smash-and-grab attitude? My friend in France told me, a few weeks before he died, that since his lung disease had drastically reduced his ability to move, he had noticed how much more steadily and uninterruptedly he was able to look: ‘I can sit here and look out that window for a really long time. And hear the birds sing.’

THE THING ABOUT writing for publication is that it’s intimately connected with time. You’re always pointed at a future. Someone’s depending on you, waiting for you – probably tapping his foot and looking at his watch, breathing out sharply through his nose, only just holding back a roar of impatience. (My father? Still?) And if that deadline is removed, or so you think, everything will fracture, or go saggy and shapeless. How will I pass
the day? Why will I get up in the morning? And what about the things that are swarming all around at me at every moment? Who’s going to see them, record them, save them from oblivion? How will the world continue to exist if I don’t keep writing about it?

What I really mean is: How will I stay alive, if I stop writing?

Oh, for God’s sake, woman, calm down. Mary Oliver has it covered: ‘What about all the little stones, sitting alone in the moonlight… What about the grass?’ Again and again she writes about learning to love the world. Is that what I’m trying to get at here?

LAST YEAR I published Yellow Notebook (Text), a diary that I kept in the 1970s and 1980s. Back then I never thought of it as publishable work. In fact I never thought of it as work at all. I wrote it to clear my head, to keep a record of things I didn’t want to forget, to calm myself before I went to sleep. But mostly I wrote it for the hell of it, because I really love writing. I mean, I love a pen and paper. I love words and sentences, and the way you can knit them together and shift them around and pile them up and spread them out. I love the way the raw material of an ordinary day doesn’t start to reveal its deeper meaning until you’ve got the pen in your hand and you’re halfway down the page.

Someone remarked that a lot of the entries ‘could have been the starts of novels’. I’d had the same thought, while I was editing the old exercise books, and it surprised me. Often I asked myself why I had let this or that incident get past me, why I hadn’t followed it to wherever it might have led, and dug out its potential riches. But the force that draws a writer to one story rather than another does not tap politely at the front door. It shoots an invisible arrow into some murky region of the writer’s unknown needs, and hits a target she didn’t even know was there. That’s when the trouble starts.

You have to believe, against the scornful trumpeting of your intellect, in the miraculous ability of form to create itself out of chaos. You have to hold the line through all the wretched days, months, even years that you spend not writing – doing anything but write: ‘wasting time’, indulging in displacement activities, wandering about pointlessly, biting people’s heads off, seething with anxiety and self-reproach. You have to believe that you’re preparing the ground for something to manifest out of the darkness, to present itself, to be born. Having already gone through this process countless times does not
help. You forget, every single time, that it’s coming at you. The anxiety, the self-reproach are always total, unremitting, inescapable. You have to submit to it, allow yourself to suffer it, right to the end.

How melodramatic it sounds. Almost laughable. But every writer I know would recognise that description, and shudder.

So perhaps, after all, it would be a relief if it never came to me again, that sharp little secret arrow. Do I really miss it, or am I glad to be spared? Will I be spared?

While I’m waiting for the answer, quietly growing wearier and achier and deafer, a great treasure is being offered to me daily, a humble glory on a platter, right here in front of me, under my nose.

‘Are you going to keep on writing about us?’ says my fifteen-year-old grandson in the kitchen, dashing off the crossword that I have cursed and abandoned.

‘I don’t know.’ I look up guiltily. ‘Would you rather I stopped?’

A long pause.

‘No,’ he says, with his philosophical smile. ‘I don’t think you should stop.’

‘Why not?’

‘Because,’ butts in his twelve-year-old brother, bouncing his football in a forceful rhythm, ‘it shows – that we – exist.’
Magical thinking and the aged-care crisis

Utopian fantasies and dystopian realities

Sarah Holland-Batt

HOW DID AUSTRALIAN aged care reach its current nadir? Countless inquiries and reviews have probed this question; postmortem after postmortem has dissected the policy and regulatory failures that have wrought the present abysmal state of affairs; a surfeit of recommendations have been handed down; revised guidelines and principles adopted; advisory committees formed; stakeholders consulted – yet here we are, a prosperous nation with one of the worst aged-care systems in the developed world. And in spite of the scorching spotlight of the Royal Commission into Aged Care Quality and Safety – the final findings of which are due in November 2020 – there is seemingly little political will or vision for change, and no clear road map ahead.

The more I think about the aged-care impasse, the more I have come to see the sector’s seemingly intractable issues as symptomatic of a more fundamental failure: one that underpins the litany of ineffectual policy reforms, deficient regulation, negligent provider practices and lamentable outcomes experienced by many aged-care recipients. This failure is not unique to politicians or aged-care providers – but their failure in this respect is more consequential. It is a collective failure that implicates us all. Fundamentally, the failure of Australian aged care is a failure of imagination.

‘FOR ALL THE death, we also die unrehearsed,’ Les Murray writes at the end of his poem ‘Corniche’. This line of Murray’s has been on my mind lately, because it strikes me as simultaneously incisively true, and yet not. Death is
the surest thing we know, but its particular contours are unknowable. It is out there for each one of us like a distant comet in the night sky, hurtling towards us at an incalculable velocity. We do not know when death will reach us – only that it will.

And yet it could also be said that in the twenty-first century, we rehearse our deaths continuously. We live in a golden age – a dark age, perhaps – of cinematic and literary dystopianism. We voraciously consume scenarios in which natural disaster, climate change, alien life forms or malevolent technology threaten our survival. We contemplate death and the ways we might die all the time.

The appeal of this dystopian ideation is clear: it offers us a cathartic encounter with fears of societal collapse and the animalistic return to Darwinian imperatives, and then a predictable return to order at the narrative’s end. The lights of the movie theatre come up, the last page of the novel is turned, and we are back in our own unscathed bodies, exhilarated to be spared.

Many recent cinematic dystopias centre on the body’s vulnerability and fallibility. In the blighted desert landscape of Mad Max: Fury Road, humans are vampirically mined as ‘blood bags’ and select women are held captive as breeding stock, useful only for furthering the human race. The characters in Bird Box must navigate the world blindfolded to avoid eye contact with monstrous entities that, upon being seen, force them to involuntarily commit suicide. In A Quiet Place, Earth has been invaded by extraterrestrial predators with hypersensitive hearing, consigning the human characters to creep around trying – and often failing – to avoid making any noise. In Get Out, the bodies of young black men and women are parasitically occupied by white counterparts, who leach the vitality from their hosts.

Many of these narratives also serve as morality tales: the virtuous, able, alert and tough survive; the immoral, weak and clumsy perish. Watching these films, the viewer is encouraged to adopt a position of superiority and to anticipate the disaster before it befalls a character: I would never make that fatal mistake, we tell ourselves. I would know better; I would survive.

Amid all this feverish post-apocalyptic speculation about the manifold ways humanity might be brought to the brink of extinction, there is one pervasive unacknowledged norm. The protagonists with whom we identify – whose struggles and trials and fears we vicariously experience – are
overwhelmingly young. The healthy body is the default. The young have more at stake; their prospective loss is imbued with the poignancy of a life cut short in its prime. The middle-aged are at best ancillary characters, killed off through overconfidence or acts of self-sacrifice for the greater good. And the elderly? The elderly are nowhere to be seen in these brave new worlds. They are invisible. They don’t exist.

OF COURSE, THERE is a notable exception to this rule of narrative exclusion. Senicide – the killing of the elderly, most often at an age of perceived inutility – stretches back centuries as a common fate meted out in literature. The Jacobean satirical play *The Old Law* (1618–19) by Thomas Middleton and others – in which men are involuntarily executed at eighty and women at sixty – is an early progenitor of what is now an established geronticidal trope within dystopian fiction. Trollope’s final novel, *The Fixed Period* (1882), envisages a future in which euthanasia is mandated after a fixed period; the elderly are shunted off into a college, the Necropolis, for retirement at sixty-five and then execution at 67.5. In Huxley’s *Brave New World* (1932), the elderly are killed at sixty, then cremated and recycled into fertiliser. In PD James’s *Children of Men* (Faber & Faber, 1992), sixty-year-olds are subjected to a mass drowning called the Quietus. In Christopher Buckley’s *Boomsday* (Twelve, 2007), Baby Boomers are offered incentives to commit suicide at seventy. In Lidia Yuknavitch’s *The Book of Joan* (Harper, 2017), the execution age is set at fifty; humans are recycled into a water supply for a colony orbiting the Earth on a satellite. In the horror film *Midsommar* (2019), elders of a cult must commit *ättestupa* – a ritual suicide by jumping off a cliff, drawn from Nordic folklore – at seventy-two.

It is no accident that the extermination age in these examples hovers around retirement age. Retirement is typically the point at which one is no longer economically productive, and therefore ceases being of value to the community. In many of these examples, the inutility of the aged body is further underscored by its transformation into useful resources such as fertiliser, water or fuel; this commodification underscores the fundamental importance of contributing productively to the community, even after death.

Senicide is, of course, not solely the province of fiction; there are also documented instances of various cultures having supposedly killed the elderly through history, including in Sardinia, where women known as *accabadoras*
would bludgeon or suffocate the elderly, and in Japan, where the possibly apocryphal practice of *ubasute* involved dumping elderly relatives on a mountaintop to die of exposure. In present-day India, in the southern districts of the state of Tamil Nadu, the well-documented phenomenon of elderly relatives being killed by family members is known as *thalaikoothal*, a practice in which the elderly are given cold oil baths to reduce the body temperature, then fed tender coconut water and milk, prompting renal failure. These overt acts of senicide are supplemented by the decades-old epidemic of ‘granny dumping’ in the United States and elsewhere, wherein elderly relatives are abandoned far from home by family members who can no longer afford their healthcare and who view care giving as overly onerous.

This senicidal thinking is founded on the premise that human worth is aligned to productivity: a concept that stretches back to Plato’s *Republic*, where Socrates argues that medical treatment and intervention is only appropriate if it allows a productive citizen – Socrates proffers the example of a carpenter – to fulfil his role in the community. When the carpenter ceases to work and contribute productively to the community, Socrates argues, there is no sense in unnecessarily prolonging his life; therefore, medical treatment should be withheld: ‘No treatment should be given to the man who cannot survive the routine of his ordinary job, and who is therefore of no use either to himself or society.’

In dystopian literary narratives, the ruling generation typically justifies overt violence towards the aged through the lens of economic rationalism: the elderly, according to Margaret Cruikshank in *Learning to be Old* (Rowman & Littlefield, 2003), are viewed as burdensome ‘parasites [who are] expensive to maintain’ and consume resources without contributing anything of worth to the community.

Lionel Shriver picks up this theme of the economic burden of unproductive elderly citizens in her 2016 novel *The Mandibles* (HarperCollins), set in 2029 after a market crash devalues the US dollar, consigning families to live in cramped squalor. In Shriver’s future, inheritance impatience is rife, and the elderly are shot en masse as an act of retribution for the crime of having sent the inflation rate soaring due to the cost of their pension benefits.

Yet the elderly are not only punished for perceived economic crimes, but for environmental ones, too. Margaret Atwood’s 2014 short story ‘Torching the Dusties’ underscores how easily scapegoating morphs into legitimised violence. ‘Torching the Dusties’ centres on the residents of a retirement
community, Ambrosia Manor, who are besieged by a mob of irate protesters who belong to an anti-elder movement, Our Turn. Our Turners burn down nursing homes with their occupants inside while wearing baby-face masks, and see their vigilantism as retribution for the wastefulness and greed of the previous generation.

It is not difficult to see real-world echoes of Millennials’ visceral dislike and resentment of Baby Boomers in Shriver’s and Atwood’s dystopias. This intergenerational hostility has been further underscored recently by ‘OK Boomer’ memes, and accusations such as those made by Bruce Gibney that Boomers are a ‘sociopathic generation’ who have ‘mortgaged the future’. The eldest of the Boomer generation are now in their mid-seventies, and will be the next cohort to enter residential aged care, if they are not accessing it already. While the average age of home-care adoption is eighty for men and eighty-one for women, and the average age of admission to permanent residential aged care is eighty-two for men and eighty-five for women, there is no minimum age requirement to access aged care, and Boomers suffering from early-onset conditions will already be receiving care in one way or another. The most common term used to describe the looming influx of the balance of the Boomer generation into the aged-care system – ‘silver tsunami’ – likens Boomers’ longevity and the associated ballooning cost of aged care to the onset of a natural disaster.

Kurt Vonnegut’s story ‘Tomorrow and Tomorrow and Tomorrow’ goes further in directly apportioning blame to the elderly for the degradation and depletion of the Earth’s resources. Set in 2158, in a world in which a drug called anti-gerasone has drastically extended the lifespan of the Earth’s inhabitants, Vonnegut envisages a future in which the elderly are responsible for nightmarish overpopulation, food shortages and the depletion of natural resources due to their insatiable pursuit of longevity, consigning the remainder of the population to live in squalor and subsist on seaweed and sawdust. While Vonnegut illumines the cruelty and greed of impatient descendants who try to kill off 172-year-old protagonist Harold ‘Gramps’ Schwartz by sabotaging his anti-gerasone, he also offers a cautionary tale about the perils of failing to gracefully accept one’s mortality. It is desirable to die at an appropriate time, and indecent to live too long.

So it goes.
IN TRUTH, THE apocalypse has already arrived for Australia’s elderly. We treat older people as a separate and subhuman class, frequently viewing them as a burden on their families, the community and the state. Increasingly, this dehumanisation has taken a corporatised tone; as the elderly exit the workforce, they become a commodity to be mined for profit and dividends by the aged-care industry.

The profits posted by Australian aged-care providers are directly financed by the government, which contributes the vast majority of the sector’s funding. Commonwealth funding is tipped to reach $21.7 billion for the year 2019–20, which represents 80 per cent of the sector’s total funding. Of this amount, approximately 68 per cent is spent on residential aged care; the rest goes to home care, home support and flexible aged-care packages. Consumer contributions finance the remaining 20 per cent, either through often exorbitant Refundable Accommodation Deposit bonds, which at the most recent estimate represent a $27.5 billion contribution to providers’ coffers – or through Daily Accommodation Payments, basic daily fees or home-care payments.

Yet in spite of the high proportion of government funding underwriting the aged-care industry, there is little transparency about how much providers spend on primary care. Reforms ushered in by the Aged Care Act 1997 mean that providers no longer need to demonstrate that the funding they receive via the Aged Care Funding Instrument is spent on care; rather, expenditure of taxpayer funds is entirely up to providers’ discretion, and providers do not need to return any unspent monies to the government. The correlation that one might expect to see – higher funds equating to higher expenditure on care – does not always play out. In 2017, Bupa’s funding from both the government and residents’ fees increased, yet it paid almost $3 million less to employees and suppliers.

Compounding the lack of transparency regarding aged-care providers’ financial practices are the financial reporting requirements themselves. While three providers – Regis, Estia and Japara – are ASX-listed entities and therefore subject to stringent reporting requirements to ASIC, many other providers are eligible to file limited financial statements under the reduced disclosure requirements set by the Australian Accounting Standards Board, meaning there is minimal scope for scrutiny of their financial practices. However, while not-for-profit providers represent 55 per cent of
all residential aged-care providers and two thirds of home-care providers, the ever-increasing share of for-profit providers, especially in the residential sector, signals that aged care is big business in Australia.

Australia’s top six for-profit aged-care providers – Bupa, Opal, Allity, Regis, Estia and Japara – received $2.17 billion in governmental subsidies in the 2017 tax year, while also posting significant profits and using aggressive tax-minimisation strategies, such as discretionary trusts. Bupa, Australia’s largest private aged-care provider, made a profit of $663 million in 2017, 70 per cent of which ($468 million) came from government funding. Opal, Australia’s second-largest private provider, posted a total income of $527.2 million in 2015–16, 76 per cent of which came from governmental funding, yet it paid a mere $2.4 million in tax on a taxable income of $7.9 million. The foreign-ownership structures of several of the major players – Bupa is headquartered in the UK, and Opal belongs to a parent company in Singapore – have further enabled providers to pursue aggressive tax-minimisation strategies. In 2019, after a ten-year dispute with the ATO, Bupa paid $157 million in restitution for the alleged practice of ‘thin capitalisation’ – that is, using high-interest offshore debt to artificially reduce its taxable income. The abolishment of probity requirements via the 1997 Aged Care Act has further eroded the government’s capacity to assess, scrutinise and regulate ownership of aged-care providers.

Yet at the same time that private providers are posting huge profits and paying minimal tax, the standard of Australian aged care is cratering. Most sensationally, Bupa posted a $560 million profit in 2018, the same year in which it made headlines when more than half of its aged-care facilities across Australia were failing basic care standards, and 30 per cent were deemed to pose a serious risk to the health and safety of residents. With approximately 6,500 frail and vulnerable residents spread across its seventy-two facilities, Bupa is now considered ‘too big to fail’ and remains open in spite of repeated sanctions and scandals. Clearly, in the absence of strict regulation and public reporting, privatisation has only served to enable and entrench abuse and negligence, rather than to drive poor providers out of business.

The monumental failures of Australian aged care have been in plain view for a long time, well before Prime Minister Scott Morrison called the Royal Commission into Aged Care Quality and Safety in 2018. Over the past decade, seventeen reviews and inquiries into the aged-care sector have
been handed down, many of which have passed with little media interest and the implementation of few or none of the proposed reforms. To take one prominent example, the 2017 Carnell-Paterson *Review of National Aged Care Regulatory Processes* – intended in part to probe how horrific abuse at the Oakden nursing home in South Australia could occur while the facility remained fully compliant and accredited – made ten sweeping recommendations to achieve tougher regulation and greater transparency within the aged-care sector. These included the creation of a public register of the outcomes of complaints and investigations, the implementation of a public star-based rating service to track provider performance, increased powers for the complaints commissioner, and the adoption of clearer clinical-care measures in the assessment and accreditation processes.

More than two years after these findings were handed down, only a handful of aged-care reforms have been passed and none of the recommendations specifically aimed at achieving tougher regulation and greater public transparency have been implemented. Many have not even been considered. The government cites statutory secrecy under the 1997 Aged Care Act, Commission Act and Privacy Act as its justification for not increasing transparent reporting of complaints about provider performance. However, the undue influence of peak bodies – which represent the interests of providers and vehemently oppose transparency measures – has also decreased the government’s appetite for reform. The government’s hands-off, market-driven approach to aged care is grounded in economic rationalism, callously ignoring the inconvenient fact that the physical and mental frailty of aged-care recipients, combined with the dearth of public information about provider performance, preclude aged-care ‘consumers’ from exercising meaningful ‘choice’.

Perhaps most frustratingly, many of the issues plaguing the sector today were foreseen and thoroughly canvassed more than twenty years ago during the Senate inquiry that preceded the passage of the 1997 Aged Care Act. The removal of staff-to-patient ratios was predicted to result in compromised care; experts also predicted that the accreditation process was inadequate to stop this from occurring. In the two decades since, review after review has exposed chronic understaffing, inadequate regulation and accreditation, the lack of transparency and the poor care outcomes in the sector – and in each instance, successive governments of both political persuasions have responded with piecemeal reforms or no reforms at all.
This governmental inertia has played out against a backdrop of escalating failures in the sector, including a 170 per cent increase in serious risk notices in the year prior to the Royal Commission being called and a 292 per cent increase in serious noncompliance. The standard of care in residential facilities has deteriorated unabated: between 2003 and 2013, there was a 400 per cent increase in preventable deaths in Australian aged-care facilities from choking, falls and suicides. In 2017–18 alone, there were 3,773 reportable assaults in Australian aged care, including 547 reportable sexual assaults and rapes. These statistics represent a fraction of the true number, because they only account for incidents in which the perpetrator does not have an assessed cognitive or mental impairment. Given that more than half of aged-care residents suffer from dementia, the actual assault figures are likely to be significantly higher.

In addition to these extreme instances of neglect, mistreatment and abuse, baseline levels of primary care are also shocking in both residential and home care. In the Royal Commission’s interim report, commissioners Richard Tracey and Lynelle Briggs noted a voluntary survey filled out by 1,000 aged-care providers that cited 274,409 self-reported instances of substandard care over a five-year period, including 112,000 instances of substandard clinical care and 69,000 incidents of substandard medication management. Considering that this survey was undertaken by fewer than half of the 2,695 aged-care providers operating in Australia and that there are only approximately 240,000 aged-care residents in Australia today, along with approximately 118,000 home-care package recipients, it is evident that Australian aged care is failing on an industrial scale. And as Australia’s population rapidly ages – the number of Australians aged seventy years and older is projected to almost triple over the next four decades, reaching seven million by 2055 – the size of the problem will only grow exponentially. Indeed, as the commissioners noted, if population trends identified in 2014 hold true, ‘more than a third of all men and more than half of all women will enter residential aged care at some time in their lives.’ The difficulty the sector faces in attracting and retaining qualified staff, combined with the high rates of turnover and low skill base of the workforce, places even more pressure on providers’ capacity to accommodate these ever-increasing numbers. And while some providers are posting colossal profits, others are not making any profit at all. In 2019, the Aged Care Financial Authority reported that approximately 44 per cent of residential aged-care providers are operating at a loss, and many
are at the risk of closure: factors that are only likely to wreak more chaos in the sector in the future, and produce more catastrophic outcomes like the recent shock closure of Earle Haven.

THE SECTOR’S FAILURE to provide safe and dignified care is compounded by inadequate regulation; too often, providers are asked to ‘self-assess’ or interpret vague and elastic guidelines rather than conform to hard and fast quantifiable standards. The commissioners also noted in their interim report that the regulatory regime administered by the newly formed Aged Care Quality and Safety Commission is ‘unfit for purpose’. The lack of effective oversight means that families often turn in desperation to installing hidden CCTV cameras to confirm their suspicions of abuse and neglect. As the distressing footage screened on the ABC’s two-part *Four Corners* investigation, *Who Cares?*, in September 2018 and subsequent news bulletins have shown, our most vulnerable citizens are being slapped across the face by abusive carers, injured through ‘rough handling’ – a dehumanising euphemism that anywhere other than an aged-care facility means ‘assault’ – raped and sexually assaulted in their most vulnerable state, drugged unnecessarily, cruelly restrained and left to sit in distress in their own faeces and urine. There have even been several cases of aged-care residents infested with maggots, including a dying woman in palliative care who was found with maggots living inside her mouth. Much of this abuse and neglect would have never come to light without the determination of relatives and advocates.

While media coverage of aged care has been dominated by the failures in residential care, the home-care sector has not performed any better. Due to a near total lack of regulation of home-care providers, there has been rampant rorting, including exorbitant administration fees levied that, in some cases, effectively halve the package for the recipient, as well as neglect, abuse, assault and even rapes of older Australians in their own homes. The issues of unskilled, unqualified and unscrupulous staff in residential care also extend to home care: in March 2019, the Royal Commission heard from a Department of Health witness that eight out of ten applicants applying to provide home-care services were unqualified ‘bottom feeders’ who view the provision of care as nothing more than a ‘business opportunity’.

Even accessing care in the first place is proving increasingly difficult for older Australians. Thousands die each year while waiting for the Home Care
Packages (HCPs) they need, while others endure extraordinary timeframes for their HCPs to come through. In the financial year ending June 2018 alone, over 16,000 people died while waiting for HCPs, and as of June 2019, there were 119,524 people languishing on the waitlist. The Royal Commission reported that actual wait times are significantly longer than the public guidelines cited on the My Aged Care website, which provides an estimate of twelve-plus months as the expected time for levels 2–4 HCPs. The stark reality, according to Department of Health data, is that for those requiring the highest level of support — a Level 4 HCP — the mean waiting time is twenty-two months, and a quarter of those people will wait three years to receive care. The consequences of this logjam, the commissioners note, are dire, including ‘inappropriate hospitalisation, carer burnout and premature institutionalisation’. The federal government’s response to the Royal Commission’s interim report was to announce funding for a further 10,000 packages, which represents less than 10 per cent of the number of packages required to clear the waitlist.

While the Royal Commission has played a valuable role in exposing the policy failures that have wrought the current state of affairs, as well as the shocking scale of the endemic abuse and neglect across the sector, it is fair to say that the concomitant outrage has been muted. Real-time media monitoring demonstrates 300 per cent less media coverage of the Royal Commission into Aged Care than there was of the banking Royal Commission. It is difficult to imagine the mistreatment of any other vulnerable group being met with such widespread indifference. And the apathy and cognitive dissonance of politicians — many of whom, like Minister for Aged Care Richard Colbeck at sixty-one, are not far from retirement age and may be facing entry to the aged-care system far sooner than they think — is profound.

As someone who cares deeply about this issue, having given evidence to the Royal Commission about the sadistic mistreatment my father has been subjected to in aged care, I admit I am baffled by this lack of empathy for older people. It is a failure that flies in the face of the obvious: as Proust says in *Time Regained*, ‘life makes its old men out of adolescents who last many years.’ We are all ageing every day; it is the one activity that every human being on earth is doing continuously.

If we are lucky, we too will one day grow old. Old age is, ultimately, what we are supposed to aspire to.
THE UTOPIAN FANTASY of a comfortable retirement — years replete with travel, golf, walks on the beach, and bouts of grey nomadism under-written by a fat super account and a paid-off mortgage — is the enduring (if increasingly unobtainable) Australian dream. Even the faintest suggestion from Labor that it might tinker with franking credits and therefore impinge on the lifestyle of retirees was enough to swing a federal election. Yet in spite of all this aspirational saving and leisure planning, we devote no time to contemplating the realities of ageing or the possibility that the frailty and vulnerability that often accompany old age may one day arrive for us. The one way we cannot imagine ourselves spending our final years is in an aged-care facility. It is not an exaggeration to say, as Simone de Beauvoir once did, that ‘old age fills [us] with more aversion than death itself’.

Perhaps this is because, for all of our utopian and dystopian imagining, the reality of ageing is too frightening to contemplate. When I think about my father – a man who was once a livewire, a brilliant scholar and mineral metallurgist, and who is now consigned to a wheelchair with Parkinson’s disease, dementia, incontinence and a host of other complaints too numerous to list — the loss of selfhood, independence and agency he has endured overwhelms me. My father is reliant on carers for the basic actions that so many of us take for granted: they brush his teeth; they toilet, shower, dress and feed him; they hoist him in and out of his wheelchair. He frequently hallucinates, finds himself lost mid-sentence, suffers from sudden panic attacks when he loses his bearings and often doesn’t recognise his own bedroom. He cannot co-ordinate his movements to even pick up a cup and drink from it. He has difficulty swallowing due to his Parkinson’s and is at constant risk of choking: a common cause of death among Parkinson’s sufferers. His personality has changed. His body and mind are no longer in sync; he lives in continual frustration and confusion. He will spend the rest of his life wandering lost in a wilderness of his mind’s own making. The French philosopher Catherine Malabou, writing about destructive brain plasticity in *Ontology of the Accident* (Polity Press, 2012), best describes the state my father lives in: ‘Between life and death,’ she says, ‘we become other to ourselves.’

The fear of becoming other to ourselves — of not knowing who we are, of losing agency and control — is so acute precisely because it threatens the very foundation of selfhood. We spend our childhood and youth striving towards self-sufficiency and independence; the notion of that independence eroding
is terrifying. While I am bereft for my father and the precarious, vulnerable state he is consigned to, I resist imagining myself in his place, even though I know intellectually it is possible the same things may happen to me. The very thought produces an overwhelming existential terror in me, a visceral fear.

So what would it mean to admit to myself that one day I may become old? It would mean accepting that my mind, which I prize above all things, may flicker out like a tired filament, that I may not be able to keep pace with the conversations and arguments I take for granted, that I may forget the people around me, that I may forget who I am, my very name. I may not know where I am. I may become vulnerable – utterly vulnerable – to strangers. That, worse, I may lose control over my body, which may rebel against me in humiliating ways; that I may not be able to walk, or speak, or even swallow. I may become diminished in the eyes of others. There may come a time when nobody listens to what I say because I no longer make any sense. I may no longer be able to taste food, as dementia sufferers cannot; I may no longer be able to see, or hear, or smell. My world may become blanched of colour, texture and joy. It is hard to imagine that a life without all those powers and pleasures is any kind of existence at all, but I am haunted by the knowledge that this litany of privations is exactly how my father experiences his days.

It is tempting to embrace the consolatory fantasy that those with diminished cognition don’t remember or can’t understand the full weight of what is happening to them – but the painful truth is that, bereft of memories of the past or the prospect of the future, my father only experiences an unceasing present tense. His impossible fate is to inhabit his every remaining minute in the throes of his needs, his discomfort, his hunger, his longings and his frustrations without the refuge of nostalgia or the prospect of change. Above all, to imagine becoming old is to admit a fundamental truth that threatens me viscerally: I may one day become worthless to others. I may become invisible.

But my father’s frailty and diminished quality of life are not the only things I must try to imagine: I owe it to him to also try to comprehend the negligence, neglect and abuse he has experienced in his aged-care facility, which formed my testimony to the Royal Commission. Dad sustained a broken hip and was lying on the floor for God knows how long before someone found him because there was nobody to take him to the bathroom. He suffered six broken ribs – including two that went untreated and were
partially healed by the time they were found by a radiologist – from two other falls incurred for the same reason. He has been given contraindicated medication that effectively left him without his Parkinson’s medication for months. He has been frequently left unclean, without his dentures or his glasses, or without a cup of water within reach. He has suffered numerous injuries and infections that have gone undiagnosed and untreated.

Most unforgivably of all, he has been deliberately abused and neglected by a malicious carer, who left him in soiled incontinence pads for hours, who shut the door on him and told other staff he was sleeping when he was awake and desperate to be showered, who taunted him and told him to get his own nappies out in the hall, and who pushed his wheelchair away from his bed on purpose, leaving him immobile. When I try to imagine myself in my father’s place, I can only begin to speculate about his emotions – fear, despair, sadness, impotence, helplessness – before I’m overcome with grief and rage.

IT WOULD BE destructive, perhaps even madness-inducing, to live with the continual awareness of our mortality. We go to extraordinary lengths to repress our awareness of death; this repression is a protective mechanism that likely serves an evolutionary function. The poet Philip Larkin described this repression in ‘Aubade’, his great contemplation of death, as the mind ‘blank[ing] at the glare’. To live in constant terror and awareness of death is no life at all. Yet we rarely interrogate the cost of the fantasy of our own immortality. As Ernest Becker says in his extraordinary work The Denial of Death (Simon & Schuster, 1973), man

literally drives himself into blind obliviousness with social games, psychological tricks, personal preoccupations so far removed from the reality of his situation that they are forms of madness – agreed madness, shared madness, disguised and dignified madness, but madness all the same.

Among the most destructive forms of shared madness are our collective fantasies about the end of life. I have heard these same stock fantasies from my friends, colleagues, family members and acquaintances so often that I have even started to catalogue them: they are varieties of magical thinking, delusional and destructive because they stand in the way of genuine concern
and understanding for the elderly. These fantasies also hamper our capacity to imagine our own futures realistically and contemplate our own far more likely fates as recipients of some form of aged care.

The most common fantasy I hear when I mention aged care is that of voluntary suicide. ‘I’ll kill myself before I ever go into a nursing home,’ people tell me nonchalantly: a farcical pronouncement that presumes that they will be well enough to kill themselves before life gets bad enough that they need to. Nobody does this, and nobody will, but it is a powerful and enduring fantasy because it suggests we will exert agency at the precise moment when we have none. It is also something my father used to say repeatedly; of course, he, like everyone else, never really meant it.

People my own age (late thirties/early forties) often buy into what I call the commune fantasy, in which a group of friends age and die together, chipping in to buy a common property to live in, pooling resources and paying for carers together like a geriatric co-op. This fantasy presumes, of course, that all the friends in the group will have the same care needs at the same time, will sell their assets simultaneously, will be able to oversee their own care needs even if those needs include cognitive impairment or dementia, and will somehow be able to afford the astronomically expensive medical equipment used in aged-care facilities, including hoists, pneumatic mattresses and a 24-hour nursing and caring staff. Essentially what someone means when they tell me about their utopian aged-care kibbutz is this: I will build my own private nursing home from scratch. This, for all the obvious reasons, also never happens – but it is a powerful fantasy precisely because it suggests that in our time of greatest need, the tribe will be there for us.

Then there are the technological optimists, who believe that by the time they reach old age, the conditions that the elderly suffer from now will have been eradicated by science, or a fountain of youth will render these problems moot. This is, of course, a profoundly narcissistic approach – what about all the elderly suffering in aged care in the meantime? – as well as a ludicrous one.

People also fantasise about dying peacefully in their beds, although as our life expectancies increase without a commensurate extension in our quality of life, we are more likely to become institutionalised than previous generations, rendering this scenario less and less likely.

And finally, there are the fatalists who joke darkly about how we won’t know any better because we’ll all be drooling in wheelchairs parked in front
of a television. I don’t get the sense that those who say this really believe it. Rather, they say it flippantly, jokingly, although the subtext is more sinister. *The system’s broken and nothing can be done to fix it. Why bother trying?*

My blood thunders when people repeat these fantasies to me, because ultimately such magical thinking begets apathy and inertia. If we refuse to imagine what it is like to age – and accept that one day we, too, will become old – then nothing changes and the appalling status quo will continue. Our collective failure to imagine the lives of the elderly is the primary obstacle in the way of genuine empathy: an empathy that should be predicated on the acknowledgement that one day we will join their ranks. If we spent as much time contemplating the realities of the end of life as we do fictive dystopias and the extermination of humanity, we would have the reforms we need in aged care, and greater human rights and dignity for our elders.

In the meantime, the shambolic, diabolical state of aged care remains a horror each successive generation seems bent on discovering for itself, when it’s far too late. More’s the pity. As Larkin wrote: ‘Most things may never happen: this one will.’

For references, see griffithreview.com

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FOLLOWING THE DEATH of her elderly father, a close friend of mine recently asked if I would read a poem by Goethe at his funeral. I didn’t know the man well. In fact, I had met him only once, seated in my friend’s car on a Fitzroy street on a sunny day several years ago. What struck me about him at the time was the mischievous smile he wore and the youthful sparkle in his eyes. I felt honoured to be invited to share in the celebration of his life. Although my friend is near a generation younger than me, we are very close. I have known her since she was a shy but determined young person. She has since become an advocate for the rights of Indigenous people in Australia and the South Pacific. She is thoughtful and kind and fierce whenever the situation requires a ‘warrior woman’.

The funeral service took place at a community hall in the Dandenong Ranges, east of Melbourne. Family and friends of the man who had passed spoke, sang and prayed (in their own way) about the remarkable life of a person who had survived the ravages of war-torn Europe, the loss of loved ones, separation from family and an eventual migration to Australia, where he fell in love, raised a family and continued his lifelong passion for the natural world. Before I left home for the funeral service, my wife, Sara, asked me, ‘Will you be okay?’ My younger brother had died suddenly only weeks earlier, and I remained grief-stricken by the experience of finding him in the small government flat where he’d lived for two decades. I answered Sara’s question with a dismissive, ‘I’ll be fine.’
And I was fine. Following the death of a person you love dearly, a person you yearn to see just once more, a person you want to say just one more goodbye to, isolation can become a tempting companion. You feel that nobody understands the depth of your grief. Appointments, work, conversations with friends — they all make little sense. Mundane tasks become even more meaningless. But my own retreat into self-imposed isolation had become debilitating. Attending a funeral in the mountains was, if nothing else, an escape from my solitary confinement. A few hours later I found myself in a room crackling with the energy of those who had gathered, along with the man who had bought us together for the day, who was resting in a wicker coffin at the front of the room. As I read the poem for him and his family, I thought again about my own brother and felt comforted, for the first time in weeks, that I was not alone. I was sharing a valued life among the living.

Following the burial at a local cemetery, we were invited back to the community hall, where we enjoyed food and stories about the life of my friend’s father. I noticed a wooden table where a range of items had been placed: books, hand tools, photographs and other second-hand objects you might find at a garage sale. My friend took me over to the table and explained that each of the items had belonged to her father and held particular significance for him and his family. I was invited to choose an object and take it home with me as an act of commemoration. I hesitated. It didn’t seem right that I should take something personal belonging to a man I’d hardly known.

My friend gently nudged me. ‘Go on, pick something,’ she said.

My eye was drawn to an egg-shaped, ivory-coloured stone, speckled with an earthy pigment. I picked up the stone. It sat full and heavy in the palm of my right hand. I turned it over. Its centre was smudged with a dark stain. It appeared that someone may have held the stone in their hand and rubbed it (and rubbed it) with the back of a thumb.

‘Can I have this?’ I asked my friend.

‘Of course,’ she answered. ‘It’s a good choice for you.’

The stone now sits on my writing desk. I often hold it in my hand when I’m thinking about the words I want to write (as I’m doing now). I have thought with the stone about life and death and my love for my friend, who misses her father so deeply. The stone has affected my thoughts on climate justice, which is a key area of my academic and community research. What I have come to understand about the stone is that it is stronger than me — and you. It is also patient and thoughtful to an extent that human society
appears to be incapable of. If we manage to destroy ourselves in the future, and destroy non-human species and vital ecological systems in the process, it will be because we don’t possess the humility and wisdom of the stone. Unfortunately, many in positions of power and influence appear most ill-equipped to recognise this. The stone has invited me to reflect on love, and on death, including my own. The stone also reminds me that seemingly inanimate and soulless objects have guided me throughout my life, particularly when I am reaching for understanding.

IF I WASN’T born to forage, I was taught to from a very young age. Growing up in the inner Melbourne suburb of Fitzroy in the early ’60s, we were very poor. (As poor as a Monty Python shoebox.) We were always a gleaning family, out of necessity. The open fire in our two-room terrace was fed with scraps of wood we gathered from the streets, empty houses and vacant blocks. Coming home from school of an afternoon, if my older sister and I spotted an eight-foot long plank of wood, we’d pick it up, cart it home and add it to the woodpile in the yard. My brother and I collected scrap metal – lead, copper and brass – and sold it to a dealer who had a yard behind a pub on Brunswick Street. People collected beer bottles and old rags for sale, while some – women in particular – were late-night veterans of the ‘snowdropping’ business, which involved catching a tram to a wealthy suburb and returning home with a sackful of bedsheets stolen from a clothesline. The linen was then sold to pawnshops.

Such finds, whether a length of splintered wood or a more valuable item, were not for ‘keeps’, of course. They were sold, melted down or burnt in order for us to survive. If they held a story of value, well, we couldn’t afford to hold onto them. I later came to cherish the narrative power of objects through my grandmother, Alma, who introduced me to op-shop fever, an ailment I continue to live with sixty years later. From the age of around four or five, hand in hand with my Nan, I’d walk from Fitzroy to the Salvation Army’s ‘Anchorage’ in Abbotsford, around a mile and half in the imperial measurement of the time. The Salvos’ second-hand business could not be described as a ‘shop’ or ‘store’, but a series of rusting corrugated-iron sheds on the bank of the Birrarung. Each shed was dedicated to particular items: ornaments, household furniture, books and comics, and children’s clothing. Nan and I would move from shed to shed, with the rule that I could buy one book, one comic and one item of clothing. She liked to spend her time
in the ornaments shed, searching for a vase, or a gravy dish perhaps, that she could add to the mirror-backed, glass-fronted cabinet in the front room of her Fitzroy house. Once an item went into the cabinet, it stayed there, never used and rarely touched – any item put into the cabinet was for ‘show’.

I loved my books and comics, but most of all I sought out a T-shirt or jumper, especially a warm woollen jumper, largely for practical purposes. Winters in our house and on our street were cold. A jumper provided warmth. A jumper purchased second-hand was my jumper, not one that had been handed down to me by my older brother. And when I put a thick woollen jumper over my head as a small child, my body felt protected, both emotionally and physically. Woollen jumpers became my security blanket, and that desire for fabric has never left me. I have a cupboard full of woollen jumpers at home. Some have been collected from the op-shops I continue to visit each week. Others bought new are quite expensive. Any time I become particularly anxious, or feel the desire for ‘comfort clothes’, I put one of my jumpers on. (Summer is not my favourite season.) Recently, while experiencing a near emotional collapse, a crafted woollen object rescued me.

I was in a Victorian country town on an autumn morning as a guest of the Clunes Booktown Festival, which I’d been invited to some months previously. My younger brother had died a few weeks before the festival. I had begun to write about him, as it was my only means of understanding, if at all, what I was experiencing. I have since written about his death several times, with each essay building on the previous one, including conscious repetition (which I am doing now). The essays focus on walking country, travelling and remembering, with my brother at my side. Perhaps I am not repeating myself, but rather engaging in the act of reiteration as a means of paying my respect to his life?

Immediately after my brother’s death I cancelled several commitments, took weeks away from work and spent as much time as I could with my grieving mother. I had simply forgotten to cancel Clunes and felt obliged to attend when I was reminded about the festival only days before it was to begin. I drove there with Sara. Clunes is a ‘gold rush’ town in north-west Victoria and proudly carries the title of ‘Booktown’. On arrival, we parked the car alongside a bluestone church above the town. It was a cool and clear morning. Walking down the hill towards the festival, I suffered what I could only explain as an anxiety attack. I needed to sit down. I enjoy writing-and-reading festivals and I love the warmth of audiences. But, sitting on a bench in the main street of Clunes, I suddenly realised that I would be incapable of
performing at all. I wanted to go home and hide. Sara suggested that a coffee might pick me up, although she was also ready to leave and drive me home if that was what I decided.

We went for a walk and I bought a café latte, an object of right-wing disdain. I took a sip and felt a little better. We spotted a craft stall selling woollen products: scarves, gloves and beanies. My eye was drawn to a ‘naturally dyed’ beanie, chocolate and (sort of) aqua coloured, with a chocolate pompom on top. I picked the beanie up and held it in my hands. The wool was soft, the texture rich. With the permission of the woman standing behind the stall, I put the beanie on. It wrapped itself gently around my head. Feeling immediately comforted and secure, I smiled at Sara and said, ‘Let’s go.’ We walked back up the hill, into the Clunes Town Hall, where we were met by a room crowded with generous people.

AS WE GROW older, some of us begin to dispose of our possessions. Others continue to hoard. Thinking back to the table of objects at the funeral I attended, I experienced it as a generous and communal gesture, yet another act of reciprocity and energy. My stone continues to teach me about the contrasts between humility and arrogance, between the world we are wilfully attacking and our self-destructive stupidity. The stone has also sharply focused my attention on the deep value of my relationships with other people. My friend who lost her father has been in a state of grief since his passing. When I hold the stone, or glance at it sitting on my desk, I think of my friend and I am reminded that she is in my care, as I am in hers. The thought strengthens me and gently reminds me to remain aware of my obligation to her. For this, I can thank the stone and the man who first picked it up and held it in his hand.

As I write this I am sixty-two years of age. (That’s old for an Aboriginal man!) I have five children, two grandchildren and a loving partner. I don’t drink or smoke and I have been running for forty years or more. I do not fear death at all, but I’m not thinking of going anywhere soon, seeing as I have things to do. When the British actor Bill Nighy was asked why he’d given up smoking, he said he was not ready to die as he loved football and would like to see a few more European Cup finals. I’ve always been a lists person. I love them. I won’t bore you with the more idiosyncratic lists I’ve created over the years, except to say that I can state Robert De Niro’s ‘ten best’ and ‘ten worst’ movies by heart. My ‘need to still be here’ lists include a desire to show love for my family, an absolute need to go to the football and scream,
to read at least some of the thousands of books gathered on the shelves around the house, to see another Koreeda movie, to run along the Birrarung at least once a week, to ride my pushbike hands-free and, yes, to visit op-shops and return home with a new find.

On 4 July 1996, my grandmother, Alma, was in St Vincent’s Hospital in Fitzroy, dying of renal failure. Although I was a grown man, about to turn forty, I sat by the window of her room on the tenth floor, a child again, looking over the streets of our shared life. She passed away that night. My mother decided that our first task after her death was to empty out her Housing Commission flat and scrub it clean. When my younger brother died last year, my two sisters performed the same ritual in his government flat. Whatever else might be said about a working-class Aboriginal-Irish family, we’re fucking spotlessly clean!

My grandmother’s flat was crowded with the objects she’d collected from op-shops over sixty years. The family gathered at the door of my grandmother’s flat and my mother said, ‘Each of you pick something of love. The rest we pack up in boxes and drop at St Vincent de Paul’s in Collingwood.’ My initial thought was that it was reckless of my mother to sweep away Nan’s possessions so soon, and my older sister felt the same, whispering to me, ‘Shit. Nan’s not even cold yet.’ Our feelings shifted to acceptance, and subsequently deep satisfaction once each of us had chosen our love pieces. I picked a ceramic teapot mat, an ancient stone hot water bottle and a squat glass jar that my Nan would fill with tomato sauce so that we could sit around her kitchen table and dip our hot chips into it. Once the selections had been completed, everything else went to the op-shop. A week later, I walked into that op-shop and noticed a young woman pick up an orange-coloured flower vase that had belonged to my grandmother. She held it up admiringly. Light passed through the vase and the woman’s face glowed with happiness. She paid for the vase and took it home.

When my brother died and his flat was emptied, we took the goods we’d each decided to keep around the corner to my mother’s house. There were three guitars, two crucifixes and several books, including a copy of my short story collection Common People (UQP, 2017), which was sitting on the side table next to his bed on the morning I found him dead. The rest of his stuff, including all his furniture, cooking pots, crockery and cutlery, we began putting in the street out the front of his housing block. Other tenants, admiring the goods with a sense of disbelief that we would just give it away, asked politely and with genuine respect if it was okay to choose items to take
home. A sense of communal joy soon erupted. My younger sister invited people into the flat to take whatever they wanted, explaining, ‘My brother would be so pleased about this.’

My brother loved music and had played guitar for fifty years. My sisters allowed me to take his acoustic guitar home as long as I promised that I would learn to play it, which I am determined to do. I walked home with the guitar under my arm, wondering what would happen to my own stuff when I died. The books will continue to be treasured and read, I’m sure. But I’m less confident about a continued life for the large vase full of the beach glass I’ve been collecting for many years. I’m equally concerned for the bowls of pine cones scattered around the house. I suffered a pine cone collection addiction for many years, a habit I withdrew from until my brother’s death. I took it up again so that he could come collecting with me. My grandson, Archie, is fourteen months old. Recently, I introduced him to the pine cone collection, naming them individually, hoping for attachment on his part. I have also taken him on his first pine cone forage in Carlton Gardens, near my home. My motivation, of course, is that when I die (which I hope will not be too soon) and they come to sweep my life away, Archie will intervene, say ‘Not so soon’ and rescue my pine cones.

I don’t know what will happen to my woollen jumpers, scarves and beanies. If I was able to choreograph my own wake (as my mother has done in a lengthy list), or if this was a short story I was writing for you rather than non-fiction, I would die during a cold winter and my family would be gathered around a fire reminiscing about my life. My children, Erin, Siobhan, Drew, Grace and Nina, would each be wearing a ‘Tony Birch find’ (as I refer to the jumpers); my grandkids, Isobel and Archie, would be each be wrapped in one of the many brightly coloured scarves I’ve collected; and Sara would be wearing the precious striped beanie that saved me on a beautiful morning in Clunes.

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MY NAN WAS an active, outgoing, engaged senior citizen. She gardened, kneeling on a foam pad to protect the skin of her knees and her fragile bones, honeycombed with osteoporosis. She read books, the newspaper, did the crosswords. She looked after her neighbours’ children for an afternoon here and there, keeping those exuberant little minds occupied while their mothers and fathers worked or shopped or did the frantic tasks that parents squeeze into their tiny slices of child-free time.

She lent an ear – and sometimes a shoulder – to her granddaughter, listening patiently to my love woes, and offering such wise insights that I was sometimes taken aback by her modernity.

She sat among her raucous grandchildren at regular family get-togethers, a faint smile on her face that conveyed her joy at being in the midst of the happy banter, even when she didn’t always understand what we were talking about. She cared for her husband through more than a decade of dementia and managed his worsening and sometimes dangerous confusion.

She was doughty, bright eyed, determined. We all hoped she’d have a decade of quality ageing after Pa died; still active, still sharp, still Nan.

Then a stroke felled her while she ate dinner at a neighbour’s house. She was active, outgoing, engaged – until she wasn’t.

Nan left her beloved neighbourhood in an ambulance. She never returned. Her last year of life was spent in slow, sad, uncomfortable decline in
a care facility, trapped in a wheelchair or bed, struggling with nausea caused by the damaged part of her brain. We all visited her as much as we could, but leaving her there each time we departed was like cutting off a small piece of our hearts. This was not how it was supposed to go.

THERE IS THE promise of ageing, and then there is the reality.

The promise is tanned, linen-clad bodies – softer around the edges, but still a silhouette to be proud of – white teeth, confident smiles, full heads of silver hair gently stirred by coastal breezes, a late-afternoon sun shining on a beach walk or exercise in the residential-village pool. It’s medications to lower cholesterol, blood glucose and blood pressure, raise bone density and stabilise heart rhythms, soothe arthritic joints and quell the increasingly strident litany of petty aches and pains. It’s surgical procedures to replace joints and valves, even entire organs, and unblock clogged blood vessels.

But the gap between that promise and the experience of ageing for so many Australians – including my nan – is so profound that no amount of marketing or airbrushing can hide the cracks.

The reality is that around half of all Australians aged sixty-five years or older experience some form of disability. Among people aged eighty-five or above that figure rises to around 80 per cent. Men and women are differently impacted by severe age-related difficulties: 15 per cent of men and 22 per cent of women aged sixty-five and above need help with self-care, mobility or communication, rising to nearly two fifths of men and more than half of all women aged eighty-five and upwards.

The proportion of people who judge their health as fair or poor increases with greater age: from one quarter of people aged sixty-five to seventy-four to just under a third in the seventy-five to eighty-four age bracket, and just over a third of those aged eighty-five or over. The greatest burden of disease impacts sixty-five to sixty-nine-year-olds. This era is often anticipated as the prime time of post-retirement, but instead many grapple with heart disease, cancer, neurological conditions such as dementia and Parkinson’s disease, musculoskeletal conditions such as arthritis, and lung disease.

The unit used to measure the burden of disease is ‘disability-adjusted life years’ or DALY: this is what the World Health Organization describes as ‘one lost year of “healthy” life’. It’s a composite of time lost to premature death and time lost to disability, and it represents the gap between an ideal health
situation ‘where the entire population lives to an advanced age, free of disease and disability’, and the actual, current health and wellbeing of a population.

In 2011, Australians aged sixty-five or over were denied more than 1.8 million of these DALY years. For every 1,000 people aged sixty-five and above, 600 years of ‘healthy’ life were lost. Nearly two thirds of this loss was terminal – the result of people dying prematurely from disease. The other third represented years where people might have expected to be living it up, free of work and with savings to spend – only to find themselves hampered by disease or disability.

Longevity is good if those additional years of life are healthy, happy and satisfying, says researcher Professor Nicolas Cherbuin, head of the Centre for Research on Ageing, Health and Wellbeing at the Australian National University in Canberra. But ‘it’s not terribly useful if it’s to prolong pain and disability’, he says. ‘And what we find is that the substantial portion of the added life years are actually additional years with disability, and in this sense they’re not as satisfying and as productive as if they were years of healthy life.’

A century ago, we had pretty low expectations of old age. Most of us would have been lucky to make it to sixty, having long since succumbed to infectious disease, injury, hardship, childbirth or cancer. We didn’t live long enough to worry about heart disease, dementia, falls, osteoporosis or strokes. Which is not to say everyone died relatively young. Cherbuin says there is evidence that even thousands of years ago, some lucky humans lived into their seventies or even eighties, but far, far fewer than do so now.

Today, modern hygiene and medicine – at least in high-income countries and societies – have largely beaten infectious disease with vaccines, antibiotics and antivirals. We have reduced maternal and child mortality with advances in obstetric medicine and avoided injury with safety practices – and while we haven’t beaten cancer, we certainly have it on the back foot. We’ve cheated evolutionary selection pressures with technology, or at least changed the odds to be much more in our favour.

But we all have to die of something. The lucky ones go quickly, like my other grandmother who lived a mostly healthy and active life until a ruptured blood vessel took her with shocking but merciful suddenness.

WHY DO WE age? The American humanist Leon Kass wrote that ‘mortality makes life matter’. The countdown – whether measured out in Prufrock’s
coffee spoons or felt in every new ache or wrinkle – reminds us that we only have a finite time in this world and we should therefore get on with it, whatever our own ‘it’ might be.

Ageing is the tick-tock of a cellular clock. Each time a cell divides to create identical twins, it is one tick closer to what is called the Hayflick limit, after its discoverer Leonard Hayflick. In 1960, Hayflick overturned the existing dogma that cells could divide ad infinitum, instead demonstrating that a typical cell had around fifty divisions in it, coded into its genetic blueprint. Once it reaches that limit, a cell enters a state called senescence: it can divide no more and ceases to fulfil its biological role. As we age, these senescent cells accumulate, contributing to an overall decline in function in ways that are still relatively poorly understood.

The machinery of life also becomes creaky and unreliable with age. One of the most important tasks of this cellular machinery is to produce the proteins that keep life going. Sometimes – increasingly as we age – this machinery makes mistakes, producing aberrant proteins that are discarded and cleaned up by cellular cleaners. But as Cherbuin explains, as we age, this machinery starts to make more and more mistakes.

‘At the beginning these things are fixed as they go and very little damage is left behind,’ he says. ‘But it’s this little damage that just impairs slightly the cleaning mechanisms, the fixing mechanisms.’ As that damage piles up, it makes our bodies age.

At the same time, the genetic material that runs the show is subject to a host of environmental factors – some beyond our control, some partly under our control and some self-inflicted – that can increase the rate of these mistakes.

Our awareness of how big an impact such factors have on the ageing process has changed considerably. ‘We thought we could not do anything about ageing, that our body works in the way it works…and this has been really a prevalent thought for much of the last century,’ Cherbuin says. ‘It’s really only in relatively recent times that we’ve realised that in fact there is a great deal we can do about ageing, and that ageing is modulated by exposures to different risk factors.’

Unfortunately, many of those risk factors are lifestyle related, which make them both very easy and very difficult to alter. We could exercise more and spend less time sitting, but we don’t. We could eat more vegetables and
wholegrains, but we don’t. We could drink less alcohol, smoke less tobacco, protect ourselves from the sun more, eat less red meat, but we don’t. We know what’s good for us, but bad habits are tough to break.

SO HAVE CENTENARIANS got the secret? Are those fortunate few – around 12,000 Australians in 2020 – who make it to one hundred years of age in possession of the secret to a long and healthy life?

A century ago, there weren’t enough centenarians to begin exploring, let alone answering, this question. But with increasing lifespans and longevity, there is now a big enough cohort that researchers can investigate the still relatively unique phenomenon of extreme long life. It’s what underpins the Sydney Centenarian Study at the University of New South Wales’s Centre for Healthy Brain Ageing, which has 410 Sydneysiders currently enrolled from all walks of life, predominantly female, and all at least ninety-five years old. Every six to twelve months, these volunteers answer detailed questions about their medical history and status, mental and cognitive state, diet, physical activity, social participation and social functioning.

Theirs is an altruistic contribution to humanity, says study co-ordinator Dr Catherine Browning. ‘The research that’s coming through, and the knowledge of the things that might help us…are informing the younger generations more than they’re informing the centenarians that I talk to,’ says Browning. But the participants in the study understand its importance.

‘We’re working on this to predict what might help us to age better, rather than to just age and live with what our lot is in life.’

The secrets to longevity are not as exciting as one might imagine, having glimpsed the occasional centenarian on television over the years insisting that the elixir of long life is a tot of whisky before bed every night. That’s not (unfortunately) one of the options on the list of factors that study participants are given to choose from when asked what they think is the most important factor in their longevity.

It turns out physical activity is what one third of these centenarians credit with keeping the grim reaper at bay. ‘They can reflect on their lives as being physically active, either incidentally through their work or deliberate exercise like swimming in the ocean every day, or taking a walk,’ Browning says.

Physical activity is as close to a magic bullet for the diseases of ageing as we’re going to get, at least for the time being. There’s a growing body
of evidence that physical activity in midlife is associated with better brain health in older age. It’s also associated with a lower risk of heart disease — or, rather, physical inactivity is associated with a higher risk of heart disease — and lower risk of the symptoms of anxiety and depression. But the evidence isn’t always consistent: the Whitehall II study, a large UK study of over 10,000 civil servants who were followed for an average of twenty-seven years, did not find a protective effect of exercise against dementia. However, they did find that people who went on to develop dementia exercised less in the nine years leading up to their diagnosis, and suggest that maybe as people feel the early effects of dementia, they go out and exercise less. At the same time, other studies have found an association between fitness in older adults and improved brain function. The possibility is that exercise improves cardiovascular fitness, and that in turn reduces the risk of dementia, but it’s a tricky and complex association to tease apart, especially when you take into account other risk factors such as smoking and diet.

The second most favoured ingredient for a long and healthy life is the company you keep, and how often you keep it: 16 per cent of the Sydney Centenarian cohort believe that their relationships are the thing that keeps them going. Scientific research supports this, at least for men: married men are healthier and live longer than unmarried men, and they’re less likely to die from heart disease. Women haven’t always enjoyed the same health and longevity benefits from marriage, but curiously that appears to be changing: in the past few decades, married women have edged in front of single women in lifespan, although no one is quite sure why the switch has happened. One suggestion is that in the past, married women were largely confined to home responsibilities, but the recent advances in female workforce participation have seen the health benefits of marriage shared more equally between men and women.

And in a close third place is diet and nutrition. ‘We’ve got a few participants in our study who immigrated to Australia after the Second World War and some of them are from Europe, so we often hear of the Mediterranean diet or Mediterranean-type diet,’ Browning says. ‘They’re very proud to tell me that that’s how they’ve lived all their life and they have that knowledge… that nutrition is important.’ Science backs this up: there is now a wealth of evidence that a diet of vegetables, fruits, wholegrains, beans, nut and seeds,
and olive oil each day, plus fish, poultry and eggs on a weekly basis supplemented by moderate amounts of dairy and limited red meat, is best for the heart. And what’s good for the heart is also good for the mind.

But the study also gives its centenarians the opportunity to tell researchers, in their own words, what they think their secret to longevity is. And ‘a lot of them say it’s luck,’ says Browning. ‘Some of them are just bewildered and stumped, and they say that they were lucky.’

Perhaps most important of all is picking your parents wisely. Browning says their research suggests around 30 per cent of longevity comes down to your genes.

HEARTS AND MINDS. These are the things that so often betray us in old age, if we manage to dodge the cancer bullet. Cancer might be the second leading cause of disease burden in the over sixty-fives, but its prevalence actually decreases after a peak around retirement age. Data from the US shows that around one quarter of new cancers are diagnosed in people aged sixty-five to seventy-four, but only 7.8 per cent are diagnosed in those over the age of eighty-four.

But one in ten Australians aged over sixty-five has dementia. It’s the single biggest cause of disability in the over sixty-fives, the second leading cause of death in Australia overall, and the numbers are increasing. This phenomena may well be a function of people living longer – dementia is most commonly a disease of older age – but it could also reflect increasing rates of cardiovascular disease and diabetes in the population, which are thought to play a role in causing dementia.

Dementia is the most feared diagnosis of older age, says Dr Katya Numbers, study co-ordinator for the Sydney Memory and Ageing Study at the Centre for Healthy Brain Ageing at UNSW. In 2000, this study enrolled around 1,000 individuals aged between seventy to ninety years, without dementia, and has been following them ever since.

‘There’s a real feeling of inevitability associated with dementia in our cohort,’ Numbers says. ‘There’s a lot of worry about feeling like they’ve noticed signs of decline, a lot of talk about parents and family members who have had dementia.’ Part of the challenge in understanding, preventing and treating dementia is that ‘dementia’ is actually an umbrella term for a complex range of patterns of neurological degeneration and symptoms.
There’s Alzheimer’s disease, vascular dementia, frontotemporal dementia, Parkinson’s disease with vascular dementia and Lewy body disease, to name just a few. Some present in middle age, some in older age. Some are associated with memory loss and confusion, others with personality changes and hallucinations. All have different presentations, different features, different pathologies and different origins, although the causes of dementia in whatever form is a wide-open question.

‘What we’re finding more and more, especially as people are living longer and longer, is there’s almost no such thing as a pure dementia,’ Numbers says.

One factor that does stand out as being common to many forms of the disease is heart health. Studies suggest that the risk factors for heart disease – high blood pressure, smoking and diabetes – are also risk factors for dementia.

Heart disease was responsible for 27 per cent of all deaths in Australia in 2017, and one in six Australians is affected by it. It’s the leading cause of death in people aged sixty-five and older, accounting for 13 per cent of all deaths in older Australians. And it becomes more prevalent with age: just over one third of Australians aged fifty-five to sixty-four have heart disease, but two thirds of those aged seventy-five and older.

Here’s the rub: modern medicine is actually very good at preventing and treating heart disease. Research tells us clearly what needs to be eaten, done or avoided to reduce the risk in midlife. There are medications to reduce all the risk factors for heart disease – cholesterol, blood pressure, blood sugar – and there are interventions to open up plaque-blocked arteries around the heart to allow the oxygen-carrying blood to nourish those essential heart muscle cells without interruption. We know this stuff. Doctors know this stuff, and they’ve done so for a long time. As far back as the seventeenth century a physician observed that heart disease was linked to reduced blood flow through the arteries of the heart. The concept of atherosclerosis – the build-up of plaque in the arteries of the heart – was introduced in 1949, and in the 1950s the connection was made between low-fat diets and low rates of heart disease.

So why are so many older Australians still suffering with and dying from heart disease?

Cardiologist Dr Sonali Gnanenthiran has long been perplexed by this apparent contradiction. Her research suggests that a big part of the problem is that while the elderly are the main victims of heart disease, the disease is studied and its treatments tested in younger people – those of middle age.
‘Most cardiovascular disease events actually happen in the elderly but when you look at studies, recruitment of the elderly is usually very small; if you’re lucky it’s a third, but usually far less,’ says Gnanenthiran, a visiting medical officer at Canterbury Hospital, who also works at the Sydney Adventist and Concord hospitals. This is problematic because the risk factors for heart disease in the elderly, and the way it behaves, seem to be quite different to those risk factors and behaviours observed in younger – middle-aged – people.

‘Going through the factors that contribute to cardiovascular disease, the things that we understand as being predictive, such as blood pressure and cholesterol, are actually less predictive in older people,’ she says. Take blood pressure. While there’s understandable focus on reducing high blood pressure as a risk factor for heart disease, there’s now emerging evidence that lowering it too aggressively in older people is associated with a higher risk of death.

The same pattern is emerging for cholesterol. A recent study by Gnanenthiran and colleagues found that low total cholesterol – a composite of the so-called ‘good’ HDL cholesterol and ‘bad’ LDL cholesterol and triglyceride levels – is actually associated with an increased risk of major heart disease events in men aged seventy years and older. They suggest that low cholesterol in these older men could actually be the result of frailty or underlying disease, such as cancer or infection, which might explain the association with increased risk of heart disease because these conditions are all mediated in various ways by inflammation.

The gold standard method for working out an individual’s risk of experiencing a heart disease event, such as a heart attack, has long been an algorithm called the Framingham Risk Score. This takes into account blood pressure, cholesterol levels, smoking and gender to predict the risk of a heart attack within ten years, and therefore guide decisions on preventive treatments such as blood pressure-lowering or cholesterol-lowering medications. The data used to develop this algorithm came from a landmark, ongoing, multi-generational study of a group of (mostly white) residents of the town of Framingham in Massachusetts. But, as Gnanenthiran points out, that study only includes people aged thirty to sixty-two at study entry.

‘They incorporate traditional cardiovascular risk factors but fail to account for changing distribution of cardiovascular risk factors in the elderly,’ she says. Just being old is considered a risk factor for heart disease, but the
algorithms designed to predict that risk aren’t taking those same elderly into account. Gnanenthiran and her colleagues are working on their own cardiovascular risk model specifically designed for elderly populations that takes into account other factors such as frailty, and looks at death from all causes rather than just cardiovascular causes. The aim is to take a more holistic view of health in the elderly, she says: ‘There’s no use putting someone through a complex coronary intervention if they’re going to die next month from bleeding.’

ANTI-AGEING IS BIG business. Whether it’s creams, supplements, extreme fad diets, therapies such as cryotherapy or vitamin infusions, or even more extreme experimental treatments such as injecting oneself with essence of monkey testicles (don’t try this one at home), there is an endless supply of largely unproven or even untested therapies purporting to keep the body fresh and youthful.

Medicine is also on this quest, hunting for that miracle molecule that will wind back the cellular clock. Professor Elizabeth Blackburn won the 2009 Nobel Prize in Physiology or Medicine for her discovery that the tips of our chromosomes – called telomeres – wear down with age, but there is an enzyme, telomerase, that can slow or even reverse that process. Blackburn has argued that stress, poor diet, poor sleep and lack of exercise all contribute to the demise of those telomeres. But, inevitably perhaps given our desire for a quicker easier fix, there are companies selling telomerase as an anti-ageing treatment – despite the lack of evidence that such an approach works or is even safe.

Some existing medications, such as metformin – a common treatment for diabetes – are showing signs in animal studies that they may have life-prolonging benefits beyond their anti-diabetic effects. Another compound that caused some excitement – possibly because red wine is a rich source – is the antioxidant resveratrol. But again, the studies are often preclinical – meaning they’re done in cell cultures or animals, not humans – so the leap to real-world outcomes in humans is a big one.

One area of research into anti-ageing compounds has Nicholas Cherbuin intrigued. Senolytics – drugs that target the senescent cells accumulating in the ageing body – are generating excitement in research and investment circles, leading to predictions that these drugs might be available in five to
ten years. The principle is that these drugs help to clear out those senescent cells – or ‘zombie’ cells, as is their new and catchy descriptor – therefore reducing their toxic effects.

One of the few human studies that used a combination of the two senolytic compounds, dasatinib and quercetin, in people with a lung-scarring disease called idiopathic pulmonary fibrosis, suggested improvements in walking distance. But it was a small study without a control group for comparison, so the results are not a resounding endorsement. They are, along with studies in mice, certainly intriguing. But there is a long research path to be walked, and the usual pitfalls that claim so many promising new therapies before they make it to commercialisation still need to be overcome.

I’M IN MY forties. I’m starting to feel a few unexplained aches and pains; I might expect more in later life. My eyes have lost a bit of their clarity in the past year or so. My hair is edging towards what might charitably be called ‘salt and pepper’. I’m a bit more careful of flinging my body around in space than I might have been twenty years ago. I’m also acutely aware that the lifestyle train I set in motion now will probably decide the course of my later life, so I have started running; I drink less alcohol; I try – but usually fail – to resist the lure of butter.

I feel like I’m doing the right things to increase my odds of a healthy and productive older age, but I also know that’s mainly wishful thinking. There are still so many ‘known unknowns’ and especially ‘unknown unknowns’ in my biological future that I may have only tipped the scales slightly in my favour.

For all the promise of research and medicine, and many drops of anti-ageing snake oil, there is still a long way to go before every limitation or indignity of ageing can be banished, if that is even possible to achieve. And for all our fears about ageing, the alternative is far less attractive.

I’ve heard it said that the best thing to do if you want to live a long and healthy life is pick your parents carefully. And so, in that respect, I am lucky.

‘I don’t feel seventy-two,’ says my mother, sitting across from me at the kitchen table, both of us nursing cups of tea. ‘When I think of what my image of a seventy-two-year-old would be, it’s someone old.’ She laughs at the incongruity of that statement. ‘I think of my grandparents being seventy-two, and being old and dithery.’
From her perspective, my mother is pretty happy with the hand that ageing has dealt her. She’s mobile — so much so that most of the time I have no idea where she or my father might be in Australia, let alone on the planet. She eats well, she enjoys the many delights that Australia’s cultural scene has to offer, she spends plenty of time with her grandchildren, and she’s still as sharp and feisty as she was when I was a child.

Like many of her generation, she dreads dementia, especially after seeing it rob her father of his mind over more than a decade. She also carries a heavy burden of grief over Nan’s — her mother’s — last year in the nursing home, and the injustice of her suffering just to prolong life by a few more months.

But Mum is not afraid of dying.

‘We do have to accept that everyone dies,’ she says. She has a fierce objection to the idea of prolonging life at all costs. There is a finite amount of money in the health budget, ‘and I don’t think it should be spent on someone who’s lived a good life for eighty years, just to live another four or five years,’ she says.

‘If I’ve reached eighty and I’ve been like this? Brilliant. What a great life and I’m happy for it to finish.’

For references, see griffithreview.com

THE BIOLOGICAL BASIS of ageing can be traced to its beginning four billion years ago in a gene circuit in the first life forms that provided a survival advantage by turning off cellular reproduction while DNA was being repaired. One gene turns off reproduction; another makes a protein that turns off the first gene when it is safe to reproduce. When DNA breaks, the protein made by the second gene leaves to repair the DNA. As a result, the first gene is turned on to halt reproduction until that repair is complete.

The fossil record in our genes goes a long way to proving that every living thing that shares this planet with us still carries this ancient genetic survival circuit, in more or less the same basic form. It is there in every plant. It is there in every fungus. It is there in every animal. It is there in every animal.

I propose the reason this gene circuit is conserved is that it is a rather simple and elegant solution to the challenges of a sometimes brutish and sometimes bounteous world that better ensures the survival of the organisms that carry it. It is, in essence, a primordial survival kit that diverts energy to the area of greatest need, fixing what exists in times when the stresses of the world are conspiring to wreak havoc on the genome, while permitting reproduction only when more favourable times prevail.

And it is so simple and so robust that not only did it ensure life’s continued existence on the planet, it ensured the Earth’s chemical survival circuit was passed on from parent to offspring, mutating and steadily improving,
helping life continue for billions of years, no matter what the cosmos brought, and in many cases enabling individuals’ lives to continue for far longer than they actually need to.

The human body, though far from perfect and still evolving, carries an advanced version of the survival circuit that allows it to endure for decades past the age of reproduction. While it is interesting to speculate why our long lifespans first evolved – the need for grandparents to educate the tribe is one appealing theory – given the chaos that exists at the molecular scale it’s a wonder we survive thirty seconds, let alone make it to our reproductive years, let alone reach eighty more often than not.

But we do. Marvellously – miraculously – we do. But there is a trade-off. For this circuit within us, the descendant of a series of mutations in our most distant ancestors, is also the reason we age.

And yes, that definite singular article is correct. It is the reason.

If you are taken aback by the notion that there is a singular cause of ageing, you are not alone. If you haven’t given any thought at all as to the way we age, that’s perfectly normal too. A lot of biologists haven’t given it much thought either. Even gerontologists, doctors who specialise in ageing, often don’t ask why we age – they simply seek to treat the consequences.

This isn’t a myopia specific to ageing. As recently as the late 1960s, the fight against cancer was a fight against its symptoms. There was no unified explanation for why cancer occurred, so doctors removed tumours as best they could and spent a lot of time telling patients to get their affairs in order. Cancer was ‘just the way it goes’, because that’s what we say when we can’t explain something.

Then, in the 1970s, genes were discovered that when mutated cause cancer. These so-called oncogenes shifted the entire paradigm of cancer research. Pharmaceutical developers now had targets to go after: BRAF, HER2, BCR-ABL. By devising chemicals that specifically block tumour-promoting proteins, we could finally begin to move away from using radiation and toxic chemotherapeutic agents to attack cancers at their genetic source, while leaving normal cells untouched. We certainly haven’t cured all types of cancer in the decades since, but we no longer believe it’s impossible.

In May 2010, a group of nineteen scientists meeting under the auspices of the Royal Society in London moved towards a provocative consensus:
that ageing is not an inevitable part of life, but rather a ‘disease process with a broad spectrum of pathological consequences’. In this way of framing the issue, cancer, heart disease, Alzheimer’s and other conditions we commonly associate with getting old are not necessarily diseases themselves but symptoms of something greater.

That greater phenomenon is ageing itself; it is the disease that disables 93 per cent of people over the age of fifty. On 18 June 2018, when the World Health Organization (WHO) released the eleventh edition of the *International Classification of Diseases* (ICD-11), it included a new disease code:

**MG2A Old Age**
- old age without mention of psychosis
- senescence without mention of psychosis
- senile debility

Every country in the world is encouraged to start reporting using ICD-11 on 1 January 2022. Which means it is now possible to be diagnosed with a condition called ‘old age’. Countries across the world will have to report back to the WHO on who dies from ageing as a condition.

IF WE ARE to make real progress in the effort to alleviate the suffering that comes with ageing, what is needed is a unified explanation for why we age, not just at the evolutionary level but at the molecular level.

About a decade ago, the ideas of leading scientists in the ageing field began to coalesce around a model that suggested there were eight or nine hallmarks of ageing: genomic instability; attrition of protective chromosomal endcaps called telomeres; alterations of the epigenome; loss of healthy protein maintenance; deregulated nutrient sensing; mitochondrial dysfunction; accumulation of senescent zombie-like cells; exhaustion of stem cells; the production of inflammatory molecules. There is little doubt that the list of hallmarks, though incomplete, comprises the beginnings of a rather strong tactical manual for living longer and healthier lives. Interventions aimed at slowing any one of these hallmarks may add a few years of wellness to our lives. If we can address all of them, the reward could be vastly increased *average* lifespans.
Finding a universal explanation for anything doesn’t occur overnight. Any theory that seeks to explain ageing must not just stand up to scientific scrutiny but provide a rational explanation for every one of the pillars of ageing. A universal hypothesis that seems to provide a reason for cellular senescence but not stem-cell exhaustion would explain neither.

Yet I believe that such an answer exists – a cause of ageing that exists upstream of all the hallmarks. A singular reason why we age.

Ageing, quite simply, is a loss of information.

THERE ARE TWO types of information in biology and they are encoded entirely differently. The first type of information is digital, based on a finite set of possible values – in this case, not zeroes and ones like computers, but the four chemicals that encode information in DNA, known as A, T, C and G. Because DNA is digital, it is a reliable way to store and copy information. It can be copied again and again with tremendous accuracy – in principle no different to digital information stored in computer memory or on a DVD.

DNA is also robust – this ‘molecule of life’ can survive for hours in boiling water and be recovered from Neanderthal remains at least 40,000 years old. The advantages of digital storage explain why chains of nucleic acids have remained the go-to biological storage molecule for the past four billion years.

The other type of information in the body is analogue. We don’t hear as much about analogue information in the body – in part because it’s newer to science and in part because it’s rarely described in terms of information. But that was how it was first described when geneticists noticed strange nongenetic effects in plants they were breeding. Today, analogue information is more commonly referred to as the epigenome, meaning traits that are heritable but aren’t transmitted by genetic means.

In simple species, epigenetic information storage and transfer is important for survival. For complex life – from slime moulds, jellyfish and fruit flies to mammals like us – it’s essential. Epigenetic information is what orchestrates the assembly of a human newborn made up of twenty-six billion cells from a single fertilised egg and what allows the genetically identical cells in our bodies to assume thousands of different modalities.

If the genome were a computer, the epigenome would be the software. It instructs the newly divided cells on what type of cells they should be and
what they should remain, sometimes for decades, as in the case of individual brain neurons and certain immune cells. That’s why a neuron doesn’t one day behave like a skin cell, and a dividing kidney cell doesn’t give rise to two liver cells. Without epigenetic information, cells would quickly lose their identity, and new cells would lose their identity too. If they did, tissues and organs would eventually become less and less functional until they failed.

In the warm ponds of primordial Earth, a digital chemical system was the best way to store long-term genetic data. But information storage was also needed to record and respond to environmental conditions, and this was best stored in analogue format. Analogue data are superior for this job because they can be changed back and forth with relative ease whenever the environment within or outside the cell demands it, and they can store an almost unlimited number of possible values, even in response to conditions they haven’t encountered before.

The unlimited number of possible values is why many audiophiles still prefer the rich sounds of analogue storage systems. But these have a major disadvantage: analogue information degrades over time – falling victim to the conspiring forces of magnetic fields, gravity, cosmic rays and oxygen. Worse still, information is lost as it’s copied.

But don’t be disheartened by my claim that we are the biological equivalent of an old DVD player: that is actually good news. Although as anyone who’s tried to play or restore content from a DVD with a broken edge will know, what is gone is gone. But we can usually recover information from a scratched DVD. And if I am right, the same kind of process is what it will take to reverse ageing.

As cloning beautifully proves, our cells retain their youthful digital information even when we are old. To become young again, we just need to find some polish to remove the scratches.

This, I believe, is possible.

THE INFORMATION THEORY of ageing starts with that primordial survival circuit. Over time, the circuit has evolved. Mammals, for instance, don’t have just a couple of genes that create this circuit; there are more than two dozen of them within our genome. Most of my colleagues call these ‘longevity genes’ because they have demonstrated the ability to extend both average and maximum lifespans in many organisms. But these
genes also make life healthier, which is why they can also be thought of as ‘vitality genes’.

Together, they form a surveillance network within our bodies, communicating with one another between cells and between organs by releasing proteins and chemicals into the bloodstream, monitoring and responding to what we eat, how much we exercise and what time of day it is. They tell us to hunker down when the going gets tough, and they tell us to grow fast and reproduce fast when the going gets easier.

Now that we know these genes are there and what many of them do, scientific discovery has given us an opportunity to explore and exploit them; to imagine their potential; to push them to work for us in different ways. Using molecules both natural and novel, using technologies both simple and complex, using wisdom both new and old, we can read them, turn them up and down, and even change them altogether.

The longevity genes I work on are called ‘sirtuins’ — there are seven in mammals, and they are made by almost every cell in the body. These critical epigenetic regulators sit at the very top of cellular control systems, controlling our reproduction and our DNA repair. After a few billion years of advancement, they have evolved to control our health, our fitness and our very survival. They have also evolved to require a molecule called nicotinamide adenine dinucleotide, or NAD. The loss of NAD as we age, and the resulting decline in sirtuin activity, is thought to be the primary reason our bodies develop diseases when we are old but not when we are young.

Trading reproduction for repair, the sirtuins order our bodies to ‘buckle down’ in times of stress and protect us against the major diseases of ageing: diabetes and heart disease, Alzheimer’s disease and osteoporosis — even cancer. They mute the chronic, overactive inflammation that drives diseases such as atherosclerosis, metabolic disorders, ulcerative colitis, arthritis and asthma. They prevent cell death and boost mitochondria, the power packs of cells. They go to battle with muscle wasting, osteoporosis and macular degeneration. In studies on mice, activating the sirtuins can improve DNA repair, boost memory, increase exercise endurance and help the mice stay thin, regardless of what they eat.

Sirtuins aren’t the only longevity genes. Two other very well-studied sets of genes perform similar roles, which also have been proven to be manipulable in ways that can offer longer and healthier lives. Scientists have found
the longevity proteins that sense amino acid deprivation known as TOR in every organism in which they’ve looked for it. When all is well and fine, TOR is a master driver of cell growth. When it is inhibited, it forces cells to hunker down, dividing less and re-using old cellular components to maintain energy and extend survival – like going to the junkyard to find parts with which to fix up an old car rather than buying a new one. The other pathway is a metabolic-control enzyme known as AMPK, which evolved to respond to low energy levels. It has also been highly conserved among species, and we have learnt a lot about how to control it. These defence systems are all activated in response to biological stress.

Clearly some stresses are simply too great to overcome – step on a snail and its days are over. But here’s the important point: there are plenty of stressors that will activate longevity genes without damaging the cell, including certain types of exercise, intermittent fasting, low-protein diets and exposure to hot and cold temperatures. That’s called hormesis, and it’s generally good for organisms, especially when it can be induced without causing any lasting damage. When hormesis happens all is better than well because the little bit of stress that occurs when the genes are activated prompts the rest of the system to conserve, to survive a little longer. That’s the start of longevity.

Our ability to control all of these genetic pathways will fundamentally transform medicine and the shape of our everyday lives. Indeed, it will change the way we define our species.
Young Dawkins

**How the sky stays above us**

I am changing now
the congregation of years
not age so much as
a ripening view
and I
have started speaking to trees
one big gum
surely hundreds of decades
I stop and look hard
where peeling bark
reveals cambium whorls
like human fingerprints
and multiples of tiny crawling things
are not concerned
I say
thank you, Grandfather
for holding up this part
of the sky
for the shade and shelter
and after we kill them
we count the rings
marvel at what
must have been
cut me
and you’ll see
rings and deep bruises
imagine what put them there
but until
the long night comes
I am like that gum
hold up
my part of the sky
give shade and shelter
to those who come by

Young Dawkins is an American-born poet now based in Tasmania. His work has appeared in several American poetry journals, and his awards include the 2011 Scottish Slam Poet Champion and the 2014 Hobart City Slam Champion. His debut collection, *The Lilac Thief*, was published by Sargent Press in 2009. His work has previously been published in *Griffith Review 63* and *64*. He can be found at youngdawkins.net

‘Hi Mum,’ I say.

I lean over, kiss her forehead and pull up a chair. She’s in a dark-blue nightie and is lying on her side, legs drawn up beneath her like a dying bird, arms held out in front of her, bent at the elbows across her scrawny chest.

She pulls at a thread hanging from the sleeve. ‘Ny-ny-ny-ny-sh-sh-sh-sh-ny-ny-ny-ny-ny.’

At the same time, she is grinding her teeth, a sound as loud and harsh as a stick being dragged along a picket fence. In the background, a CD of meditation classics pipes from the small stereo on a side table.

I try her name, more brightly, but feel helpless. ‘Susie,’ I call. I stand over her again, forcing myself into her line of vision.

‘Yes,’ she says flatly, and I’m taken aback by the sudden acknowledgment. For a moment, it seems she’s recognised her own name.

But I cannot be sure, and her grey eyes don’t meet mine, or register my presence. ‘Ny-ny-ny-ny-ny-ny,’ she resumes. Her head lolls back and forth.

Suddenly, a deep exhaustion seems to fall upon her. She raises a hand to her brow, sticks her thumb in her mouth, falls silent, and her bowels open.

Sue is seventy-two. Alzheimer’s disease has chipped away at her for eighteen years. She has been a resident in this facility in Brisbane’s northern suburbs for the last five. She has been bedridden and unable to communicate for twenty-six months.
I have been here for barely fifteen minutes, which is about average these days. I call on a nurse to attend to her, apologise and retreat.

Passing through the lounge on the way out, another woman, probably a little older than Mum but not as advanced in her own decline, looks up at me hopefully from her chair.

I have come to know that look. Her in-built facial recognition software is searching frantically for a match, making me pause.

‘Are you here to see anyone special?’ she asks.

FOUR YEARS AGO, my mother asked me to kill her.

As she stumbled down the staircase of her own decline, she expressed the wish to end her life many times. On none of those occasions would she have possessed the legal capacity to make a request for assisted dying – had such laws existed in Queensland, and should they have provided for her illness.

What no one doubts is that she wished more than anything for her suffering to be relieved, if not ended.

Partly, it was because she knew too well what lay ahead. She had spent much of her career in aged care, with the Blue Nursing Service (now Blue Care) and later in the Aged and Extended Care Unit as a senior Queensland Health bureaucrat. Many times, she described Alzheimer’s disease as her worst nightmare, years before it was visited upon her.

Her story has led me here: to the most distant, ethically perilous edge of the euthanasia debate in Australia. I am not alone in looking over that edge. ‘Whenever I have spoken about this publicly, it is the number-one issue raised,’ says television presenter and producer Andrew Denton, who founded assisted dying advocacy group Go Gentle in 2016.

This should be no surprise. Our population is growing older, living longer – and getting sicker. Dementia is now the second-leading cause of death in Australia. It is the leading cause of disability for those aged over sixty-five. Nearly 460,000 Australians are living with one of the various forms of the disease.

Without an effective treatment, that number is expected to increase to 590,000 by 2028, and over a million by 2058, by which time the cost to the economy is projected to be over $36 billion. In 2018, it was estimated at $15 billion. This is not to suggest that people with dementia are a drain on the national coffers. It is to say that the issue is not going to go away.
ON 19 OCTOBER 2017, Mary Wilson, a seventy-year-old public servant in Canada suffering from Alzheimer’s disease, became the first dementia sufferer to end her life under that country’s medical assistance in dying (MAID) legislation, introduced by Justin Trudeau’s centre-left Liberal government in 2016.

The case was controversial. Wilson, who suffered from no other illness and retained insight into her condition until the end – her last words were ‘I’m ready’ – had made her wishes abundantly clear. But doubts persisted about her cognitive capacity. After her death, a ten-month investigation by British Columbia’s medical regulator cleared three doctors of wrongdoing.

It set a medical, if not judicial, precedent – the physicians faced no criminal sanctions – with implications for other Canadian dementia sufferers, and the future of the country’s assisted dying laws, which require that the death of a MAID applicant must be ‘reasonably foreseeable’.

Those words were sufficiently open to interpretation for Wilson and her treating team to test the limits of their application. Last year a Quebec court ruled the ‘reasonably foreseeable’ section of the law invalid on discriminatory grounds, finding in favour of two sufferers of degenerative diseases who had their own MAID requests denied.

Trudeau, whose party now governs in a minority with Bloc Québécois after the 2019 election, said before the poll that the laws would be rewritten and expanded in response to the judgment. Such an expansion may also explicitly make provision for dementia sufferers, validating and codifying the Wilson precedent.

The Netherlands, which legalised euthanasia and assisted dying in 2002, is also wrestling with this fraught area of the law. In September 2019, a court acquitted a doctor who had given a lethal injection to an unidentified seventy-four-year-old woman (known only as Ms A) three years earlier.

Her wishes had been documented in an advance care directive, but when her time came, unlike Mary Wilson, she was neither competent nor consenting. According to a report in the London-based Journal of Medical Ethics, she struggled and had to be held down by relatives.

MORE THAN TWENTY years after John Howard’s government repealed the Northern Territory’s Rights of the Terminally Ill Act, the push for voluntary assisted dying (VAD) in Australia has slowly but inexorably gained
momentum. Victoria, under Labor Premier Daniel Andrews, was the first state to enact legislation in 2017, coming into effect on 19 June 2019.

Western Australia followed two years later, with Mark McGowan’s Labor government passing legislation on 10 December 2019, effective in eighteen months. In Queensland, Annastacia Palaszczuk’s Labor government, which faces the polls in October, has held its own parliamentary inquiry into the matter. The committee was due to deliver its report as this edition went to press in March.

Recent parliamentary votes in Tasmania (November 2013), South Australia (November 2016) and New South Wales (November 2017) all failed by a single vote – in South Australia’s case, the casting vote of the Speaker. All were moved by private members’ bills or representatives from minor parties, often via cross-party working groups.

The laws that passed in Victoria and Western Australia, however, were moved by the governments of the day, emboldened by years of polls indicating consistent and overwhelming public backing. A Vote Compass poll in May 2019 showed support had jumped fifteen points in six years to almost 90 per cent in favour.

‘There isn’t a social issue which is even close to voluntary assisted dying in terms of public support over the last two decades,’ says Denton, who became an advocate after watching his father die in unrelieved agony in 1997. ‘Same-sex marriage was a distant second. And this is universal. It doesn’t matter what poll, it doesn’t matter which political party, it doesn’t even matter which religious denomination. It’s always 70 per cent and up, and now it’s trending closer to 90 per cent.

‘That tells you that this isn’t a trendy or a woke moment or anything like that; it tells you that our society feels very strongly that if somebody is terminally ill and suffering, then they should be offered a full range of choices.’

But the surge in support exists in a wider context. The day before broadcast of the first part of the ABC Four Corners investigation Who Cares? in September 2018, the Royal Commission into Aged Care Quality and Safety was announced by the federal government. It has heard damning evidence of systemic abuse and neglect in aged-care facilities.

Department of Health figures released in September 2019 show more than 120,000 senior Australians are waiting for a government-subsidised Home Care Package. The Royal Commission has heard that 16,000 people on the waitlist died in 2018. Another 13,000 were placed into aged care prematurely.
While demand for palliative care services increases, the sector remains chronically underfunded and inequitably distributed, particularly in regional and remote areas. Aboriginal and Torres Strait Islanders and people from diverse cultural backgrounds are the most poorly served. The range of choices for the terminally ill and suffering, therefore, is already limited.

Sarah Winch, head of Medical Ethics at the University of Queensland (and who, early in her career, was mentored by my mother when both were in the Blue Nursing Service), describes the introduction of voluntary assisted dying amid such a state of affairs as an admission of policy failure. ‘To have choice, you have to look at all the other variables as well,’ she says.

Winch is supportive of assisted dying, but says it should never be a cheap and easy substitute. ‘In an ideal world, we have good aged care, we do have proper care of people with dementia, and palliative care as well. I cannot see why those things cannot be funded adequately in a country as wealthy as this.’

She remembers an exchange with LNP member Mark McArdle, then the acting chair of the Queensland parliamentary inquiry into voluntary assisted dying. McArdle put it to her that ‘we do not live in a perfect world where in Cunnamulla, in Barcaldine, in Winton and other places north and west we have access to the perfect palliative care system’.

McArdle’s point was that people who need not continue to suffer might wait forever before all the problems in aged and palliative care are fixed in a state as vast and decentralised as Queensland. (It is also possible that McArdle was playing devil’s advocate, telling Winch ‘that is the argument that is going to come back to us’.)

Nonetheless, Winch recalls, ‘I was deeply shocked by that comment. That was exactly what I didn’t want to hear.’ She replied to McArdle: ‘Morally, that is difficult to defend – it really is – because it is saying, “Unfortunately, you live in Cunnamulla. There’s nothing we can do for you, but here’s some VAD.”’

In the background, the federal government is preparing its religious freedom bill. Its second draft allows hospitals, aged-care providers and retirement homes to discriminate to preserve their ‘religious ethos’. The Catholic Church, implacably opposed to voluntary assisted dying in any form, claims to provide more than 50 per cent of all the palliative care beds in Australia.

Here is another, darker statistic. According to the Queensland coroner, 168 people with a terminal illness took their own lives in the years 2016 and 2017: seven every month. It is safe to assume – for such is the way with
suicide – that many occurred in traumatic and violent circumstances, and that more would have tried and failed.

David Muir, chair of the Clem Jones Trust (established after a clause in the will of a former lord mayor of Brisbane left $5 million for euthanasia advocacy), says many would have been dementia sufferers, desperate to exercise agency over their lives by ending them before their disease robbed them of any remaining autonomy: ‘They’re taking their lives early to avoid a situation where they may not be competent or have any control over their end-of-life care.’

The Victorian coroner gave similar evidence of suicide among the elderly and terminally ill to that state’s parliamentary inquiry into assisted dying. That evidence was considered decisive in swaying the final vote in favour.

THE VICTORIAN VOLUNTARY Assisted Dying Act 2017 is highly proscribed in its application – so much so that state Premier Daniel Andrews, who boasted on his 2018 re-election that Victoria was ‘the most progressive state in the nation’, also boasted that the legislation was ‘the most conservative model of its kind in the world’.

The legislation demands that a person seeking assisted dying must have an incurable and advanced condition causing suffering ‘that cannot be relieved in a manner that the person considers tolerable’. They must have a prognosis of no more than six months to live – twelve months for someone with a neurodegenerative disorder – and must retain decision-making capacity.

The Western Australian model is similarly restrictive, with two important differences: a patient can choose for a medical practitioner to administer medication (in Victoria, patients must self-administer, unless they are incapable of swallowing), and Western Australian doctors may raise the option of assisted dying with the patient themselves.

While neither model specifically excludes dementia sufferers, in practice they are disqualified on prognostic and capacity grounds. Dementia is incurable, and ultimately fatal. But its long, elastic, unpredictable arc means even the most experienced geriatricians can no more predict life expectancy than divine the length of a piece of string.

Typically, most people in the final stage of dementia are unable to communicate, let alone give informed consent. Victorian Attorney-General Jill Hennessy accepted that the narrowness of the legislation would disappoint sufferers and their families, but that capacity was ‘critical to the security and protections of the model’.
For Denton, it was a case of not letting the perfect be the enemy of the good. ‘I spent hundreds of hours having conversations with politicians on all sides of the debate, and what I saw very clearly was that almost without exception, MPs saw this as the most difficult, the most significant and consequential legislation they would ever be asked to vote on.

‘It was very clear, politics being the art of the possible, that it had to be a conservative law to get through. I used to say to advocates that I would rather have 80 per cent of something than 100 per cent of nothing, because the majority of people that access these laws overseas fall within the compass of the [Victorian] law, which is those with cancer.’

In a submission to the Victorian parliamentary inquiry, Dementia Australia argued that limiting access to voluntary assisted dying via prognosis effectively discriminated against people suffering from the illness. It lobbied unsuccessfully that sufferers should be able to make an enduring request for voluntary assisted dying via an advance care plan.

Such is the case in Belgium and the Netherlands, which authorise euthanasia for people who no longer have the cognitive and physical capacity to execute their own wishes. The case of Ms A, however, demonstrated the limitations and dangers of advance directions.

For someone in the early stages of dementia, cognitive capacity is notoriously fluid. An advance care plan written after a diagnosis could already be compromised by the sufferer’s decline, and potentially by family members who may have their own, potentially dubious, motivations to assist them, with doctors being left to evaluate the paperwork.

Associate Professor Stephen Macfarlane, chair of the Faculty of Psychiatry of Old Age for the Royal Australian and New Zealand College of Psychiatrists (and also head of Clinical Services at the Dementia Centre in Melbourne), says a dementia sufferer’s words cannot be relied on for end-of-life care, even if expressed previously in writing.

‘Sure, some people [react badly] when they get the diagnosis, and they might make a decision that they would like to be binding in ten years’ time,’ he says. ‘But when that time comes, they might have no memory of making that decision, and they’ve got no way of articulating their current position, or capacity to make a decision of such magnitude.’

He invokes the case of Ms A. ‘[What happens] if they’re voicing their opposition to being strapped down, or administered medication against their will? It really puts them into a bind and commits them to a terminal decision,
based on what their idea of a future with dementia might be like. And who’s going to hold them to that?’

Lindy Willmott, professor of law at Queensland University of Technology (QUT), who has written extensively about assisted dying, says: ‘The standard of capacity required for a decision differs depending on the complexity of the situation. I would have thought voluntary assisted dying [requires] a high threshold to establish decision-making capacity.’

My mind flashes back to an incident a decade ago, when my mother was on the brink of her diagnosis, and when my brother and I – with the aid of her older brother – accompanied her to a meeting with a lawyer to obtain power of attorney over her affairs. All of us were aware the window of opportunity to ratify the document was closing fast.

Mum had been a difficult patient, fearful and prone to furious outbursts as we shuttled her from one medical appointment to the next. But as diminished and distressed as she was by this surrendering of control, she well understood this particular meeting’s purpose and importance – until it was time to put her pen, falteringly, to paper, and her eyes went glassy.

‘I have no idea what we’re doing here,’ she exclaimed.

CHRISTINE SMYTHE, FORMER president of the Queensland Law Society and an accredited specialist in succession law on the Gold Coast, winces when I tell her this story. ‘If I was in that situation that you described, I would not have witnessed that power of attorney,’ she says.

Smythe is conflicted: while personally in favour of voluntary assisted dying, she harbours multiple reservations about the use of advance care plans to communicate one’s dying wishes. When a person has lost capacity, she says, the term ‘voluntary’ loses all meaning.

She cites concerns for medical practitioners: ‘Killing someone has an enduring impact on the person who performs the act, it never leaves them.’ An expert in elder law, she also worries about the potential for coercion, often borne of so-called inheritance impatience, and the grey area between loss of competence and autonomy as people age.

‘What I see is a meshing of care with control, and when those lines start to blur, that’s where the real issue of elder abuse starts to occur,’ she says. ‘It’s when the adult child becomes parental towards their own parent, notwithstanding their parent has their own mind and their own views.’
As an example, she posits this hypothetical scenario: an eighty-year-old woman still has good cognitive capacity overall, but is befuddled by internet banking, and so surrenders power of attorney to her children. With $200,000 in the bank, she decides to go on a half-year, $150,000 round-the-world cruise, and demands her children book it for her.

‘That doesn’t make for a sensible decision,’ she says. ‘But the dignity of self-determination – the dignity to be able to make your own mistakes – is part of the dignity of being an individual, and as long as someone has capacity, you must follow those instructions.’

Then she challenges me directly. ‘You’ve also got the issue of the suffering of the family, and how much does that suffering infuse the perception of where a person [who has lost capacity] is at? That is very difficult to extract.’ How much of my own grief, she asks, has informed – or skewed – my perception of what is in my mother’s best interests?

She is not being unsympathetic. ‘If I was ever visited with that particular illness, to the extent where I had lost the capacity to manage and control my own life and even my physical dignity, [then] I would take the same view that your mum took – I’d want the Tontine kiss.’

PEOPLE LIVING WITH dementia can lead productive, fulfilling and rewarding lives for many years after diagnosis. More often than not, they may be none the wiser as to their condition and live in a state of relatively blissful ignorance. Others who retain insight into their condition do their best to make use of what functional time they have.

Via Dementia Australia, I’m introduced to Juanita Hughes, a fifty-five-year-old woman with frontotemporal dementia. For Hughes, the link is genetic: her father also has the illness, as did her grandfather, her great-uncle, two other uncles and an aunt.

Hughes’ problem, at least for now, is not her memory. ‘Memory’s often the last thing that goes, because that part of the brain is still operational,’ she says. The more common early symptoms of frontotemporal dementia are ‘emotional blunting – people might not have empathy – or they become very scatterbrained… You’re not able to do detailed thinking.’

Hughes’ family history meant she was able to receive an early diagnosis last year, via neurological and genetic testing. But while she had already noticed difficulties completing tasks (‘very good at planning stuff, it’s the following through,’ she says), she appears anything but scatterbrained.
She has a scientific background, with a research master’s degree in bio-analytical chemistry, and, after pulling out of one PhD due to a knee injury that made it difficult for her to stay on her feet for long periods in a laboratory, is now doing a coursework master’s with the aim of embarking upon another doctorate related to her own genetic mutation.

Is she confident of completing? In answering, she is more worried about the durability of her bad knee than her brain: ‘I think I will. It was an injury to an already problematic part of my body that stopped me from doing it before, and that’s a one-off thing. I’d finished a master’s in the same area without having a problem.’

Hughes is a Seventh-day Adventist, and rejects voluntary assisted dying. ‘I don’t agree with choosing to stop,’ she says. ‘Seeing how people go, you wonder whether you want to hang around like that. The thing is, how much do you know about what is happening to you? Voluntary assisted dying has to assume you’ve got the capacity to make that choice.’

I also meet Eileen Taylor, a seventy-year-old living with Alzheimer’s disease, and her husband Dubhg (pronounced Doug). Like Hughes, Taylor’s link to the disease is genetic: her father suffered from the illness, and she too went through early genetic and neurological testing a decade ago. The onset of symptoms, while early, has been slow.

Taylor was a social worker with the Salvation Army. ‘I broke down in the office,’ she says about the moment she was told. ‘Not me!’ I’d been very actively engaged my whole life helping other people. But I was able to work the first five years, until I retired. My supervisor was aware of it and he was monitoring me.’

She has acute insight into her condition and is aware of the episodic nature of her own cognisance. ‘It’s like being in a fog. Mornings are not good for me – it takes a while to wake up.’ Usually, she says, she can push through; she’s just come back from a cruise. ‘Then I was up every morning! Prancing around. There was no thought of dementia at that time.’

The Taylors are now full-time advocates for dementia sufferers, and for assisted dying legislation that includes them. ‘If you have an end-of-life plan, and your end-of-life plan says that should I deteriorate to this particular level, then I would prefer that my life was ended, then that should be enough,’ Dubhg says.

Yet neither have prepared advance care plans. ‘I keep talking about it, keep wanting to do it. And I’m thinking it needs to be done ASAP,’ Eileen
Griffith Review says. Dubhg says, correctly, that they have no binding legal force. ‘But I need one!’ Eileen insists. Dubhg attempts to mollify her: ‘I’m not saying you don’t need one. You do. I agree.’

Traumatised by her father’s passing, Eileen is adamant that she never wants to be placed in aged care. ‘I think he was chemically restrained, in a locked ward. I don’t think he got the care he needed, and I don’t know if we can get people to give me the care I need at home, so we’re between a rock and a hard place.’

I ask about her final wishes. ‘I think my wishes would be that when I don’t recognise anyone, and I become bedbound or whatever, then I would not want to live.’ Dubhg adds: ‘We’ve even talked about, if I was to get really ill, maybe we should do it together, or something like that. But anyway, we’ll see how we go.’

She quotes from a favourite Frank Sinatra song, ‘High Hopes’. In the song, an ant moves a rubber tree plant, as if by force of will. It’s about not giving up in the face of impossible, even absurd adversity.

In March 2020, they attended the Alzheimer’s Disease International conference in Singapore, where Eileen spoke about her chosen topic, hope.

DEATH, AND THE spectre of it, can do strange things to those in its orbit, as well as to those facing it.

The Very Reverend Peter Catt, dean of St John’s Anglican Cathedral in Brisbane, tells me: ‘I’ve got this vivid memory of a guy with a set of sunglasses on who had been called into hospital because his mum was dying. He basically said, “I wish she’d get on with it, I’ve got to get to work.” It wasn’t about his mum dying, it was about him.’

Catt approaches the debate around assisted dying in a self-confessed spirit of confusion. ‘When someone shares with me the agony of watching one of their relatives suffer like this, with dementia or motor neurone disease, I often say to them, well, there are worse things than death, you know.

‘And you, corporeally, are going through that, so your mother is not going through that experience alone. You and she together are going through something that is harder to bear than her just dying.’ His point, like Christine Smythe’s, is the difficulty of untangling our own distress, and motivations, in adjudicating the ‘best interests’ of our loved ones.

‘We don’t declare the things that shape our subjectivity,’ he says. ‘We have this false idea that we come to these arguments as objective people, and
we’re not. The best we can aim for is an informed subjectivity, but we choose often not to inform ourselves of what is making us subjective.’

Catt is not just talking about individual subjectivity. Arguments about voluntary assisted dying and increased funding for aged and palliative care, he says, cannot be separated because we live in a utilitarian culture, which views a person who is no longer economically productive as a burden.

This broader contempt for the elderly is reflected in the way the aged-care workforce is viewed. ‘Unfortunately, it’s often the job of last resort for many people who can’t gain employment in any industry, and the aged-care staff we have are often poorly trained, certainly poorly paid and often poorly motivated,’ Stephen Macfarlane says.

‘Most aged-care staff become aged-care staff with no compulsory modules on dementia, so the people we’re expecting to look after people with advanced dementia simply aren’t equipped for it. If you change the training and qualifications, the standard would be a lot better.’

When I see my mother, I see her loss of dignity, her loss of autonomy, and a purgatorial existence that would challenge anybody’s idea of what makes a life worth living. Setting aside all other material and cultural considerations, that is what any philosophical argument about assisted dying ultimately boils down to.

But dignity, Catt cautions me, is also ‘something we give to each other, and if you recognise the inherent dignity in another person [then] I think it’s a slippery slope to argue that dignity can be lost because of a medical condition and the degrading of our bodies, because that can slide in all sorts of different directions.

‘I know people who have been unemployed for a decade who feel like they have no dignity. And on one level they don’t, because our culture and current policies treat them like trash. But I would argue they have an essential dignity that you can’t take away. The same as a person with dementia – their dignity is retained so long as others treat them with dignity.’

He says the Anglican Church has a greater capacity to adapt to whatever legislation regarding voluntary assisted dying may or may not be passed. It is a broad church, from the ultra-conservative Sydney diocese to Father Rod Bower’s rebelliously progressive parish in Gosford on the NSW Central Coast. ‘If it happens, our priests will sit with anyone who chooses to exercise it. The Church will still retain its pastoral heart, even if it remains concerned about some of the implications.’
In a statement on the Catholic Archdiocese of Brisbane’s website, Archbishop Mark Coleridge states that ‘when we talk about so-called voluntary assisted dying, euthanasia or physician-assisted dying, or however else it’s styled, we can’t avoid the fact that we’re talking about the intentional killing of a person.

‘As a Church, we oppose the legislation of any direct action specifically intended to bring about the death of a person... Better end-of-life care begins with better conversations about death and dying, and how we can die well in ways that do not undermine the foundational values of our society.’

DR CHRIS MOY, president of the South Australian chapter of the Australian Medical Association, is frustrated. He talks about voluntary assisted dying as ‘this disproportionately large debate about this little esoteric issue, which it is, to us... Because no matter whether you have voluntary assisted dying or not, you need all this other stuff.’

This ‘other stuff’ is not just sufficient palliative care resources, but higher levels of death literacy in the community. While an advance care plan may have no legal force, he says, ‘it’s still the single most powerful tool for self-determination at the end. Who cares if there’s voluntary assisted dying if people aren’t writing down their wishes?’

If we don’t, Moy says, ‘that’s when the disputes happen, and that’s when you get a bad death. And if you think about it, the people who see bad deaths are not the person that dies. The person’s dead. The people that remember a bad death are the people left behind, and they remember the uncertainty, the guilt, the dropped balls.’

He tells me about an elderly woman with end-stage lung disease, who was being flipped back and forth between her aged-care facility and hospital, and still smoked like a stack.

‘I said to her, “You know you’re going to die from this condition at some stage, don’t you?” And she hadn’t realised that, because nobody had told her. And the second thing I said was, “You know, you don’t actually have to go to hospital,” and she goes, “I don’t? But what would happen then?”

‘And I said, “Well, we can write down some instructions for the nurses. I’ll prescribe some morphine to give you when the next time comes, and instead of calling an ambulance we’ll give you the morphine to relieve your symptoms, and give you the nice warm fuzzy feeling that morphine does.'
“It’s not euthanasia, it’s palliative care. And if you make it you make it, if you don’t, you don’t, but you’re going to go out in style, and between now and then you can just break out the Grange.”

But not everyone is as refreshingly blunt as Dr Moy.

Two years ago, shortly after my mother became bedridden, she developed a urinary tract infection. My brother and I were asked if we wished to intervene via oral antibiotics. We agreed. The doctor hemmed and hawed, but said no more. Later, we realised that we had been shown a door to walk our mother through, and had unwittingly shut it in her face.

Should we have been informed that such infections, like pneumonia, are a common cause of death for people with dementia? ‘You were expected to read between the lines,’ Dying with Dignity Queensland president Jos Hall says. ‘If you don’t know the questions to ask, you don’t know the answers. You’ve got to know the code.’

Hall’s own mother, Peg, died after being admitted to hospital with an ulcer on her foot. She was ninety-eight, and decided she’d had enough. ‘She said, “I don’t think I want to continue, I think I want to go back to the nursing home and just be left alone,”’ Hall says.

‘And I said to her “You know, you can refuse your antibiotics if you want to. You’ll become septic, and you’ll probably die.”’ But I also said to her – because she was a tough old horse and very stoic – do not diminish your pain. When they ask you, don’t say that you’re okay, that you can cope with it. I didn’t say any more than that. I was extremely careful.

‘So, the doctor comes in and says – this is the code – have you got any pain? And she gave me a little nod and said, “Yes – it’s ten out of ten!” The nurse gave my mother some morphine, and she died of septicaemia – that’s what’s on the death certificate – forty-eight hours later. But that’s because I knew the code words, and she was smart enough to pick up on them.’

‘It can be perfectly legal to withhold or withdraw if that is in a person’s best interests,’ QUT’s Lindy Willmott says. ‘Legally, as substitute decision-makers – you and your brother – you could [have said], Mum wouldn’t have wanted that, Mum would find this an undignified existence, and it may have been perfectly lawful for you to withhold the antibiotics.’

When Willmott tells me this, I have a horrible feeling of having let my mother down.
WE OFTEN TALK about the ‘grey zone’ between living and dying and, sometimes, the fine line between palliative care and assisted dying. ‘What are the code words? We make the patient comfortable – we make them very comfortable,’ says Bill Potts, former president of the Queensland Law Society. ‘Palliative care can literally be a sort of chemical oblivion.’

Legally, however, it is a line in the sand. ‘What you’re talking about is the provision of palliative medication which is designed to address and relieve symptoms and manage pain, and the provision of that is perfectly lawful, even if it coincidentally hastens death, provided the intention of the health provider isn’t to accelerate death,’ Lindy Willmott says.

Dr Elissa Campbell, a geriatrician and the president of Palliative Care WA, says: ‘There is a misconception that making people comfortable at the end of life, and using medications like morphine to treat pain and breathlessness, actually is done with the intention to hasten death, which isn’t the case.’

I ask her whether my brother and I could have been better informed by my mother’s treating team – we could certainly have better informed ourselves – about her options at the time of her infection. ‘That’s a really tricky one,’ she replies. ‘A lot of health professionals feel very uncomfortable about those conversations.

‘I think that death has become very medicalised in Western culture and many people – even a lot of graduate nurses and doctors – have never seen somebody dying before, they don’t realise what those final stages of dying look like. And so that can make those discussions very difficult.’

There is also a misconception that palliative care applies only in the last days or weeks of life. In theory, it applies to anyone with a life-limiting illness from the time of diagnosis. Brutal economics, however, means this rarely applies to people with dementia, who may live for twenty years or more without the necessary levels of support.

For Andrew Denton, arguments about the increased funding of palliative care – which Go Gentle supports – are similar to strategies used to stall action on global warming and marriage equality. ‘The language of opponents is always “we shouldn’t rush this, not now, we’re not ready – anything but this, now.” They know that delay is their friend.’

But, he adds: ‘No law, however thoughtful or however necessary, is ever a perfect law, and there will always be difficult situations. There will always be a place for the Philip Nitschkes of this world, there will always be people
importing Nembutal, and there will always be people taking desperate and sad measures.’

I REALISE THAT I’ve left my glasses in Mum’s room almost as soon as the secure doors shut behind me.

I buzz myself back in. The nurses are still attending to her and the door is shut. I wait awkwardly, feeling embarrassed and ashamed.

I believe in my mother’s inherent dignity and personhood, although we became strangers to one another years ago.

I try to remind myself that, while her illness may have overtaken her, it does not define her, no matter how long it keeps her imprisoned.

But it is beyond me to stay. When the nurses are finished, I go in, grab my glasses and leave, without pausing or saying goodbye for a second time.

Back at the exit doors, I see the older woman again, the one who had stopped me when I’d first tried to leave.

She’s wearing beige pants that contrast with a long-sleeved pullover as gaudy as a lorikeet, and she is smiling. She thinks she recognises me now, and I decide not to deny her the illusion.

She extends her arms out to me.

‘Would you like a hug?’ I ask.

‘Oh, that would be just lovely,’ she says.

I hold her as if she were my mother.

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For references, see griffithreview.com

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Andrew Stafford is a freelance journalist and the author of Pig City (UQP, 2004; third edition 2014), a book about Brisbane, and Something To Believe In (UQP, 2019), a music memoir. His work has previously been published in Griffith Review 13, 57 and 63. This is the first piece from the Griffith Review Reportage Project, supported by Copyright Australia’s Cultural Fund.
THE NASTY CHEMICAL smell had gone. His eyelids were shut and she wanted to have one more peep to see if he was still there. Gently, she prised the right one open. The skin was tinged yellowish-brown, soft, wrinkled and cooling now. The eye – she had never seen anything like it before except on a dead fish. There was a glaze, but no look, no life. He had gone, but where?

He stayed warm all day up until 4 pm, when the white van with no signage pulled into the driveway and she noticed the neighbours drawing their curtains. Two cheap suits with mock-serious expressions walked in. The mother knew one of them and struck up a lively conversation about a colleague from the same company whom she’d hoped would be a pallbearer. He used to joke that business was good because people were ‘dying to get in there’.

The mother had been in high spirits all day. The daughter found this surprising and disturbing, but in time, she would put it down to high anxiety and a customary insensitivity. The mother had displayed these traits before – not always at the same time, most often for children and people she didn’t know, like or understand and for situations she couldn’t control. She might have felt relieved after a year of nursing and waiting for the inevitable, but if she did, it would be short-lived.

They wheeled the trolley in with the body bag. The daughter became nervous as she imagined him being stuffed into that bag and
zipped up, shut out. She imagined him in that cold bag in the chilly fridge with his bones broken, open sores mapping his body, all alone. She told the men to take good care of him because he was a lovely man. She didn’t believe they would. She wanted to use the present tense.

Half an hour later, mother and daughter were on their own in the house. It was tidy for the first time in a year with no evidence of incontinence, metastasis or death.

_I’ve got a bit of ham. Shall we have a toasted sandwich?_

Gazing out the window over the manicured lawn, the daughter didn’t notice the petunias curling and drying. She was thinking about how it had all gone well except for a couple of glitches. He’d waited for her to arrive from across the world. He’d wanted to wear trousers, but the mother had put a stop to that. He hadn’t gone on too long. He never complained.

The pad thing was upsetting. She’d watched a nurse roll him over on the bed to change his nappy so that he caught sight of himself in the full-length mirror of the wardrobe. The morphine driver had been a bit of a worry too. There was a minute when she felt he hadn’t got enough and was in too much pain and she’d pumped like a maniac to make sure he was comfortable. She could have killed him.

She hadn’t liked the morphine. It made his eyes roll and he could no longer speak. He got agitated when he could hear people talking about him in the kitchen and when they started chatting right across him in the bed about random stuff. The mother talked about him as if he wasn’t there.

The night before, the daughter had gone to him with the Tibetan book in her head. She’d bought _The Tibetan Book of Living and Dying_ especially to prepare for his death because she’d wanted to get it right. The book told her that people who know they are dying know that they are losing everything. That had been a bit of a shock. _Every thing._ She read that people died as they lived, and so she was reassured that her father – such a fair, good, strong, honest man with a passion for gin, jazz and the odd cigar – would be at peace and with a clear conscience. Others had told her, _Tell him you love him and what a wonderful father he’s been, tell him he can let go. Then he can slip away quietly and happily._
DEATH BY THE BOOK

The daughter had done this when he was conscious, but it had felt weird and wrong. She’d never heard herself speak like this. He’d never heard anything like it before from her or anyone else. They weren’t that kind of family. And instead of lapsing peacefully into some other space, he had said something that wasn’t in the book at all.

She’d been expecting something like, Look after your mum. I love you. It’s alright.

She could have accepted that. She thought he might have had a quiet faith tucked away in there – he’d always said God bless, holding back tears whenever the daughter had left the family home after a visit and flown back overseas. He’d never taken a trip to the local church and had made many a naughty joke, but none too dirty. God bless might have been the closest he could get to saying he loved her.

So what he did say in his last minutes threw her completely. The daughter didn’t know where she was then because it was so unexpected, so unlike him.

SIX MONTHS LATER she found those words in the book when she reread it properly and realised what she had missed in her haste – what she had not read.

She had overlooked the two words that were his last on earth. Where in heaven or hell did he think he was going when he leaned over to her and, with the terror of a child in his eyes, said simply –

I’m afraid.

Julie Maclean has published five poetry collections, including When I Saw Jimi (Indigo Dreams Publishing), which was shortlisted for the Crashaw Prize, and has won the Geoff Stevens Memorial Poetry Prize in the UK. Her work has appeared in Best Australian Poetry, Island, Overland, Southerly and Poetry (Chicago), among others.
The body of Raleigh May, sixty-seven, lies in an open casket in the chapel of the Craig-Hurt Funeral Home on North Main Street in Mountain Grove, Missouri, United States in September 2018. Raleigh was a Vietnam veteran who received multiple service accolades, including an Army Commendation Medal and a Bronze Star Medal.
Raeleigh Mae Guzman, nine, stands over the open casket of her maternal great-grandfather and namesake, Raleigh May. He was her best friend and hero.

‘The sun rose and set on that little girl,’ said Raeleigh’s mother, Ninfa Guzman, twenty-seven. ‘He would never tell anyone, but she was his favourite.’
Raeleigh on her ninth birthday, surrounded by fellow great-grandchildren and other extended family members who were in town for the funeral. Raeleigh’s family did not make formal birthday plans because her great-grandfather was gravely ill. He passed away three days before her birthday, resulting in a bittersweet celebration.
Raeleigh walks in the funeral procession behind her maternal grandmother, Elizabeth ‘Becky’ Lamson, forty-seven, and her maternal great-grandmother (and Raleigh’s widow), Patsy, sixty-five.
Raleigh May was buried with full military honours on Tuesday, 25 September 2018. The funeral took place behind the family’s church, one mile down an unpaved road from the property where Raleigh lived with his wife, Patsy, since they moved to Missouri in April 1990.
Raeleigh kneels at her great-grandfather’s gravesite immediately after the burial service. Following the funeral, Raeleigh asked her mother if she could dig Raleigh back up so she could spend more time with him.
Raeleigh kneels at her great-grandfather’s gravesite immediately after the burial service. Following the funeral, Raeleigh asked her mother if she could dig Raleigh back up so she could spend more time with him.

Raeleigh lays her head on her great-grandmother’s kitchen counter the morning after her great-grandfather’s funeral. She dreaded returning to school after several days off following Raleigh’s death.
Raeleigh peers through the dew-covered window of her paternal grandmother’s car at daybreak before going back to school.

She now begins to explore life without Raleigh.

Joining forces

When the wrath of age meets the passion of youth

Jane R Goodall

THESE ARE ANGRY times. The Earth itself is angry. Flames roar through the land, human tempers flare and the political world is angrier than it has been since the 1960s. A furious sixteen-year-old rails at the United Nations in an incandescent speech built around the refrain, ‘How dare you!’

When things go so badly wrong that the future of human life on Earth seems in jeopardy, the prophetic voices of youth cry out in alarm, as they did in the ’60s with the threat of nuclear war looming as an immediate prospect. Now that those who were young then are old, where are their voices? In Indigenous cultures, a crisis in the relationship between the people and the land is a call to the elders to diagnose the causes and propose remedial action. Yet the Boomer generation cruises into the ‘senior’ category, assailed with advice about health, fitness, finance and care services, as if our public responsibilities were over and we had nothing to care for but ourselves.

There is little or no public discussion of what it means to be an elder rather than just a senior. Given the fundamental importance of elders in sustaining bonds with the land and environment, what is the role of the elder in a world where culture and location have come adrift through the mass migrations of the past two hundred years?

YOU CAN BE old for a long time. As I approach my seventieth birthday, I think of my grandfather who, at this stage of his life, had another thirty-two years to live. Heinrich Haeffner was born in 1888 in Rückersdorf in Bavaria,
but was sent away to London at the age of eighteen to establish a new branch of the expanding family company. Separated from a close community in a traditional village environment, he had to make his future alone in a foreign metropolis where the language and customs of city businessmen were heavily coded. It must have been a daunting challenge.

The company flourished, specialising in commercial colour supplies based on innovative chemical compounds. One of its prized contracts was for the supply of a new bronze pigment for the Mars Bar wrapper. Heinrich married and started a new family, which became a dynasty as his three sons had families of their own; grandchildren and great-grandchildren gathered around him, and he adored them all. His first wife died young, but he made a second marriage in his mid-sixties to Maureen, a warm and vibrant woman fifteen years younger, who helped him maintain ties with his German relatives. Every year on his birthday, he made the trip back to Rückersdorf to see them.

On the day he turned a hundred the English family organised a party, tactfully holding it at lunchtime so that he would not get too tired, but he nevertheless left early. Maureen drove them to the airport, where they boarded a Lufthansa plane for Germany. As they waited for take-off, there was an announcement: ‘Ladies and gentlemen, this is your pilot. Today is a special occasion. We have on board Mr Heinrich Haeffner, who is celebrating his one-hundredth birthday. So all our passengers will be served with a glass of champagne, to drink to his health.’ Maureen, who recorded this in her journal, insists his birthday was never mentioned when she booked the flight. The ground staff must have noticed it when they checked his passport.

Grandpa Heinrich was a model example of a high-functioning senior devoted to the wellbeing of those around him – something any of us might aspire to be. He was a provider. That was his mission in life, as he sustained his modest enterprise through two world wars, sitting out the first in an internment camp as an enemy alien, and maintaining a stoic equilibrium through the second as bombs fell on London and who knows what horrors were unfolding around his family in Germany. In the aftermath, he provided for his cousins and nieces in Rückersdorf, strengthening the bond with every passing year.

If you spend a whole century on the Earth, you live through massive changes – technological, cultural, political and climactic. I think back to when
I was the age my grandfather was when he left his birthplace to take on the responsibilities of a company manager. In 1969, my final year at high school, I spent hours on end in my attic bedroom, playing Bob Dylan records instead of studying for fast-approaching exams.

What a time it was to be young. And no one talked, wrote, sang about being young like Dylan – or was more cruel about the aged. ‘It took me a long time to get young,’ he said in a speech at the Bill of Rights dinner in 1963. He was accepting an award, but turned brutally on the assembled company of suited dignitaries who had come to honour him. ‘I only wish that all you people that are sitting out here tonight weren’t here, and I could see all kinds of faces with hair on their heads…everything leading to youngness.’ He will be eighty in 2021. He’s ten years older than me – to the day, in fact. No matter how old I get, I will always be ten years younger than Bob Dylan. Until, that is, one of us checks out.

At the age of thirty-two, Dylan wrote ‘Forever Young’. Three years later, in 1976, he played it at the Band’s farewell concert, recorded for posterity in Martin Scorsese’s The Last Waltz as a raucous, elegiac occasion that seemed to be saying goodbye to the youth of a whole generation. He still has hair on his head, and is still living the life of a touring musician, playing to live audiences. Through his late seventies, he has maintained a schedule that shows he continues, in his own way, to thumb his nose at age: in November 2019, aged seventy-eight, he played seventeen concerts in the US. If he makes it to one hundred, maybe he’ll be boarding a plane somewhere, guitar still round his neck, take-off will be delayed while the pilot makes an announcement, and they’ll play that song. Seriously, though, who wants to stay forever young?

HIGH-FUNCTIONING OLD AGE can be a blessing or a curse, not just for those who live to experience it, but for those who are subject to its enduring influence. Seniors in control can do a lot of good – and a lot of harm. Nelson Mandela and Robert Mugabe both died at the age of ninety-five. Mandela in his later years continued to occupy the public stage as an advocate for justice and democracy; Mugabe retained tyrannical control of the government in Zimbabwe until two years before his death.

Rupert Murdoch, now in his late eighties, has maintained a stranglehold on the news media in the UK, the US and Australia for two generations,
using his power over public opinion to determine policy direction in favour
of a hardcore free-market agenda. One of his most distinguished contempo-
raries in the world of journalism is Lewis Lapham, who served as editor of
Harper’s Magazine for twenty-three years, during the time when Murdoch was
working to ensure the dominant role of Fox News. Lapham retired in 2006
at the age of seventy-one to found a new journal, Lapham’s Quarterly, where,
at eighty-five, he continues to comment on the state of the world, driven by
a stern commitment to the public good.

The spur to write this essay came from reading an issue of Lapham’s
Quarterly on the theme of Trade. In his preamble, ‘Globalization’, Lapham
writes about his early life in a family that was bound up with the founding
of Texaco. His godfather Torkild Rieber, who was chairman of Texaco in
the 1930s, where he proved himself ‘adept at running the world’s business’,
was a formative influence. Lapham recalls spending time with him in the
1960s when, at the age of seventy-eight, Rieber, a master mariner, was still
licensed to command any ship of any tonnage on any ocean. Rieber’s skills
had been put to darker uses. In the years leading up to the Second World War,
he was involved in the provision of oil supplies to the Nazi Condor Legion,
which was operating with Franco’s Nationalists in Spain. In 1939, he made a
personal visit to Hermann Goering to negotiate exit visas for his tankers in
return for continuing shipments of fuel to the Nazi war effort. Influenced
by this ‘history lesson’ in which ‘money was invariably the hero of the tale’,
the young Lapham developed a lifelong interest in the ruthlessness of the
capitalist dynamic.

As I was reading the issue, I thought of my grandfather, supervising the
transnational expansion of a business but steering it through the decades of
the mid-twentieth century as a family firm, with limited corporate aspira-
tions. He was never part of what Lapham calls ‘the remorseless process of
dehumanised money-making’ that took hold in the later twentieth century.
Nor was he angry with it. Grandpa Heinrich was not an angry man. He had
the serenity of someone who was grateful for the good things accorded him
in a life course tracked through hazards and catastrophes in the world at large.

But serenity alone is not the stuff of which elders are made. It must be
blended in equal parts with anger, born of a sense of responsibility for what
has gone wrong. Lapham has the anger in him. He is one of the non-Indige-
nous elders faced with the challenge of speaking from a cultural tradition that
Jane Goodall: Joining forces

has pulled up whatever roots it had in land and location to engage in global adventuring and reckless profiteering.

In a recent editorial for an issue on Climate, Lapham reflects back on Harper’s enduring thematic concern with the Anthropocene, and contemplates the strangeness of his own life course. ‘Learning that I drew the breath of life not only from trees to which I hadn’t been introduced but also as a gift from unseen phytoplankton in the sea, I moved on to discover that with no more than a slight shifting of the astral dust of which I was composed, I might have ventured into the world as an eggplant or a killer whale.’ It’s a resonant counter to the prevailing ethos of competitive individualism and a reminder that, however far we have moved from the lands of our ancestors, we are still Earth dwellers, subject to natural law.

Surely such a statement could only be born from the psyche of an elder, someone committed to hauling the wayward consciousness into a larger frame of meaning? In every issue of the Quarterly, Lapham trawls the annals of history and literature for buried insights, many of them taking the form of reprimand or warning.

It’s work that Indigenous elders might commend. ‘Like the baker’s blinkered horse, we cannot look behind,’ writes Bruce Pascoe, who blames historical blindness for the ‘gulf of incomprehension’ between Aboriginal and settler Australians. Pascoe, whose own ancestry has become the subject of hostile challenges, is circumspect about his claims to Indigenous heritage, acknowledging in Salt (Black Inc., 2019) that the genetic evidence pronounces him ‘more Cornish than Koori’. Perhaps, when it comes to the elders of the contemporary world, it is the voice that matters more than the genes, and Pascoe writes as someone with a lifelong commitment to the authority of the land itself.

His writings give voice to a cultural anger that emerges in scathing denunciations of colonial influence. The European brain, he says, ‘was so intrigued by its own superiority that it rendered every other civilisation encountered as savage’. Yet he has a stoic capacity to resist personal forms of indignation. In a 2012 essay for Griffith Review, he said he’d sit down for a beer with Andrew Bolt, one of his most strident detractors, ‘without the least rancour’.

The authority of elders anchors enduring principles. It is their role to adjudicate on breaches of law and lore. When those breaches yawn
wide, threatening the ruin of cultural tradition, the elders’ wrath sounds as an elemental force with a commanding influence. In later years, it was not Dylan who kept the voice of wrath. To those still wanting him to be their prophet, the message was ‘it ain’t me you’re looking for’. It was Leonard Cohen who took on the prophet’s calling. At fifty-eight, Cohen released one of his angriest lyrics in ‘Anthem’ – a song that took him ten years to write. With his warning to the killers in high places, Cohen gave a metaphysical edge to political fury. The wrath of the elders must be kept on a slow burn, extending beyond the present and the personal, and responding to particular situations in relation to an expansive view of their place in the larger scheme of things.

Speaking at the opening of the National Congress of Australia’s First Peoples in 2011, Lowitja O’Donoghue adopted a conciliatory tone in warning her own people against the sniping and naysaying that could divide them, but issued a forthright reprimand to the nation at large. ‘Since the 1967 referendum, Australia has been living a lie,’ she said. ‘It has patted itself on the back as a fair country, one that treats its citizens equally and, especially, protects the vulnerable.’

If the challenge for Indigenous elders is to sustain and recuperate a damaged heritage, the challenge for those whose heritage is tainted with the crimes of the past is to face up to the consequences and work to correct the wrong turns that have been taken. Therein lies a prolonged and inflamed political debate, but this does not have to be about some unhealthy incubation of ancestral guilt. The call of the elders is not to dwell on the past, but to renew awareness of our roots in it, and our place in a longer time scheme. If the recognition of guilt has any value, it is as a spur to change and redirection.

This really starts to happen when the wrath of the elders meets the rage of the young. On 17 February 2018, three days after the Marjory Stoneman Douglas High School shooting in Parkland, Florida, nineteen-year-old survivor Emma Gonzalez fronted a crowd outside the Broward County Courthouse and delivered a speech that cut through hackneyed responses from politicians and other public officials. Starting off a little shakily as she pushed back tears and struggled to gain control of her voice, she rose to a searing crescendo with a litany of indictments, each ending with the refrain, ‘We call BS!’ The recording of that speech has been viewed almost 3.5 million times on YouTube.
A month later, two student journalists from Stoneman Douglas were invited to ‘take over The Guardian’ as guest editors, and recorded an interview with veteran Democrat Senator Bernie Sanders. ‘What do you think is the importance of students and young people getting involved in politics?’ they asked him. The question hardly needed an answer. As the oldest contender in the 2016 presidential election campaign, Sanders received higher levels of youth support than Hillary Clinton and Donald Trump combined. In early 2020, he was still polling significantly more strongly among voters under thirty-five than any of the other contenders. ‘Younger people in general don’t know their political strength,’ he said. ‘They can turn this country around.’

Running again in 2020, Sanders at the age of seventy-eight shows some signs that the physical stress is telling on him. His voice is not as strong as it was three years ago, and after a minor heart attack in October 2019, he was forced to reassess his campaign schedule. Not that he is much older than his rivals Joe Biden (seventy-seven) and Elizabeth Warren (seventy) or their arch opponent Donald Trump, who three years ago, at the age of seventy, was the oldest president ever to be inaugurated. In the fourth primary debate held on 5 October 2019, Elizabeth Warren responded to a question on her age by promising to ‘out-work, out-organise and outlast anyone’. She is known for sprinting up flights of steps with an agility her aides can’t match, but Sanders has another kind of energy. If, in policy terms, he was still the one setting the pace in early 2020, it was because he had an intensity of vision unmatched by anyone else in the field.

In a major speech at George Washington University on 12 June 2019, Sanders harked back to the movement of renewal led by Franklin D Roosevelt. The principles of the New Deal that lifted the US economy out of the Depression of the 1930s, Sanders proclaimed, should be the basis for the next economic transformation in ‘a defining and pivotal moment for our country and our planet’. With forty million Americans living in poverty and more than half a million sleeping on the streets in the midst of a ‘so-called booming economy’, it was time to insist that economic rights are human rights. The speech was infused with a kind of vitality that has little to do with the stamina involved in sprinting up steps. Sanders connects with young audiences because he is driven by the same energies of rage and fierce dissent. They ‘feel the Bern’, as the slogan goes, because he reflects back to them their
own determinations, reinforced with the tenacity of long and varied experience, and the wisdom of hindsight.

It takes young energy to power a movement of cultural change, but it takes an elder to see the present as a hinge between the past and the future, capable of the mighty swing they want to create. When a cultural era begins to die, developing irreversible rigidities, dulled senses and enfeebled modes of thought, the lifeblood of a new age is drawn from the deeper veins of history and tradition.

NOT ALL ELDERS are revolutionaries, but those who hold to enduring principles of human value and conduct will inevitably find themselves in collision with those whose course demands more immediate forms of advantage for themselves. The Seventh Generation Principle of the Iroquois Nation requires that consideration of the impact on the next seven generations must be paramount in all decisions about the environment and natural resources. When First Nations Americans converged to support the Sioux protest against the Dakota Access pipeline at Standing Rock in 2016, they drew inspiration from the ‘seventh generation’ prophecy attributed to nineteenth-century Lakota leader Crazy Horse. This predicts an uprising of the ‘Red Nation’ in ‘a time of seven generations’ after first contact with Europeans. Time was up.

In October 2019 Greta Thunberg visited Standing Rock, where she was greeted by ceremonially dressed chiefs who praised her for ‘awakening the world’. The occasion marked a crossing of the immense cultural divide that is Pascoe’s theme. In earlier addresses to the United Nations and the UK Parliament, Thunberg spoke as one of a generation of European children brought up to believe they could have everything they wished for – things their grandparents could not have dreamed of – only to find that, in the profoundest way imaginable, they were now the dispossessed, betrayed by a culture that regarded the seven generations principle as outmoded and economically unrealistic. In response, the Extinction Rebellion movement has enshrined the principle at the head of their manifesto.

Thunberg’s speech to the UK Parliament is reprinted in Climate, the Fall 2019 issue of Lapham’s Quarterly, where, terse as it is, it effectively forms the centrepiece to the edition. She and Lapham echo each other’s reflections in striking ways. In his editorial preamble, he recalls how in 1945, at the age of ten, his future seemed assured. The war was over. Henceforth, it was to
be all about prosperity and progress. Nature ‘had little to say in the matter’. Thunberg also looks back to her primary school years, when she and her peers were led to believe they were the beneficiaries of this legacy, unaware that their future had been sold to enable a few people to make ‘unimaginable amounts of money’. It has taken Lapham a whole adult lifetime to reach a point where the consequences of the sellout have become fully evident, but Thunberg confronts a sharply truncated timeline. By the year 2030, when she turns twenty-six, it is projected that those consequences will have become irreversible.

Sometimes the momentum for change can be spurred by reactivating the turning points of the past. Lapham singles out the occasion when the crew of the Apollo 8 space mission pointed their camera back at the home planet and took ‘Earthrise’, now known as ‘the photo that changed the world’. That was on Christmas Eve 1968, but the image still triggers a cognitive shift. What scale are we thinking on, we earthlings? Consciousness – dislodged from the place at which a ten-year-old is led to imagine she can become whatever she wants to be to one where the vast cosmos spins individual being into a transient irrelevance – must seek new orientations.

Lapham, with his genius for expansive thinking, erases the boundaries of the self to accommodate an identification with the infinite shape-shifting capacities of micro-organisms and astral dust. Thunberg has the same instinct for scaling up as a way out of the confinements of an end-stopped life course in a world bound for extinction. She cites the method of ‘cathedral thinking’, which involves collective investment in a design that may take several generations to bring to completion. The metaphor suggests aspirational determinations, too, but not of the kind belonging to individuals and households in the market economy. We need to cultivate another order of aspiration, cultural and timeless.

And for this, we need other kinds of selves than those encouraged by parents and educators who tell the young what Thunberg was told: to dream big, become whatever you want to be. What she has become reflects ironically on whatever dreams she or they may have had. The age of narcissism is over, and as the adults of the future, Thunberg and her generation will need to be made of sterner stuff. As they trawl through the mountains of trash left by their parents and grandparents, they will not just be ‘creating’ the future, in line with the delusional ambitions of the past century, they will be engaged
in a process of salvage and recycling. They will have to rebuild their economy on fundamentally different principles, and return to time-honoured cultural values that have more in common with Indigenous traditions than those of their own immediate forebears.

Grandpa Heinrich, a model of the mid-twentieth century businessman, was committed to principles of honourable trading and employment that the corporate world has since thrown overboard. It is too late to try to restore them. There is more radical work to do as we seek to transform to an economy that harks back to the ancient principles of the commons, and the original idea of common wealth. We are all born with shares in the planet and accordingly share the responsibility for sustaining its resources.

Though a generation of teachers have been coached in the ‘STEM first’ view of how to educate for the future, putting the planet first involves learning more than the skills required for employment in a new technological era. It means looking back as well as forwards. Here is where the elders are needed, to return our attention to the fundamental question of what we as a species are doing on Earth, and what on Earth we are doing.

For references, see griffithreview.com

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With Acknowledgements of Country and Welcomes to Country becoming a more frequent element of institutional practice in Australia, where next with respect to honouring and integrating the broad spectrum of knowledges that First Nations Elders and Indigenous peoples more generally bring to the work of institutions and organisations? While a Welcome to Country must always be delivered by Elders or traditional owners of the country upon and to which the welcome is being extended, an Acknowledgement of Country can be offered by anyone. Western institutions and the individuals working within them must look beyond the most easily received cultural knowledge that is re-created through romanticised or deficit discourses that ignore more than 230 years of colonialism and its ongoing impact on all peoples in Australia.

Late in January 2020, Jay Phillips (a Wakka Wakka educator from South-East Queensland), Mayrah Dreise (a Yeeralaraay and Gamilaraay woman from country spanning South-West Queensland and North-West New South Wales) and Ruth Ross (a Wakka Wakka educator, community Elder and Murri Court Elder) explored these issues with Griffith Review editor Ashley Hay.

JAY: I’m currently working on Wiradjuri country. When working off-country, it is important to understand your position with respect to local Elders and community. It is also critical to recognise the distinction between your institutional role and how knowledge and experience of that institution positions you and your commitment to working to (re)form the colonial structures that operate to marginalise Indigenous peoples.
When we speak about ‘Acknowledgement of Country’, it signals our acknowledgement and responsibility to the First Nations custodians of the places upon and across which we work and speak. This creates a respectful interactional space from which to renegotiate actions within an institution or organisation – in my case, a university – where limited value and recognition are given to Indigenous peoples’ contributions beyond the colonising discourses of post-invasion. Without that self and organisational critique and reflexivity, particular unhelpful notions about what constitutes an Aboriginal community or authorities within Aboriginal communities are contaminated by deficit discourses that are fairly common and taken for granted by institutions. An example we see all the time – not just related to Elders and the inclusion of Elders, but to all Aboriginal people – is this notion that one person speaks for all, that one or a group of Aboriginal peoples can be an authority to speak on behalf of all First Nations peoples.

I’m generalising here. There are always exceptions, and in some cases institutions have to be aware of these exceptions as they develop protocols of critical self-reflection and organisational reflexivity prior to entering into a space in which they reinforce the authority of Elders or any Aboriginal people who come in.

If they do this without sufficient knowledge or sufficient negotiation or understanding of their position in relation to black people, then steps may be taken that actually contradict what a community or a nation might want or might have already done in terms of authorising particular people to speak on their behalf.

The construction of Aboriginal Elders as naïve about the operation and persistence of colonial history or non-Indigenous experiences of history – and the privilege that stems from that – is both enduring and counterintuitive to goals for respecting Elders’ knowledges. In my experience, when inclusion of Aboriginal Elders is sought by institutions, it revolves around limited definitions of culture, cultural knowledge and the knowledge of the institution: it’s captured as, ‘Come speak about culture’…and the other stuff is left at the door. There are also instances where the institutions authorise particular individuals as knowledge holders in contradiction to whom the Aboriginal community may have authorised.

ASHLEY: Do you think that institutions have more awareness now of what is in play in the first place, and of the complexity of those dimensions?
JAY: We are referring here to contexts where individuals are very attached to and comforted by their inherited worldviews around the place of Indigenous peoples, so it’s all relative. There may be change, but the starting point will always be a willingness to be challenged and, more importantly, to take action. It’s not a linear process where learning and change goes from one phase to another without default. When a point of discomfort or cognitive dissonance is reached, institutions and/or individuals can default back to a very, very limited understanding that often leaves it up to Aboriginal people working in those organisations to fix the fallout of an even more complex space created by institutions that don’t understand those boundaries.

RUTH: One of the things that I find is...oh, how can I say this? When somebody gets up and speaks, and they’re speaking on behalf of the local First Nations community, the institution that has invited them to speak has a responsibility to find out what country that person comes from and their relationship to the country that they are speaking on. I can disengage from the Welcome to Country if I have knowledge of an individual’s lack of connection to my country. You don’t want the Aboriginal community to do that; you want the community to be involved. It’s important for Aboriginal people to position themselves, but with the acknowledgement of commonality: we are speaking on country, but we can speak about things that are significant across all countries for all Aboriginal people.

JAY: And that’s such an important point in terms of the real responsibility for institutions and individuals to interrogate how they may be transgressing boundaries. A key responsibility here is to facilitate space for Welcomes and Acknowledgements. Aboriginal peoples will always retain responsibility for maintaining the cultural traditions that authorise who their Elders and traditional owners are. And these processes will be different across the continent.

In the university I work in, there are policies and formal protocols for Acknowledgements and Welcomes. Even so, individuals must also be responsive and proactive in ensuring this recognition is not token. This is where it’s challenging. Individuals – and by extension institutions – must first acknowledge the impact of particular colonial discourses, and how these may normalise tokenistic approaches to Acknowledgements. Aboriginal Elders have this incredible cultural knowledge base and wisdom borne from leadership and connection to communities, but also through earning university
degrees and from extended leadership in Western institutions. The greater challenge is to find something beyond a ‘top-n-tail’ approach that positions Acknowledgements of Country as an introductory statement rather than an integrated process where the full scope of the knowledge of Elders and other Indigenous people working in institutions is understood – and, more critically, that understands how to facilitate policy that responds to more than knowledge and viewpoints made palatable to an institution because they have been made most familiar by colonisation.

ASHLEY: There’s something powerful in this idea of boundaries and of needing to be cognisant of limits or delineations. There may also be a kind of misplaced respect in wanting or expecting Indigenous Australians to take on a role of educating non-Indigenous people. But does this put all the onus in the wrong place, rather than institutions taking responsibility in a way – and taking responsibility for making mistakes, which you necessarily do when you’re trying to work something out?

JAY: Yeah, and it can happen both ways. Just having an Aboriginal person in the room challenges assumptions right from the get-go. This is a combined responsibility, and the thing about boundaries – organisational or individual – is the assumption that they are concrete. But new boundaries can consistently be negotiated through conversation – and old boundaries are being reshaped. That’s kind of what you’d want in the first instance, for people to reflect on the limitations of their knowledge and worldviews. And that’s why social change is so difficult, as we know; that’s why it takes a long time.

RUTH: The Acknowledgement of Country could be such a great learning tool for the people who deliver them and those who witness them. Just say I’m acknowledging country, I would say, ‘I’m a Wakka Wakka person but this country belongs, for example, to Yuwaalayaay peoples.’ So I say, ‘this country doesn’t belong to me’, and people there know that I’m not from that country. Yes, people are learning that, in a room filled with Aboriginal people, we all don’t come from the same area or the same place – but they do understand the feeling that the people from that country would have.

JAY: And that’s a good example… So I’m thinking if Elders tell a story about themselves and their history when they get up to Welcome to Country, there’s not a relational aspect to this. In a sense, it’s like people in the room are just
witnessing Aboriginal people telling their story again without any investment in what that story means for them or for that institution or for the work that they do in that organisation.

Acknowledgments of Country can be done by anyone, so it would be more significant for non-Indigenous people to contextualise their own experiences of living and working on Aboriginal countries to acknowledge the histories of those lands and what it means for them, instead of romanticising a past devoid of the impacts of colonial history for them. It’s the difference between recognitive and restorative justice. Acknowledgement must be integrated into the way an institution does its work. Starting at the foundation is key: this generates a path or paths and processes for negotiation that generate new agreements about what it means to acknowledge country.

ASHLEY: The Welcome to Country and the Acknowledgement of Country tend to sit at an institutional level. In the context of starting small and thinking about the layers of complexity, does that make it even more important that beyond institutional spaces it comes down to personal conversations, to intellectual work at an individual level – as much as or before an institutional level in a way?

JAY: Absolutely before. The institution is made up of the individuals, of course. But having said that, I’ve worked at an institution where there were no inclusive policies, which meant that change became reliant on individual goodwill. As this change wasn’t structural, it’s hard to see any long-term effects of that work today.

MAYRAH: In thinking from an individual level and taking it out of the organisational level completely, conversations have been going on that allow our community to understand organisations – and that’s a big thing. Previously, historically, we’ve been locked out of organisations and out of institutions – not able to have a voice. Particularly in some of the work that I’ve done, we’ve been able to see Aboriginal and Torres Strait Islander people have a voice around language and home language and around traditional languages in institutions – how that fits within Welcome to Country but also within the framework of the institutions. And it’s not glazed over and not ignored: that’s one big area that’s seen a big change – particularly in the last ten years.
And another big area that we’ve been locked out of is around repatriation, around our community being able to access our sacred and ancestral remains. Now, our Elders have actually been able to meet on country and been able to then negotiate with museums and other organisations – not just in Australia but overseas as well – to get those remains back on to country and have repatriation ceremonies, and have them their way and in a traditional way. Not in a public forum the way in which other media might want that to occur. Having that in a private setting for the community – that is a big thing as well. That conversation has opened up and allowed our Elders and other community members to make larger decisions, quite powerful decisions, in our institutions: over the last twenty years we’ve actually seen Elders and community members making larger decisions within institutions like universities – that just didn’t occur previously.

ASHLEY: Does that also mean that, in talking about institutions, the institution that sits at the top of all this is at a government level and at a federal level. Something that I’ve found fascinating across the responses to the 2020 bushfires has been the kind of growing consciousness that if there isn’t leadership at one level there are ways of doing things around that, getting on with important work. And in talking about the change in the last twenty years and the power of seeing Elders making decisions in those institutional frameworks like universities, does that work as a model of creating power that doesn’t exist in that government space?

MAYRAH: A lot of change needs to occur within our Australian population, really, and some rethinking from our Australian population needs to occur to create the space for more Aboriginal people to come in to government. That’s a big thing. You mention the bushfires, and there is a big push for more Aboriginal people to be involved with traditional burning techniques and that’s a very significant action that can be taken on board and can be looked at by the government. But in terms of election to parliament, we’ve got a big shift, a mind shift, that really needs to happen across the nation, and unfortunately I don’t know if that’s going to happen in the next ten or twenty years. But we’d like to hope for that.

JAY: Institutions facilitate space for Elders’ voices and even in the example given, the inclusion of Aboriginal people becomes contingent on there being this external-to-community purpose.
RUTH: And I just wonder sometimes if once that purpose for non-Indigenous people has been served, Aboriginal people are then just put back into the box. This is a conversation that hopefully in ten years’ time you’ll remember and say, ‘Mmm, I can see what they were talking about.’ Or hopefully you’re going to say, ‘Okay, we have moved forward.’

JAY: And that box sounds like something that is really concrete and visible, but the unfortunate thing is it isn’t. It is contoured by a social and historical consciousness that guides institutions, and allows the majority of the community to normalise this marginalisation. Popular discourses about Aboriginal peoples and cultures pivot back to a default understanding that Aboriginal people are only useful when they have something to contribute to a colonial problem – when we are not being positioned as the problem.

ASHLEY: Does it make it more important, then, to look at boundaries and to look at conversations with the people who are at the complete opposite end of the spectrum to the Elders? To look at conversations with children and the way we start to map a different awareness of the complexities of the world that they’re growing up in rather than a world that they already have a fixed idea about?

JAY: Absolutely. That’s been the theory too behind education, Indigenous education. We look at the successes – if you’d like to call them that – of integrating new ways of understanding the world and new ways of including marginalised peoples in the dominant narrative through curriculum development in schools. You are relying on individuals who have been able to challenge themselves and as a consequence will understand the way in which colonial boundaries operate on them to create an ideological comfort zone. This comfort zone does not allow for the kind of thinking and practice that will engage children to think beyond the boundaries of popularised discourses about Indigenous and non-Indigenous peoples. Universities have a particular role to play in that and, again, what we are seeing are multiple dimensions within complex spaces. The process is not linear.

MAYRAH: If we look at the Australian curriculum at the moment, there’s a limited space for all students across Australia to identify with any really good Indigenous studies. The national curriculum doesn’t provide enough shared Australian history for all students to be able to understand the complexity
of our colonial past – let alone the current context of Aboriginal and Torres Strait Islander peoples. So there’s no way in which children, who we would like to have had some of these really important discussions with, are going to actually have them within a school context. They’re left to university level – and that’s depending on what subjects they’re choosing and who they’ve got and how they’re being challenged.

JAY: You’re actually leaving it up to an individual pre-service teacher to take responsibility to find their own investment in that process of unlearning if subjects do not challenge assumptions and encourage self-reflexivity.

Also as Aboriginal people we have not all experienced colonisation in the same way. If institutions don’t understand that – or the different socialisation and acculturation afforded by ‘growing up’ in culture – then…

RUTH: … and people may have the appearance expected by non-Indigenous people, but the knowledge that they have is not from being Aboriginal. It’s from being socialised White, finding out that they’ve had a grandfather who was Black and starting to identify as Black. But they can’t step out of what they’ve been raised with.

JAY: And in some cases, this can re-authorise or authorise a voice that may not have been validated through connection to country and mob. This is another layered, complex thing that cannot be addressed right now because institutions and individuals aren’t ready for it.

ASHLEY: What are the critical things that need to fall in to place – apart from decolonising this sense of an ‘us and them’ two-part history – in terms of changing definitions and possibilities?

JAY: Well, that’s the starting point and it can be a very lengthy process for individuals taking responsibility to firstly acknowledge, then recognise and challenge, their own assumptions about Aboriginal people, their own investments in the Australian national narrative, their current position in the world as a consequence and also their relationship to Aboriginal peoples (or not).

In a sense, another major challenge is to acknowledge gaps in knowledge and reset the space before you invite Aboriginal people/Aboriginal Elders in… If you’re looking for someone just to reinforce romanticised ideas that
Aboriginal people are for entertainment or sympathy, then it’s a very difficult border or boundary – to first even recognise the ignorance underpinning the assumptions through which your expectations are grounded. It’s obviously a lot more complex than can be expressed in this brief conversation.

There are no steps to share now about how to facilitate the ‘adventure’ – let’s call it – from Acknowledgement of Country to true respect and integration of Aboriginal cultural knowledges and Torres Strait Islander cultural knowledges into organisations. However, we have all worked with non-Indigenous people in an education context where words can be misconstrued and the fear of being seen as a ‘racist’ arises. Before protocols are set up, institutions and organisations can do that hard work without even involving Indigenous people – or they can have Indigenous people come in and take leadership over that process of education in tandem with non-Indigenous people. But I think the key first steps are acknowledging that First Nations Elders have significant and critical knowledge, and that a one-to-five-minute Welcome to Country only scratches the surface of the knowledge base of most Elders… An Acknowledgement of Country can be so much more than a brief opportunity to name Aboriginal countries and acknowledge Elders – it is also an opportunity for non-Indigenous people to acknowledge the benefits of colonisation for non-Indigenous people as a prelude to and for more critical institutional change.

Given that the theme of this edition is ageing, I might just leave it to Ruth to talk through the notion that ageing in white communities is very different. We value Elders who are authorised by our Aboriginal communities, not externally authorised by institutions. And this respect for Elders can be neutralised or reshaped by dominant ideas that we shuffle our old people off, that there’s a use-by date for the knowledge that Elders or older people have, and that once someone’s gone past a particular age, they’re no longer useful.

RUTH: I’ll just give you the thought that went through my mind, which I’m hoping no one’s going to feel uncomfortable with. The point is, as an Elder, I have had very similar conversations with non-Indigenous people about these issues and more over decades. It gets frustrating and tiring to keep repeating the same thing. But we need non-Indigenous people as allies and for them to be aware of how we feel and where we’re coming from.
ASHLEY: It’s very generous of you to have this conversation for us and certainly to have it this way with me. When you talked about not wanting anyone to be uncomfortable – part of it has to be that they might be.

RUTH: That gives you a good understanding of somebody who is my generation and my age, and other Aboriginal people who are a younger age: it is so good to see them coming forward.

ASHLEY: And with different generations too. Ruth’s point is important, going back to that beautiful image of the complexity of layers and different things in play: those different generations are the next layer of that complexity. And hopefully of opportunity.

JAY: Yeah, and there are old people in non-Indigenous communities too who could engage in difficult conversations with First Nations Elders…

ASHLEY: We’re not very good at complexity, are we? We seem determined to try to make everything as simple and divided as possible, which doesn’t really match what’s going on.

Ruth Ross was born in the 1940s and raised in Gayndah. One of eleven children, she started school in 1950, just before the local ‘black school’ closed down. Eventually, she went on to complete a university degree. She continues to be a strong and knowledgeable advocate for her community.

Associate Professor Jay Phillips is a Wakka Wakka Gooreng Gooreng woman and educator from South-East Queensland. She is head of school in the School of Indigenous Australian Studies at Charles Sturt University. Her PhD thesis, Resisting Contradictions, investigated the resistance of non-Indigenous students to compulsory Indigenous studies.

Dr Mayrah Yarraga Dreise is a Yeeralaraay/Gamilaraay woman from South-West Queensland/North-West New South Wales. She is a practising visual artist focusing on installation, public art and mixed media aimed at challenging viewer understandings of the cultural-aesthetic interface. She is currently creating a body of work focused on racism of place.
‘IT’S JUST LIKE the game we used to play,’ a teammate observed, ‘only in slow motion.’ He was talking about over-sixties cricket. The slow bowlers bowl with as much guile as ever, but those of us who used to be fast are now a gentle medium pace. We do not hit the ball as hard as we once did, and sometimes in the field, instead of getting our hands down to ground level, we stick out a foot in desperation. Most of our throwing arms are decidedly fragile and we no longer move as fast, which means special consideration must be taken with field placings. Running between wickets requires fine judgment. The game, in short, is as much a challenge as it was fifty years ago – possibly even more so, now that we know more about it.

Over-sixties cricket is a recent phenomenon. It is only in the last couple of decades that enough men have still been playing cricket in the second half of their lives to make it practical to organise fixtures. Before that, cricket was generally seen as a young person’s game. Only the young and silly, it was thought, could possibly consider that it might be fun to stand out in the hot sun for several hours, let alone to charge in and bowl or to strap on bulky padding. This wasn’t true, of course. Brian Close was playing for England in the 1970s at forty-five, almost twenty-seven years after his first Test. In earlier times, three Englishmen and one Australian, left-arm spinner Bert ‘Dainty’ Ironmonger, played Test cricket in their fifties. But when I was growing up in the country, most men gave up cricket when they got married or became
fathers. Those who continued to play sport usually moved on to more sedate pursuits, such as golf or bowls.

Some didn’t. Among the stalwarts of my local cricket club at Tahmoor were two men who had sons my age. Keith ‘Creamy’ Moore, the local dairyman, lost his son in a road accident, but Chris Evers was still playing when his lads Ray and Brian became old enough to play alongside him. He must have been almost forty. He seemed ancient to me, a sixteen-year-old getting the occasional game when the team was short.

I played serious cricket in the country, then in Sydney while I was studying, in England for a decade and in Brisbane after I returned to Australia, including twenty years playing for Griffith University. When I left Brisbane and moved to the Sunshine Coast fifteen years ago, I thought my cricket days were over – there wouldn’t be many clubs keen to recruit a seam bowler in their sixties! Besides, I had reached the point of lacking enthusiasm about the prospect of being in the field all afternoon. Then I found a local club, Sunshine Coast Antiquarians, formed to cater for cricketers no longer in the first flush of youth. It played one-day games against other over-forties clubs, such as Bundaberg Veterans. I could still play the occasional game, and the limited-overs format meant it was not too physically demanding.

Now, there are Golden Oldies and Vintage Cricket carnivals for older cricketers. On my sixty-fourth birthday, I had the pleasure of opening the bowling in Barbados on a typical West Indian ground, lush and green but small by our standards, so that anything pitched short was sent sailing into adjoining backyards for six. Long delays ensued as ageing fieldsmen clambered over fences and braved yapping dogs to retrieve the ball.

That was the third Vintage Cricket Carnival; I had also taken part in the first two, in Adelaide and Perth. At the Perth event, we met a combined XI starring West Indies Test legend Joel Garner, bowling off a short run at a gentle pace in a suburban park. He produced a bottle of Barbados rum after the game and insisted we share it with him. Our next match was against Troupy’s Troopers, led by former New Zealand seamer Gary Troup, clearly enjoying his cricket at our sedate level.

While Vintage Cricket and Golden Oldies carnivals are a lot of fun, the backbone of senior cricket is the regular round of matches between local clubs. Sunshine Coast Antiquarians play about twenty games a year – but mainly in the cooler months from April to October.
THINGS BECAME MORE serious when a few older cricketers in Victoria organised an interstate carnival for teams of over-sixties players. In 2009, a local enthusiast rang around and found fourteen players who were prepared to form the first Queensland team to participate in that year’s event in Launceston. We didn’t start well because we hadn’t met one another before and the captain was unaware of our strongest eleven, but we finished reasonably well. The following year, we won the carnival in Canberra. At the final dinner, 250 cricketers from eighteen teams sat down with umpires, scorers, wives and girlfriends to hear the selection panel announce the names of those who would form the first Australian over-sixties team to tour England.

Our guest of honour, Keith Stackpole – the former Test opening batsman – described us as the last generation of players who love cricket. He was reflecting that modern cricket is more professional and better paid, but the young players don’t seem to enjoy themselves as much as we had at their age. Stackpole said he was delighted to see us batting in caps rather than helmets; to see fieldsmen wearing cream trousers and shirts without advertisements; to see real cricket boots rather than funny multicoloured shoes. Pads with velcro, rather than buckles, represented the one significant concession made by senior cricketers to the ‘improvements’ of the modern game, although there has now been an order from Cricket Australia, hotly contested, that batsmen should wear helmets. I was among the older players who thought we should be able to judge for ourselves whether the bowling was fast enough to justify protection, just as some Test cricketers opt to take off their helmet and bat in a cap against slow bowlers. But the hyper-cautious old men running cricket have directed umpires to insist on helmets.

Local enthusiasm for the interstate format was growing, and by the 2011 Adelaide event we were able to field two teams in the two divisions. Since then, the speed of change has been truly breathtaking. An over-seventies division now caters for players who are even older, and the event has become too large for one venue. In 2019, the over-sixties carnival was held in Adelaide, and the over-seventies event in Albury-Wodonga. A regional competition in Queensland allows selectors to make informed judgments about the strongest teams. Also in 2019, four Queensland teams took part in the over-sixties division and two in the over-seventies. Altogether, these carnivals featured fifty teams of senior cricketers, more than 600 players in total. And this growth has prompted a move for more change. Recognising
that thirty-two teams is about the maximum for any venue, one state has proposed creating two divisions: over-sixties and over-sixty-sevens. That move would allow another 150 players to participate in two carnivals of thirty-two teams.

THERE’S A NOTICEABLY different ethos in senior cricket. Teams still play to win, but the spirit of the game is at least as important as the winning. In test, state and grade cricket, winning comes close to being the sole aim. Sharp practice, sledging and gamesmanship are all justified by the need to win. In club cricket, I once played a final against a team who admitted afterwards that they’d planned in advance their confident and jubilant appeal to convince a dozy umpire that our star batsman had edged the ball. They were quite unashamed about it: they felt their premiership victory vindicated their behaviour.

That is not the way in senior cricket. Fieldsmen readily acknowledge when a ball has not carried to them, whereas grade or shield players are likely to throw it triumphantly into the air and claim the catch. Fielding captains have been known to call back a batsman wrongfully given out. And players are expected to walk if they know they have edged the ball, rather than looking innocent and hoping the umpire didn’t notice the deflection.

I have now toured the South Island of New Zealand fourteen times with a team of senior cricketers called the Honest Trundlers. Over the course of a tour, the responsibilities of opening the batting, keeping wicket and leading the attack are shared around. Some Trundlers are, like me, dedicated cricketers who have never stopped playing. Others were lured back to the game after many years away. At least two hadn’t played since leaving school and were persuaded by a friend or relative to give senior cricket a go. We always look the part, with a coloured uniform for day-night matches, as well as our whites, and every player’s unique number on their shirt, cap and sweater. We all agree we would much rather lose a close game than win a lopsided one.

I have thought about why some players persist with the game, despite their slowly fading powers, while most others give cricket away when they can no longer perform the way they once did. Queensland squads at recent senior carnivals have included former test player Geoff Dymock, four former Sheffield Shield players, one player who represented Queensland Country against England, and a bunch of others with years of serious club cricket
behind them. As with the Honest Trundlers and Antiquarians, some retired from cricket long ago and have been inspired by the seniors’ movement to make a comeback. Others, like me, never stopped. Playing senior cricket, I have met again players I remember from the 1960s. What unites us all is our love of the game, and our joy in joining others who get as much fun out of it as we do. Geoff Dymock now bowls off only a few paces but still keeps a tidy line, still moves the ball both ways and is still a test for any unwary batsman. As he says: ‘It’s fantastic to play cricket at any level.’

We will probably keep coming back so long as we feel like we can contribute and aren’t a liability to our mates. In the words of the last verse of the ‘Battle Hymn of the Honest Trundlers’ (traditionally sung at our end-of-tour team dinner): ‘If our bodies still hold up, we’ll be back here next year.’

I’ve been saying something like that each year since I turned forty. We don’t stop playing because we get old; we get old because we stop playing. At the Golden Oldies Carnival in Queenstown, the Antiquarians were helped out in our last game by a sprightly eighty-five-year-old Kiwi called Wilf. We’d met him three years before when he played against us for the bucolic and aptly named Central Otago Wanderers. At that earlier carnival’s final dinner, the organisers were so impressed with the performance of this man in his eighties that they chose Wilf as their player of the carnival. Called on stage to accept his award, Wilf brought the crowd to its feet when he whipped out a mouth organ and played a cheerful solo. One teammate commented: ‘I’ve got thirty years to learn to play the harmonica!’

The phenomenon of senior cricket is just one demonstration of the statistical fact that we are now living much longer and healthier lives. I am still alive, playing cricket and writing about it at an age not reached by any of my direct male ancestors. In 1900, only 4 per cent of Australia’s population was over the age of sixty-five. By 2010, that figure had grown to 13.5 per cent, with demographers projecting that nearly a quarter of the population will be over sixty-five by the middle of this century. This has led to uninformed alarmism about consequences for the healthcare budget. The speculation is incorrect because the basic reason we are living longer is that we are healthier, as demonstrated in part by the phenomenal growth of over-sixties cricket from a few teams fifteen years ago to about 600 of us playing interstate cricket today. While it’s true that the average cost of medical attention increases with age, it’s also literally true that seventy is the new fifty; the average
seventy-year-old today has the health characteristics and mental awareness that used to be typical of someone a couple of decades younger.

All the evidence suggests that continuing to be physically and mentally active creates a virtuous circle; by remaining active, we are more likely to retain the capacity to be active. I was selected in the first Australian over-seventies team to tour England in 2013, but – now quite a few years older – was only in the Queensland Second XI for the 2019 carnival.

I’m holding out hope that there might soon be an over-eighties team.

WHEN WE FIRST see Daphne, she is sitting in a pool of sunshine at the edge of her veranda. Bougainvilleas punctuate small patches of open ground between each cluster of rooms, and an unused swimming pool contains slowly disintegrating giant palm fronds, making the place look like an old tropical motel. The sound of a jet taking off from nearby Darwin airport thunders against the tin roof as the plane spirals off over the Arafura Sea.

This may be a plain aged-care facility, but it’s also one of the most homely. Australian country music singer Smoky Dawson is singing from Daphne’s cassette player, so we lean in to hear Daphne’s voice more clearly. Her journey to aged care begins with a question of her own. The way it is asked, we know she has posed it many times before. ‘They took us children away. Why would they do that?’

Daphne’s story is of the Stolen Generations. They’re old now, the survivors among those who were wrenched from their families in that era. And the arc of their lives has landed them – often with reluctance, fear and sadness – in nursing homes all over the land.

EUGEN’S EYES ARE alight and his hands flutter with delight as he speaks. At one hundred years old, his body carries traces of the largest events of the twentieth century; these are part of his story.

‘Almost four years I served in Hitler’s army. Shot twice, here, you see my knee does not go straight? Captured, two years in camps, yes. After,
well, things changed and I am in Berlin, and I work for the Allies. Berlin, you understand what that means? When the airlift is beginning, I think an atomic world war is coming and I look to get as far away as possible, to be safe. And I look on the map and I decide Australia.’ His hands form the shape of wings and he swoops us all the way around the globe and into this lounge chair, where eucalypts tower outside the window.

‘So many wonderful things are discovered every day. In my room two computers, yes.’ His voice is animated. ‘I stream radio from Moscow, and read always about new discoveries. The universe, a magical place it is!’

THINGS ARE HUMMING when we arrive at the only nursing home in a pastoral-industry town on the New South Wales western plains. Everyone is gearing up for the home’s annual fair: they’ve been making preserves in the kitchen. We’re sitting with Margie at a dining table where she’s arranging cutlery. Her cardigan is worn through at the elbows and she waves a fly away from her one good eye, which is firmly fixed on us.

‘My husband died when he come off the tractor. That was ’65. Well, everyone thought I’d sell but we’d worked hard, and me and the kids kept it running.’

She waves a knife at the fly.

‘It was a thousand acres and I was up with the sun every day. I loved going down to the sales. It could be hard in summer, and we nearly lost the place in the third drought. Kids are doing other things now. Jenny’s nursing and Jack’s driving big rigs.

‘Here? I’m not really sure how I ended up here. Just woke up one day, after a fall and this had been arranged. I’m going back to the farm as soon as I’m sorted. Although, I tell you what, it’s pretty nice that someone else prepares a hot meal. I like that. Ten rooms back home, you know, and now I only have to make my own bed!’

RESIDENTIAL AGED CARE is a repository of community memory, encapsulating the social history of the last seventy, eighty, one hundred years. This vast collection of narratives creates a picture of the world not long past and the people who breathed life into its form.

There is another picture here: the form of the care itself. What is offered and accepted as aged care is shaped by the values and preferences of those who
receive it. As each generation moves towards needing care, they influence its character. But once in care, they are not the ones controlling the system or making the decisions that determine how services are delivered. Aged care holds up a mirror that tells us what we, today, are willing to value and invest in. Are we comfortable with the image in that mirror?

Those born on the eve of the Great Depression – like Daphne, Eugen and Margie – are our oldest citizens now. Their care is modest, and standardised like the pinnacle of industrial production that their generation presided over. They are sometimes called the ‘grateful generation’. Often stoical, looking on the bright side, uncomplaining, not wanting to be too much trouble. Which is to say, nothing like their Boomer children, who have poked and prodded aged-care companies for the last decade, trying with mixed success to change the services their parents receive.

But those same Boomers will soon arrive on aged-care facilities’ doorsteps as would-be residents with different stories to tell. If their generation is already shaping the future of care, their narratives will soon be the fabric of life in these homes.

What will that look like?

IN SYDNEY’S CBD we park ourselves in the function centre of a community organisation and wait for the women who’ve agreed to come and tell us about their plans for their future care. They stroll in with buzz cuts and sharp minds, and they mean business. These people burned their bras, forced their way into business-leadership roles through sheer merit and took no shit from suits who tried to condescend to them along the way. They are similarly direct about their final years – which they see as still ten or twenty years away.

‘I’m not moving into one of those places with lace curtains and Frank fucking Sinatra. I used to visit my aunt until she died the year before last. Honestly, forget dementia or aneurisms, I swear they just got bored to death. My aunt would wave one wobbly hand and mutter to me, “that one’s got the hots for me, you know”. And I thought, I sure hope so, Annie, because what else are you going to do here?’

Another takes up the point. ‘I don’t have confidence these services will provide a space that does any more than grudgingly tolerate a lesbian. Some of them are owned by churches that were backing the marriage equality no vote.’
The staff may try to distance themselves from that bigotry but, bottom line, you can’t trust the organisations. It has to be a lesbian space. I’m planning with a couple of friends to buy up a group of apartments and create a common care area, with a nurse.

It’s certainly a picture of a promising future, but who will have access to this kind of customised care? Without a fundamental change to the way care is funded, this kind of flexibility (and expense) will not be universally available.

There are three things about the Boomers that are already influencing the direction of aged care: they are loud, they are wealthy, and they want to live their lives their way. They are the ones who fought to deinstitutionalise everything else – out-of-home care, mental-health care, disability care. Boomers have no intention of accepting a standard one-size-fits-all, mushy meal approach. They’ve spent their lives accustomed to, or running, individual consumer-centred systems already. Some tell us they would literally rather die than sacrifice their independence.

ON SYDNEY’S FRINGE, Anh is telling us about a reference work on the waterfalls of eastern New South Wales that he wrote many years ago. He had plans for future work, but management at his aged-care facility seemed to be having trouble getting with the program. Apparently, he murmurs drily, they thought it acceptable that he didn’t have broadband in his room. It took him nearly three months to force them to get it installed. Now, animated with excitement, he’s writing a sequel on inland hot springs. We are surprised to learn that there are enough springs to fill a bound volume.

Anh particularly recommends the Eulo mud baths, twelve hours’ drive away. ‘I’d like to get up there and take some really decent photos,’ he says, pausing as though pondering the weather. ‘Basically it’s a race between the book and the early onset dementia.’ As we’re leaving, we learn that Anh lives in a ‘memory support unit’.

This phrase – memory support unit – is an interesting one. It is both a euphemism for a dementia ward and a genuine attempt to reach beyond diagnosis and clinical care towards supporting people to live their fullest life and honour and hold the rich narrative that they inhabit.

But memory is complicated and its place in aged care is evolving. At the moment, whole buildings can feel like memory vaults, but as aged-care options change, memories and stories will be found less in these institutions.
Residential care is increasingly unpopular compared with home care, with the quality of care increasingly unable to meet people’s expectations. At the leading edge of care, cottages are replacing wards; retirement living is being reorganised to provide care in people’s homes instead of in centralised locations. Residential care is becoming a last resort. Its use is declining except for the extremely frail, the terminally ill who lack family to provide round-the-clock care, and those with dementia symptoms too severe to be cared for in any other setting.

The aged-care industry often complains about perpetual policy reform and the push towards consumer-centred care. Sometimes the people who lead the sector sound more tired, more old-fashioned and less imaginative than the nonagenarians they are caring for. It is hard to know how prepared they are for the wave of expectations that will be arriving with the Boomer generation.

And what comes after that? When Generation X’s time comes, what narratives and expectations of care will they bring? What about the Ys and Zs?

ROBYN’S IN HER fifties and helping her mother organise a home-care package. Her household boasts six university degrees, but the correspondence from the aged-care system makes everyone feel a bit dim. How can you be declared eligible for something and then have to wait, again? What is this other list of fees even about?

We meet in a leafy Melbourne suburb to ask about her own care future.

‘I know it will be a different world by then. I mean, surely it has to be. I can’t imagine trying to navigate one of these places that’s been on the television; have you seen the way they handle people’s bodies?’ She pulls a face. ‘Coming out as transgender was easy. I was so grateful that everyone’—her wave encompasses her parents, who are peering at their computer in the study—‘has supported me and expressed nothing but love. I’ve had different careers, been made redundant, been divorced, moved cities four times, started a business; all of that is just life for my generation.’ She sighs. ‘But really, when I look at the care system and the way workers can behave, I’m scared for my future self. It’s the only thing that causes me fear.’

Australia’s Generation X will be the first not to have broken the law by coming out of the closet. They didn’t pioneer feminism: they grew up with it. Generation X invented the internet, which then changed everything about their work, recreation and friendships. They will have used Facebook for half
a century, watched one another grow old on phone screens and may attend friends’ funerals in virtual reality.

And what of their memories? Will personal secrets and privacy be ideas abandoned after a lifetime of social media and distributed knowledge? Or will Generation X wrap their personal worlds tight around themselves as the only private thing left?

These are lives lived through turbulence. Those now in middle age are living through economic transformation and disruption, with a degree of uncertainty about wealth and work unrivalled since at least the Great Depression. Stability in care may be less of an expectation than before; the failure of governments to manage global crises, ranging from terrorism to climate change, will make them committed to ensuring they have their own care arranged, because nothing – certainly not governments – can be counted on.

If we want the Xers to have enough money to pay for their aged care, then retirement income policy and superannuation arrangements will have to be completely reformed. Otherwise, the flow of inheritances that is currently going from parents to children will be dramatically reversed, and children will be the only people with enough money to pay the care costs of their elders.

THE BAKING SUN is punctuated by cloud as we reach a peeling weatherboard cottage in Bundaberg. Inside, we move from room to room along a narrow strip of lino, then floorboards, then carpet worn to string, then lino again. There are household items everywhere – including six televisions and twenty-two aged desktop computers ready to be repaired, and twenty-four crates of books. At the end of the hall, there are two chairs and one stool, which make just enough room for us to meet Edward.

‘They killed my wife.’ He spits out the words, and then he cries, as he will from time to time for two hours. ‘They’ are the hospital where his wife went. They made mistakes, he tells us, ‘and she’s dead and they killed her’. We listen and look at this solitary life for which Edward was unprepared. He shares his kitchen table with a typewriter, two thermoses, a toaster, sixteen trays of catalogues and books, a clock, two irons (one in, one out of its box) and a hundred smaller objects, each meticulously attended to. Everything is cared for, but there will never be enough objects to fill Edward’s space. He has only one regular visitor: a pastor from the local evangelical church.
As we leave, Edward is still speaking to our receding backs as, chased by pelting rain, we scamper down his old concrete driveway. His voice is drowned by the summer storm that has arrived, washing away the sound of someone filled with the rage of loneliness.

Edward’s experience isn’t exceptional. It is a reminder of just how easy it is for people to become vulnerable and alone. The most under-reported feature of aged care is the large number of people who are lonely or isolated. Whether in flagship multistorey nursing homes or in their own houses, there are people without networks, without support, without friends, and this is significantly impacting their health and welfare. As family size gets smaller and life paths are geographically dispersed, we need to find new ways to share life stories and be part of one another’s ageing.

Our society is struggling to create communities that include everyone. We lack networks and systems to reach those without the resources, the means or the language to navigate a care system that they sometimes don’t even know they need. However, we have seen communities and services that offer connection and support for diverse and disadvantaged older people: it is possible.

Attending closely to the richness of older people’s lives is the key. Given the extensive conversation happening right now in Australia about the failings of aged care, a greater focus on older people’s voices must be the starting point for better care: closer attention in the design of services; greater say in the governing of those services; better recognition of what diverse life trajectories mean for people’s need. And above all, more openness to letting the narratives and contributions of our very oldest citizens enrich the lives of us all.

Some names, locations and details have been altered, and stories of more than one individual combined, to protect privacy and confidentiality.

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IN OCTOBER 2018 I found myself in St Vincent’s Private Hospital. Located in Darlinghurst in inner-city Sydney, it was undergoing renovations and the grinding of jackhammers and loud banging punctuated my stay. Nevertheless, it was a fascinating fortnight: I shared my ward with some extraordinary roommates, including two former professors, a former wharfie and militant unionist, and an Italian orchardist, potato and rice farmer. Such fellow patients made for a stimulating stay, as did my ‘day pass’ allowing me out for lunch (and even a glass of wine) at a nearby café run by two charming Italian boys whose menu was based on their Nonna’s old-time recipes.

This is the story of how I came to be there. It’s an account of nine years of chronic, excruciating pain – especially in my legs while sleeping; of not having a good night’s sleep for six years, waking in pain every hour. It’s also the story of eight doctors: of misdiagnoses, misleading and partial diagnoses. It’s the story of twelve drugs, multiple MRIs, CT scans and X-rays, two physiotherapists, three chiropractors and a shiatsu masseur.

It’s the story of trying to comprehend what was happening to me. I was an investigative reporter at the ABC for many years, following the trail of Nazi war criminals and exposing the immorality of Australian governments that betrayed East Timor and stole its oil. But an investigation of myself was even more challenging. I followed clues that evaded even skilled doctors and that confronted and unnerved me as the story came together.
THIS STORY STARTED in a small way in late 2010. Initially, it was a feeling of discomfort in my left leg, waking me from my usual deep sleep. Discomfort rapidly evolved into intense pain. Earlier that year I’d had a spinal scan that revealed mild degeneration, perhaps explaining persistent lower back pain. As the leg pain increased, I undertook physiotherapy and chiropractic treatments, also commencing an exercise regime, bushwalking and yoga.

I consulted a well-regarded rheumatologist who diagnosed a muscular-skeletal problem. One comment, observing that there was ‘a very slight subjective change in sensation over the lateral left leg between the knee and the ankle’, subsequently assumed significance. The rheumatologist prescribed several ineffective drugs – amitriptyline, Lyrica and Pristiq – that are used as antidepressants. None reduced the excruciating pain that spread from my lower to upper left leg, from my lower to mid-back and into my right leg. Then came numbness in my feet, akin to pins and needles, evolving into intense discomfort.

MRIs, CT scans and X-rays revealed that my spine and hips were well preserved for my age. But the pain increased. From late 2012 until late 2018, I didn’t have a good night’s sleep. Pain and sleeplessness left me debilitated and constantly exhausted. I took up golf again, hoping it would alleviate my condition. In my youth I was a fairly good player, but recommencing after twenty years was challenging. Eventually I found some of my old rhythm, hitting the ball straight. One day I started pulling it to the left and was unable to rectify this.

IN 2015 I wondered if my brain would explain my condition: I noticed symptoms of what I thought could be Parkinson’s disease, including shaking in my left forearm and right hand, especially when performing everyday activities such as sipping a cup of tea. Could this potentially put my brain at the centre of my pain? It was a daunting prospect.

I consulted a neurologist at St Vincent’s who didn’t diagnose Parkinson’s. However, he observed ‘some impassivity of facial expression’, which technically is called ‘hypomimia’. This involves a reduction, even absence, of facial expressiveness. He also observed ‘a positive glabellar tap’. Located between the eyebrows, when the glabellar is tapped repeatedly, normal eyes blink for a few taps, but if blinking persists it’s abnormal. Most Parkinson’s sufferers experience both symptoms.
He recommended ceasing Lyrica as it didn’t sound, he told me, as if I was suffering from ‘neuropathic pain’. I was reassured by his conclusion that my pain wasn’t connected to my brain, but I still had no diagnosis.

THE NEXT TWO years were spent with a physio, two chiros and a shiatsu masseur with no improvement. In late 2017 my GP observed that my hypomimia had worsened. I’d also become unbalanced, particularly on my left side. Where I’d previously walked easily on rugged bush tracks, up and down steep inclines, I suddenly feared falling.

Another rheumatologist undertook to diagnose my pain. His clinical tests confirmed the previous finding of a ‘reduced sensation’ in my lower limbs. He ordered comprehensive blood tests, including for syphilis; nerve-conduction studies (testing nerve responses by electrical impulses); and an EMG to assess the nerves that control muscles. He was stumped when everything proved to be normal. He prescribed a steroid (prednisolone), which also failed.

He referred me to another neurologist who noted several Parkinson’s-like symptoms, including being ‘struck by the hypomimia’; an odd ‘Parkinsonian’ gait; reduced arm swing; and a diminution of my ability to tap my hands and feet, especially on the left side. He concluded that my pain was unrelated to a neurological condition but put me on a trial of levodopa. In the mid-1970s I’d read Oliver Sacks’s gripping book *Awakenings* (Duckworth & Co., 1973) recounting his experiments using levodopa to stimulate consciousness in people who’d fallen into a trance-like state during the 1920s encephalitis epidemic.

This prescription unnerved me as I was aware that it was the frontline drug for treating Parkinson’s. On my follow-up visit, however, the neurologist directed I cease levodopa, concluding that it had no appreciable impact and that I’d be ‘best served by a pain clinic’. I was at another dead end.

I discussed my despair with John Raftos, a school friend and emergency specialist at St Vincent’s. He was optimistic: there must be a diagnosis and management regime for my pain, and suggested I consult Ray Garrick, whom he regarded as one of the cleverest doctors he’d known professionally. A neurologist at St Vincent’s Clinic, Ray also treats neuropathic pain. Serendipitously, they met shortly after and John made a personal request for Ray to see ‘an old friend who had a difficult neurological problem’, explaining that there was a concern I might have Parkinson’s that could account for my pain.
IN MID-2018 I attended the funeral of my ABC colleague and brilliant investigative reporter Liz Jackson, who’d developed a debilitating form of Parkinson’s, fuelling my fears about my own condition. Liz’s funeral coincided with meeting Ray Garrick. A tall, erect man with greying hair, old-fashioned manners and an obvious warmth towards his patients, Ray proved to be a fascinating mix of wisdom and wicked wit, accompanied by exceptional communication skills.

When we first met I didn’t comprehend what lay behind Ray’s humour: he was carefully watching my facial expressions during his perceptive, erudite and often hilarious commentary, testing my ability to engage with him face-to-face to assess my hypomimia. He told me he used humour ‘to judge what stage of neurological disorder’ I had and to help me understand his diagnosis.

Ray gently led me to his diagnosis: an extrapyramidal brain dysfunction, which accounted for my long nights of pain and sleeplessness. My puzzlement at what ‘extrapyramidal’ meant turned to fear as I performed the lay diagnosis using ‘Doctor Google’. But soon I had a professional explanation.

RAY GARRICK WASN’T alone in communicating with me clearly. Stephanie Barnes, a young woman with a formidable intellect, was Ray’s protégé and at that time his registrar. Her enthusiasm for neurology was infectious. ‘The brain is incredible,’ she declared. ‘There’s nothing else like it. But we understand so little of what the brain can actually do, both about how it works when it’s working properly and how it works when it’s going wrong.’

She conducted a thorough examination, directing me to tap my feet and flex my fingers as rapidly as possible. She used a cold instrument to test the sensations of my lower legs and arms and observed my gait. The most interesting test required me to tap my index and middle fingers alternately and as rapidly as possible on the back of my opposite hand. It was difficult using my right hand but impossible on the left, indicating imbalance between my left and right sides and making sense of that leftwards trajectory of my golf shots.

Stephanie was comprehensively testing my nervous system, checking how the nerves that control my eyes, face, head, arms and legs were working or not working. Specifically, she was examining certain parts of the brain that, she told me, are ‘particularly important for co-ordination, which would indicate problems with the co-ordination system of your brain’. By running a cold instrument up my legs and arms, Stephanie explained, she was ‘checking
the nerves that control your feelings – touch, temperature, pain, sensations that get carried by different paths through the spinal cord to the brain. By testing them individually we can tell which nerves in particular – and which parts of the brain and spinal cord – aren’t working properly.’

Stephanie and Ray concluded that my extrapyramidal dysfunction had been caused by a small stroke in my thalamus. I was flummoxed: I’d never had symptoms of a stroke and a recent MRI of my brain had revealed nothing. Stephanie wasn’t surprised: her explanation involved the time lag between my stroke (preceding the pain’s onset in 2010) and the MRI (in 2018).

AS STEPHANIE EXPLAINED, the brain is the apex of the ‘pyramid’ of the nervous system. Extrapyramidal dysfunction involves significant problems affecting the circuits of the basal ganglia that normally produce smooth, co-ordinated and controlled movements. A collection of neurons located deep within the cerebral hemispheres of the brain, the basal ganglia work through the primary motor cortex to control individual movements. Stephanie described their function as feeding ‘information in and out of those motor areas to allow movements to be smoothly co-ordinated’. The basal ganglia are ‘important in making sure your movements are coming out in exactly the right order and that your body is able to learn how to do those same movements over and over again’. Extrapyramidal disorders include Parkinson’s and Parkinsonism (conditions with Parkinson’s-like symptoms) among various others.

The thalamus is also central to my disorder. Located just above the brain stem between the cerebral cortex and the mid-brain, with major nerve connections to both, Stephanie described it as ‘one of the main superhighways of the brain’, passing information in and out, feeding feelings from the body through the thalamus up to the brain, where they’re interpreted. Numerous cases had already established that ‘a stroke in the thalamus causes thalamic pain syndrome’, Stephanie reported, ‘which is a type of centrally mediated pain originating in the brain, affecting various parts of the body’.

Extrapyramidal dysfunction, however, isn’t a straightforward diagnosis. Symptoms include stiffness in the arms or legs, slow movements, tremors in the hands or elsewhere. ‘That’s something you might associate with Parkinson’s disease, which is the classical type of extrapyramidal disorder,’ Stephanie recounted. ‘But there are many other types with slightly different
features. Some we see more frequently and have a better understanding of, others occur more rarely, and we understand them less. I was starting to make sense of what extrapyramidal dysfunction involved, both generally and for me specifically. It wasn’t an appealing diagnosis.

MY EXTRAPYRAMIDAL DYSFUNCTION affects me in various ways. I’ve virtually lost dexterity in my left hand, making it difficult to perform ordinary tasks such as opening and closing screw-on lids, doing up buttons, tying my shoelaces and eating: for example, consuming salad now requires a spoon as I can’t hold a fork properly. Furthermore, it’s increasingly difficult to stand from sitting and kneeling positions and my imbalance creates the very real possibility of falling while performing functions usually co-ordinated by the brain, including walking and standing.

I’ve had several serious backwards falls, one from a ladder and another on a Melbourne tram, collapsing over a schoolgirl and another passenger, badly hitting my head on the tram wall. Luckily, they assisted me to get up from my undignified position.

My brain disorder also affected me intellectually and emotionally. All my life I’ve been engaged in politics and ideas: as a student of history and literature; a broadcaster and investigative reporter; an author of books that explore historical controversies; and a long-form essayist. But as my neurological disorder advanced during the past decade, I became disconnected from this world as my mind fogged and my acuity suffered. Subjects that I’d been well informed about – including politics and history – gradually eluded me, as did words that I could previously retrieve effortlessly. These ongoing afflictions also had emotional effects, challenging the very basis of my identity. They also affected my home life. My wife – Robyn Ravlich – patiently endured my night-time restlessness in bed and my grumpiness during the day caused by tiredness. I’ve struggled with such issues and strived to remain as close to my old self as possible – not always successfully.

But as Ray stressed to me, learning to live with neurological pain depends at least in part upon accepting one’s disorder and remaining positive. ‘Knowing what’s a good result is a lot of what we do,’ he explained. ‘A good result might be that you’re no worse, but patients can also turn it around and say, “I’m no better.”’ A lot of communication is about reconciling patient expectations with doctor expectations.'
Ray quickly perceived the centrality of intellectual pursuits to my life and tailored his approach accordingly. ‘There were a couple of things that we had to sort out,’ he observed. ‘One was that you had a stroke-type history with an extrapyramidal process following that. Another strand was your chronic discomfort. What can we do? We can’t turn back the clock and make you pre-stroke. We can’t make you young again. Hopefully we can improve your motor function, up to a point. My main requirement was to keep you active, using your brain both intellectually and motor-wise.’

In light of their diagnosis Ray and Stephanie plotted a drug regimen. They re-prescribed levodopa for my Parkinson’s-like symptoms, which, as a result, stabilised somewhat. They then focused on managing my pain. The science of neuropathic pain medications isn’t precise. Ray and Stephanie experimented with a new series of drugs: gabapentin, baclofen and Cymbalta. Ray emphasised that studies had indicated these medications have positive effects in treating neuropathic pain. ‘But every prescription is an experiment,’ he cautioned. ‘Take these medications and see how you go.’ I didn’t go.

The final medication they prescribed was lamotrigine, a drug commonly used to treat epilepsy and bipolar disorders that is also effective for neuropathic pain. But it also proved unhelpful. I deteriorated further, developing a more intense grogginess, almost as if I’d become spatially disconnected from reality while my pain grew more excruciating.

At this point, Stephanie declared they’d reached the end of the drugs in their armoury. Over the previous decade I’d taken one new drug for each year. Given that the lamotrigine proved ineffective, Stephanie explained that the final option was a ketamine and lignocaine infusion.

Ketamine was originally utilised as a field anaesthetic for US troops during the Vietnam War, and has since become a popular recreational drug. It’s also effective in the treatment of chronic neuropathic pain. Lignocaine is a local anaesthetic that reduces neuropathic pain for many patients when used in conjunction with ketamine. Over time, Stephanie explained, ‘pain itself can evolve and the brain’s thermostat gets reset at a very high level. We use the infusion to reset it to a more normal level, so the pain remains under better control.’

And so I accepted my ‘incarceration’ in St Vincent’s.
NO ONE LIKES being in hospital, especially for prolonged periods. I arrived in trepidation, fearful of what I was about to face over the next fortnight. But the infusion was a fascinating – if painful – experience. Given that it was administered subcutaneously, the nurses inserted a needle into my stomach when I was admitted. This was attached to a machine pumping the drugs into the underlying fatty tissue via a long tube, pooling at the injection site before being slowly absorbed. The apparatus was carried in a cloth bag slung over the shoulder and I was warned to be vigilant outside the hospital, as drug addicts had been known to attack patients and steal the medication.

I reacted badly to the injections. Wherever they were inserted the site turned an angry red, swelling into hard, painful masses. Instead of remaining in one place for the usual two days, my injection site had to be changed every twelve hours. Soon my tummy resembled a well-used pin cushion.

The infusion commenced at 0.5 millilitres per hour, eventually rising to 1.9 before I was weaned off. I immediately understood why ketamine is popular with recreational drug users. I hadn’t felt like this since the 1970s when I’d smoked pot. Most importantly, my pain was immediately reduced and, as the dose ramped up, it faded significantly. While this was promising, the ultimate test came when I left hospital.

My first night’s sleep at home was the best I’d experienced in years, but then my night-time pain again became excruciating. After a few weeks, however, it receded. The infusion had worked, together with significant increases of the dose of lamotrigine to 400 milligrams a day. As Stephanie concluded, ‘The ketamine infusion may have set the scene for the lamotrigine to be effective.’

I wondered if medicinal cannabis might be a helpful addition. I knew it had been effective in reducing pain, especially for patients suffering terminal cancer. Ray referred me to a palliative care specialist. Prompted by the worldwide epidemic of opioids, Richard Chye commenced prescribing the newly licensed drug in 2017.

A gentle, engaging doctor, Richard, like Ray, connects on a personal level with his patients, treating them as people, not objects of medical scrutiny. His father died of kidney cancer in his early forties when Richard was in his final year of medicine. He observed his father’s acute pain, but ‘the doctors only focused on the cancer patient and didn’t look at him as a person’. Richard was determined to treat his patients holistically. ‘I want to treat the
He ‘didn’t have any experience’ when he commenced prescribing medicinal cannabis. He characterised it ‘as a drug of last resort’. In my case, ‘You’ve tried many other medications and they’ve not worked and if that’s the case then medicinal cannabis is an appropriate drug.’ But, he emphasised, ‘The evidence for medicinal cannabis is sadly lacking. I don’t know how you’ll respond to it because there’s nothing I can base my assessment on. We need to do a lot of research because we don’t understand how it works.’

It’s expensive. Richard prescribed a Canadian product costing $300 a bottle, which, on a two-millilitre daily dose, lasts for many weeks. It isn’t on the Pharmaceutical Benefits Scheme, which determines which drugs are subsidised by the federal government. ‘For governments to subsidise a drug it has to have evidence that it makes a difference to patients. And if a drug works, does it benefit the health system as a whole? It’s not about whether it helps you, but does it make the health system more efficient?’

I don’t begrudge the cost of medicinal cannabis or the government’s caution in subsidising it. Richard became convinced that it helped relieve my pain. ‘When you first came to see me in February 2019 you scored your pain at ten out of ten,’ he said, ‘but when I saw you in late September you scored it at six out of ten. To me that shows that something has made a difference.’

Pain is a very subjective experience, so it’s hard to assess the effectiveness of medicinal cannabis. But it’s greatly improved my sleep. The main cause of my waking every hour was pain. Since commencing medicinal cannabis I’ve often slept for four hours straight – sometimes more – and when pain wakes me the cannabis often helps me to get back to sleep. Richard said that it’s a common side effect of medicinal cannabis. ‘I see a lot of improvement for sleep in lots of patients.’

So, what’s my long-term prognosis? I’ll experience pain until I die, sometimes severely, sometimes not so bad. In the first half of 2019 it improved considerably. My left leg was practically pain free and the numbness in my left foot almost completely disappeared; my right leg improved significantly, although it was still painful during the night. In the second half of 2019, however, the pain progressively worsened as the effects of the ketamine infusion wore off. At first it wasn’t as bad as before the infusion, but it wasn’t
as good as shortly after it. By the last quarter of 2019 it became almost as painful as prior to the infusion, but not nightly as previously was the case. This was a considerable improvement, but it remained bothersome. At the end of 2019 I informed Richard that my pain level had increased from six out of ten to eight.

The neurological specialists who have treated me – Ray and Stephanie – have emphasised that my type of neuropathic pain cannot be cured, only managed, and the attitude of the patient is crucial in terms of achieving the best possible outcome. As well as the right combination of drugs, Stephanie stressed the importance of ‘psychological, emotional and social factors’: supportive family and friends, having activities to act as distractions, maintaining good physical fitness, eating well. ‘The most important part is remembering that this is a holistic approach and it’s a process that never ends,’ she said. ‘It’s something that will continue, but that doesn’t mean that you can’t get to a point where you can get on with life.’

I said that I was optimistic and determined to enjoy every day as much as possible: life is too short to waste on negative energy. Stephanie replied: ‘That’s one of the strongest points you have in your arsenal. We can only offer so much and your approach is critical in terms of being able to live with the pain.’

My journey to this revelation has zigzagged over the past decade. A neurological dysfunction isn’t something I welcomed, but it’s a relief to finally have a diagnosis. It’s been a fascinating journey into my brain and, as I’ve improved physically, many intellectual and emotional characteristics previously central to my existence have also returned somewhat.

It’s certain that I’ll be taking neuropathic pain medication and probably medicinal cannabis for the rest of my life. In October 2019, however, Ray declared that I was no worse than when he’d first seen me eighteen months earlier and, in some respects, I’d improved. Ray’s diagnosis is professional and objective while my experience is subjective. Ray’s earlier comment concerning the need to reconcile his expectations with mine rings in my ears. It’s one thing to accept his diagnosis that my condition is stable, but another to reconcile myself to permanent pain. In early 2020 another ketamine infusion became necessary and I found myself in hospital again. Despite my reluctance to spend another spell in hospital, infusions will probably be a regular feature of my life. It’s a small price to pay if it makes life manageable for long periods.
In this tricky area of medical science, my disorder is about more than pain. While Ray, Stephanie and Richard have balanced their expectations with mine, reconciling me to living with, and managing, neuropathic pain, other aspects of my condition are more difficult to accept. My worsening balance, for example, affects many aspects of my daily life: getting up stairs is a major problem as I’m constantly fearful of falling backwards, and my propensity to stagger when walking sometimes makes me appear to be drunk. And despite my improved sleep, my everyday experience of tiredness continues with micro-sleeps through the day. Dealing with these aspects of my life is actually harder to accept than pain. But as my brain function degenerates – as it inevitably will – they, too, will permanently require management for the rest of my days.

Mark Aarons is a former ABC investigative reporter whose exposé of Nazi war criminals in Australia prompted changes to war crimes legislation. He is a former senior adviser to the NSW Government on climate change and the environment. His books include The Family File (Black Inc., 2010), and War Criminals Welcome: Australia, A Sanctuary for Fugitive War Criminals Since 1945 (Black Inc., 2001).
Every time I go through airport security now the queue is longer.
I stow everything I can decently remove – belt, boots, earrings,
finger rings, neck chains, phone – in the plastic tray with my jacket
and scarf.
Through the scanner and setting off every alarm, I queue in the
clearly signed Bionic Enhancements line. As I wait, I fill in the question-
naire, ticking the boxes for Hip Replacement and Teeth Implants, and
run my finger down the list for knees, ankles, elbows, shoulders,
wrists, corneas. Page 2: Heart, Kidney, Lung (R/L), Liver. Pacemaker,
Insulin-Injection Pump. Note the growing inclusions for Full Hand, Full
Limb (specify) etc. And of particular note, the section for admitting to
Radio-Frequency ID Chip Implants.
This inclusion only made the list after the unfortunate incident
involving an onboard security guard who inadvertently fired his
smart gun after the gun misread his implant. I think They realised
that we, the elderly, were unlikely to cause a terrorist-related incident
with our new hips but, on the other hand, the RFID can do more
than open doors, start car engines and log on to computers.

Sandra Renew’s most recent collections are Acting Like a Girl (Recent Work
Press, 2019) and The Orlando Files: Poems of Dissent and Social Commentary
for Performance (Ginninderra Press, 2018).
LIKE FALLING OVER, choking in public is always a little embarrassing. When it happens, people feel the need to apologise once the episode is over, as if it were a sign of weakness or social gaucheness instead of an involuntary malfunction.

It is a sad fact that as we age, eating becomes more hazardous. A person older than sixty-five is seven times more likely to choke on their food than an infant. My elderly mother-in-law always loved to chat while enjoying one of the feather-light scones that were her trademark. Inevitably, crumbs caused a sudden coughing episode as she struggled to clear her passageways, inducing heightened anxiety because of her chronic asthma and weakened lung capacity.

At ninety-one my mother, a robust eater, increasingly finds that even a sip of tea can take the wrong route, provoking a sudden attack of choking. In neither case is diminished cognition or degenerative disease to blame.

Swallowing is something we take for granted as much as breathing. We do it unconsciously between five and seven hundred times a day, even when we are not eating or drinking. We can’t swallow and breathe at the same time. The brain takes care of the choreography of how the two alternate in perfect co-ordination. Which means that if something happens to the brain – a stroke, say, or a tumour or degenerative disease such as Alzheimer’s – it impacts one of the most taken-for-granted but essential functions of the body. The result
is a condition called dysphagia – difficulty in swallowing, including problems with sucking, drinking, chewing and an increased risk of choking. It is estimated that 60 per cent of those in aged care experience some variety of the problem. It is the second-highest preventable cause of death after falling.

ALL OF THIS came as news to Maggie Beer when she chose to spearhead an unfashionable crusade to improve the quality of food served in the nation’s aged-care dining rooms.

Her campaign began in 2010, following her award as Senior Australian of the Year. Later, she conducted a speaking tour during which she addressed one thousand CEOs of aged-care facilities – and told them that her firsthand observation of the state of aged-care catering had revealed to her that it was pitiably inadequate in terms of nutritional value and flavour, and in need of urgent reform.

‘My speech was not well received. I was naive, thinking they would be encouraged to improve, and that the government would fix the situation – but it ended up being up to me to do that. Not because I am a grand crusader but because it’s my arena and my passion. I’d seen what Stephanie Alexander [a fellow member of the foodie establishment] had achieved with her kitchen-garden scheme in schools, and that was my template.’

Four years later she launched the Maggie Beer Foundation with a mission to improve the food experiences of older Australians, particularly those living in aged care. The foundation’s logo features a cut pomegranate and the slogan ‘Creating an appetite for life’. It is, to her knowledge, the only organisation of its kind in the world.

Since then, she has testified before the Royal Commission into Aged Care, learnt all about the complexities of large-scale institutional food preparation, and digested the protocols around health and safety – and the often-frustrating inconsistencies in state-by-state variations in food-safety rules: New South Wales, for instance, requires red meat to be on the menu every day.

Eggs might seem like a less controversial, and cheaper, source of protein: poached or soft boiled they are a popular request among seniors – but they can present problems because of the risk of salmonella. Yolks have no antimicrobial properties and eggs that are not cooked for long enough can be a source of infection. In NSW, the rules are fairly relaxed; you can have a
runny yolk as long as it is setting and the white is firm. In Victoria, the rules are stricter and eggs have to be cooked until they are hardboiled. Queensland Health goes further, recommending pasteurised egg or egg products.

Anyone who insists on being served an egg with a runny yolk has to sign a waiver — in all states.

Then there is the whole complex landscape of food preparation either on site by a team of cooks and serving staff or by off-site external contractors who prepare food and cool it in a blast chiller before it is delivered to a facility where meals may be ‘finished’ on site in kitchens or smaller cooking stations and served by poorly paid staff who have had little or no involvement in its preparation.

Undaunted by the enormity of her task, Beer maintains her near-religious belief that everything can be improved by adding more butter — a mantra she repeats throughout the intensive two-day workshops she runs with enviable stamina, training aged-care cooks in how to prepare food that is nutritious, appealing and tasty to a modest budget.

‘Without flavour and pleasure, food is just fuel,’ she says. She has banned the word ‘facility’ from her vocabulary. ‘I prefer to use the word home,’ she says, reinforcing the personalised domestic familiarity she aspires to.

Invited to observe a workshop in action, I find myself among forty-three cooks from all over the country at Sydney’s Fish Market cooking school, sponsored by their employers, including one from Blue Care in Queensland, which features a facility for up to fifty First Nations elders on Thursday Island, where the kitchen opens out onto the sea.

To date, nearly 500 cooks have attended these workshops, which are not accredited. Aware that not everyone can afford the time and money, Beer and her team of consultants have filmed a program of online modules thanks to a grant of half a million dollars from the government.

AS WELL AS coaching on the benefits of using cheap cuts of meat and fish, Beer calls on outside expertise from nutritionists and food technologists, introducing participants to innovative techniques that can be used to enhance even the most distasteful of prescribed diets requiring textured modified food for those with severe swallowing difficulties.

Before things get underway, Beer goes round the room, asking each chef what their budget is. ‘If it’s $7 a day or less, I can’t help you,’ she says. Most are
working to costs of between $8 to $10 per person per day, although one, from the Marco Polo home in Woonona in NSW, which caters for a predominantly Italian community, says: ‘I don’t have a budget, my boss says spend whatever it takes.’ There are sighs of envy all round.

Food scientist Peter Kenny draws attention to an overlooked but crucial part of the eating experience: saliva. It’s the magic juice in the swallowing story. The average person produces between one-and-a-half to two litres of the stuff a day, until around the age of eighty, when that can drop by up to 50 per cent. Its role is crucial in lubricating the oropharyngeal passages and activating our taste buds, another element of our eating experience that we take for granted. We have around 8,000 of them for most of our lives, and they replace themselves every ten days or so. But the number halves as we get older, blunting our sensation of flavour, which explains why so many older citizens sprinkle liberal amounts of salt on their food before they’ve even tasted it.

A common side effect of being on several medications – as many elderly people are – is dry mouth, or xerostomia. Symptoms can be alleviated with saliva substitutes – including sprays, gels, lubricating toothpastes and lozenges.

The good news is that in a healthy older person, saliva production can be increased through other sensory stimuli – including looking at cookbooks, watching food shows, or just being around a kitchen while food is being prepared so the aroma can prompt anticipation and appetite. As my mother says, referring to her favourite TV chef: ‘When I see Jamie, I salivate alright.’

Smell can be as potent as music as a mood lifter, according to Peter Kenny. ‘It can herd residents into the dining room, even those suffering from dementia. Don’t underestimate this element of sensory pleasure. That’s why baking or toasting bread, roasting coffee or nuts, or a barbecue can be so stimulating.’

OUR MOUTHS DULY lubricated, it’s time to learn new techniques and recipes that will restore the pleasure and benefit of food, even for those who are cognitively impaired. The challenges are complex: research shows that those who require assistance with feeding lose weight more than those who can handle cutlery, and that we produce less saliva when being fed by someone else than when we feed ourselves. Dementia affects the palate, making food taste as if it’s gone off. Free of social inhibitions, sufferers often spit it out.
Those with dementia may also be incapable of processing the fact that food is even present, so strategies that encourage awareness are vital. Together with Peter Morgan-Jones, executive chef for HammondCare, Beer has come up with an ingenious response: finger food that is easy to handle (sandwich fillings that are well bound and don’t fall apart) and can be consumed in two bites.

It’s a clever solution, underpinned by a strategy that emphasises grazing rather than traditional set mealtimes, but even such a seemingly innocuous idea faces resistance. Surprisingly, there has been pushback from families, who complain that they find it distressing to see relatives eating this way.

Morgan-Jones, whose career highlights have included stints in palace kitchens for the British Royal Family and at the Bennelong restaurant in the Sydney Opera House, is a rarity among his peers, moving from the high-status end of the industry to the institutional sector where prestige, budgets and wages are low. But his foresight is shrewd: ‘70 per cent of the food workforce will be in healthcare in the next decade. It’s rewarding to cook for vulnerable people. You go home with a smile on your face.’

At the pass in the demonstration kitchen, he asks for volunteers to help prepare recipes that are ‘easy to eat, attractive and more-ish’ in order to meet the foundation’s nutritional targets. His snacks get the thumbs up until, inspired by his idol Heston Blumenthal, he goes a little overboard with effects involving nitrogen capsules and cocktail shakers.

MORE POPULAR AND achievable are the brightly coloured piped purees presented by Perth-based Amanda Orchard, founder of Texture Modified Food Solutions.

Until now, texture-modified food has mostly been a ghastly mush – often just the standard meal of meat and veg put through a blender to become a bland puree, to which a thickening agent is added. But texture-modified food is of poor nutritional value, and many residents find it shameful to eat it in front of others because they feel a loss of dignity in being served a substance associated with baby food.

As in the story of Goldilocks and the Three Bears, aiming for a happy medium is key. Food must be neither too thick nor too thin, and definitely not lumpy. Ingredients need to be either hand-diced or processor-chopped, depending on the required texture, with thickener added for smoothness.
Traditional thickeners are usually made from modified maize starch or natural gums such as xanthan, but their flavour can be so overpowering as to compromise the taste of food, making them unpleasant.

Echoing Morgan-Jones’ emphasis on colour and presentation, Orchard says ‘we eat first with our eyes’. Her secret weapon to making veggies more appealing? The humble piping bag.

Demonstrating basic dexterity with various nozzle attachments, she creates decorative flowers of beetroot, carrot and pumpkin. By the time she’s finished, her plate looks like a pretty bouquet styled for a high-end glossy magazine. Given a chance to experiment and practise, everyone in the class steps forward eagerly: this is a method they can master – and with added flavourings such as balsamic vinegar and herbs, purees take on complex flavours that get unanimous approval, especially as they are easy to make in advance and freeze.

Workshop participant Julie McMahon, chef manager at Bodington, a home at Wentworth Falls in NSW, oversees the menus and food preparation for 120 residents. She says it is common for a majority of residents to sign a waiver to say they would rather eat real food – while fully aware of the increased risk of choking – than endure a diet of goop.

‘I suspect that number will only increase with the Baby Boomer generation, who are going to be more demanding,’ she says, echoing an oft-voiced apprehension across the care sector. ‘Just think of how much fussier our generation is as eaters, and all the food intolerances people have.’

Since 2019, texture-modified food has been standardised globally through a system known as the International Dysphagia Diet Standardisation Initiative (IDDSI) – a mouthful in itself. According to its board co-Chair Dr Julie Cichero (who is also a consultant to the Maggie Beer Foundation), the impetus for creating IDDSI arose partly from coronial inquiries revealing that inconsistency in hospital records relating to the definition of what constituted ‘soft food’ had, in several instances, led to fatal choking.

Researchers in Australia and Canada established IDDSI to codify terminology and definitions for modified foods. To date, the adoption of IDDSI is discretionary everywhere except in Israel, where it is enshrined in law.

Months later, I check in with McMahon about the lasting impact of attending the workshop. ‘The finger food was appealing but hard to organise as staff have limited hours and you can’t leave food sitting uncovered
indefinitely,’ she says. ‘Boosting the flavour and colour of our purees with herbs is something we’ve adopted. We are also putting more focus on enriching all our foods for improved nutrition, adding cheese to mashed potato for more protein, or nuts to steamed veggies.’

McMahon also benefited personally from being part of the foundation cohort. ‘Too often, if you are a cook in aged care you are made to feel like a failure because you are not considered good enough to be a restaurant chef. The workshop made me feel like we were being recognised for doing a really important job in the community.’

Like many others in this sector, McMahon anticipates that Boomers may take a different approach when it is their turn, relying on delivery services for their favourite foods, as is already occurring in hospitals. But not everyone will be able to afford such convenience.

Tireless and optimistic, Beer too is thinking long term: as soon as she has residential dining rooms sorted, she is keen to turn her attention to another service ripe for an overhaul: Meals on Wheels. But not just yet. No point biting off more than she can chew. It only makes it hard to swallow.

*The author would like to thank Sascha Middlemiss, speech pathologist at St Vincent’s Hospital, Sydney, for her advice in the writing of this piece.*

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‘HOW TIME FLIES!’ my elderly relatives used to say when I was a child. ‘You’ve grown so fast.’

Even nowadays, when my children, already in their twenties, join me on a visit to my ninety-year-old uncle Zelick in his nursing home, he beams at them, his thumb and forefinger darting out to execute a polished pincer move to the cheek: ‘When did you get to be so tall?’

None of them have grown an inch since reaching puberty, yet every time he sees them he wonders at how they have ‘suddenly’ blossomed.

Zelick’s days are marked off by the familiar signposts of mealtimes and visitors. Recently, I found him trying to make a beeline for the elevator. When I asked where he was going, he answered: ‘Home.’

‘Where’s home?’

He smiled. ‘Zhetl.’

He wasn’t referring to the house in suburban Melbourne where he raised his own family after immigrating from Poland in the early 1950s. In his mind, he was headed home to the Eastern European village where he lived as a child, until the Nazi invasion murdered most of the Jewish population, including his mother and sister. When Zelick was only twelve, he fled to the surrounding forests, spending the rest of the war years hiding in makeshift dugouts. He often returns to Zhetl in his dreams, crying out in terror during
the night. With short-term memory loss, Zelick is trapped in the moment: for him, time seems to stand still.

I wish there was a magic wand I could wave to help mitigate the impact my dear uncle's ghosts have upon his memory and mental health. Zelick would laugh at me; he never was one for the supernatural.

And yet a sorcerer may arrive soon, not draped in wizard's robes, but encased within a miniscule piece of technology; it may even cast spells that could help my uncle navigate the time warp created by his ageing brain. Artificial intelligence (AI) is being touted as a new magic tool that will not only enhance quality of life, but also help delay the ageing process. With a lifespan of forty years being the norm for millennia until the nineteenth century, what will be the fallout of us all living to become centenarians?

Only time will tell.

RESEARCH HAS SHOWN that our perception of time is heavily influenced by our emotions. Whereas all our other senses – such as smell, taste and sight – have specific receptors in the body, it is the nervous-system wiring in our brains that functions as a kind of time machine. The very young and the very old don't seem to have a true sense of time, perhaps due to the brain's decreased ability in these populations to rapidly combine sensory information. The awareness of time passing very much depends on the functioning of the pre-frontal cortex, a part of the brain responsible for short-term memory. Elderly patients with dementia are seen to deteriorate rapidly when their disease is compounded by the effects of depression; they can become disoriented and confused, and this can affect their true sense of a time continuum.

Dementia is a group of disorders – including Alzheimer's disease, vascular dementia and Lewy body disease – that currently affects approximately forty-four million people around the world. It mainly targets the elderly, although younger populations are not immune. It has become one of the leading causes of death in the US, UK and Australia.

If the fear of growing old has always been part of the human condition, what has become uppermost in most people's minds – more than worrying about cancer – is the terrifying prospect that memory loss and dementia will be an inevitable feature of ageing. In part, this speaks to a fear of losing agency and control as we age, the very notion of our own self vanishing, alongside our sense of time.
This is where AI, or machine learning, can come into play. Computer programs specially developed to react and ‘think’ like humans, analysing information with sensitivity and speed way beyond a mere mortal’s capability, have the potential to detect subtle changes that occur early on in dementia. In this way, wearable technology and devices with inbuilt sensors are able to measure everything from blood pressure to body temperature and gait – no matter where we are. This information can be automatically integrated so that any untoward changes are flagged, and medical staff and family are immediately alerted to potential safety risks such as falls, infection and even a gas burner left on accidentally. Monitoring behaviour in the home or in an aged-care facility can also track changes in cognition. AI’s ability to learn and correct itself as it performs tasks, contributes to both the accuracy and safety features of different devices that can be of enormous benefit to people with dementia and those who support them. It may also be a way of shaking up our perceptions of how we live through the end of our years on this earth, enabling us to monitor so many changes in ourselves and understand what is happening to us.

HUMANITY HAS BEEN searching for the elixir of eternal youth ever since Adam and Eve were banished from paradise to prevent them eating from the Tree of Life. Had they munched on that elusive fruit instead of an apple from the Tree of Knowledge, they would have found themselves living forever. The ancient Greeks longed for ambrosia, the so-called nectar of the gods. Ancient Egyptians interred their mummified dead with provisions for an expected literal journey to the afterlife. European alchemists in the Middle Ages tried to distil the philosophers’ stone, which carried the promise of immortality. And only a few years ago, Russian scientists injected mice with 3.5-million-year-old bacteria found in the Siberian permafrost in an attempt to prolong the rodents’ lives. They reported that the elderly mice – grandmothers in the generational scheme of things – not only began to dance, but also produced viable offspring. One scientist, Anatoli Brouchkov, head of the geocryology department at Moscow State University, was so enamoured by this project that he even injected himself: two years later he claimed to be healthier than ever – but time will tell. There is a long history of people purporting to have found such miraculous substances, who have nonetheless dropped dead afterwards.
As average life expectancy has doubled over the last century, the foods, creams, supplements and miracle drugs that promise longevity have become a billion-dollar industry: business is booming in the death-denial racket. Meanwhile, our bulging planet is straining to accommodate almost eight-billion humans: World Health Organization predictions estimate that the number of people aged eighty and older will triple from 143 million worldwide in 2019 to 426 million in 2050. This will have a huge impact on both resources and demands for supportive care.

Can AI help avert this potential health crisis? Existing technologies can be enlisted at every stage of the ageing process, from preventing the high-risk factors associated with developing an illness to assisting with early diagnosis and monitoring disease progression. This can be acquired by using relatively inexpensive, uncomplicated gadgetry that can have a significant effect on quality of life. Changes can appear in the brain up to two decades before a disease such as dementia becomes apparent. Via specially designed apps – wearable technology and smart-home systems with sensors that track vital measurements such as blood pressure, heart rate and even body movement – the number of unnecessary emergency visits and hospital admissions can readily be minimised. Prompts that remind people to take their medication or avoid risky behaviour, like climbing a ladder, can raise an alert. This can help the individual in real time and augment caregiving, further reducing the burden on families and the need for costly aged-care services. Keeping medical and ancillary staff as well as families updated and informed of an elderly person’s wellbeing in real time has enormous potential benefits. Although person-to-person care cannot be replaced, AI can be used to enhance care services and help support the elderly, enabling them to live independently at home for longer.

Recent studies seem to indicate promising results in early detection of cognitive brain problems, with AI or supervised machine learning also becoming a potential game changer in ongoing patient care for those diagnosed with dementia. These specially designed computer programs can rapidly learn tasks such as face or voice recognition, or analyse patterns in diagnostic scans, often outdoing the accuracy and speed of their human counterparts. Early detection of subtle changes can be life saving.

Robots are already deployed in hospitals, taking over menial tasks such as distributing medication or zapping potential airborne pathogens with
UV rays. The aim here is to harness technology in order to free up time for staff so they can attend to more complex and challenging tasks. Robots may be faster, cheaper and more accurate when it comes to performing certain jobs, and they never need to take a coffee break, but can they develop compassion and empathy?

US toy company Hasbro launched its therapeutic purring catbot pets in 2015, followed by barking pupbots in 2016. These offer comfort to elderly people who are no longer able to care for a real furry friend. It’s uncanny how lifelike they look. PARO, the fluffy white seal developed by Japanese company AIST, has been used in paediatric intensive care wards and aged-care facilities around the world and responds to stimuli such as touch and light. It can even turn its head towards a voice, adapting its behaviour intuitively according to patient needs. Just like a real pet, PARO learns that flapping its tail gets it stroked, so will flap it more often.

Taking the lead from these robopets, our next option for in-home carers may be a personal companion robot, able to wash the dishes, help us in and out of the shower and share a game of chess. Home systems such as ElliQ, which remind us to take our medications or go for a walk, are being marketed as ‘gizmos that get you’. With a large percentage of senior citizens in developed countries now living alone, and most adults wanting to stay in their own home as they age, such gadgetry can be an attractive option. AI companions like these are increasingly being touted as an aid to empowering people to maintain their independence. They also address common feelings of loneliness and isolation among the elderly: a 24/7 option to not only help us, but to help us pass the time.

MEANWHILE, IT SEEMS nothing can prevent my uncle Zelick from blurring the lines between his past and present experiences. There may be hope around the corner, though likely too late for him. The advent of neural nanorobotics suggests a way that patients with diseases such as dementia might regain agency over their distorted perceptions of time. Medical nanorobots applied to the human brain are able to emulate neural synapses, the region where nerve cells (neurons) communicate with one another. While some researchers predict that these technologies will facilitate accurate diagnoses and cures for many conditions that affect the brain, via direct monitoring of its electrical activity, another potential specialised application promises
a different kind of relief. Referred to as ‘transparent shadowing’, this technique could allow us to engage in fully immersive experiential or sensory experiences of episodic segments from another willing participant’s memory: we could inhabit someone else’s life. This may sound more like science fiction, or Harry Potter inside the swirling memory-filled waters of a pensieve – but I wonder where Zelick would choose to go, or if I might visit his cloudy memory to better understand the way he feels.

Beyond the potential of any of these specific devices, the advances in AI – together with the availability of databases that generate amounts of information hitherto unheard of – can already contribute to developing a new healthcare ecosystem that may be able to predict and prevent disease years before it develops. Chatbots such as Ellie the virtual online interviewer (designed to identify symptoms of depression or post-traumatic stress disorder) already exist; the use of digital therapeutics is also growing, with virtual reality programs such as gameChange (developed to treat psychosis in a supervised environment) exposing patients to scenarios they may otherwise find threatening in order to help them learn they are safe and reduce their overall anxiety. The Internet of Medical Things already connects medical devices to networks – such as heart monitors, hospital beds and even pills – that can improve the delivery of quality, cost-effective healthcare and allow remote monitoring of performance issues before they become a problem. One example is Abilify MyCite, a smart pill used to help patients with schizophrenia remember to take their medication. Once swallowed, a sensor attached to the tablet sends a signal to a smartphone app to confirm it has entered the stomach.

The integration of such new advances raises important concerns, and crucial ethical considerations would need to be ironed out before widespread adoption of these potentially revolutionary technologies. If physicians use AI software as an aid in diagnosing conditions, what are the consequences of incorrect management decisions being made from the resultant information, and who bears the responsibility for any mistakes? At the same time, home-based and wearable technologies open up issues of potential infringement of an individual’s privacy. And what is the likely impact on medical insurance? We are on the brink of a revolution in healthcare, but these issues must be publicly addressed and debated.
THE REGULAR SENESENCE of cells – of every biological organism – may be one of life’s givens. If there is a birth, the future holds a death, irrespective of the length of time between these two events. But the nature and timing of the pathway between them is individual and unpredictable for everyone. It’s like the xylophones and horns that Terje Isungset, a Norwegian musician, carves out of ice. Each instrument is unique, so he can never know exactly what it will sound like when he plays it. ‘It’s never possible to plan in detail how things are going to be,’ he says.

Ageing is a bit like that. As a GP, I’ve seen patients who haven’t needed to visit a doctor their entire life suddenly present with an out-of-the-blue symptom that brings their mortality into terrifyingly sharp focus. Others, by contrast, are ravaged by disease from a very young age, suffering years of chronic pain and mental anguish as a result.

Taking our health for granted is part of our tendency to avoid thinking about the natural processes of ageing and death. Yet, as the line between humanity and machines becomes increasingly blurred, the arrogance of perfect health could well become a future reality for all. We may even dispense with what has, since the beginning of time as we know it, been the biological inevitability of death.

In a recent experiment that brings Dr Frankenstein’s animation of an inert creature far closer to reality, scientists at Yale School of Medicine demonstrated that a pig’s brain can be partially restored after a prolonged post-mortem interval. By essentially reversing cellular death, the brain can theoretically be kept functioning endlessly. Thirty-two pig brains – dead for hours after being removed from an abattoir – had their circulation and oxygen supply restored via BrainEx, a system similar to a dialysis machine. This result may be promising for future study of diseases affecting the brain, but it also opens up more ethical and philosophical conundrums about our current definitions of what constitutes ‘brain death’. This kind of disembodiment from the brain brings to mind the haunting lyrics of Nick Cave’s song ‘Death is not the end’. He may well be right, although I wonder what Uncle Zelick would have to say about the possibility of this kind of reincarnation and revivification. Some days when I visit, we watch old black-and-white Yiddish movies. Zelick’s favourite is The Golem (1915), about a clay statue brought to life by a learned rabbi to ward off anti-Semitism. The golem is rediscovered four centuries later by an antiques dealer searching a ruined
temple, and soon falls in love with the man’s beautiful daughter. When she spurns him, the creature turns into a bloodthirsty monster. Each time we watch this story, my uncle remarks that the poor golem never should have been woken up: ‘It’s too dangerous to meddle with the unknown.’

I take his point. The AI revolution could well backfire, with rising concerns around bioethics, unemployment, breaches of privacy, and undue corruption and political influence. If popular movies like *The Matrix* and *Terminator* have any predictive value, nightmarish rogue AIs that gain self-awareness might end up biting us all. But despite the naysayers, this scenario is highly unlikely.

Instead, AI has enormous potential to help us grow old more gracefully. It may even be able to help us lead more fulfilled and meaningful lives for however long each of us has on this Earth, instead of spending our sunset years just killing time until time kills us.

Leah Kaminsky is a physician and award-winning writer. Her latest novel, *The Hollow Bones* (Vintage Australia, 2019), won the historical fiction and literary fiction categories of the 2019 International Book Awards, and the literary fiction category of the 2019 Best Book Awards, where it was also a finalist in the historical fiction category. *The Waiting Room* (Vintage Australia, 2015) won the 2016 Voss Literary Prize. Her work has previously been published in *Griffith Review 31*, 36, 41 and 52.
ONE OF THE most popular Irish broadcasters and writers of modern times was Nuala O’Faolain. Abruptly, in the middle of an engaged and full life, she was diagnosed with lung cancer. Later, when dying, Nuala was interviewed on Raidió Teilifís Éireann, the equivalent of our ABC. Perhaps because of her fame and the popularity of this particular show, the broadcast became a national sensation. It was as if the whole of Ireland listened to this most intense end-of-life conversation, delivered not privately, at a bedside, but into the national ear. There was lightness and laughter, but there was also despair, openness and a tearful honesty.

‘As soon as I heard I was going to die,’ she said, ‘the goodness went from life.’ Reflecting on that life and the understanding she had gained from it, she continued: ‘It seems such a waste of creation that with each death all that knowledge dies.’

Yes, the goodness of life and the sorrow of loss. ‘A waste of creation’ is a phrase that tolls like a bell. We barely speak about this, but it is true. There is a gaining of knowledge well beyond the facts — true knowledge of this life in all its grand complexity — and then it is no more.

What matters most? To Nuala, it was life without a life sentence. But it was more than that. It was a life with friendship and travel and conversation and wit. It was a creative life. It was a life of Irish joy. She once encouraged people to ‘do the thing that is less passive. Do the active thing. There is more of the human in that.’
The presence, or want, of these conversations about life and death can mark the dying time. It is one of the greatest unspoken mysteries that the period leading up to a person’s death, however short, may still involve moments of grace, of openness to love, of reconciliation – of a conversation that can be remembered forever.

We are talking about presence and absence, yes. But between the presence and the absence lies something else. Leonardo da Vinci revolutionised painting by turning from traditionally sharp outlines to figures with softened edges: the technique is known as *sfumato*. For older persons there can be a gradation from complete independence to greater dependence, from fitness to frailty, from a full command of memory to names falling like water through the hands. Rarely instant, these are subtle changes, sometimes imperceptible. Summer becomes autumn: we have the seasons within us. But none of this is predictable or universal. And none of it speaks of an enlivening with age, of a sense of greater wisdom, of joy in the simplest acts.

In the ageing times, in this sfumato of self, there are many unknowns. Apart from one’s own mortality, there is one certainty. It is the mortality of others. Older persons begin to lose their contemporaries. Their parents first, their friends, the wide arc of their acquaintances, their brothers and sisters, and sometimes, perhaps most despairingly, their own children and grandchildren. The little griefs of their own loss of function are matched by these larger griefs associated with the loss of those around them.

One of the most profound and unspoken aspects of the life of older persons is loneliness. The progressive loss of loved ones adds to this. The pathways of a lifetime, from one to another, peter out in an open field. Ties of intimacy and friendship are sundered, one by one, and familiar voices fall silent. The adult children of older persons, preoccupied with their own lives, may barely appreciate this. Outsiders are oblivious. Grief may be compounded by an aching loneliness. Physical vulnerability can combine with less contact.

Tim Winton, the Australian novelist, opened his novel *Cloudstreet* (Penguin, 1991) with this scene:

Will you look at us by the river! The whole restless mob of us on spread blankets in the dreamy briny sunshine skylarking and chiack-ing about for one day, one clear, clean, sweet day in a good world in the midst of our living.
For those older persons who have lost someone close to them, where does the clear, clean, sweet air come? Will life regain this exuberance? When will they next gather by the river?

Come with me into someone else’s story.

SHE IS LEFT. She passes through time more touched by the past, for the past is more numerous, more peopled. She is no longer crowded. She searches for familiar faces, but they have gone. She visits them each weekend, careful to clear the weeds covering their names. Precisely, she cuts the stems of the flowers.

She knows where they lie, just to the left of the sapling, on the incline. She speaks to them now. Her son, little and already ill, asks why she cries. Her husband, evaporated with sadness, walks out upon the frosted lawn.

WITH THE LOSS of a loved one comes the fracturing of that sense of life as it is and life as it could be. With loss comes a new world, frightening sometimes, lonely often, empty always. That loss may come suddenly, brutally. It may come after a struggle with illness in older age, full of hospital visits, a life dictated by medical necessity rather than choice. It may come earlier than anyone ever expected.

In the practice of palliative care we witness all manner and shades of grief. We sit closely with it. We see it light and searing. We see it mixed with a relief that the trials of the illness are over. We see it expressed as sorrow, longing, regret, anger and a quiet pride in knowing this person. In a room of children at the bedside of their mother, we see it open as a hole that we know will never heal. Grief is a roar, it is a long, silent wave, it is inexpressible.

It is often seen to commence with the death of the loved one. Of course, it starts a lot earlier. It is a series of griefs felt by the ill person and the family – loss of health, loss of control, loss of independence and loss of a perceived future. In younger patients, there is a palpable sense of time shortened. For older patients, there is often an intense mutuality expressed: ‘It’s not so much me, but I am worried about how they will cope when I am gone.’ With dementia, the family often feels a progressive sense of loss of that person. Their memory, yes, but their personality, their vibrancy, themselves. Indeed it may be that with such a series of losses, death, when it comes, is welcomed as a release.

With time, health practitioners in this area learn to identify these griefs. To name them. The loss upon loss. To allow families to grieve even before the death. ‘Yes,’ families have said to me, ‘that is what we feel.’
In the time after a death it may be that nothing said makes sense – or at least sense with meaning; that the sight of a place or an object is instantly evocative; that the tenth time of telling a story of earlier days, of missing and yearning, may not feel easier. The grieving need to speak: they may not want to speak every time you see them, but at some time they will want to. It is an act of great care to be ready to listen.

Writing in *The Irish Times*, the clinical psychologist and columnist Marie Murray described listening as ‘more than hearing’:

> It is heeding. It is concentration. It is paying attention...
>
> Listening is silencing one’s own voice to hear someone else. It is wanting to know rather than wishing to inform. It is suspension of self in the service of other. It is not giving advice, providing solutions or solving problems. It is silent. It is unselfish. It is reverential. It is healing.

There’s a fascinating nexus between silence and grief. In the Bible, Job is afflicted by a series of catastrophic losses:

> The news of all the disasters that had befallen Job came to the ears of three of his friends. Each of them set out from home…they decided to go and offer him sympathy and consolation… They sat there on the ground beside him for seven days and seven nights. To Job they spoke never a word, because they saw how great his suffering was.

We hear this echoed, more recently, in the poem ‘Working Men’ by Les Murray:

> Seeing the telegram go limp
> and their foreman’s face go grey and stark,
> the fettlers, in their singlets, led him out, and were gentle in the dark.

> Whole books have been written about the experience of grief, but Murray’s poem captures its essence. In the four spare lines of ‘Working Men’, a drama of intense loss plays out. No glamour, simply the practical. But the workmen’s practicality is invested with a profound care, a selflessness, a striving to do their best. If commended, the foreman’s workmates would be puzzled. In their actions, necessity and generosity are one, unspoken. As natural as breathing.
This is a long way from comments I have heard made to those bereaved: ‘Please don’t upset yourself.’ ‘After his illness, his going must be a blessing.’ ‘Well, that’s life isn’t it?’ ‘After all, he’d had a good innings.’ Or, of the mourner, ‘Surely she must be over it by now.’

Well-meaning, perhaps, but sometimes cruel, these statements belittle the sheer size of what’s happened and of the process of grieving.

OUR LIVES ARE dominated by the unrelenting minute. The calendar stares back at us, expectant. But grief cannot be measured in these temporal ways; there is no calendar for grief. People who assume that grief will evaporate see with calendar eyes. They speak with calendar mouths. This is not the language of grief. And it fails to recognise a deeper truth – that grief ebbs and flows in its own time, at its own pace, with its own rhythm; it can never be hurried or silenced or stilled.

There is an Arabian fable. Once upon a time, a sultan plunged his head into a large bowl of magical water. In the few moments between submerging himself in and emerging from the water, he dreamt he had been on voyages, shipwrecked, captured by pirates, married a princess, fought in many battles and was now being led to his execution. When he lifted his face, dried his eyes and looked around, he saw that everything – his surroundings and the people who were present – was exactly as it had been.

Can we live both in and out of time? The grieving do. For the grieving, a clear memory can easily sit with a sudden thought that this was all a dream. In an instant, a simple reminder – an object, a familiar place – can bring forth a flood of memories and feelings. To the Scottish poet Norman MacCaig:

Everywhere she dies. Everywhere I go she dies.
No sunrise, no city square, no lurking beautiful mountain
But has her death in it.

Now. Listen to those words. ‘But has her death in it.’ Not just reminding him, but in it. And not just some places, but everywhere. And therein lies the mystery. We know our dead have gone, and yet they are everywhere. After they die, we walk around, part of us expecting to see them as we turn a corner. We see their faces in the half-light. When we think of them, time seems to open like a rose. The wife who cannot throw away her husband’s clothes, for surely, one day, one bright day, he will walk back in and need them. The grieving are in and out of time. They are suspended between the
The past and the present. The past when things were good, day by day, to the present, where hour by hour, they breathe this air, this clear air of sadness.

WHEN SPEAKING TO the grieving, no words can express the savage cool of loss: that no matter what we think, it is all about what they feel. When we sit and reach into the mystery of illness, death and grieving, we enter a land beyond language. Yes, we can speak of it, but we cannot truly know it. Only those who have been there can know. Older persons know. And each older person will know in their own way. Nevertheless, the gap between knowledge and language beckons us forever. Speak, speak, we hear ourselves cry, for what we say, the rough approximation of language to loss, is all that we have. For we are not perfect. And our language is never so.

One of the commonest mistakes we can make is to assume that simply because the person who died was elderly, the family will feel less grief. Grief is vast, grief is mysterious and grief does not respect age. Listen to the words of Simone de Beauvoir describing her reaction to the illness of her mother:

The knowledge that because of her age my mother’s life must soon come to an end did not lessen the horrible surprise: she had [cancer]: it is as violent and unforeseen as a plane engine stopping in the middle of the sky… There is no such thing as a natural death… All men must die: but for every man his death is an accident and, even if he knows it and consents to it, an unjustifiable violation.

On the New Year’s Day following the death of his father, the Irish poet Seamus Heaney wrote:

1.1.1987
Dangerous pavements.
But I face the ice this year
With my father’s stick.

Heaney’s feet are stepping into an unfathered future. And yet he knows that his future will never be truly unfathered because the myriad legacies, sounds, sights and shaping voice will always be there. His parents will forever speak into Heaney’s ear. His father's stick is both an inheritance and a guide.

Another mistake, commonly made, is to see grieving as purely a family experience. This denies, even sets aside, the grief felt by friends. For older persons, those friendships may span a lifetime, forged in younger years, tested
through experience. The death of a friend and the bereavement that follows may be marked by comments said in and around the older person. They may feel doubly disenfranchised – that their grief is ‘for a friend’, and why grieve for the loss of another older person? Older persons yearn for a simple act of imagination by those around them: to recognise how a life shared is now lost and, further, that their friend is irreplaceable.

Imagination is equally important when we look upon grieving persons. With time, they seem better, less troubled. We do not think beyond their smile, too easily mistaking appearance for reality. In Shakespeare’s *Hamlet*, Hamlet’s mother, the Queen, chides him for continuing to grieve for his father:

Queen:  Do not forever… seek for thy noble father in the dust.  
Thou know’st ’tis common – all that lives must die…  
Hamlet:  Ay, madam, it is common.  
Queen:  If it be, why seems it so particular with thee?  
Hamlet:  Seems, madam! Nay, it is.  
I know not ‘seems’.  
’Tis not alone my inky coat…  
nor customary suits of solemn black…  
No, nor the fruitful river in the eye…  
…Together with all forms, moods, shows of grief,  
That can denote me truly. These indeed seem:  
For they are actions that a man might play;  
But I have that within which passes show –  
These but the trappings and suits of woe.

See how Hamlet picks up the word ‘seems’ and speaks for all grieving persons to say that what is shown and what is felt may be starkly different?

WHEN A PERSON whom we love dies, part of us dies with them. They were here alive, with us, part of this world, and then they left. They are no longer battling the illness, the fatigue, the pain, but they have gone. And we cannot bid them stay. Has everything gone? Is the field of our life empty? It may appear so and we are lost in the dark hours, in ‘the blue unfriendliness of space’, as AD Hope described it in ‘The death of the bird’, yearning for their
smile, their eyes, their touch. We may even yearn to be with them. For such is love and such are the cords that bind us. Through those cords the echo of them lives on in us. The quiet vibration of their lives resonates within us. The delicate balance of them – the good, the sometimes difficult, the precious, the sometimes frustrating. For we are remembering humans, not gods. For they were flawed and so are we. But where they have been touched by death, the bereaved are touched by memory. No, it is more than touched – the bereaved are drenched in memory. Grief and memory rock back and forth, tolling the days away, crowding the nights.

Memories make us. They shape our contours. The continent of self is lapped by the sea of memory. Clear often, vague sometimes, we reach back to them. Memories are the library of our souls.

There is a further, subtle mutuality between the dead and the bereaved. Not only has the person died, but their version of us has also gone. We were once something to them; we may have been everything to them. Their loss not only removes them, it diminishes us.

What, then, can make this process of illness and death easier for older persons? If the process itself is easier, then often, in our experience, the discussion around it is easier as well. First – and this is a core need – comes care for the ill person. Whether done by family or health professionals or both, it is paramount. No gentle preparation for death is ever possible where suffering reigns. Equally, no calm preparation for bereavement is possible when the family witnesses great turmoil. The longer I work in this area, the more I realise that whatever is done prior to the death will be echoed in the bereavement. If the death is traumatic and overwhelming, that shall be remembered. If the opposite occurs, that shall be remembered. And that memory shall enter the narrative of the family. That will inform their view of death.

But it is not simply what is done. It is what is said. The words spoken, and their tone, are a vital part of our professional approach to patients. More importantly, the words and their tone in the intimacy of family mark this period. The full span of our lives is precious, but this is a most precious time. I say to families: gather together, put aside any conflict, speak openly. Whatever is said now shall be remembered always. Do not regret that things were left unsaid. Reflect on your whole lives together. Celebrate the good they have done. For this one and unique person is soon to leave. They may not be perfect, but they are themselves.
If the time leading up to a person’s death is seen by patients and their families purely as a challenge, a burden, a misery, then they may miss an opportunity to reflect on that person’s life, to celebrate, to confide, to open themselves to one another. To move from the practical day-to-day conversations about what is happening to a deeper discussion that encompasses the whole life. To move, if you like, from the now to the always.

In that process, something may happen that is at once natural and mysterious. Families may move through an invisible membrane to a point where they are able to speak. They don’t so much speak another language as regain the fluency of the language that lies within them. In a land without language, they may regain their voice. And in that voice, that gentle articulation of what they mean to one another, lies great richness.

I RECALL A gentle man who lay in the hospice for many weeks. His wife as patient as a tree. The sense of love expressed and of life being lost was profound. His comfort ebbed and flowed. We did our best. One day he asked his son to bring in one of his paintings. With permission, the family took down the print on the hospital room wall and replaced it with one of the man’s landscapes. It was a simple act, but it marked the room as his.

‘I painted that on our honeymoon,’ he said. ‘It was a gift for Ellen.’ Every second or third day a new painting would appear on the wall. At each ward round, we would turn our faces from his bed to look at the next painting. He would talk about where he was when he painted it, what he felt, the colours, the shades. One day I realised he was teaching us. We all knew, especially the junior doctors, that the lessons only started with technique. Unable to move now, more tired, he could look up and live his life again, image by image, that house, this garden, the feel of that day. Yes, memories of contentment, but also times of grievous loss, times of worry, settled times. When he died we mourned him deeply. To this day, one of those junior doctors remembers him well. She said, ‘I did not want him to die.’ I replied, ‘None of us did.’

ONE OF THE greatest gifts we can give older persons is our attention. To resist seeing them all as the same. To resist their infantilisation. To be curious about them.

Two of the abiding principles of caring for older persons is preserving function and paying attention to illness when it comes. There is a wisdom
there: no disease is inevitable, no illness preordained. All of us are unique, and in that uniqueness lies the challenge of modern medicine. One of the critical elements in educating health professionals is teaching them to identify that uniqueness. Curiosity plays a great role here. Through it may lie revelations about the person for whom we are caring. It also gives a greater sense of one’s own profession. Yes, I say to medical students, people expect your expertise, but they also yearn for your kindness. This is the confluence of many rivers. Cultivating curiosity about this one person—who are they, what is their history, what troubles them most? A recognition that this person, however weak, speechless and dependent they may be, has an inherent dignity that is untouchable by their illness. However brilliant you are, I say to the students, you will be known for these qualities.

Ours is a society that sees a problem and expects a solution. Our faith in technology sometimes threatens our faith in ourselves. Our days are filled with tasks. The problem with grief is that there are no solutions—or at least, no easy solutions. It is not a problem to be fixed. It is not a task to be completed. We understand its certainty, but we are not resigned to its particularity. We rail against this death, the loss of this precious person. Intellectually, we understand that death is universal, but we struggle greatly against the fact that it is also personal. There is an insistence that often lies at the heart of bereavement: do not attempt to fool me with platitudes or an appeal to memory, for the best is gone. I want the best back beside me. To the bereaved older person, it is a simple and incontrovertible fact. Such is love and such is the sorrow of loss.

IT IS LATE afternoon. The cicadas are full voiced and throbbing. It is the sound of her childhood. She sees her father on the veranda calling them in. The heat of the day is lifting.

She looks back at them, just to the left of the sapling. She will go home now. She will sit and try to eat.

For references, see griffithreview.com

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I AM A child of the Anthropocene, born in 1953. I have lived in a period of history also known as the ‘Great Acceleration’. The speed and scale of material change since 1953 is breathtaking, so much so that I sometimes feel I am a passive observer of this change, not a participant. I struggle to contemplate it all, bogged down within a form of magical realism where the uncanny, fantastic, disruptive and improbable weave in and out of what once was predictable phenology, the patterns and rhythms of life.

That foundational phenology – the phases of the moon, the Earth’s tilt and spin, the seasons, animal migration – is still with us, yet it is being warped and corrupted by the human power to change…everything. The normal and the ‘new normal’ are being replaced by the ‘new abnormal’, and this has powerful consequences for human physical and mental health. The new abnormal has seen the imposition of terrifying change in landscapes. Even as I write, in early 2020, wildfire has immolated huge swathes of Australia and continues to threaten many other communities, including my own property in the Hunter Region of New South Wales.

I have engaged with the new abnormal ever since I read One Hundred Years of Solitude (Jonathan Cape, 1970) by Gabriel García Márquez in the mid-1970s. As a young student philosopher I felt empathy for Marquez’s character José Arcadio Buendía, who, after a protracted period of tumultuous and obsessive mental and physical effort to understand global navigation,
came to the conclusion that 'the Earth is round, like an orange'. For decades, my own feverish search for meaning was based on the assumption that if I only looked harder and worked more, the complexity of reality would be revealed. I was a believer in the wisdom of Goethe, who, in a poem in 1820, argued that nature hides nothing from us and that it has neither core nor outer rind but is rather 'all things at once'. An orange is part of the great dialectic of life; the bud, the blossom and the fruit (as GWF Hegel taught me) are, despite being different, all 'moments' in the fluid continuity of existence.

I have spent my entire adult lifetime trying to understand the place of humans within nature and the emotional ties we have to life and living things. And, after sixty-six years of contemplation, I have come to the conclusion that all those greats – Buendía, Goethe and Hegel – are still on safe ground: there is no new revelation. Following centuries of humans thinking about nature, I have come to the Goetherian conclusion that in life, all beings are interconnected.

What Goethe would now marvel at are the relatively recent discoveries of the sheer depth and complexity of Earth and life connections. Science and technology have revealed the details of pattern and interconnection via 3D virtual reality, electron microscopes, nuclear accelerators and X-ray crystallography, as they have gradually revealed the structure of the cosmos, the atom, complex molecules, cells, DNA, the gut microbiome, and the marvels of symbiosis in explaining the mysteries of the minutiae of life and the previously unknown. In particular, the discoveries made by bioscience in the ‘microcosmos’ have amply reinforced Goethe’s poetic vision of the integration of life.

Being alive in this particular era, I have had the privilege of living through the rapid transition from a focus on that which is ‘obvious to the senses’ to our new ways of rendering the invisible visible. It is this revolution in our perception of reality that has helped me in the creation of new words and concepts as a response to these discoveries. I am sure there remains much that is invisible to us, impatiently waiting to be revealed by the detectorists. I am also a non-magical realist in that I accept that reality is complex and independent of us and that new insights into nature can come via acts of scientific and conceptual discovery. However, I am always aware that I am walking in the footsteps of the late Big Bill Neidjie of Arnhem Land when in Gagudju Man (JB Books, 2002) he suggests:
We walk on earth,
We look after,
like rainbow sitting on top.
But something underneath,
under the ground.
We don’t know.
You don’t know.

But the path to this revelation about the importance of the invisible and the unknown has been integral to my life story, and I have had to create a way of looking at aspects of my life story to bring the development of that insight into focus. Through this, I’ve created a sumbiography (from the Greek, summios, which means living together) to investigate the union of elements in nature and culture that have symbiotically cohered into a view about life – a philosophy of my own – that is unique. For others, undertaking a sumbiography has the potential to help them find their own particular view of their emotional connection – or the lack of it – to the Earth. A sumbiography can reveal just what kind of emotional compass we have with respect to our personal relationship to this living planet. At a time of massive biophysical change (heatwaves, wildfire, floods), we need to expand our language to understand these changes and to be able to share the emotional upheavals they engender.

GROWING UP ON the Swan Coastal Plain in Perth gave generously of the experiences needed to fully appreciate the beauty and complexity of life. With a region exhibiting such high degrees of endemism, especially in its botany, I was able to develop a love of that which is unique to a given location, and acquire what George Seddon famously called ‘a sense of place’. In acquiring this emotional grounding, I was assisted by my grandmother and, later, my mother, born in the very special place called Manjimup (in the Noongar language, the place of bulrushes and a meeting place). My family would visit during school holidays and it was there that I fell under the influence of my grandparents and their way of life. In the tall karri and jarrah forests around Manjimup, I further developed my endemic sense of place. The particular red of the red-capped parrot, the marsupial shape of the flower called the kangaroo paw, the majesty of the karri tree, and the presence of my tiny bird friend and totem, the grey fantail: all built my love of nature.
My grandparents knew this place well and could teach me its stories. Pop-Pop was a ‘dinky-di’ bushman who could find the secret places where the giant freshwater crayfish, the marron, lived. He could log trees, construct a saw mill, mill timber for a house and build it. Nana could convert the largesse of the orchard, dairy, chook yard and vegetable patch into delicious food for hordes of her extended family. She was a wildlife carer, so I learnt from her that care of the non-human was intrinsically good. She also taught me how to kill and prepare chickens and wild rabbit for the woodfired oven.

My mother had earlier consumed their knowledge and forged her own path as a florist and gifted amateur botanist. She gave that knowledge to others as a volunteer guide at Kings Park in Perth for over twenty years, and gifted that botanical wisdom to me. She taught me, for example, the secrets of the wild orchids and the way each one is connected to its own, unique macrofungi underground network. In this way, my grandparents and my mother helped me understand that human life is intimately connected to all life. With such a grounding, it was no wonder that I could easily overflow with biophilia, or the love of life.

My mother also taught me the love of words. In the late 1940s, while recovering from tuberculosis in the Wooroloo Sanatorium, about sixty kilometres inland from Perth, she honed her skills as a champion Scrabble player and crossword maestro. She also met my father there. She survived heroic surgery and pioneer antibiotic treatment and lived the rest of her life with only one functioning lung. I learnt early in life never to take her on in Scrabble and expect to win. Her knowledge and love of words, for someone who never completed high school, was as big as a dictionary.

As I became a free-ranging bicycle nature boy, the attention I paid to the elements of the natural world increased to the point where I would often spend my days immersed in the lives of the creatures around our house and in the adjacent bushland. I watched wild birds and lizards for hours, engrossed in their lives, and forgetful of my own. This merging of subject and object became a ‘normal’ mental state for me. I was often dream-wandering in a place where the boundaries between the self and the other were obliterated.

That state continued, unfortunately, into my young adulthood, where I failed to pay attention to university professors who were trying to teach me the scientific foundations of ornithology within a bachelor of science. While still dreaming of birds, I also drifted into new spaces, where words, not birds,
became beguiling. Philosophy beckoned and the search within ontology and epistemology became more compelling than zoology and ornithology.

I did not become an ornithologist, but succeeded in becoming an academic, teaching and researching the core issues of environmental ethics, health and sustainability, and moving across the continent from the west coast to Newcastle. And by serendipity, it was my love of birds that brought me into contact with what would become the focus of my academic career: the investigation of the emotional states that exist between the psyche and the Earth. I call this the psychoterratic (psyche-Earth emotional states).

It was the lithographs produced by John and Elizabeth Gould for *The Birds of Australia* (1840–1848) that provided the conduit to my own forced encounter with Earth’s desolation. The purchase of one lithograph – the depiction of the regent bowerbird, the male in its glittering gold and black livery, the female in her striking striations – alerted me to the fact that the Goulds had visited the Hunter Region of New South Wales in 1839–1840. Elizabeth Gould’s brother lived at Yarrandi (named for the place of possums) in the Upper Hunter, making it a base for their avifaunal explorations and artistic endeavours. Both John and Elizabeth had much to say about the beauty and richness of the Hunter Region as a whole and the Upper Hunter in particular.

After learning about this connection to the Goulds, I had to visit Yarrandi and take in the very same earth that they had experienced. But to get to the Upper Hunter from our own home in Newcastle, we had to travel through the massive area being mined for black coal between Singleton and Muswellbrook. When confronted by the full landscape desolation of open-cut coal mining, my emotional wellbeing – my mental landscape – was also desolated.

**AS A PHILOSOPHER**, my response to the encounter with a desolated landscape was to rethink the emotions of attachment to and abandonment of a place that is loved, and to find the right way to express my feelings. As there was nothing in the English language to help me, I decided to create my own concept – a neologism – to adequately describe the emotional distress at the loss of one’s sense of place. However, ‘distress’ is a word used in a multitude of contexts: to simply place ‘eco-’ or ‘enviro-’ in front of it was not going to work. The particular form of distress connected to one’s relationship to a desolated environment demanded a conceptual space of its own.
In addition, that a cognate term did not already exist in the English language was, to me, a sign of just how deeply alienated from our home we – as an Earth-destroying, or terraphthoric, culture – had become. We tend to focus on the extinction of species, cultures, languages – but what about the chronic extinction of our emotions, particularly those connected to the state of the Earth? In the Upper Hunter of NSW, along with the loss of Indigenous ‘country’ since colonisation, and whole rural villages after that, this extinction of the emotions of place-attachment had already begun.

It took the combination of a lifetime of psychoterratic experiences, teaching, thinking and a creative effort shared with my wife, Jillian, before the concept of ‘solastalgia’ entered the world in 2003. Solastalgia, the distressing lived experience of negative environmental change, arose from the understanding that the positive side of the lived experience of Earth emotions had to have negative equivalents. Solastalgia marked the beginning of my journey of mental-landscape discovery.

My mother also played a huge part in my rediscovery and naming of different, more positive, psychoterratic emotions. I had created the concept of solastalgia while connected to the University of Newcastle, where I had been working for twenty years. But in 2009, with the support and understanding of my brother, Jill and close family, I returned to WA to teach and research at Murdoch University and, importantly, to care for my mother. In her late seventies, she was struggling: the legacy of tuberculosis had left her breathless and she was having trouble both retaining her independence and continuing as a volunteer guide in Kings Park. I shopped for her and we ate together most nights.

After a year where I lived close by, she suffered a big, bloody and lonely fall. Following her hospitalisation and recovery, I took her to live with me in the village of Jarrahdale in the Perth Hills. As the name suggests, Jarrahdale has an affinity with the jarrah tree, the same tall tree of Manjimup and my mother’s childhood. The name ‘jarrah’ comes from ‘djarraly’ in the Noongar language, from the people who lived in this beautiful place before the European ‘dale’ arrived with its frontier wars and timber mills.

Our house and block, ‘Birdland’, had jarrah trees on it and ground orchids; it was visited by kangaroos, possums, quenda (southern brown bandicoot) and many different kinds of birds. My mother and I thrived there, she reconnecting with her own endemic sense of place, and I thinking about the
concepts and the associated words needed to account for that sense of reconnection and good Earth emotions. If the mine-scape of the Upper Hunter and the homogeneity of the city of Perth represented the Anthropocene to me, Jarrahdale had offered a lifeline to a different lifestyle and worldview, one where co-existence with non-human life went beyond companion and domesticated animals and a limited number of edible plants. I began to have visions of a good society with humanity reintegrated with the full richness and diversity of endemic wildness at any place on Earth. Birdland was also a place where friends and kin visited on a constant basis.

I would take my mother, complete with walker frame, onto forest paths—on one occasion, lifting her clean over a fence so we could hunt for ground orchids together in a likely patch of bush. In loving each other as kin, we also shared a love of life that biophilia made manifest in the moments when spider, donkey, enamel or bee orchids were found with almost the same excitement as if they were very first encounters.

These five years with my mother added richness to my sumbiography. As an adult, I could reunite with my past and feel, beyond solastalgia, positive emotional states residing in me that were without the corresponding concepts, words and ideas in my language. While based at Murdoch University, I began a systematic quest to negate solastalgia and all the other negative Earth emotions to add something new, something optimistic that could join the dialectic of the psychoterratic. In 2011, I created the meme of the Symbiocene, which I defined as the next era in human and Earth history where reintegration of the Anthropos (humans) with the Sumbios (symbiotic life) was completed.

In 2013, aged eighty-four, my mother died. Half her ashes were scattered carefully into the Kings Park bush around a huge old gnarly log from a long-dead jarrah tree. Ground orchids abounded in this place, so too the red and green kangaroo paws. She deserved a presence in that park, as her spirit had graced it for more than twenty years. I imagine she became a copse of pink enamel orchids, glistening in the Perth spring sun. If humans are kind to the Earth, some of her will also become a new jarrah tree, auburn hair all fiery in its wood grain.

IT WAS AFTER her death that I decided to retire from the authoritarianism and administrivia of university life and become a genuine free thinker.
I moved back to NSW. The philosopher was to become a farmosopher and the psychoterratic in me was about to confront the reality of living in a non-urban environment, close to the Earth and the elements. I wanted a new home from which to write about Earth emotions, and purchased Wallaby Farm with Jill, a place that was an echo of my grandparents’ farm in Manjimup. My own effort to exit the Anthropocene and enter the Symbiocene, what I hoped would become the next era in human and earthly affairs, was about to commence. The Earth-destroying or terraphthoran emotional forces were to be confronted by the Earth-creating or terranascient emotions.

The key to this reintegration was the recognition that, since the beginning of the industrial revolution, the Anthropocene had shattered so many of the symbiotic connections between and within organisms that constituted the living Earth. The ancient affiliations in life via symbiosis were being displaced by a process of dysbiosis, the forces ensuring the death of life. For the great bulk of human existence, symbiosis, not dysbiosis, was typical of our relationship to the rest of nature, and I wanted to regain the property of what the Greeks called sumbiosis or ‘companionship’.

To reverse this death of life – this dysbiosis – an emotional revolution was needed to reactivate our biophilia and all of the positive emotional feelings we take for granted as a natural species about the rest of life and the landscapes within which that life exists. That peculiar mental state I had had as a child, that oceanic feeling, the unity of the knower and the known, I defined as eutierria or a ‘good Earth feeling’. Another feeling, one I had shared with my mother, was the deep secular appreciation of the uniqueness of place, and I defined this as endemophilia, or the love of the locally unique. It is this endemophilia that is vital for the creation of an endemic sense of place.

The mother gives birth to us all and nurtures us to adulthood. I was lucky to be able to care for my mother in her last few years on this Earth. The other half of my mother’s ashes went into the Donnelly River at One Tree Bridge near Manjimup. She floated away into the waters of life, perhaps to be consumed by a marron, an endemic culinary delicacy she loved above all else (except perhaps blue manna crabs). Very close by, the Four Aces, massive karri trees lined up in a row, still act as a special meeting place, an ‘up’ in Manjimup.

So many subtle but powerful positive Earth emotions needed to be identified and named before the end of endemism, and long before good Earth emotions might face possible extinction. Given the narrowing space
within which to tackle dangerous climate change, humans need to work with urgency to avoid all forms of extinction. To progress the transition, I began to work on a new politics of place that I called *soliphilia*, or the desire of citizens to work together to create and conserve loved places despite old political allegiances. Such life-affirming politics would prevail over all negative Earth emotions, including solastalgia. They would also shift anthropocentric democracy (rule for humans) to *sumbiocracy* (rule for all beings).

THERE IS NO doubt in my mind that the age of solastalgia is currently upon us. It is a concept now both felt and expressed by so many in a huge diversity of human fields – from art to climate science. However, that influence can only have occurred if many humans still have within them the positive Earth emotions that have been with us since our emergence as a species. If we are to avoid the extinction of emotions, our positive side must now be openly expressed and the unity of good Earth emotions with good science celebrated in all forms of human culture and endeavour.

I am not the only thinker at work on neologisms that attempt to describe our collective future. To avoid what the biologist EO Wilson has called the *Eremocene*, or the age of loneliness, I hope that my creation of the Symbiocene puts into clear perspective a future home for all our positive Earth emotions. It will be possible to freely experience these emotions in the Symbiocene and, unlike past epochs, they will never be taken for granted nor left nameless. Enter the Symbiocene, and you will never want to leave, as the beauty and joy of earthly delights are far more compelling than the hell-like dread of the Anthropocene.

The creation of this new psychoterratic conceptual framework and vocabulary has been a predominantly solitary act for me in the sense that I have worked beyond established traditions within academia to create a new language for the Earth. As a creative, transdisciplinary thinker, I simply hoped that my ideas, especially solastalgia, would resonate with people around the world. They have. Now I no longer feel that my work emanates from an isolated head in an isolated home in Jarrahdale or Newcastle. Solastalgia and the rest of the psychoterratic are now part of a global response to self-inflicted environmental and climatic problems and their solutions. I sense I am now an integral part of a global community of interconnected and empathetic psychoterratic spirits.
At times this has felt like my own Buendía moment, creating names for that which already exists. Nevertheless, unlike Buendía’s ‘discovery’ of the spherical nature of the Earth, it seems like something new has been achieved. Artists, musicians, academics and ordinary folk who blog about their relationship to the biophysical world have all found aspects of the psychoterratic to be useful. I have created ways for them to enhance their understanding, to share their emotions and feelings, and to act on them in co-operation with others.

If I live to be one hundred years of age, it is my hope that my life will come to exemplify a neologism that is best defined as *sumbiotude*, or the state of living together. *Sumbiotude* is the exact opposite of solitude: instead of contemplating life in isolation, sumbiotude involves contemplation and completion of a lifespan with the loving companionship of humans and non-humans.

I will also be happy if my creative, conceptual work can help Generation Symbiocene – which includes my own children, my step-grandchildren and my five-year-old granddaughter – live in a world where positive Earth emotions prevail, a world that sees the *extantion* – not the extinction – of our emotions. As I wrote in *Earth Emotions* (Cornell University Press, 2019), ‘their laughter, and the singing of birds, [will be] clear signs that all is well with the Earth.’

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NO ONE KNEW what happened to Charlie Bolt. He had a wife, somewhere. She left to find ‘happiness’, believing it was elsewhere. Instead of looking for her, fifty-two-year-old Charlie Bolt went the other way. He’d never experienced an epiphany on his lonely road. Charlie Bolt lost his job and stroked out on the floor in the bedsit of a rooming house. While the ambulance officers scurried around and humped Charlie Bolt onto a stretcher, he found a world of cockroaches and lost coins under the fridge in his room.

Charlie Bolt met strangers in the hospital who had sudden opinions about him. Cold sterility. He was Aboriginal and no longer had a next of kin. Charlie Bolt’s left arm hung, a flailing limb. Charlie Bolt had hours to ponder where everything went finally. Where was the feeling in his arm? The doctors brought his blood pressure down to 120 over eighty-five. Phantom limb syndrome would still haunt. Half of his body had been assigned to the elsewhere of elsewhere. Maybe it would reconcile with his wife?

He limped home after discharge. Nerve pain. Milligrams of little red and white capsules. Cigarettes were banned. Charlie Bolt sipped white wine. The other men in the house stayed in their other rooms. Everyone lived in opposing dimensions, it seemed. Elsewhere. Charlie Bolt’s room often carried the waft of toilet water. The landlord lived
far away and only turned up to collect the rent; a landlord who never asked how anyone was. The landlord would not want to take his tenants’ ghosts back to his own private elsewhere.

Charlie Bolt spent a lot of his time staring into his right hand. The clutch of the palm. He thought of his grandmother’s wilted hands. She was buried on country: elsewhere. The lines in her hands. A spectre of toil and soap lived in her palms. The tortured lines in her hands and face. Songs of strength and maybe despair? The only songlines Charlie Bolt knew were in the curdling of crow gargles on the street. Gentrification. Dirty ibis flaring white feathers around the garbage bins, dirty beaks pecking. And the crows nested elsewhere, only swooping in this degenerative place. Coffee fumes from the city cafés; so close but far.

When Charlie Bolt slumped into the tangles of his bedding he knew the song in his legs. Charlie Bolt popped milligram after milligram of prescription nodes. Acquired brain injury. Years working with asbestos in a town where he had never felt welcome. Poor linen. A roughness.

But Charlie Bolt kept the little fingers of uncertainty away. Charlie Bolt never thought about what was making consumers get lost in those places where Charlie Bolt was not welcome.

CHARLIE BOLT WAS almost fifty-three. He looked into the palm of his right hand. He thought of eagle claws. He remembered walking one day with his pop, now dead forty years. He walked happily with the old man, noticing the limp of the old bloke, countless apologies for his shaky gait. A hardness the tender old man carried throughout his life and finally into the elsewhere…

Tablets for nerve pain and blood pressure regulation regimented Charlie Bolt’s life. He slept in more. Limped long painful walks to withdraw his rent, to pick up milk. Conceived his own spectral elements in cheap coffee.

Little ghosts tickled his crippled feet in the dark hours. Charlie Bolt saw only the back of a slender woman gently moving through his room. Her long white hair danced breezily. Did he leave the door
open? Another roomer was listening to the wireless. A bat snarled in the night.

Charlie Bolt spoke the first words that had moved through his lips in days. He whispered: ‘Who are you?’ and was never served an answer. She walked into the only window pane of his room; dusted flakes of little cobwebs danced in the subtle motion of her sweep. Ghostly wind. *It’s probably the medication…*

Charlie Bolt hadn’t been to church in years. He considered the vanguard of a crucifix to protect his sanity. But she was gone and probably not coming back.

The air in Charlie Bolt’s room went from compression to depression. Charlie Bolt and his trim dark hair, soon probably to be messy anyway. Cuts from blunt razors. A thin alkaloid wraith of blood. Charlie Bolt looked into a disappointed mirror quite often.

And now there was the stacking of failure in a ghost losing interest in him; a bored apparition who had drawn away. He began to enter into a hiding place in that room of his. He lived a succession of stormy Mondays. Mauve clouds made knuckles above the black man. Rain-down a lasting quagmire of still-air. Clouds of broken glass threatening to cut.

Dark nights. Missing figments of imagination. Absent ghosts. Charlie Bolt looked forward to any impression of a shadow. He would snap his head sideways if his mind’s eye sensed even a trigger of movement. But what was he really looking for or forward to? Charlie Bolt’s days and nights lingered. Charlie Bolt was now characterless. Charlie Bolt was gaunt like an old tombstone.

The panelling of the rooming house croaked neglect, a residue of damp lifelessness. A roomer’s wireless echoed mundane dial tones. Forgotten men boxed in a gentrified area. Sometimes the wind didn’t even blow past Charlie Bolt’s window.

Mildew and rubbish clouds one night. The landlord had dragged the bins out onto the street. Enslaved refuse. Charlie Bolt lay in the flabby files of linen he kept to stay insulated. For whatever reasons the days dragged. Empty futures of calendar days in his midst. A left eye half-cocked into the night. A mind wondering out in the poor gaze.
THE ELSEWHERES OF CHARLIE BOLT

A figure stood near the bed. A street lamp gave a poor chalk outline of a man, his back. Charlie Bolt jerked in bed and thought: maybe a refraction of flare from a passing car. But no.

The bed passed the noise of his waking through its frame. Charlie Bolt’s broken body couldn’t rise perfectly, erect. He rolled into a ball, bearing his weight on his right arm, and pulling his core strength. Without flop or flail. Onto his knees in the poor bed. Charlie Bolt felt his own wind and called a gruff, ‘Hey?!’

The back was that of a clothed man. Tall and really plain. Short hair and a strong spine, neck. A stance that Charlie Bolt was no longer capable of holding himself. The man’s hands and face were lost, but a slight translucent sparkle rose off the calm intruder. A toilet flushed somewhere in the building. A groan and the choke of tired plumbing. The man’s back subsided into a roll of the night, where he had suddenly never existed. The black of the trousers was the final outline to fade.

It hadn’t been a sleepwalking roomer.

Charlie Bolt remembered old nights when he may have dreamed of his wife coming, returning from elsewhere. Imagining the teeth of keys in the lock, clicking over. Nights in his silent mouth of sorrow. These entities, if real, now had their own elsewhere that they did not, could not, reveal after their exit from Charlie Bolt.

He was going to wear out the palm of his right hand. Charlie Bolt and his thousand-yard stare. No answers to put anything right. He couldn’t speak of this to his neighbours, his hollow brethren. Closed doors on worthless private property. This came to him in an afternoon, so bleak, at the close of a jar of cheap coffee. A weak spinning wisp of steam. Lame left hand drooped. Charlie Bolt closed his right palm; decisive. No more pondering into a shallow palm for Charlie Bolt.

HE BEGAN TO sleep with his eyes open. They burned the old oil of the past. He yearned for contact with a realm that seemed more interactive than the men he shared the building with. If Charlie Bolt was accepting of the idea of insanity then now was a better time for it than ever. His fifty-third birthday passed uneventfully under his door. The
ends of real finances passed. A social worker rattled his dust: she smelt of an exclusive elsewhere, spoke in tones like those his vacant wife had used. Blues eyes and light features. A generous smile. The social worker more than noticed Charlie Bolt’s limp, floundering frame. An offering of food parcels. He was now a ward of the state. Incapacitated and ever lonely. He heard rumour of an internet that he couldn’t comprehend. Social services would send letters that as a consumer he must immediately respond to within fourteen days: haunts of a dystopian nuance.

He began long sessions of blank observation of the wall opposite his bed – where a man may have appeared; where a woman walked away on worn carpet with dead feet. The wall gave up nothing. Poor carpentry that might have once been quality. Nothing emerged, conjured by Charlie Bolt, even from the nail holes in the panel of where a clock or calendar kept dates and times that no longer mattered.

Charlie Bolt lay in his bed, fetal always, as much as his nerve pain would allow. A left leg that cramped in the morning. A left arm with dormant feeling then awakening like gravel rash. White-wine dawns. Little red and white nodes, 150 milligrams.

For the longest of nights no ghosts came haunting. A doctor with a small phone glued to his ear told Charlie Bolt about imminent glaucoma. Pill therapy. An itchy reckoning of more problems. Had Charlie Bolt self-medicated the entities away? His joints began to sound like the crunch of jam tins: metal grind on slippery glass. Charlie Bolt’s reality of health. Charlie Bolt’s dawning or dawning and afterlight. Next: The final frontier?

Maybe the visitations had been waking dreams? The kind of neural medium that could cause individuals to be committed?

Charlie Bolt may have seen in his faulting mind the blinding of a set of identically dressed men. The pair suggested twin brothers with their undeveloped frames. Ghostly twins hovering outside that dirty window of his. Their temporary glow rivalled a moonlight so brilliant it could be equalled only in lunacy. It was a madness so cruel that Charlie Bolt’s intimidating charges were ever unwilling to identify themselves.

‘Don’t even think it…’
He hung a stale towel over his one window; kept the light away. Light in his life failing anyway. A folder marked CHARLES H BOLT accompanied the visit of a home nurse. For Charlie, that ‘H’ stood for whoever. Antidepressants prescribed on prescription pads. Numbness on Charlie Bolt’s numbness.

Sunshine became Charlie Bolt’s new friend – and a black walking cane. He scraped the footpath. He limped lightly on hard streets, but not far. Not far away from any escape. With enough vitamin D from solar energy Charlie Bolt could have a happy ending. Leave a broken corpse a little morose but in the hues of a brighter life.

There was a short journey one afternoon that came with tiring pain in his entire body. The remains of a bird, life erased and wiped into the bitumen, caught his pondering. Its feathers weren’t even enough to recognise which avian frame it could once have been. Where had the poor creature’s soul gone? Surely the dreams, the disrupted dreams of any living entity had a resting place… A graveyard of unfinished dreams perhaps? Some cultures believed in such things, especially people of the soil, their early cultures.

The roads weren’t made for Charlie Bolt. Yet his dreams would one day be erased like those of the bird. His celestial nights and neural activity were neither what they used to be. Charlie Bolt could easily become roadkill like the bird. He was still hundreds of metres from his address. Charlie Bolt still had footsteps to cover to being a fatality. The elsewhere of his dreams siphoned in one false move.

Through a vacant lot he spied the aged cement spires of the local cemetery. Ironic that Charlie Bolt was thinking of such things. With his limited sight he made out the sign: DUTTON PARK, one of this town’s vintage lots of rest. He paused for a moment and imagined a forest of phantoms. Standing next to their headstones, with their backs all shunning him.

Charlie Bolt faltered and caught himself. The cane steadied his weight – the mortal weight he felt with every day and sensed reduction. How many memories were buried over there? Broken dreams probably made by broken ghosts on hallowed ground where they ran out of room for fresh occupants.
'Don’t even think it Charlie…don’t even.’ A short but relevant mantra.

CHARLIE BOLT RETURNED from the walk drained. The hallway of the rooming house smelled of detergent. A wireless rattled somewhere and the bad throat of plumbing coughed. Home. He scratched the key into the door. Dark, musty room. Time to open a window; dry flush.

Charlie Bolt tested the air and hobbled in, the light on his back soon to disappear. He would fold into his darkness. But the shape of someone stood in a corner. A glint of a leather shoe heel. A faceless back. A dress and blouse. Mid-drift hair. No other defining features. She wasn’t that tall.

‘Hello?’

He closed the door. Shut. Charlie Bolt’s bad leg gave way into a chair, taking the weight off. His eyes felt the rest of the room. Only splinters of natural light. A roughly cuffed window pane.

‘Hello?’

When Charlie Bolt spoke he kind of knew what the response would be. Twilight of this day. Twilight of life. Charlie Bolt looked at the motionless form.

‘Can I…can I get you something?’

He did feel stupid. Charlie Bolt was finally speaking to a realm that shared an element of his existence – and he could only offer small talk.

‘I’m Charles…Bol…Bolt…’

She was motionless. Staunch spine. Like the others… the others: staunch and blank.

Charlie Bolt looked again into his dark palms. He whiffed the poor air of soap from his paws, his skin moist, and tried to shuffle in his cold chair. Still the figure ignored him as if a blank nowhere was better than this somewhere. This stranger in Charlie Bolt’s room could spin around at any moment but wouldn’t, and couldn’t, or shouldn’t for some reason unearthly. The plains of heaven and hell maybe weren’t there in Charlie Bolt’s room to mesh. Communion, choke.

It was Sunday.
She remained standing. Her back, her blouse, perfectly straight, skirt to the knees. Charlie Bolt himself was in the drab saggy wear that only an ageing stroke survivor could slip into. That womanly shape and her arms at their still, constant side.

And nothing moved for some time.

Falling light. The handle of Charlie Bolt’s bent cane was in his hands, before him. Variable strengths of light shined in the dimness. Neither figure had moved and then Charlie Bolt slumped forward, his forehead butting into his cane. Charlie Bolt dropped a tear from his good eyes onto his hand. How dry he was. This continuum of deadness. Not even a meeting of minds. Charlie Bolt’s visitor and her back.

He choked a breath and cough; maybe another tear.

‘Please…please?’

They made small, fast hours. Charlie Bolt had sat for a period that the circulation to his legs had gone cold; cold as the air. Darkness overtaking the fallen sanctum.

And the faceless figure too lost an edge of definition over time. Hours were probably minutes: time-wearing Charlie Bolt. Dead time. The figure faded to just a thin sleeve of her form. Charlie Bolt saw small dust storms of matter whisk: minute sprinkles of light.

She was about to go elsewhere too. Finally into an infinite blankness, as blank as her back had been to him.

Charlie Bolt, all fifty-three years old and just as tired, cranked his knees and moved towards his toilet. The mirror on the far wall caught him. He was pathetic in her presence, he thought: everything pathetic. Half of Charlie Bolt’s face began to spin like swooping sparrows. Circles of black silt built momentum. Charlie Bolt sighed. The woman with her perfect back: even spectral in cast, little grains of pepper were now falling down and away. And with her final limb, fleeting, she was beckoning Charlie Bolt.

His chest quietly fell into his stomach.

Charlie Bolt looked into a mirror hung on the bathroom wall and exhaled. Into that mirror was focused Charlie Bolt, a man who had had a life without trying to be anyone else. He faded, slightly, and the deforming figment of the woman’s back sparkled, little flares. Smaller
flares. The loose page of a lift-out telling the gifts of *retirement living* moved up and down. Poltergeist waves, subtle, without nips but with tucks into the oblivion of which Charlie Bolt could not speak. He spiralled into a ball, all his years, black skin blacker so…

This is not an exemplary account of what could happen to the sum of us. Charlie Bolt fell into a destiny unseen. There was no nursing home for his limbs, nor a coffin for his bones and their ending. He had ceased living some time ago, it seemed, and ceased existence. It was time to turn his back on a place he could render no more. And so in the break of uncertain breath and an unseen woman’s gait, Charles Harry Bolt faded into another elsewhere.

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In an unguarded moment
Living with the legacy of suicide
Gabbie Stroud

IT’S EARLY ON a Friday and the usual morning hustle of a school day is playing out in my kitchen. Olivia, ten, is dressed and breakfasted. She’s adding to lunchboxes: chopping up fruit, tossing in chips, searching for lids. Sophie, seven, provides commentary: *cut it the other way, honey-soy for me, that one doesn’t match*. Soph is wearing her uniform but labours through her Weet-Bix. She has eaten enough to take the edge off her hunger and wants to run free. For Sophie, *life* is calling: jokes need telling, toys need playing with, books need reading and the cat needs coddling in so many blankets he’ll resemble a sausage roll. As Triple J streams from the speaker, I prompt Sophie to eat up. I should shower but I’m loitering, waiting to hear what Ruby Fields will cover for Like A Version.

‘Are you driving us in today, Mum?’ Liv asks.

‘Yeah, I can today.’

‘Yessss!’ Sophie hisses. ‘We can listen to more of your book.’

It is indeed *my book*. My memoir has been published and I have finally summoned the courage to go over it again. My girls and I have been listening to it on audio each time we’re in the car.

‘What’s going to happen today?’ Soph asks and she presses the Weet-Bix around her bowl, spreading lumps so that they might look like scraps.

I think of my book, uncomfortably conscious of *what’s going to happen today*. An ancient, primitive pain tremors through me but I know that I must tell her.

‘The next part is about my brother, Phil,’ I say.
‘About how he’d flick you with the tea towel?’ Soph grins and mimes a mighty whipping.

Soph has never known Phil. He’d been gone twenty-one years by the time she was born. Yet she loves him. She has loved him ever since I told her that I had a big brother and his name was Phillip. I have shared stories of his larrikin ways, his bone-crushing hugs, his passion for good tunes and the big, soft kisses he would press onto my chubby cheeks. Soph has fallen for him with the same childish devotion I had for him. At school, she draws pictures of him: crowning his head with a mop of curls, curving a smile across his face, printing his name with confident capitals. On his birthday she requests we make patty cakes decorated with pink icing and coconut because they were his favourite. And at home, she speaks of him often: Phil would like this, don’tchya think Mum?, his name tender in her mouth.

‘No, not flicking the tea towels, not about that.’ I sound different, like there’s crushed glass across my voice box. I know Sophie hears the pain.

‘About how he died?’ She asks this gently but her face opens with hope. She is justifiably curious; his death has hovered in her life like a mystery. She has asked about car crashes and heart attacks and I have wanted to say: Yes Soph, your uncle was taken from us. But these stories wouldn’t be true and I cannot lie to her. I’ve responded in vague, noncommittal ways: He died Soph and it’s too sad for me to talk about. She yearns for his last story, for his ending.

‘Yes, baby,’ I say. ‘About how he died.’

‘So how did he die, Mum?’ The way she asks – as if this riddle will be solved.

How I tell her is clumsy. I avoid the term committed but use the word suicide and she asks what that means. I try to explain. Her face contorts into an expression I have never seen and I realise it is horror. There is horror on her little face, on my baby’s little face. And it’s because of the words I’m saying. Because of the thing that he did. The way that he left us. And chose to die.

I am breaking her heart, just as he broke mine.

Soph is still for the longest time. Still. It’s so very uncharacteristic that I cannot help but notice. She holds her spoon, paused midair as though about to eat. The spoon. In her hand. The same little hand that draws pictures of Phil.

‘Why would he do that?’ she finally asks.
And then I am falling, plummeting, hurtling, dropping. I am aching into the abyss of a grief that I have carried since I was twelve. And as I tumble, I can feel that I am drawing Soph down with me, her little hand in mine as we fall together. Her first time.

She is seven.
I am forty-one.
He would have been fifty-five.

SEVEN. FORTY-ONE. FIFTY-FIVE. I age him. This is what I do. I carry him with me. Along with my grief, I carry his life. I visualise him in family scenes, placing him at the dinner table while we talk. I consider what his opinions might be, the words he would choose. When photos are taken I see the space where he should be. I let my mind’s eye picture him, shimmering like a mirage. I age him, adding grey to his hair and lines to his face, a slight sag at his jawline. But I always imagine him handsome because I was twelve and he was twenty-six. I loved him in that girlish way – thought I might grow up and marry him, the way you do when you’re very young.

I carry him in the way I relate to others. I am forever ready to rescue.Anyone can check out at any time. It’s a thought that’s never far from my mind, a kind of hyper-alert empathy. I want to handle people gently and with care. I say sorry – probably too much. I acknowledge pain, feel compelled to talk to strangers in my small town when I hear they’re going through divorce, diagnosed with cancer, have lost their home to fire. I can’t not go there. I tromp towards emotional damage like a determined toddler. I want to let others know it’s okay, it’s okay, it’s okay, this suffering will pass. I am graceless in my efforts, embracing people I barely know in aisle two of Woolworths. What’s your name again? they ask, adjusting their brave face as they reclaim their trolley and prepare to flee.

I carry him in the way I measure time. He died in June 1990. Bob Hawke was prime minister, AB was captain of the Australian cricket team, VFL had become AFL and Midnight Oil was singing about a blue sky mine. The internet was barely an embryo and mobile phones were the size and weight of bricks. Princess Diana was alive and still married. That was the world he knew, the world he left.

I am conscious of the world he doesn’t know, conscious that he is forever suspended in the amber of early 1990. As my life rolls on, as I age, I am
cognisant that each year brings innovations and ideas that Phil will never know: GST, smartphones, plasma televisions, Netflix, Obama, Trump, self-serve checkouts, social media, endless leadership spills, global climate strikes. There are words he wouldn’t know: app, hashtag, quinoa, muggle, YouTube. He wouldn’t know what it was to binge on a series, to swipe right, to Google. He hasn’t watched Forrest Gump, didn’t experience 9/11, doesn’t know what the Mabo decision means. He wouldn’t know that Bob Hawke was dead. I think about explaining these things if by some miracle he could come back to life. I think about how long it would take to escort him into the twenty-first century and help him make sense of it.

When I encounter things that predate his death, they give me comfort. Pikelets, duffel coats, toasted sandwiches. Old mate at the servo who still comes out to pump fuel into the car. Desert boots, Paul McCartney – even income tax. Phil would know about this, I think and I hug that sense of momentary connection close to myself.

I have carried him through the milestones of my life, dragging him with me as I graduated university, as I married, as I signed a mortgage. When I travel overseas I show him all the places. Look Phil, it’s London, Edinburgh, Toronto, New York. I am Clark Griswold on that roundabout and I’m okay with that – Phil would know that movie.

In August 2008 he had been gone eighteen years. He would have been forty-five. I was thirty-one and my beautiful little Olivia was zero, just being born. It had been a fast and aggressive birthing, hot and searing – an open flame raging out between my legs, the room a mess of red and sweat. The wet, earthy smell of blood filling my mouth. As I climbed onto the hospital bed with malicious contractions of afterbirth yanking at me, my brain registered a single thought: Still not as painful as losing Phil.

Sometimes I dream up whole conversations with him. When my life feels like it’s going to shit I speak to him, out loud in the darkness of my bedroom. I drag him into the chaos of my life, half angry that he isn’t really here, and I charge him with the responsibility of weighing in on all that troubles me. As my monologue peters out, I pause and listen. I imagine what he might advise given how old he would be, had he lived. Had he chosen to live.

In recent years, after my divorce, I have leaned on my older sisters, seeking reassurance, comfort and advice from them. But I’ve continually
desired my big brother’s counsel: I have wondered what he might say. In my late-night conversations, I imagine him as being supportive. He’d be in his fifties now. Open-minded and progressive, I’m certain. He’d recycle. He’d shop local. He’d vote yes for same-sex marriage. And he’d donate generously to charities that support mental health. Of course he would. I imagine him telling me that divorce is okay – not so much a failure as a reshaping. I imagine him telling me that I matter, my needs matter. My happiness matters.

But at the launch of Teacher (Allen & Unwin) in 2018 – the book I couldn’t quite believe was truly my book – I struggled to imagine Phil in the scene. Perhaps I was so overwhelmed that my imagination couldn’t stretch to reincarnate my brother. When a friend messaged just moments before the party he suggested that my brother would be incredibly proud. The words caught me, disarmed me. Would Phil be proud? I wondered. And then the feeling – the familiar, tormenting agony of longing. I wish he was here.

‘Are you kidding?’ my sisters chortled later that night when I asked them that question and confessed my vulnerability. ‘Phil would be so proud. He’d be lifting you up on his shoulders right now. He’d be saying: That’s my baby sister!’

I carry him. It is a burden and a consolation. Carrying reminds me that he lived.

But he did not want to live, my twelve-year-old self still says, her voice young and crisp with the rational clarity of childhood logic. She is right. He did not want to live.

Why would he do that? Sophie’s question is rational, logical, simple.

When someone is lost to suicide…no, not lost. Lost implies they were dropped, misplaced somewhere, that they fluttered from a handbag like a stray receipt. Lost implies the rest of us were careless, that they slipped from our hands because we didn’t clutch them tightly. Lost implies they are merely misplaced, that we will find them if only we search hard enough.

When someone dies by suicide, when they wrench themselves from life, from their own life, from this world, there seems little point in talking about why. Sift through the contributing factors and there can be many, some of them intersecting to create a kaleidoscope of challenges: mental health issues, financial hardship, addiction, emotional stress, chronic pain, social disconnection, relationship breakdowns. But we are still left wondering. We might pore over the very, very small signs that are only visible through the
microscope of hindsight: *He said he wouldn’t make the party, said he wouldn’t be around that weekend, I thought he meant he was going to be away... But even then, how could we have known? We trawl for clues and torture ourselves wondering if we should have said something else, done something more. We turn over the debris of their decision in our hands, only to find that our hands are always empty. Over time, why becomes irrelevant, because it’s happened. And because it has happened, we can’t ask them.

We can never truly know.

The Australian author Jessie Cole understands this terrain. Both her sister Zoe and her father died by suicide. Her memoir, *Staying* (Text, 2018), is an attempt to chart the challenging landscape of this kind of loss. It’s a book I read with deep gratitude – someone understands. I read and re-read Jessie’s pages, waking one morning to discover I was clutching the book, gripping it like a lifebuoy, like treasure, like the single thing in this world that might help me make sense. And yet I know, as Jessie knows, that I am clutching at nothing.

You think, Jessie writes,

if someone you love takes their own life, in the end you will find out why. It is a dark mystery that needs solving. But unless they explicitly explain it, the truth is you may never know. We all long for meaning – that elusive cause and effect, a story that makes sense – but resolution of even the most basic questions often relies on guesswork. Hazy, unsure; supposition.

It is this dark mystery to which Sophie’s question alludes. *Why would he do that?* And her first experience of this dark mystery won’t be her last. Suicide Prevention Australia, the national peak body in this area, reports that one in two young people are impacted by suicide by the time they turn twenty-five. The latest data from the Australian Bureau of Statistics calculates that an average of eight people die by suicide per day – more than double the national road toll. The rate could well be higher but data collection is difficult, and there are inconsistencies in how these deaths are reported across the nation. A motor vehicle accident that’s ruled as death by suicide in Queensland might be logged as death by motor vehicle accident across the border in New South Wales.
The World Health Organization has designated suicide as a serious global public health issue. Their 2019 Global Health Estimates report on suicide identifies it as among the leading causes of death across the world, with close to 800,000 every year – more than malaria, breast cancer, war or homicide. *Why would he do that?*, however impossible the answer seems, remains a question that matters.

**SOPHIE’S QUESTION HOVERS** in our kitchen. I want to answer her with something more than *I don’t know, we can never really know*. And so I try to place the right words around Phil’s death, his circumstances at the time. I feel myself shrugging and wonder if my body is shrinking – becoming twelve years old again.

I stumble through an explanation: *Don’t know, maybe depression, perhaps… back then we didn’t…*

Olivia interjects with surprising confidence. ‘Soph,’ she says. ‘You know how when a horse breaks its leg, the vet has to put it down?’

Sophie nods, her face still wearing a new expression: Terrified. Uncertain. Sad.

‘Well, sometimes,’ Liv goes on. ‘When someone’s brain and their emotions aren’t working right, they feel like a horse with a broken leg. They feel like they’ve got no other choice.’

Liv looks to me for approval and I try to nod, but I am struggling to resurface from my adolescent grief, to be the safe and capable grown-up my children need. *A horse with a broken leg…* the words take shape in my adult mind. This is how my Olivia has made sense of it – she has carried the knowledge of Phil’s death for some time, guarding it as a secret to protect her beloved little sister.

I had told Olivia about Phil’s death a few years earlier when one of her friend’s fathers had suicided. That had also been a clumsy telling – my own childhood grief provoked and inflamed at the thought of Liv’s young friends having to endure a grief that no child should know. Liv had appeared stoic in her reception of the news, more troubled by my pain than the concept I was explaining. *If you ever want to talk more about it…* I had staggered towards a conclusion. *If you have questions…* ‘No,’ Liv had said firmly. ‘It’s okay.’
Now, in the kitchen, with Olivia’s explanation wavering above us, I take a breath and open my arms, inviting my girls to tuck themselves in beside me. Sophie abandons her breakfast and burrows in at my left side. Olivia – always more contained – leans towards me, her head finding the place where it fits for now, just above my right shoulder.

‘You’re right, Liv,’ I say. ‘In that moment when people decide they want to die, they feel like they have no other choice. But people are different to horses with broken legs – we always have more than one choice. You’re completely right about our brain and emotions sometimes not working right, not feeling right, but there are always choices. Sometimes people choose to die and that’s what Phil did. I wish he didn’t but he did. I want you girls to grow up knowing that there are lots of choices – all the time. No matter what you face, you have choices.’

A new tsunami of pain swells inside me as I consider what I am trying to do. I am trying to pre-empt their future selves lest they ever find themselves feeling like horses with broken legs.

I am trying to save them.

Olivia hugs me. It is firm and tight and brief, as if her love is a matter of fact. She moves away and back into our morning. But Sophie remains.

‘This is going to bother me all day,’ she says sadly.

It will bother you forever, I think.

And when she begins to cry, the sound is like nothing I have ever heard from her before. She is keening, sobbing, wailing. As I hold her, I feel anger bursting out towards my brother. Did you even think of this? my mind rages. That I would have a daughter who would mourn you – even though she never knew you? I should feel the anger that pulses behind this thought, but I cannot ever be angry with my brother. I’m just forever sorry that my love for him was not enough.

I HOLD MY little Sophie and try to endure the noise she makes – this primal grieving cry. I say let it out, let it all out and my voice is soft and gentle. I say sshh but I don’t really want to silence her, just to soothe her, ease this sharp and brutal pain. But as she cries and cries I realise I need to help her find a stopping point, a place to rest the sorrow so that life – and this morning – can continue.

‘Hey,’ I say, lifting her onto the kitchen bench and wiping at her face. ‘Phil wouldn’t want us to be sad like this.’ It is almost a lie because I can’t
know what Phil would have wanted. ‘Really?’ The way Soph asks, the doubt in her eyes, causes me to redirect. I move to a truth I am confident with.

‘Here’s the thing, Soph: when someone dies by suicide we spend so much time thinking about how they died, we can almost forget the way they lived.’ My voice is unsteady, but I am determined. *How did he live?* Twenty-six years doesn’t seem long enough for us to have really known, but I have to be satisfied with that. It was his entire lifetime.

‘Phil was so much fun,’ I tell her. ‘He loved to laugh and be silly and muck around. At Christmas he’d play with me and all my toys. He liked to draw, have I ever told you that? And he loved music and he loved to hug and he loved to take photos.’ I smooth my hands over her hair, brush tears from her cheeks and hold her face. ‘And I know he would’ve loved you.’

‘Would he, Mum?’ Fresh tears fall, but her face looks hopeful.

‘Yeah,’ I say. The way my sisters told me he would have been proud of me and my book. ‘He would’ve loved you so much.’

**DEATH BY SUICIDE** is an entirely preventable epidemic. Research by Suicide Prevention Australia shows that an integrated approach to suicide prevention is vital. Integration occurs when lived experience, scientific evidence and clinical best practice intersect. This means we need better access to services and better integration of services; those who need immediate and ongoing support need timely and appropriate access. A ‘whole-of-government approach’ to suicide prevention is also essential. In Australia, we now have a National Suicide Prevention Adviser who reports directly to the Prime Minister as well as a National Suicide Prevention Taskforce. This is indeed a positive and proactive step forward. Yet all of these are systemic solutions that suggest if structures are in place, our society can absolve itself of responsibility. They are solutions that suggest if we just had enough funding for enough services, the suicide rate would decrease, as simple as that. But the fact is that services can only work if people access them. Even when they do, the effect of a service provider is limited.

I’ve heard Murray Bleach, the former chair of Suicide Prevention Australia, say that ‘suicide prevention is everybody’s business’. They’re words that shimmer around me, radiating like an aura. While I know my compulsion to rescue everyone is neither healthy nor achievable, I believe we need to be more comfortable with other people’s pain and suffering if we are ever
going to reduce the number of deaths by suicide. We need to find a way to talk about this thing. We need to understand the ways we can share these stories. We need to open ourselves to uniquely challenging conversations. We need to find new ways of listening.

Many of us remain reluctant to speak about suicide. Perhaps we believe our words will do more harm than good. Perhaps we are concerned that if we speak about suicide, we might induce it, we might cause it to happen and then face a ripple effect: cascading dominoes – a contagious disease – provoked by the words we have spoken.

But when we resist conversations around suicide we are unwittingly perpetuating and reinforcing a stigma of shame and blame. Such a limited and outdated discourse keeps our thinking around suicide tethered to notions of a grave criminal act: something you commit, a mortal sin without eternal rest. This stigma continues to shape our collective conscience. And it can prevent those among us grappling with suicidal ideation from speaking honestly and from seeking help.

We need to be willing to cross our personal threshold of terror in order to discuss this ‘dark mystery’. Serious conversations around suicide require a measure of courage and investment beyond the simple and often random ‘checking in’ we might do with family and friends.

As a starting point, we need to feel emotionally capable of reaching out to those who have been affected by suicide. There’s a common refrain of not wanting to upset someone who has already ‘lost’ so much, but I wonder if a sense of personal distress tremors beneath our excuses. Those who have not been affected by suicide, those who feel it’s too awkward a topic, need to move beyond this discomfort because those who live with a death by suicide need to be able to remember. It is a complicated death and leaves a complicated grief. Those who are grieving after a suicide need to be able to talk about their loved one, to share the way they lived and to imagine the person they might have become. They need to struggle, first-hand, with the dark mystery. They need words and human contact to try to make sense of a thing that will never make sense at all.

We need to hear the stories of survivors and we need to create a culture where people experiencing suicidal ideation can express their feelings, without fear or judgment. We need to be open to those conversations, ready to connect more deeply on the things that matter with the people we love.
Suicide is a response to pain – unbearable pain where a person feels unable to see a day ahead of themselves. That pain may be impossible for another to perceive, but we need to understand that their pain is real and excruciating for them.

As Jessie Cole puts it:

Being in pain isn’t a form of failure; it just means you’re alive. It’s time we stopped casting out those among us who are hurt or frightened. Those among us who have been harmed. A wound isn’t contagious, but it’s slow to heal if it receives no tending. We need to bring them back from the other side of the river… It is dark there, and they are dying in great numbers.

We need to become comfortable with someone else’s pain. We need to listen with genuine care – no matter how traumatic it might feel to us – when someone tells us they’re thinking of ending their life. We should use the word suicide and talk about it without judgment. Because our silence isn’t working.

Talking about suicide can feel risky and fraught – and not only because others’ lives are at stake. Putting words around suicide forces us to consider the dark mysteries within ourselves – the moments where we’ve felt most alone, where we’ve felt excruciating pain, where we’ve considered suicide ourselves. It can rattle something within us that we might feel shame at others knowing.

Despite my ongoing childhood grief, despite carrying Phil through my lifetime and despite my bleeding heart, I am a realist. I know that simply being okay with someone’s pain and talking with them may not prevent suicide. Phil had a loving and supportive family and he still chose to go. But that was 1990. In 2020, thirty years after his death (I will be forty-three, he would’ve been fifty-seven), the suicide toll continues to rise even though services have increased and improved. We need to try something new and press against this ancient stigma. We need to personally consider the way we’re approaching a great many things as a society. Suicide is indeed a dark mystery, but that does not mean it is impossible to solve. We must love people enough to step beyond our discomfort and towards their pain because, as my twelve-year-old self discovered, just loving someone is not enough.
BEFORE WE LEAVE for school that day, before we pile into the car to hear more of ‘my book’, Sophie comes to find me in my bedroom. There is a new heartbreak etched around her. I sit on the bed and she climbs onto my lap. I hold her and hold her and hold her, worried that I have handed on a legacy of grief to this, my porous little girl. From the speaker in the kitchen, strains of Ruby Field’s Like A Version cover choice slide into the space around us.

Their jokes don’t make me laugh,
They only make me feel like dying,
In an unguarded moment…

_The Church_, I think. Early ’80s. Phil would’ve known this song.
And I know, as I hold my little girl, that it’s time to stop holding him so closely. It’s time to stop carrying him.

For references, see griffithreview.com

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Gabbie Stroud is a freelance writer and novelist. After almost twenty years in education, she describes herself as a ‘recovering teacher’. Her book about her experiences in the education system, _Teacher_ (Allen & Unwin), was published in 2018 and was shortlisted for the Biography of the Year at the ABIA Awards in 2019. Her latest _Dear Parents_ (Allen & Unwin) was published earlier this year. Her work has previously been published in _Griffith Review 51: Fixing the System._
MEMOIR

On looking into mirrors
Some reflections on the passage of time
Andrew Sant

YOU LOOK INTO the mirror. There are a number around the house and every now and then one of them becomes an attraction. Your skin is clear. Your hair is thick. The face looking back at you is as it should be when you are about to step outside. A bit serious, perhaps. You think, while somehow entranced by the enigma of yourself in reverse image, that you’d better get a move on – but you don’t think, in this, the twentieth year of your life, goodness, don’t I look young. That’s one thing, in front of a mirror, you have never thought and, personal history suggests, vanity notwithstanding, won’t ever.

Time passes. A lot of time – though in fact an inconsequential amount of time for the Earth, upon which you dwell, as it journeys eternally around the sun – but it’s a great deal of time for you, now getting ready to go out. You look into the mirror. It is a mistake to do this. There are several mirrors in the house, several too many; a couple more than there are members of the household. Your skin has wrinkled. Your hair has thinned. This has happened without due consultation with the enigmatic person who stares back at you. It is an outrage. You look like one of those marginal people it was not within your comprehension ever to be: a grandparent. So why don’t you feel like one? This development seems to have been rather sudden. Each time you are surprised to find yourself in the unkind mirror, you most certainly do think, accurately, in this, the sixty-something year of your life, goodness, don’t I look old. That’s one thing, you ruthlessly admit, you will continue to do.
I EMPLOY THE generic ‘you’ incautiously. I have not methodically gathered evidence for the foregoing ‘universal’ state of affairs. There may be members of the generation to which I belong who, by a freak of nature or having discovered the elixir of youth (a compound found, so I’ve read, in avocados, cucumbers and broccoli, favourite foods of mine), may not subscribe to it. They may live in fine houses free of mirrors. But I have yet to meet, in any country, such a person. A remarkably prescient twenty-something-year-old might glimpse the situation. After all, she’s going to be in it, but, fair enough, it’s beyond the majority of people at such an age to engage in this kind of projection.

The question then arises: why in contemporary Western society are individuals surprised or, indeed, first thing in the morning, toothbrush in hand, alarmed by a face, their own, which once was smooth as a plum but that now resembles a prune? It wasn’t always like this. For one thing, there were not as many mirrors, and for another people didn’t live as long. There weren’t avocados. There have been societies that equated age with wisdom: the more lined the face, the greater the respect. In a society in which the economy rules and material wealth is the hallmark of status, its older citizens, most of them no longer productively oiling the economy’s cogs, are, unwisely one might quietly suggest, surplus to requirements, a cost. Time on their hands to compose concise epitaphs. That is the serious background.

However, it’s the foreground, the face in the mirror, that gives the background a place in the overall picture. It is a very personal encounter, close up as a late self-portrait by Rembrandt. The face in the mirror – not perhaps as remarkably lined, as we know from photographs, as that of the late WH Auden, young Wystan having been etched out completely, but lined to a notable degree nevertheless – is the face of someone, typical sooner or later of all those who don’t cheat by having a surgical procedure, who is yet, if ever, to get used to achieving a significant age. For this particular, though not unique, reason: the face is new. Old, yes, but newly so the older it gets. The only prior experience anyone has of seeing himself in the mirror – or of seeing his reflection in a shop window – is when he was younger, which is, up until that point, a whole lifetime. As the wisest members of society know, this goes by unaccountably fast. Psychologically, the bright and indifferent mirror shows, it is a task to keep up.
A HIGH-SPEED, LONG-DISTANCE train leaves a station, mid-afternoon, to head north, where at the present time of year nightfall is earlier than at the point of departure. On one level every journey is a getting away from oneself, away from those domestic mirrors (memo to self: reduce), he, the passenger sitting next to a window, now thinks. He can recall train journeys when as a child he watched the suburbs give way to green open space; these journeys still refresh him. The train gathers speed. Opposite him sits a young woman, twenty-something, thirty, hard to tell – younger than his own daughters. He looks out attentively at the world through which the train hastens. He himself is all trajectory, once again. Until night, the stealer, surprises him by showing his face reflected in the darkened window. He looks away from it, gravely.

Andrew Sant is the author of numerous collections of poems, including two Selected Poems, one published in Australia, the other in the UK. His most recent collection of poems is Baffling Gravity (Shoestring Press/Puncher & Wattmann, 2019). A collection of his essays, How to Proceed (Puncher & Wattmann) was published in 2016. Another, The Hallelujah Shadow, will be published later this year. His piece ‘On self-knowledge’ was published in Griffith Review 33: Such Is Life.
Anna McGahan

Andrew

Their house has the taste of salt
Pictures framed for satire
Balsamic vinegar ripening
Offset with olive oil
They know themselves
What they love
What they take seriously
What they scoff at
Or dismiss

They laugh well, between themselves and their close circle
It’s almost its own world
An earthy prism
Rich with time
Sunshine intercepted
By curling vines and herbs
Lemon trees
And lattices

There is an old bathtub outside
They fill it up from a hose attached to the kitchen sink
For rusty bubble baths under the stars
Hot and cold
Beers and lamington tea

He has prepared some rollies
Having quit over a decade ago
He said he wanted to buy tobacco one last time
I like the look of the filters in his top pocket
I’ll remember him like that
I’m remembering him even while he is still in front of me
I find myself memorising things I never noticed before
I don’t see many books at all,  
But there is a model of a ship, and an old compass  
I imagine him looking to them  
Navigating his fictitious children  
On a furious sea  
Playing God  

Their cats weave around, and look at us directly  
*Why are you here?*  
We are here to mourn something that hasn’t happened yet  

Dad says that the visits are his living wake, in a way  
Dad holds his brother’s body in the hunch of his own shoulders  
Perhaps it is his responsibility  

Why do we find it so hard to say any of the things  
That will be said once he is gone?  

I swear for him, to show I mean it  
*It’s so shit*  
This doesn’t land – how can it?  
He cannot carry our projected burdens  
When he still has heavy gifts  
Three glorious, painful months to fill  

He must deflect my words  
And yet he does not deflect me  
He holds me in his attention  
Each of us, in fact  
And assures us  
He has wrapped his head around it  

He’s not stoic, Mum says  
He is full of grace  

I’ve never heard her use that word before
Liesje cries in the laundry
To Mum
But I am there
With my baby
Watching

She’s angry
At the system
Angry at her own anger
At her inability to heal him
She is a vet
She has seen death move
And stall
And speak
She has lost people
Suffering their absences
But she has survived
Held by him, in his odd and sideways gaze
Kept alive by their gentle symbiosis
Their hours in that house
Shared and apart

She grips his presence
Both surrendered and unwilling
It’s not about having an audience
It’s having a place to be afraid
How she will be seen
Once the witness to her life
Has lost that vision

We watch her
Arguing with the circumstances
And not with him
Outside, in the winter shade,
He says
The only drug he never tried
Was cocaine
I’ve read a couple of his books, and I believe it

Mum jokes that I could get him some
And you know, part of me wants to
Part of me would do anything to be a part of his life
Before his death
But I’m distant, feeling useless
One of twenty-three nephews and nieces
And not one that ever loved him with expert intention
Before now

Now
I must watch
And I must give my baby to Liesje’s trembling arms
Like lavender to a dark room
Holding is sometimes better than being held
This pain is not about us
But

I am afraid of the wave

The wait
Reeks of inevitability
Freedom
Cinnamon
And salt

The roaring silence says
Do not leave us
He hosts us
In the open doorway
With the tender breeze
Letting us have tea and small talk
Letting us look at him
Letting us memorise this

He does not need to remember
But he does not avert his gaze.

Anna McGahan is a writer and actor. She received the Queensland Young Playwright’s Award in 2008 and 2009, and was shortlisted for the Queensland Premier’s Drama Award in 2010 and The Saturday Paper’s national essay award ‘The Horne Prize’ in 2016. Her first book Metanoia: A Memoir of a Body, Born Again, was published by Acorn Press in 2019.
NOVEMBER 1952: BERNARD Marks has just arrived in northern Egypt from Salford, in the north of England, to begin two years of National Service in the Suez Canal Zone. Faced with a rising tide of Egyptian nationalism, Britain – its empire still largely intact – is determined to retain control of the strategic waterway linking Europe to the oilfields of the Middle East. Sixty thousand British and colonial troops are stationed in the Canal Zone, their camps and trucks coming under periodic attack. In Cairo, Gamal Abdel Nasser is consolidating power. The Suez Crisis is four years off.

Two years out of medical school, Lieutenant (later Captain) BE Marks is a regimental medical officer attached to a Pioneer Corps company from Mauritius and Rodrigues, based in the garrison town of Moascar. The furthest the lean, handsome twenty-six-year-old from a working-class Jewish family has previously travelled is the south of France. Although Egypt offers much novelty – the desert, the camels, the heat, the exotically garbed locals – he’s restless. The work is humdrum, his fellow officers are ‘a lot of clots’, and he’s mostly confined to camp, seventy kilometres south of the Mediterranean port of Port Said. ‘My salvation is the [garrison] library, which keeps me supplied with reading material and mitigates my boredom,’ he writes to Joan Beach, back in Salford, near Manchester.

The couple (my parents) met through a friend shortly before Dad was conscripted. He was keen; she was cooler. On one of their outings, Mum wore an emerald-green scarf. In an early letter, Dad urges her to marry him, extolling her ‘physical attractiveness, intelligence, good taste’, and conjuring up
the vision of a trip together to Paris, a city with which he’s besotted. ‘I wish I could put my love into verse that is worthy of it and of you,’ he sighs, before yielding to WB Yeats:

Had I the heavens’ embroidered cloths…
I would spread the cloths under your feet:
But I, being poor, have only my dreams;
I have spread my dreams under your feet;
Tread softly because you tread on my dreams.

As he acclimatises to army life – sharing a tent with soup-plate-sized spiders, learning to drive on desert roads, attending booze-soaked cocktail parties at the colonel’s residence – Joan is embarking on a pharmacy career. She is twenty-two, a sociable if serious-minded young woman who enjoys the cinema, tennis and dancing. With her coal-black curls, shining eyes and sculpted figure, she’s rarely short of male company. Dad is thrilled to receive her letters – one on notepaper scented with Chanel. Among her news: she’s had her ears pierced and taken up bridge.

They correspond regularly. We have only his letters, not hers. Dad’s bold, loopy script spills across ten, sometimes twelve pages. A Francophile, he peppers his writing with snippets of French. In February 1954, he reports that he’s been ‘doing a lot of indiscriminate reading’. The ‘new’ Raymond Chandler, *The Long Goodbye* (‘quite good but not as good as its predecessors’). The second volume of Churchill’s war memoirs. *The Journals of André Gide*. Two Colette novellas, *Gigi* and *The Cat*. August John’s autobiography, *Chiarosuro* (‘He had a wonderful life, full of paintings and people. And what people. All the literary and artistic greats of his time’).

At night, Dad hears the rattle of small arms fire on the camp perimeter. Armed guards ride shotgun on his ambulances; Land Rovers are fitted with overhead hooks to snare the neck-high wires stretched across roads by hostile Egyptians. Even the brief drive to the library, situated in Moascar’s jacaranda-lined ‘Mall’, at times requires a driver packing a submachine gun. Dad’s own pistol, he claims, was never loaded. ‘I wouldn’t have been able to hit anything,’ he told us years later. (Four hundred and fifty British soldiers were killed in the Canal Zone between 1951–56.)

After a year in Moascar, and tours of duty in the garrison hospital, Dad is transferred to a mobile medical unit attached to the 3rd Guards Brigade,
patching up battlefield injuries. As his discharge date approaches, he’s still smitten by the girl in the emerald-green scarf. Reluctantly winding up one letter because he has to complete some paperwork, in triplicate, he exclaims: ‘The only thing I know worth writing in triplicate is I love you, I love you, I love you.’ Mum, it’s clear, is still undecided. But when Dad is demobbed in August 1954 and steps off the train at Manchester’s London Road (now Piccadilly) station, waiting for him on the platform are his father, a friend with a car – and Mum. They get engaged four days later, marry on Boxing Day and honeymoon in Paris.

IN MY CHILDHOOD memories, my parents are reading. Dad is sitting in a low, brown leather armchair in our home in Jewish north Manchester; Mum is reclining on a lounger in our sun-filled back garden. There are books everywhere: overflowing out of shelves, piling up on dressers. The various cars (including a sporty but temperamental Triumph) in which we crisscross Europe on family holidays, towing a caravan, are awash with paperbacks. One summer, Dad sprints through all seven volumes of Marcel Proust’s epic novel *In Search of Lost Time*.

Home from Egypt, Dad becomes a GP in Salford, which is poised to undergo wholesale clearance of its Victorian slums. The National Health Service is just a few years old, and for a young doctor the work is punishingly hard. In those Victorian terraces he encounters staggering numbers of children with asthma and bronchitis, which inspires a lifelong interest in respiratory disease – he runs a weekly clinic at a children’s hospital for twenty-five years. He hustles, successfully, for a new, purpose-built health centre for Salford, and in 1975 is appointed senior lecturer in general practice at the University of Manchester, his alma mater. Two days a week he practises in multicultural Rusholme, where predominantly South Asian migrants have established the aromatic restaurants of ‘Curry Mile’; his patients include some Pakistani women living in fear of ‘honour killings’, and African-Caribbean men with inordinately high rates of schizophrenia – Dad’s other chief interest is mental illness.

Dad grew up in a house without books. His grandparents, mostly from present-day Poland, settled in Salford in the 1880s following a wave of emigration triggered by anti-Jewish pogroms. In England, Manchester was one of the port cities where Jews fleeing Eastern Europe put down roots, anglicised their names and set themselves up in the garment trade.
Dad’s father, Martin, a tailor who had survived the Flanders trenches, had four unmarried sisters whom Dad was taken to visit on Sunday afternoons; he whiled away the hours immersed in their modest book collection. He also haunted the public library close to his home. ‘I read the whole of GK Chesterton,’ he told us, ‘and I remember working my way through the Ws – PG Wodehouse, Hugh Walpole, HG Wells.’ In December 1940, when Dad was fourteen, the Luftwaffe – on its way to blitz the Trafford Park industrial area – dropped a bomb on his beloved library. ‘I saw it go up in a great flash of light from my bedroom window. Fortunately, a lot of the books were salvaged and they set up the library again in an old school.’

At Salford Grammar School, he and his friends pronounce themselves communists. For a lark, they send a telegram to Joseph Stalin: ‘We, the workers of Salford Grammar, write to express our solidarity with the workers of the Soviet Union in their heroic struggle against Hitler.’ Stalin replies – telegramming his thanks to an unamused headmaster. Dad rebels in sixth-form biology classes, demanding to know why evolution isn’t taught, and gets thrown out of synagogue for talking during Sabbath services. He persuades his parents to buy the left-wing Sunday newspaper The Observer and joins the Labour Party, but quits ‘in indignation’ after Ernest Bevin, the postwar Labour foreign secretary, turns away ships transporting Holocaust survivors to British-Mandated Palestine.

Accepted to study medicine at Manchester, Dad is awarded (in recognition of his school exam results) a bursary of £90 a year, which affords him the luxury of foreign travel. In 1947, aged nineteen, he takes the boat-train to Paris.

‘England still had rationing and the streets were gloomy. Paris was a city of light,’ he relates. ‘A surgeon friend took me out and introduced me to champagne. And the bookshops were a revelation. Galignani on Rue de Rivoli had these wonderful American editions. I bought Orwell, Proust, Hemingway’s short stories.’ Wandering around the Louvre and buying prints from the wooden stalls overlooking the River Seine, Dad also begins a lasting love affair with art.

Mum’s grandparents emigrated, she thinks, from what is now Lithuania; her maternal grandfather was a pedlar. She is brought up around the corner from Dad; as a young man, he sees her out walking the family dog. Her father, Harry, who fought in Mesopotamia (now Iraq) with the regular army during the Great War, works for the Post Office; her mother, Sophie, sings with a
local operatic society. Her parents speak Yiddish between themselves, and play classical music on a wind-up gramophone. In 1939, clutching a gasmask and a pillowcase of belongings, nine-year-old Mum is evacuated to the Lake District for four years. Housed in the servants’ quarters of a large house in Coniston, she is taught to crochet and darn, and, as she recalls, consumes ‘suitcases of books’.

While she is academically bright, Harry doesn’t approve of careers for girls – relatively few women of Mum’s era make it to university. Fortunately, her three maternal uncles step in to support her studies; she later repays the kindness, caring for the two Manchester-based uncles in their old age. (In his youth, one uncle told her, before homes had electricity, he used to steal out at night and read by the light of shop windows.)

Pharmacy was a pragmatic choice that Mum subsequently rued, wishing she’d been able to study languages. As an adult, she learnt Spanish, Italian and German, and accumulated dictionaries and phrasebooks for the many European countries we visited. Re-reading a stack of old letters she sent me, I’m struck by the facility with which she writes, and by her effervescence, warmth and humour. Her hairdresser has given her ‘the lawnmower treatment’; the gears in my brother’s car, which she’s borrowed, are ‘like stirring soup’. She recounts triumphant tales of unearthing bargains in clothes stores and bookshops; Mum never got over wartime austerity and ‘having to fight for everything’, including an education. My two elder brothers and I did not have a lavish upbringing. We inherited our parents’ passion for books, and underwent the Jewish rite of passage (bar and bat mitzvah). When I got my first job with a Fleet Street newspaper, The Daily Telegraph, Dad loyally switched from The Guardian (formerly The Manchester Guardian), although the Telegraph’s diet of right-wing politics, sex scandals and royal stories must have given him indigestion.

HE AND MUM are gregarious, hosting lively dinners and parties. They go out to plays and exhibitions, and to see jazz, opera and classical music, including the Manchester-domiciled Hallé Orchestra. Above all, they travel: visiting friends and relatives in London, catching shows at the Edinburgh Festival, caravanning and hiking all over the British Isles. Later, Dad’s university role takes them to the US and Sri Lanka, and, after retiring in the early ‘90s, they spend winters touring southern Europe in a camper van, bicycles bolted to the side. In their photos, Dad is sitting on a balcony in Greece, by a quayside in Portugal, atop a sand dune in Florida, nearly always looking up
from a book. ‘Life full of marvellous experiences,’ he scrawls on a postcard from Colombo.

These peregrinations – often back to France, still their favourite destination – continue well into their eighties. At home, they help to found a local branch of the U3A (University of the Third Age) in the Cheshire village to which they have moved, with Dad as inaugural chairman. Although my parents’ world has shrunk, they remain fit and active, and enjoy socialising with family and friends. At my parties in London, Dad works the room in his understated way, glass of sauvignon blanc in hand, animated by conversations about literature and history and politics.

MAY 2018: ON the geriatric ward of sprawling Wythenshawe Hospital, in southern Manchester, I overhear two doctors discussing ‘the guy in bed eleven’. ‘Have you seen the book he’s reading?’ one asks. They’re talking about Dad, who is midway through a six-hundred-page biography of Clement Attlee, the postwar Labour prime minister. A few days ago, Dad fractured his pelvis, falling on concrete paving in his back garden as he rushed to answer the phone. He’s in a lot of pain and we fret that he won’t walk again.

Underweight, in orange hospital pyjamas, he cuts a doleful figure. Four months ago, Mum died, taking everyone by surprise. While Dad had been slowing down, treading more cautiously, increasingly forgetful, it had seemed that Mum would never lose her boundless energy. Then, during 2017, she started getting breathless, was diagnosed with heart failure, went into Wythenshawe and died six weeks later, aged eighty-seven, without – or so it felt to us – explanation or goodbyes.

Now Dad is alone and crushed by the loss of his wife of sixty-three years. ‘She was my life,’ he tells us, plaintively, repeatedly. His dementia, previously mild, has accelerated. At times he doesn’t recognise his home of thirty years. He goes to bed during the day, gets up and dressed in the night. He feels vulnerable, anxious, distressed. He struggles, frustrated, to articulate his thoughts. Not a physically demonstrative man – we always joked about his awkward, bony hugs – he likes to hold my hand tightly these days. Sometimes he appears so frail and fragile, I’m afraid he’ll blow away in the breeze, or stumble over a speck of grit on the footpath. Worryingly, he says he’s finding it difficult to concentrate on reading.

Miraculously, he recovers from his fall and, back home, resumes his daily short walks – ‘It’s my way of fending off old age,’ he declares. (He’s
ninety-two.) He spends his days ensconced on his cream sofa, a quiet island in an ocean of reading material. He devours *The Guardian*, scans the medical journals and, when the latest *New York Review of Books* or *London Review of Books* drops on the doormat, feigns horror at the number of juicy-looking articles awaiting his perusal. Despite his stiff joints, he is constantly up and down, consulting his bookshelves, searching for something that’s popped into his head or impelled to re-read some particular passage. He handles his books reverently, carefully rearranges them. He’s become fixated on certain writers: Samuel Pepys, Proust, the British historian Tony Judt. He’s perpetually mislaying his reading glasses.

Next to him is the TV remote control; he watches the lunchtime and evening BBC news religiously, and impatiently awaits *The Andrew Marr Show*, the political interview program presented by the veteran British journalist on Sunday mornings. A Liberal Democrat these days, Dad is dismayed by Brexit, loathes Trump, and is scathing about British prime minister-in-waiting Boris Johnson. He tried to vote in the recent European elections, but tore up his error-strewn postal ballot, angry and upset.

Visitors lighten his mood. They include the rabbi who conducted Mum’s funeral service, Reuven Silverman. Humane and erudite, Silverman heads the liberal Reform synagogue to which my parents have belonged their whole married lives, despite long since abandoning any practice of Judaism. (Dad calls himself a ‘Jewish atheist’.) During one of Silverman’s visits, he lends him Oliver Sacks’s *Gratitude* (*Knopf*, 2015), which the neurologist wrote after being diagnosed with terminal cancer.

**MAY 2019: DAD** is back in Wythenshawe Hospital, with a chest infection that is proving impervious to antibiotics. In an impossibly cruel twist, he’s on the very ward, F4, where Mum died seventeen months ago. It’s hard, really hard, retracing those same long corridors, passing through those same automatic swing doors, pausing to use that same wall-mounted hand sanitiser. Thankfully, Dad doesn’t appear to register his surroundings — although when he shouts out in the night ‘Where’s Joan? Where’s my wife?’, it feels like a peculiar kind of hell.

During his first few days in hospital, he got out of bed, sat in his armchair, read. He was engrossed in Judt’s *Ill Fares the Land* (*Penguin*, 2010), and had taken to quoting the Oliver Goldsmith poem that inspired the book’s title (“Ill fares the land.../Where wealth accumulates, and men decay”).
He displayed flashes of his acerbic humour. But now he’s not getting out of bed anymore. He is drowsy, uninterested in eating. His kind, weary-looking consultant – the same consultant who cared for Mum – warns us he may be ‘approaching end of life’. We had the same conversation with her about Mum. On the morning of 29 May, Dad slips away, gently, peacefully, we three children at his bedside.

At Dad’s funeral, Silverman recalls his ‘ever-inquiring intellect’, and expresses regret at not getting to know him sooner: ‘I can only compare my experience to that of an astronomer viewing a star or a planet in the galaxy, and being awed by it, and seeing just a glimmer of the power and energy that were there a long time before.’ He reads an excerpt from Gratitude: ‘There will be no one like us when we are gone, but then there is no one like anyone else, ever. When people die, they cannot be replaced. They leave holes that cannot be filled…’ At the consecration of Dad’s gravestone three months later – he is buried with Mum under a tall, sheltering turkey oak – Silverman notes that there’s a Hebrew expression for cemetery, beit chayim, which means ‘house of life’. ‘That might seem odd,’ he adds, ‘but if you look at these stones, they remind me of the front covers of books. Because behind all of these names and dates is a whole life.’

Before flying back to Australia, I go through my parents’ house, room by room, picking up their things, so redolent of them. I’m farewelling their home – and them. In Dad’s study, I take his books off the shelves, one by one. Old reviews, brown and brittle, fall out. I marvel afresh at Dad’s infinite thirst for knowledge, his quest to understand, the depth and breadth of his interests. As well as fiction, poetry, history, memoirs, biographies, political diaries and literary letters, there are volumes devoted to wine and cinema, birdlife and travel, philosophy and art, Judaism and medicine. Some of the dustier hardbacks are inscribed ‘Bernard Marks 1947’, from that first, unforgettable trip to Paris.

Dad’s books are him; they are his life.

When I leave, there’s still a Dad-shaped indentation in the cream sofa.

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IF YOU WANT to know how we got here, we will tell you.

Once, not so long ago, we were everybody’s ageing parents. We lived in nursing homes, aged-care facilities, places called Freedom Villas. These were not always good places. Politicians loved coming to visit for morning tea, bringing their own cups. Thankfully our children visited too. They are good people – we’ve raised them well. Most of them are parents now. Somehow this has happened.

— My word, Marilyn says, it’s strange seeing your own children parent: the same thing giving them the shits that once gave you the shits.

— But also, Oliver says, the very creatures who brought love into your life get to see how magical it is.

We nod. Oliver is a real softie.

Most of our grandchildren are lovely. Most, by this stage of our lives, are teenagers. All of them busy bees, lots on their plates. They came to visit as often as they could. The girls turned up wearing sneakers and tiny denim shorts and shirts that were basically bras.

— But we loved it! We weren’t prudish about it!

— Absolutely not!

— We were prudish about nothing!

None of us is leery (well, except for Marshall, but he can’t move quickly). No, to those beautiful teenage girls we wanted to say (and some of us did), Oh, to be your age! You look gorgeous! Your skin – see how
it returns to its shape after you press it like this? You’re glowing! Enjoy that, please. The boys, the best ones, our beautiful grandsons, we watched them carefully to see if they carried their mothers’ grocery bags into our Freedom Villas. We smiled when they searched for the best place to put our shaving cream, our barley sugars, our incontinence pads. We saw the muscles of their arms flex and their calves contract as they crouched to the ground. They didn’t quite know where to put their hands or how to embrace us.

– Anywhere is fine! Eleanor says.
– That’s right, Marilyn says. Come here, we would say. Give your nan a hug.

In their bodies, we remembered our own games of cricket and netball, the snap of a bathing cap at the pool and the pummel of water when we dived in. We remembered walking long distances with no destination in mind, or speeding up to catch the bus to work. Our bodies, the machinery, it was all understood and it all worked.

– Mabel here wants to say something.
– All right, Oliver says, let her speak.
– I feel such a lightness here, Mabel says, in this place. And in my head. This isn’t a bad thing. There’s an awakenss, isn’t there?
– You must take time to sleep each day, Mabel. You have to try.

Across the expanse of our beach, we’ve set up a dozen spots where we can sleep. Vito takes Mabel by the arm and steers her towards a nest made ready. Sleep comes at different times for us all. Since we began to wander, some of us developed a theory that rather than making us sleepier, the wandering – the getting lost – released something in our brains.

– Like a mechanism.
– It’s all mechanisms, Sarah says, gesturing her soft and wrinkled hands up and down her body.

What we’re trying to say is that we’ve never felt so awake.

LET ONE OF us explain. Eleanor is good at it.

– She’s very clear, yes.
– Precise, and not at all condescending.
THE TOWN TURNS OVER

– It would be my pleasure, Eleanor says. What happened is this: lots of people were living in that town.
– Lots of old people.
– That’s right, Eleanor says. And I’ll happily use that word: old. I see no problem with it. It’s a beautiful spot. The turtles go there in the summer, lay their eggs. You can go down in the middle of the night with torches if you’re quiet enough. A lot of us get rather caught up with those turtles and their eggs when they begin to hatch, with the plight of hundreds of tiny animals about to face the sea. The town where we come from is close to here, to this island. It has nice parks, plenty of cafés, a cinema—
– Cheap Tuesdays!
– Yes, all that. Well, one day, about two months ago, something began to happen, across all our brains.
– It might have been the tides, Vito says.
– Tides have been here longer than any of us, says Brian.
– It was a daytime event at first, says Marshall. Something we did in the daytime.
– No one knows for sure the exact reason, Eleanor says. But Sarah used to be head of nursing at Townsville Public. And she’s tried her best to piece things together and do her own research. You know how computers work? Well, it’s something like our very own inner positioning—
– GPS-related, Don says.
– Yes, just like that. It changed. Our brains changed.
– And we began to wander.

Putting aside the tides or the moon, here’s what we think: events of a lifetime accrue in our brains like calcium. Like radium, settling in our bones, a never-ending half-life. The brain can only take so much. Sometimes, in our Freedom Villas, we were left for hours, our bladders pinched, our bones aching in the dark. Thirsty at noon with a jug of water just out of reach, and a call button that may as well have been connected to our very own breastbones.

But enough of that.
Even the good stuff weighs one down before it hollows one out. Our entire planet – every thought that’s ever been had, every deed – is determined, controlled and organised by the brain, by what we cannot see. Trillions upon trillions of messages back and forth, if old age is where you find yourself. Our brains began to misfire and all the old faces, and the doorways and hallways in our homes, and streets and patterns in the outside world, they became a puzzle. And, for us, it was a puzzle we had no great desire to complete. Like: why were we so intent on solving it when we could just wander and be with one another? Find clarity. We got lost when we couldn’t find our way to the end.

WE HEAR THERE’S going to be a meeting in town. Some of us crowd around one another, burying our feet in the sand, and we’re able to see the meeting.

– Okay, says Eleanor. Let me—
– Yes, says Lupita, this part is hard to explain.
– The vision, Don says, the town turning over while we are not there.
– Somehow it is visible to us, Lupita says. The brain is a wonderful thing. That’s what they told us at our Freedom Villas. And now we believe it.
– It’s marvellous fun!
– Even though sometimes it fizzes in and out, like a wireless.
So, you see, we cannot explain it. But we can see it.

Frida, who runs the bar at the RSL on weekends, is taking around platters of eggplant dip and haloumi skewers. Ursula from the newsagent is there, Toni from the fish and chip shop, Cameron and his four rib-eye sons who have a monopoly on all domestic and civic garden maintenance. A few of the local teachers are there. Rick the electrician, who always takes up two parking spaces at Freedom Villas instead of one.
– But he’s always fair. As honest as the day is long, Brian says.
We watch the part of the meeting when Bob stands, clears his throat and says, ‘It’s all very strange, yes. But…Marilyn, my
mother-in-law, has been missing for almost a week… What I’m saying is: maybe we should let sleeping dogs lie.’

‘Bob!’ His wife, Cindy, a tall and powerful woman, strikes him on the thick of his back, right above the rump. Bob sits down. We look over at Marilyn. She is lying on her belly beneath a casuarina reading an old copy of *Frankenstein* that somebody else – maybe Ken – brought along. We feel bad for her. She frowns at something in the book, licks her thumb and turns the page.

– King of the mother-in-law jokes, Marilyn says. What a genius.
– Cindy got stuck with him, Sarah says, didn’t she? But she could have gotten out. There was still time. Nothing is set in stone, even after you have children.

We turn back to the vision. Marilyn returns to her book.

‘It all boils down to this,’ Frida says. ‘How do we keep our goddamn parents alive?’

‘We must make this place safe,’ Niamh the kindergarten teacher says. ‘They could wander down to the beach like *that*.’ She clicks her fingers.

Cameron shakes his head. ‘They must be absolutely terrified.’

‘Cameron, some of them fought in Korea,’ Janey the high school teacher says drily. We know that she refused to pay Cameron to do her yard. ‘I reckon they’ll be all right.’

– Oh, bless that sensible Janey, Eleanor says.

We all know the story of a colleague of Janey’s who drove his mother to a cottage in the Tablelands and locked the door so she couldn’t escape. The son turned up at the house the next morning to find she’d hitched back to town.

– Never mind that he could have stayed with her all night, Lupita says. Spent *time* with her?

– I have something to add, says Denise.

She is weaving palm fronds, making a small bowl.

– Yes, go on, Denise. Please do.

– When Andrew was nine months old, I couldn’t leave him, not for a minute, could not walk out that *door* because if I did he held his breath till he passed out. Talk about inner positioning. That baby...
LAURA ELVERY

knew where I was every second of the day. It was like he watched me through the nursery walls, lying there behind the bars of his cot, just plotting my movements around the house.

– Oh, Denise, you poor thing.

At the meeting, we watch Andrew slide a cube of haloumi from the skewer into his mouth. We feel sorry for Denise, who for many years was caught up in disputes with neighbours about recalcitrant dogs, and fences, and garbage bins, and parking along the yellow line outside her driveway, right up until she got lost, to be with us here. Oliver squeezes Denise’s arm at the elbow. She drops the palmfrond bowl, reaches for a green plastic bucket and lays the foundation of a sandcastle between her feet. Beside her, Ken and Lupita hold tree branches in their laps. They sharpen the ends with their small, red knives.

– So, my son can just give me a minute now, Denise says. He can give me a mile. No one’s passing out. I’m sure as hell not. It’s a very sinister sort of captivity to be in your nice home that you’ve designed and kitted out with appliances and soft cushions. You’re trapped. You’d claw your way out of there if you could. And I couldn’t, not for about three years. And all of this would be fine if there was an end to the worry parents feel. But there isn’t. It doesn’t let up. Not for your whole life.

– Oh, Andrew, we all say, though he cannot hear us.

Ken and Lupita put down their knives and pat Denise on the leg, one each.

MARSHALL HAS DONE some eggs for our tea, Mabel has done the chops. We hear rumblings that they’re coming for us. That the end is nigh. But that could be a false feeling our brains are feeding us. Ken hands around the plates and offers to slice the meat for those who need it. Mabel garnishes the chops with tufts of pigface and we spread across the sand, easing down to sit and eat.

Look, we all had disparate experiences in our earlier lives. We mentioned Denise’s difficulties with her neighbours. Sarah lost a son to a terrible fight with a stranger on a foreign beach. Don founded
a company that he later sold for $120 million. Lupita adopted dogs that nobody else wanted, and one even saved her life. We’ve had first children and second children and lost children and final babies that we knew would be our last (many of us have agreed this was like settling into a body of water that initially shocked us, frightened us, but turned out to give us great pleasure and joy). The things going on in our brains that make us wander are difficult to explain – but look! Look how happy we are, now that we don’t know where we are going.

THE NEXT DAY starts off normal enough, but by dusk we can all feel it. Something’s not quite right. Vito loses his footing on a tree root. Marilyn unpeels a mandarin and the pith gets caught in her throat, almost choking her. Denise wakes from her afternoon nap to realise she has lost her voice. Looking at one another, we think but do not say: Is this the end? Is someone coming for us?

We are lying in the sand. The sun is sending up great big swathes of colour into the sky. A sharp breeze sluices through the air. When those of us who like to observe boats and ships see them out on the water, we wave the others over. Watching a ship, even with the naked eye, is telescopic. It acts to minuscule us even further. Who is at the controls of that ship right now? we think. What do they see when they gaze back across the seal-grey ocean that laps upon our beach? Do they imagine we are a ‘lost tribe’ that might pop up on the evening news?

Lupita and Brian are propped up on their sides, facing each other. They have their feet in the water. Oliver wears a wreath of pigface and gum leaves twisted around his head. Marilyn sits back on her heels with a pile of sand heaped in front of her. Sarah joins her and they drag their hands through the wet sand. They build a moat. We agree how lovely is the grit of sand in the webbing of our fingers.

– Someone told me once, Eleanor says, that there are more atoms in a grain of sand than there are stars in the universe.

– Oooh, says Ken, I think you’ve got that a bit wobbly.

– But who’s going to know? Marshall asks.

– There’s no way to prove any of that, Denise says.

– Lovely thought, though, Vito says.
We agree it’s a lovely thought. Ideas like this keep us watered and fed.

We hear a shout, then twigs snapping.

The woman is young. Gorgeous round hips. Lovely smile, dark curly hair. The man is short. Small, flat nose. His eyes are generous and sooty-dark. He wears a footy jersey and black socks and sneakers; she is in jeans turned up at the ankles and a rain mac. The two of them come round the edge of the beach where the island’s sand dips away towards the forest. We watch them. They are both wet to the knees. Our breathing syncs up: that part we know.

‘We found you,’ the man says.

They have found us.

‘Whoa, there are a lot of you, aren’t there!’ he says.

‘You’re safe now,’ says the woman, slowly. ‘I’m Paula. This is Jason.’

‘We’ll show you the way home,’ Jason says. ‘You must be freezing.’

‘Here,’ Paula says. She holds out a hand.

Mabel rolls onto her back. She resembles a pale, uncooked pastry dusted in sugar. She looks up at the sky. She raises her arms above her head and makes a snow angel in the sand.

‘Let’s get you home,’ Jason says.

— No, thank you, Mabel tells him, then to the woman: I know you. I used to clean your mother’s house.

‘Mrs Jeffrey,’ Paula says, reaching for her. ‘If they find you, it won’t be pretty. Please let us help you.’

— Okay, Mabel says, making great sweeping swirls with her arms.

We watch Jason and Paula watching her. ‘Please,’ Paula says. ‘Better to come with us. Jason and I are the good guys.’

‘We can sort everything out once we’re off the island, hey? Once we’re back?’ Jason says.

— There’s nothing to sort, Vito says. We’ve made our goodbyes.

— Thanks, love, but this is it for us, says Eleanor.

Jason doesn’t seem to have heard. ‘But another day or so and the Freedom Villas people will find you.’
THE TOWN TURNS OVER

– They won’t find us. Vito is forceful.
– That is a promise, my dear, Lupita says.

Paula opens and closes her mouth. She takes a step back. Jason scratches his head. Sarah has removed her coat and slippers. Her blouse with the delicate blue stripes, made sheer by the water, sticks to her chest. The young ones don’t know where to look. But we are entirely comfortable. This is yet another experience that will become a layer in our brains.

Out to sea, a container ship eases through the water, along the line of the horizon. It looks like a toy being pulled by a child.

The waves rock and suck around Ken’s ankles. Lupita moves to his side and they crouch in the shallows, their temples together. We watch them whispering. Lupita leans down and dips her knife into the water, swirls it round.

Laura Elvery is the author of the short story collection Trick of the Light (UQP, 2018). She has won the Josephine Ulrick, Margaret River, Neilma Sidney and Fair Australia short story prizes, and has contributed to Overland, Meanjin, Kill Your Darlings and The Big Issue fiction edition. This story is from her forthcoming collection, Ordinary Matter, to be published by UQP in August this year. Her work has previously been published in Griffith Review 51 and 58.
MARG’S NORTH BRISBANE townhouse looks innocuous from the outside. But when she ushers me inside, the chaos of her interior world becomes evident. Boxes and baskets overflow with clothes, paper, fabric and books. They line the corridor, mass on kitchen benches, cover the dining table and fringe the two sofas in the living room. Marg describes her home as ‘disorganised’, which she explains as a ‘downside of depression, unemployment and housing instability’. Newstart payments leave her with $11.70 a fortnight to live on after paying $690 in rent. ‘If my sons weren’t helping me, I think I would have become homeless by now,’ she says.

Fifty-five-year-old Marg is part of a growing cohort of single women over fifty who encounter housing instability for the first time later in life. They are women who held jobs and cared for children and sometimes parents; most had married or partnered. They had rented – and often owned – a home. However, after a lifetime of gender-based discrimination, events such as a health problem, a relationship breakdown or loss of a job can lead to the brink of homelessness.

According to the 2016 census, older women are the fastest growing cohort among the homeless, with a rise of 31 per cent in five years. In addition to the 6,866 older women identified nationally as homeless, a further 5,820 were deemed to be in marginal housing and at risk of homelessness. Some, like Marg, are paying unaffordable rents; some are house-sitting; others are tucked away in share houses, disused motel rooms and worn-out caravans.
These women are not easy to locate; many have little or no involvement with homeless support services. They prefer to stay under the radar, disguising their ‘almost homeless’ status in a bid to stave off a stigmatised identity. When people ask Natalie, fifty-four, where she lives, she refuses to answer. ‘It’s none of their beeswax,’ she says. Her ‘home’ is a twenty-square-metre room in an otherwise deserted motel in Tweed Heads. ‘It’s rubbish, absolute rubbish,’ she says. ‘It’s been neglected for years.’

While there’s a rich history of ethnography in the field of homelessness, most of it is based on informants living on the street or in homeless shelters. Marg and Natalie are among thirty women who took part in ethnographic fieldwork I undertook in 2019 that captured the experience of a ‘still housed’ cohort of women, the hidden nature of which has contributed to a limited understanding of their pathway to later-life homelessness. The field site for this work was the 250-kilometre strip of Australia’s east coast between the New South Wales Northern Rivers and Queensland’s Sunshine Coast, a ‘sea-change’ destination for some.

IN HER PREVIOUS life, Natalie owned a house with her first husband; later, she ran a business with her second husband. She did not spend her life preparing for the moment she would be rendered homeless. ‘Business, a family, mortgage, a couple of good cars and a holiday every year and you don’t think, “God I’m going to be homeless in twenty years, what should I do?”’ she says.

The downhill trajectory for these later-life entrants into the realm of homelessness leaves them with the sense that they have ‘lost out’ in terms of the normative life course in Australia’s homeowner society. They don’t hold out any hope of home ownership at this stage of their lives. ‘Even if I could earn more money, I probably wouldn’t be able to get a loan or anything for housing,’ says Natalie, whose only income is a Disability Support Pension.

Most of the women disclosed mental health problems, including clinical depression and anxiety. Many are also dealing with physical illness: in the majority of cases, autoimmune conditions that struck them down severely, took a long time to stabilise, and will flare up episodically for the rest of their lives. Natalie suffers from Hashimoto’s disease, a thyroid condition that ‘affects everything’. She describes herself as clinically depressed, with ‘these health shackles around me the whole time’.
In *It could be you: Female, single, older and homeless* (2010), a significant Australian study funded by an alliance of homelessness services, Ludo McFerran concludes that gender is missing in discussions of the ageing population and growing homelessness. The gendered pay gap, which stands at 17.3 per cent between men and women for a full-time base salary, combines with women’s superannuation deficit of 58 per cent of their male counterparts’ to prevent single older women from achieving home ownership and adequate superannuation.

Data from the 2016 census shows that 18 per cent of single older women are renting in the private market, with 45 per cent of them spending more than a third of their income on rent (spending above 30 per cent on housing is regarded as unaffordable). For women with limited financial means, such as those on Newstart, a Disability Support Pension or the Age Pension – all of which have stagnated over the past two decades – this can quickly tip into a housing crisis.

Single older women do not usually experience homelessness in the stereotypical ‘rough sleeping’ way. After decades of ‘getting by’ in the private rental market, firstly as sole parents and later in single-person households reliant on casual employment, many have cultivated an ability to remain housed, no matter how unsuitably. ‘I could make myself literally homeless if I challenged my substandard illegal housing, as the landlords would not bother to fix it,’ says Natalie. ‘But I am not willing to rock that boat.’

Divorce, separation and being a single parent are contributing factors to entering later life without assets. Karly, sixty-five, who bounces between share houses and housesitting, spent her property settlement making up for the deficit in the Parenting Payment while bringing up her daughter. ‘Look at it this way, you give your child a life because you can’t on the single-parent pension unless you’re a wizard,’ she says.

Despite the various forms of makeshift or precarious housing these women hold fast to, they struggle with feelings of loneliness and social exclusion. A sense of insecurity and compounded loss permeates the lives of single older women with no place to call home. While remaining sheltered in a physical sense, they are feeling emotionally traumatised because of their proximity to homelessness. Marg’s precarious housing situation contributes to her feelings of loneliness and depression. Her townhouse is indisputably unaffordable for her, but she feels trapped by the costs of moving: ‘Most days I just sit here and cry,’ she says.
Gabbi, fifty, who suffers from rheumatoid arthritis, lives on Newstart in a caravan with her dog. ‘I think I’m always going to be a slip-between-the-cracks kind of girl,’ she says. ‘I’m not quite hopeless and destitute enough to get the level of help the destitute, hopeless people can get. I’m not quite successful enough to do it on my own.’ She recently posted her weekly $35 grocery shop on social media, presenting her straitened circumstances as ‘the life of a minimalist’. At the top of her list was ‘Two packets of pre-cut stir-fry vegetables, rice and soya sauce’, which will make four dinners. At the end of the list, she concludes: ‘I’ve worked out that my limited selection of easy-to-make-in-a-caravan dinners cost on average $2 a night. I am the QUEEN of the $2 dinners!’

Many of the women expressed a strong preference for living alone, an objective often thwarted by their dependence on income support payments. Those living alone were either spending most of their income on accommodation, such as Marg, or existing in uncomfortable settings, such as Natalie. Newstart, in particular, renders women almost unable to live alone. Using the widely accepted ‘30 per cent maximum allowance for affordability’ leaves between $150 and $200 available for rent. According to Anglicare Australia’s most recent Rental Affordability Snapshot (April 2019), of the 69,485 properties listed nationally for rent on 23 March 2019, 552 were affordable and suitable for a single on the Age Pension, 317 for a single on a Disability Support Pension and just two for a single on Newstart. In conclusion, Anglicare Australia’s Executive Director Kasy Chambers states that ‘the Australian dream – a place to call home – has become a nightmare for many renters’.

For most of the women I spoke to, sharing could result in living in a better location with improved facilities – plus money left over for other expenses. However, many of them were ‘dancing around’ the decision to share. They were avoiding the prospect, even when it struck them as inevitable.

Zoe, fifty-seven, is currently housesitting interstate after spending three months in a homeless shelter (the maximum allowable), twelve months in transitional housing and then a year in an unaffordable two-bedroom unit. ‘I don’t like the idea of sharing, but I feel like I’ve been chasing rainbows for so long,’ she says. ‘We’re all damaged to a greater extent than normal wear and tear. And we’re wary, and we’re scared, and we’re frightened…and we find it hard to trust people, reach out or let people in.’
When faced with no alternative but to share, many turn to a clutch of regionally based private Facebook groups open only to older women looking for, and offering, affordable accommodation. The woman behind these groups is Alex, a sixty-nine-year-old former community worker and single parent. These are not run-of-the-mill renting or house-sharing groups; they have a specific purpose ‘to help women connect so that they can organise share accommodation’ in order to avoid homelessness. Alex began three and a half years ago with the Gold Coast group and now facilitates twenty groups across much of the country. ‘It’s doing a job – there are around 6,000 members,’ she says. Alex’s vision is to foster ‘intentional sharing’, which she defines as house shares that allow women to feel that they ‘truly are equal partners in their own home’.

IF MOST OF these women are waiting for social housing, this is also something of an impossible proposition for them. The effects of decades of government underinvestment and undeclared policies favouring the roofless mean that single older women in marginal housing can face long waits, often longer than their expected life spans. (Natalie was told that the wait time in her area for social housing is approximately thirty years.) For these women, ‘priority housing’ is the nirvana, as it can decrease social housing wait times down to two years or fewer if particular requirements are met. Natalie has applied for priority housing twice – her paperwork was lost the first time, and she was declined the second. ‘The wording in the letter they sent me was something along the lines of: “We deem that there is affordable housing out there for you.” I wrote back to them. I said: “Please show me where this affordable housing is because I can’t find it.”’

Only one of these women has been officially categorised as homeless, though her living conditions were similar to several others. Shelly, sixty-seven, was living in a caravan with her small dog on an acreage just outside Nerang, on the northern fringes of the Gold Coast, when I met her. Three months later, she showed me through the social housing unit that she now calls home. Her housing support caseworker had ‘prioritised’ her housing needs.

And despite their commitment to the long wait for social housing, many have serious reservations about it. Janet, sixty-four, is among them: she lives alone in a unit in Brisbane. In 2018, after she suffered a stroke and spent six months on a Centrelink Sickness Allowance, she only managed to hang onto her long-term unit with the assistance of a loan from her adult son. ‘If I wasn’t supported by my son, I would have been evicted,’ she says.
Now back at work at a university three days a week, she has put her name on the social-housing list, realising that her post-stroke disability is ‘slowing her down’ and she may not be able to continue teaching for much longer. However, the stories of dysfunction in social housing that are regularly circulated by the media have made Janet ‘terrified’ about the prospect. ‘It really worries me that I’ll end up somewhere where there’s a whole crowd of drinkers, or abusive people,’ she says.

None of the choices confronting single older women in marginal housing appeals to them. These women are already reeling from their inability to embrace the normative life course experienced by those entering their senior years – perhaps as a doting grandmother or a semi-retiree with the resources to pursue leisure activities and travel. Their housing stress adds another layer of social exclusion.

ROS, FIFTY-FIVE, LIVES in an old 1960s bus in a nudist retreat in the backwaters of the Sunshine Coast. Suffering from chronic illness, she exists quietly and uncertainly on a Disability Support Pension with two dogs, two cats and a guinea pig. ‘I’ve got the whole crazy cat lady stuff going on in here,’ she says with a laugh.

Five years ago, when she found herself at the very edge of homelessness, Ros came up with an innovative way to feel somewhat at home. After spending eighteen months in bed with a debilitating autoimmune condition brought on by contracting Ross River fever while travelling around Australia with her three children a decade earlier, she withdrew some of her scant superannuation to buy a bus:

When I went off travelling around Australia with the children, we developed a relatively close relationship. We all worked as a team, whereas before it was always Mum shouting: ‘Get your socks on, pack these, clean that, do the dishes, get on the school bus.’ It changed the dynamic. I looked back at that and I started to think about what a wonderful experience we had as a family.

In early 2019, the bus failed its registration and became a stationary dwelling rather than a mobile home. ‘I’ve been quite depressed about not being able to travel,’ Ros says. The bus, parked in the nudist retreat for $550 a year, is now an ‘unhomely’ burden for her.
Ros spends her days applying for affordable housing in semi-rural locations. ‘Once they see that I’m on a pension, a lot of the real estate agents don’t go any further,’ she says. Then there’s the problem of her pets. The few houses Ros has qualified for have been disappointing – isolated and in poor repair. But, as cultural geographer Emma Power claims in ‘Renting with Pets: A pathway to housing insecurity?’, poor-quality housing is more likely to be pet friendly.

Like many, Ros relies on her pets for companionship. Living in her caravan, Gabbi claims that her dog, now certified as an Assistance Dog, has ‘saved her life’: ‘She licks my tears when I cry and snuggles me when I feel sad…she doesn’t judge me because I’m homeless and not “successful”’.

Ros and Gabbi both know that it is not the location that makes a place feel like ‘home’. A home is much more than a physical shelter – it is a setting in which people feel secure and centred, a place where they feel a sense of belonging. Single older women on the edge of homelessness are carving out their own sense of home, even while feeling extraordinarily out of place.

ALTHOUGH ALL THESE women are mothers, they cannot rely upon the support of their adult children when they enter housing instability. Asked about the prospect of living with their adult children, some were horrified, while others dismissed it on practical grounds. Janet ‘desperately wishes’ she was near her son in Sydney and hopes to live with him and his family one day. But she admits there are ‘no guarantees about those things’. Like many of these women, she doesn’t want to be a burden on her child.

Natalie doesn’t think her son would want her to live with him: ‘His life is probably not as stable as what it should be either,’ she says. Since her interview, Natalie’s son has become homeless himself, and spent a few nights with his mother in her motel room, sleeping in a swag on the floor.

Some women choose not to reveal the severity of their situation to their children. Karly believes that her daughter, who’s in her late twenties, would help her if she asked for it. ‘But I don’t share my worries,’ she says. ‘She sees me as fairly confident and competent. She thinks, “Mum will deal with it.”’

Janet felt a ‘mixture of embarrassment and relief’ when her son loaned her money after her stroke. ‘Relief that he is able to help, embarrassment that I need to ask him,’ she says. ‘I don’t want to ask him again, as they’ve just had a second child.’
Residing in a space where their social networks are thinned or sometimes severed also deters these women from disclosing their housing status. Friends and family often withdraw at the point where the need for support becomes most apparent. ‘It’s almost like people think poverty is contagious,’ says Zoe.

But the internet has provided a platform for community. Membership of virtual communities on Facebook affords these women a freedom to speak up without being dominated by their ‘almost homeless’ identity. ‘It can get depressing to read about others’ circumstances,’ Zoe says. ‘But it can be uplifting when people are supporting each other. We need a reminder that humans are good and kind.’

Single older women have lately emerged as a cause célèbre for small-scale investors and atypical developers. As the number of women in need increases, the cohort represents a sizeable target market. Housing entrepreneurs, such as new-age boarding-house promoters, are targeting this group, often scaffolding their projects with a charitable overlay; other development proposals involve communities of tiny houses, a housing movement that has evolved on the back of housing unaffordability, particularly in regional areas. For many, neither tiny houses nor boarding houses appeal as solutions to their housing needs, but they are open to new approaches. The model some are drawn to is cohousing. Defined as a form of community living that contains a mix of private and communal spaces – with a garden featuring prominently – cohousing has been an alternative housing model for seniors in northern Europe for decades.

The cohousing model can be attractive because it prioritises a sense of community over other aspects of housing tenure. In fact, it could provide the ultimate network for single older women. But cohousing is a relatively uncharted form of tenure in Australia. While offering a potential alternative for ageing homeowners who wish to downsize without moving into an apartment, a retirement village or a mobile home estate, it will need to receive government subsidies if it is to cater for low-income renters.

DESPITE THE PARTICULAR challenges faced by single older women in the private rental market, there is no smooth pathway for them into social housing. In most cases, they fail to access priority status because their housing stress is due to low incomes, not complex needs. The 2018 National Older Women’s Housing and Homelessness Working Group report claims that single older women are thrice marginalised: ‘they are marginalised in the private
rental market, marginalised in the social and affordable housing markets, and even marginalised in the homelessness services sector.’

As the population ages, there is growing evidence that we are facing a ‘generational tsunami’ of single older women in housing stress, prompting research and rhetoric from governments and the homelessness services sector. Most conclude that a focus on prevention and early intervention is needed for those at risk of homelessness. But this is not occurring. Rather, the cohort is ‘disappearing’ further into the gap between suitable housing and homelessness. In ‘Older Single Women at Risk of Homelessness in WA: Invisible, silent and well-behaved’ (2017), Western Australian homelessness advocate Liz Lennon draws a parallel with a public health crisis:

If it was predicted that more than 500,000 people in Australia would be severely impacted by ebola or swine flu over the next 20 years we would see a government, private and public sector response that was integrated, coordinated, collaborative, innovative and hugely well-funded.

Until recently, the hidden nature of single older women in marginal housing has made it easy for policymakers to ignore them. Now that many of them are networking online, they can contribute to public debate. Media can source their opinions and academics can interact with them. Their online communication is also having a politicising effect on them as they grow accustomed to debating issues.

Single older women in marginal housing are ready to help government and the housing support sector comprehend the issues they face. These women are a powerful force with a deep understanding of how it feels to enter, navigate and effect change in this borderland between adequate housing and homelessness. If their experience is attended to and their insights acknowledged, the generational tsunami of single older women in housing stress may be averted.

Note: Some names in this essay have been changed.

For references, see griffithreview.com

Therese Hall is a journalist and editor. This essay draws on research undertaken for a master’s of research (anthropology) thesis – Single older women with no place to call home – at Macquarie University.
Alys Jackson

**Winston**

I heard they grew Winston Churchill
in a Petri dish,
from stem cells and DNA.
Identical, or so they said.
He lives in Wapping,
dabbles in fine art and fishponds
– a bricklayer by trade.
It’s all very hush-hush,
a big disappointment.
He’s just not the same, you see,
without the war.

Alys Jackson’s work has appeared in literary publications worldwide, including *Social Alternatives, Right Now, Flash Fiction Magazine, Storgy* and *Jellyfish Review*. In 2017 she received the Henry Lawson Award for Prose and the Harold Goodwin Short Story Award. Her debut collection of poems, *Wolf Ghosts*, was published last year as part of the New Poets project. She can be found at alysjackson.com
I would like to believe in the myth that we grow wiser with age. In a sense my disbelief is wisdom. Those of a middle generation, if charitable or sentimental, subscribe to the wisdom myth, while the callous see us as dispensable objects, like broken furniture or dead flowers. For the young we scarcely exist unless we are unavoidable members of the same family, farting, slobbering, perpetually mislaying teeth and bifocals.

Patrick White, *Three Uneasy Pieces* (Jonathan Cape, 1988)

IN 2004 I was an intern at a major tertiary hospital. I’d spent six years studying the human body – the miraculous way it worked, the thousands of horrific ways it could fail, the hundreds of invisible microbes that could invade and destroy it. My peers and I were the last cohort to complete what is now referred to as the *old* medical curriculum – one founded on rote learning, with a heavy emphasis on the basic sciences – before the university switched to a problem-based model.

Perhaps unsurprisingly, when I graduated, I didn’t see patients as people, but as vehicles for diseases. Social histories (the medical fraternity’s collective noun for a patient’s career, relationship status, passions and hobbies) were superfluous tidbits of information, relevant only if they impeded discharge, and then as obstacles to be quickly and cleverly surmounted.

As I emerged from the hospital lift to embark on my first shift as an intern, I did so with the steadfast belief that medicine was an exact science. If I didn’t know the answer, I was not trying hard enough. There was always a solution, and failure to find it was a personal one.
Unlike most of my peers, who were scheduled to begin their first shift in the calm and rational light of day, I began my first rotation in the middle of the night with a skeleton hospital staff. In those days the general medical ward was the hospital equivalent of a bargain bin – a place for miscellaneous patients whose diseases were too common or too undifferentiated or too messy to fit neatly under a specialty unit. Many of these patients were over the age of sixty-five. Quite a few had been transferred from nursing homes.

This is the context. What follows is a description of an encounter I’ve rarely spoken about, let alone put down in words.

A few weeks into my string of night shifts, a nurse had paged me to insert an intravenous drip into a patient. The message would have read something like: 5E Bed 12 needs new IV for antibiotics. This would have been one of thirty-plus calls to my pager – a mammoth and ever-growing to-do list. Being on night shift, I had no relationship with this patient. I was a stranger. A stranger pulling a curtain wide in the middle of the night.

The patient, whom I’ll call Mrs X – for the purpose of confidentiality but also because I have no memory of her actual name – had been transferred from a nursing home with an infection. Her illness was complicated by delirium – an acute state of confusion, common in the elderly, especially during sepsis.

I’m sure I introduced myself, but I’m also sure that I did so in the bored, perfunctory manner of a supermarket cashier. Mrs X moaned and arched her back. I wheeled the trolley through a gap in the curtains, turned on the lamp. The light revealed that her wrists were shackled to the bed rails. This did not surprise me. I’d spent enough time on the wards to know that this practice, while not common, was certainly not unheard of. I might have even been the one who wrote the order for the restraints on the drug chart, at the request of nursing staff, below paracetamol and temazepam. Shackles, daily, pro re nata – as required.

I swabbed the back of Mrs X’s bony hand with disinfectant. At the touch of the cold liquid she attempted to jerk her hand away. I can’t remember if I cooed or dropped some absurd platitude like ‘it’s okay’ before jabbing her with the needle. All I remember is that the cannula failed, and the blue vein blew up like a miniature balloon beneath her tissue-paper skin. Silently cursing, I pressed a piece of gauze to the wound and searched her atrophied arms for
another target. After my second failed attempt, Mrs X was groaning and
writhing on the bed.

What would later shock me most about this incident was not Mrs X,
or the shackles, or even my behaviour at the bedside, but how I felt in that
moment. Because – and I cringe as I write this – in truth, I didn’t feel sadness
or compassion or shame. My overwhelming feeling was one of anger – a deep
and toxic resentment.

In Quarterly Essay 57: Dear Life: On Caring For The Elderly, Karen
Hitchcock writes: ‘Some doctors seem to view old patients as a different
species of human, unrelated in any way to their young selves.’ In 2004, I was
that doctor. Somehow I’d reached a point in my training where Mrs X was
not a fellow human being with needs and dignity and loved ones, but a disem-
bodied task on a ridiculously long to-do list. I may have been familiar with
the map of veins on the back of her arthritic hand, but I didn’t know anything
else about her. My tired eyes had grown accustomed to skimming across her
face, and other faces like hers, without seeing a person at all.

AS I WRITE this, we are being drip-fed reports from a Royal Commission
into Aged Care Quality and Safety. In the news we are hearing shocking
descriptions of maggots in head wounds, patients left for days in soiled
clothes, staggering numbers of physical assaults. No doubt many are
wondering how such horrific incidents occur, and while it’s the difficult
task of the Royal Commission to unpack this extremely complex issue, as
I reflect on my time as a junior doctor I can’t help but wonder if one of the
first and most crucial events in this tragic chain reaction is the dehumanis-
ing of aged-care residents.

During the entire year of my internship I only read one novel – a cult
classic called The House of God (Penguin Putnam). First published in 1978, it
details the experiences of the author, Samuel Shem (a pseudonym), during his
residency at a Boston hospital. At the time it seemed like all my peers were
reading it, and all my consultants had already read it. It was, I came to under-
stand, something of an unofficial manual for medical residents. But while
intended as satire, my colleagues and I appropriated the book’s vocabulary
without a hint of irony. One term we adopted with particular gusto was the
acronym *gomer*, best explained in Shem’s own words:
Gomer is an acronym: Get Out of My Emergency Room – it’s what you say when one’s sent in from the nursing home at three am…

But gomers are not just dear old people… Gomers are human beings who have lost what goes into being human beings. We’re cruel to the gomers, by saving them, and they’re cruel to us, by fighting tooth and nail against our trying to save them. They hurt us, we hurt them.

After six years of training in which I’d learnt to view a human being as both the sum total of hundreds of chemical reactions and a machine of moving mechanical parts, this portrayal of old, immobilised and nonverbal patients as not quite human didn’t seem all that far-fetched. Quite literally stripped of everything that made them individuals – their clothes, make-up, accessories – only to be re-dressed in shapeless white gowns, the patients had become almost indistinguishable from one another. I think my peers and I sensed that if we were to survive in the job, we couldn’t possibly devote time to imagining that every patient we chemically or physically restrained was a real person with a real life. It was them or us, and we chose us.

In 2017, This is Going to Hurt by Adam Kay was published by Picador in the UK to great acclaim. Like The House of God, it chronicles the life of a junior doctor in a tertiary hospital. Early on in the book, Kay writes briefly about the discipline of geriatrics:

Geriatrics is now known as ‘care of the elderly’. Presumably they want it to sound less clinical – less like a place where someone might actually expire, and more like a luxury spa where you can get a mani-pedi while drinking something bright green from a smoothie-maker. Some hospitals have rebranded the speciality ‘care of the older patient’ or ‘care of the older person’ – I would suggest the more appropriate ‘care of the inevitable’.

For junior doctors who, for years, have been sold a career of saving lives, geriatric medicine doesn’t offer bang for buck. In scientific trials, quantity of life rather than quality of life is the outcome used to measure success. Indeed, nursing-home patients find themselves in a tragic catch-22 situation where
nothing is being done to improve their quality of life, and that poor quality of life is then used to justify further reductions in interventions.

Of course, such views are not limited to the medical community. Public discourse around aged care and the ageing population is frequently riddled with loaded words like ‘drain’ and ‘burden’. This is having a significant impact on elderly people’s perception of what they’re entitled to from their healthcare system. Karen Hitchcock observes how ‘almost every day an elderly patient will tell me – with shame – that they are a burden or a nuisance, that they’re taking up a hospital bed someone else needs’.

But mine is not a story of despair. Quite the contrary. I want to insist that empathy, once lost, is not lost forever. And I’m delighted to report that while the erosion of mine was an insidious, almost decade-long process, its rediscovery was surprisingly swift.

For me, this watershed moment occurred in the dimly lit room of an inner-city nursing home. I was a general practice registrar and it was my job to do a weekly round of the residents. Every Thursday afternoon I would update the drug charts and check in on any patients the staff had concerns about. On this particular afternoon I was freezing an early-stage skin cancer off one of the resident’s hands. Like Mrs X, the patient was nonverbal and bed bound. But unlike Mrs X, who’d been dwarfed, indeed almost engulfed, by the blank white walls of the hospital, this patient was surrounded by a selection of his own belongings – handmade blankets, old trinkets, faded photos. A couple of these were mounted on a shelf behind his head. One was a framed pharmacy degree. The other was a photo of him in happier times, flanked by the smiling faces of his large, extended family. It was hard to believe the man in the bed was the same bright-eyed pharmacist in the photo, but if I peered hard enough I could just make out the same high-arched cheekbones, the same aquiline nose.

As absurd as it sounds, it suddenly occurred to me that the person in the bed was also a man with accomplishments and a family – a person whose death would be a loss to someone, perhaps everyone who knew him. I’d call it a revelation if it hadn’t been so goddamn obvious. Of course intellectually I’d always known that nursing-home residents were people with pasts and careers and loved ones, but it’s one thing to know something intellectually; it’s an entirely different thing to understand something emotionally. For the first time in my medical career, in that musty nursing-home room, my emotional and intellectual experiences of the elderly aligned.
From that day on I took greater care during my nursing-home visits. Rather than running away once my tasks were finished, I hung around and chatted with the residents. I made the effort to speak to family members over the phone to get a sense of how they felt their loved ones were doing. Within two years, my own grandfather – a stoic and fiercely independent man – suffered a stroke that left him immobile and incontinent. It became easier to see my grandparents in the elderly patients I cared for.

And yet, my greatest revelation was still to come.

THERE ARE MANY elderly patients who stick in my memory – the widow with wild hair and a contagious laugh who liked to play pranks on telemarketers; the pensioner with severe emphysema who knitted brightly coloured cardigans for my babies when they were born; the keen golfer and artist whose watercolour landscape I hung proudly in my consulting room. But there is one patient, a widower in his late seventies, who stands out from them all. Because doctors, like teachers – in spite of protests to the contrary – have their favourites.

It was 2009. I was a general-practice trainee. I’d been working in the community, under supervision, for more than twelve months. My fear had abated, but I was still far from comfortable in my new role as the family doctor.

I can’t remember what Eric’s presenting complaint was when he arrived at the clinic that morning – no doubt something trivial, like a blood-pressure check or a prescription – but when we got talking, it became very clear, very quickly, that Eric was severely depressed. Having recently completed a rotation in acute psychiatry at The Alfred Hospital in Melbourne, I launched a risk assessment. But no amount of training could have prepared me for Eric’s candid replies. In a calm and steady voice he relayed his plan to kill himself on the anniversary of his wife’s death in six months time. In spite of his cool demeanour, I knew the disclosure had been extraordinarily distressing for him.

Suicide is often perceived as a problem affecting young people. In fact data from the World Health Organization and the Australian Bureau of Statistics suggest that rates are also alarmingly high in elderly men. For Eric, a proud man whose favourite parting words were ‘she’ll be right’, there was great stigma attached to a mental-health diagnosis. Not surprisingly, he refused to see a psychologist and was deadset against antidepressant medication. What
he would agree to were weekly appointments with me, and verbal guarantees that he would not harm himself between our visits. Terrified at the enormity of the responsibility, I sought advice from my supervisor.

General practice is best described as an art rather than a science. Give twenty GPs the same patient and you will get twenty different approaches. I told my supervisor that while my head was saying that Eric might need more intensive care in a hospital setting, my gut was saying that a forced admission would jeopardise the one thing he’d demonstrated responsiveness to thus far – our fragile but constructive rapport. My supervisor agreed. She offered to support me through the process of regular and intense follow-up. She also pointed out that Eric’s plan, with a scheduled date in six months’ time, suggested he might be giving life one last chance to change his mind.

I was surprised when Eric returned a week later, reporting a subtle but undeniable improvement in his mood. This perplexed me. I didn’t feel like I’d done anything particularly helpful during our last meeting. I hadn’t cut out a cancer or given him lifesaving antibiotics. From memory, much of my energy during that consultation had actually been devoted to suppressing my own anxiety about his shocking plan. But I was junior then – I had not yet come to appreciate the power of turning away from the computer, making eye contact, listening with kindness.

I continued to meet Eric weekly for my remaining time at the clinic. There were highs and lows but the trend, mercifully, was up. As the anniversary date grew closer, he lost passion for his plan. And as the cloud of his depression dispersed, he saw things he hadn’t seen before, like the concern in his daughter’s eyes during her weekly visits to the family home, and the tenderness in his favourite granddaughter’s voice when she made a spontaneous and unexpected phone call. He grew to understand that when he finally died, he would, in fact, be missed – and not just missed but truly grieved for, in the same way he had grieved for his late and beloved wife.

Ever self-deprecating and deferential, Eric liked to credit me with his recovery, but the truth is ours was a shared revelation. Because as I watched Eric rediscover his love for life and his purpose for living, he taught me life’s most essential lesson: the fundamental importance of human connection, of feeling loved unconditionally.

No doubt this is why the moment with Mrs X in the hospital still haunts me so. Because there’s no getting away from the fact that I, while occupying a
position of power and privilege, neglected to show a fellow human being – a person who was alone and distressed on a medical ward in her final weeks – some kindness. I failed her, and in doing so I failed myself.

I’ve spent my medical career trying to make up for the lack of compassion I felt for patients during my internship year. If there’s any silver lining, perhaps it can be found in the writing of this cautionary tale.

It takes mental energy to imagine oneself in another person’s position, but I would argue that it’s time well spent – an investment if you will – if we’re going to avoid incidents like those currently being chronicled by the Royal Commission into Aged Care. Nobody deserves to be treated like ‘broken furniture and dead flowers’, no matter how overworked or sleep deprived we may be. Yes, such conditions need to be addressed, and it’s up to all of us to call them out, but we cannot and must not lose our compassion in the process. And not just for the benefit of the elderly person in front of us, but for the benefit of ourselves. Because it’s a terrifying thing to look at a fellow human and feel nothing – no connection, no empathy, no recognition of a shared humanity.

Eric taught me that true meaning can be found in the smallest of gestures – an unexpected phone call, a smile, a leisurely cup of tea. Such acts can seem trivial in a world obsessed with material success, but they just may be the difference between a life forsaken and a life deemed worth living.

Some names and details have been changed.

Melanie Cheng is a writer and general practitioner based in Melbourne. Her debut short story collection, Australia Day (Text, 2017), won the 2018 Victorian Premier’s Literary Award for Fiction. Her debut novel, Room for a Stranger, was published by Text in 2019. Her work has previously been published in Griffith Review 45 and 54.
'I feel like I could fly!' 

Eileen Kramer was born in Sydney in 1914 and studied singing at the Sydney Conservatorium of Music during the 1930s. In 1940, she saw a performance by the Bodenwieser Ballet and fell in love with dance. She joined the company in 1943, touring with them in Australia and beyond for the next decade.
Eileen’s creative life has taken her to New Zealand, South Africa, Zimbabwe, Israel, India, Pakistan, London, Paris, Greece and the United States. Alongside her dancing, Eileen paints, sings, writes, designs costumes and makes films.

In 1953, as a resident dancer at the Metropole Hotel in Karachi, Pakistan, she was asked to paint a giant mural of a Parisian streetscape. Ladders and paints were brought in and a little over a month later, Eileen had recreated Montmartre and the Eiffel Tower.
Back in Australia in the mid-'50s, Eileen designed coats for the Australian Wool Board and held her own fashion show at Sydney’s famous Australia Hotel, featuring dancers from the Bodenwieser Ballet as models.

Later, in Pakistan, she had a cameo in the film *Sharak: The Hunt*, in which she danced and sang. It was ‘not a great film’, she admits.
‘When I was living at the Taj Hotel in Mumbai,’ Eileen recalls, ‘I had one rupee left and I thought I’d go to the boatman and ask him to take me to Elephanta Island’ – a place that’s famous for its caves and sculptures. ‘The boatman rowed and rowed... We crossed the deep waters and finally arrived at the island. I walked up the hill to the cave. The interior... had a carving of the three faces of Vishnu. As I stood looking at the faces, I heard a voice say, “You have been looking at life in petty fragments; you should see it as a whole.” I realised I needed to take the long view - worry less about the smaller things. I’ve always remembered that, and it has stood me in good stead.’
In September 2013, aged ninety-nine, Eileen returned to Australia and moved into an aged-care facility at Lulworth House – Patrick White’s former home. In 2016, she met the artist and photographer Kylie Melinda Smith at a dinner party.

‘I was seated next to a breathtakingly beautiful woman,’ says Smith. ‘From the moment I sat down, we didn’t stop talking... We spoke of our love of travel, our times living abroad, the arts, literature, the incredible people Eileen had known. We were half a lifetime apart in age, yet the common threads were there... We’ve been friends ever since.’
In 2019 Smith painted Eileen, and her portrait won the People’s Choice prize at that year’s Portia Geach Memorial Award. Eileen entered her own self-portrait in the 2019 Archibald Prize, becoming the most senior artist to enter the competition.
In 2019 Smith painted Eileen, and her portrait won the People’s Choice prize at that year’s Portia Geach Memorial Award. Eileen entered her own self-portrait in the 2019 Archibald Prize, becoming the most senior artist to enter the competition.

Smith has documented Eileen’s next project, The Lady of the Horizon, a film conceived by Eileen and directed by the choreographer, filmmaker and installation artist Sue Healy. Eileen provided choreography, costume design and construction, illustrations and set location.
Kylie Melinda Smith has worked as a documentary photographer for the South China Morning Post, The Sydney Morning Herald and The Weekend Australian Magazine, and was the senior photographer at The Bulletin. Smith has had solo exhibitions in Sydney and at the Directors Guild of America in Los Angeles. She won the 2019 Portia Geach People’s Choice Award for her painting of dancer Eileen Kramer and is a semi-finalist in the 2020 Darling Portrait Prize.

'I like to think of myself as modern,' Eileen says. 'Times change; I am discovering the excitement of adapting to the times. As Madame Bodenwieser said about dance, “It is an adventure of the soul.” I live in the present and when it comes to my creative work, well, I just haven’t thought about stopping. I feel like I have reached the point that I have been striving for all my life. It feels like it’s all coming together. I have come of age!’
WHEN I TURNED sixty last year, I entered a year’s worth of birthday celebrations with friends to mark the milestone. I was the first cab off the rank in March, with other birthday celebrations punctuating the subsequent months. There were seven of us in total, born in 1959, the same year as Barbie. To have your life run parallel to a plastic icon is more than a little strange, and although I may not have reached the heights of some of her sixtieth anniversary incarnations, such as Astronaut Barbie, I have tried to do my bit in the battle for gender equality waged by so many.

At each birthday celebration we reflected on decades of love, friendship and achievements, the ups and the downs, both personal and societal. We have indeed seen and done a lot, and we know we’ve led privileged lives. Being happy and healthy, we concluded that sixty is the new forty after all – even if our bodies are suffering from some long-expected wear and tear.

Yet many of the things that keep me awake at night do relate to getting older: the general ageing of the population and the increasing demand for health and aged-care services; inequities in health outcomes; the profile of our nursing and midwifery workforce; concerns around safety, quality of care and dignity in aged care; and the need to revise our concepts about retirement. Perhaps I have a unique perspective on such issues: my day job as the secretary of the Queensland Nurses and Midwives’ Union (QNMU) provides many different insights, and I’ve also had the privilege of sitting on two superannuation boards since 2001.
THE NUMBER OF us living beyond sixty-five continues to increase: in 2017, 3.8 million Australians were aged sixty-five or above, accounting for 15 per cent of the population. By 2057, modelling suggests that 8.8 million Australians will fall in that category, representing more than a fifth of us all.

Instead of catastrophising the ageing of the population, we should celebrate the significant improvements in life expectancy for Australians – while acknowledging that these are not, unfortunately, improvements for all. During the last century, life expectancy in Australia has improved by more than thirty years. According to the Australian Institute of Health and Welfare, we have one of the highest life expectancies in the world.

The enhancements in healthcare in my lifetime alone have been breathtaking. Rising health costs have accompanied longevity, and tend to be concentrated in the last few years of life. But there is much we can do to improve the equity, access, quality and sustainability of our health and aged-care systems.

Unacceptable differences in health outcomes – especially for Aboriginal and Torres Strait Islander peoples, those living in rural and remote areas, and the poor – continue to require urgent and concerted policy attention. Some groups simply do not have the same opportunity to age well: planning for aged care for Australia’s First Nations population, for instance, begins at age fifty rather than sixty-five, reflecting earlier onset of ageing-related conditions.

There has been a slight narrowing of the life expectancy gap for First Nations people in recent years. Each year for more than a decade the federal government tracks progress made against a number of indicators, but as the 2020 Closing the Gap report states: ‘While on almost every measure, there has been progress, achieving equality in life expectancy and closing the gap in life expectancy within a generation is not on track to be met by 2031. Aboriginal and Torres Strait Islander people still have a lower life expectancy than non-Indigenous people.’ Clearly, we need a more concerted effort in these areas, and one that goes beyond narrow health indicators to interventions that support the broader social determinants of health, such as secure meaningful employment, education and self-determination.

Significant gaps also exist in health outcomes for those living in regional, remote and very remote areas – the so-called postcode-based health gap. Providing timely access to clinically appropriate services outside large population centres is a constant battle, felt most acutely in Australia’s most
decentralised state – Queensland. It simply costs more to deliver health and other services in these areas. Funding arrangements and models of care need to change to reflect this reality.

Current funding drivers are focused too much on remunerating providers of services rather than achieving optimal health for individuals and communities. Design of care needs to shift to become genuinely centred on the person requiring health services, and nurses and midwives have a key role to play in this most fundamental power shift. This begins and ends with human relationships. Though new technologies can certainly assist in bridging the geographic health divide, as tools they can never replace the power of human connection and compassion.

The burden of disease also continues to be disproportionately carried by the poor. Investing in the social determinants of health – addressing the root causes of health inequality rather than treating the diseases that are symptomatic of more fundamental problems – needs to be the focus in order to build a fairer and more sustainable health system. Reframing health and aged-care services to be genuinely person-centred and responsive will be key to this.

Although we have seen great advances in health for many, there is room for improvement, not only in terms of addressing the social determinants of health for all, but also in terms of addressing the problem of spiralling out-of-pocket healthcare costs. But the fact is that our universal health system delivers high-quality health services at an acceptable cost by international standards – around 10 per cent of GDP. Medicare is a potent symbol of Australian social solidarity and enjoys strong support across the community, as well as bipartisan political support.

Far too often, instead of celebrating the success stories of our health system during the past century, the focus falls on the ‘unsustainable’ cost of delivering health and aged-care services. At the risk of quoting Oscar Wilde inappropriately, this skewed focus leaves us at risk of knowing ‘the price of everything and the value of nothing’. Good health is a fundamental prerequisite for a long and happy life.

Of course there are costs associated with providing the quality health services we so value. However, both quality care and financial sustainability can be achieved if we reframe our thinking from an approach that focuses on cost to one that appreciates value, as well as building upon innovations already occurring in healthcare – such as supporting nurses and midwives to
work fully in accordance with their educational preparation. Innovative roles such as nurse practitioners, nurse navigators and continuity of midwifery care models are making a real difference in remote, regional and urban communities. They demonstrate so clearly the impact of new models of care designed around population needs.

AFTER MANY YEARS of campaigning for improvements to our health and aged-care system, I firmly believe change will only occur at its edges unless we address a number of key policy drivers. Three critical areas require particular focus: a broken funding model; inadequate governance arrangements; and power imbalances.

Funding health has always been a challenge, and reform in this area – long overdue – should be a priority for the Council of Australian Governments. As it stands, Australia’s state and territory governments are grappling with a funding model that is no longer fit for purpose. The current – fundamentally broken – model privileges medically driven activity over outcomes, evidence and wellness. A complex casemix funding model classifies different types of patients, their illness and costs associated with care, reducing health-related activity into widgets of ‘Weighted Activity Units’. The focus is primarily on undertaking an activity (such as a particular surgical intervention) rather than assessing if the outcome has proven successful in achieving its desired goal. It is a fixation on the pieces of the puzzle and not the whole. And this reductionist approach, which rewards activity rather than outcomes, is reinforced because some individual practitioners are remunerated on a ‘fee-for-service’ basis.

Treasury departments appear fixated on what they perceive as a bottomless pit of healthcare need – a need that is intensifying with an ageing population. With Queensland government health expenditure currently approaching nearly one third of total government budget expenditure, Treasury officials’ focus is understandable: the same picture is replicated elsewhere in Australia and around the world. But Queensland should be rightly proud of its hard-won advances in implementing innovative nursing models that enhance system sustainability. The state punches well above its weight in terms of advanced-practice nurses and midwives, employing around 27 per cent of Australia’s nurse practitioners, leading the way nationally with the creation of nurse navigator positions and expanding the number of community-based continuity of midwifery care models.
We have made these advances in Queensland in large part because of the different approach we have taken to industrial relations in the public sector through adopting an interest-based problem-solving approach. In this approach, both sides focus on identifying and solving common problems rather than on areas of disputation, as is the case in the traditional adversarial approach. Such a framework acknowledges that disputes and differences will always exist and provides a framework for potential resolution. It has also resulted in significant innovations in nursing and midwifery that have delivered better outcomes at lower cost.

But this springboard for ongoing sustainability is not fully appreciated. What remains critical is to reframe thinking so that health expenditure can be viewed as an investment that’s vital to productivity growth and community wellbeing rather than purely an expense on a balance sheet. We need a fundamental review of economic drivers to focus on quarantining funding for, and investment in, innovative models that deliver better outcomes, improve care co-ordination and produce long-term savings.

Take the 400 nurse navigators working in Queensland. The QNMU lobbied for the creation of this new role prior to the 2015 Queensland election – a role yet to be replicated in other states. Nurse navigators co-ordinate care for people with chronic and complex health conditions to keep them well and to keep them out of hospital. Preliminary reports of the role’s benefits are extremely encouraging: the first twelve months of the program in the Torres and Cape Hospital and Health Service resulted in a 61 per cent decrease in visits to emergency departments (ED), a 77 per cent decrease in unplanned re-admissions to ED, a 58 per cent decrease in hospital-bed days per month and a 61 per cent decrease in total hospital-bed days. In two months alone in 2018, $86,000 was saved in patients’ travel costs. Yet some hospital and health services continue to resist ongoing funding for these invaluable positions, while activity-based funding privileges medical-based activity at their expense.

Second, we need a radical overhaul of health governance structures and significant enhancements to transparency and accountability mechanisms. Health system governance has been a political hot potato for many years, with restructuring seen as its panacea. I have lost count of the number of restructures that have occurred in my working life – moving back and forth between various iterations of centralised and devolved structures – and the number
of consultants employed to recommend and undertake them. An industry has been formed to ‘fix healthcare’, with ‘rent-seekers’ now an entrenched problem to fix rather than the source of solutions.

Effective governance is also vitally important. In recent years there has been a push for more professional and autonomous hospital and health service boards to mirror those of publicly listed companies. Professional and appropriately qualified boards are essential, as are enhanced linkages between health services and local communities. But our public hospitals and health services are not corporations. The community will always hold the government of the day to account for delivering quality health services and for any significant system failures. We need to make it clear where accountabilities lie and install robust mechanisms to ensure consistency of approach, collaboration and transparency.

One important mechanism to enhance transparency and accountability is the public reporting of health outcomes and other critical factors such as staffing numbers, skill mix and patient satisfaction. Such reporting builds community confidence in our health and aged-care system and also supports evidence-based decision-making. The Palaszczuk government has undertaken important work advancing this agenda through legislation, most recently through the Health Transparency Bill 2019, which Queensland’s Health Minister Steven Miles has described as featuring a planned interactive website like ‘the TripAdvisor for health care in Queensland’, enabling Queenslanders to make more informed decisions around the health and aged-care services they access.

Finally, we need to talk about both culture and power in health: how we can change the system to better support positive relationships, a culture of mutual respect and commitment to challenge, and evidence-driven practice so that power can be more evenly distributed. Health is riddled with power imbalances, and unfortunately it is the ‘consumer’ who too often has the least amount of power. The system still struggles to be genuinely person-centred. But the inherent information asymmetry in health is increasingly being challenged by better informed patients; paternalism is more readily challenged today, and questioning more welcomed. Yet so much time is also wasted on turf wars rather than outcomes for patients: there is a constant tension between and within clinical groups – and also between clinicians and bureaucrats.
Successive system reviews of health investment have failed to deal with this fundamental truth. We must acknowledge existing power imbalances and develop a plan to address them. This will be hard and contested work: redistributing power always is.

THE STATE OF our aged-care system should concern us all, not only those 200,000 Australians who reside in the country’s aged-care institutions or those of us who have passed the magical number of sixty-five years old. While the QNMU has fought a long campaign to improve aged care, the Royal Commission into Aged Care Quality and Safety is the latest in a long line of enquiries to focus on this subject. There have been thirty-five public inquiries into aged care over the past forty years – almost one per year. The issues have been well ventilated, and countless recommendations have been made to improve the system: what’s missing is the political will to act.

In May 2018, the QNMU conducted a secret audit of aged-care facilities in the thirty federal electorates across Queensland. The results highlighted shocking variability in hours of nursing provided to residents, from a low of 1.69 hours per resident per day in Moncrieff to 3.11 hours per day in Groom. Previously commissioned research found an average requirement of 4.3 hours per resident per day, and all facilities audited fell well below this level.

Such a level of variability is to be expected, as there is no requirement for minimum staffing numbers or having staff with the right level of skill, such as exists in the childcare sector. There isn’t even a basic requirement for one registered nurse to be on duty at a facility. Nor is there a requirement to tie funding to care provided. Put simply, there is a shortage of qualified nursing in aged care and this undermines the fundamental right of older Australians to access safe healthcare.

Our campaign to establish legislated minimum staffing numbers and skill mix, and greater accountability and transparency in aged care, intensified following our audit. In the wake of shocking revelations of neglect and abuse in aged care, some of which were subsequently aired in September 2018 on Who Cares?, the ABC’s Four Corners investigation, the federal government bowed to pressure and announced the Royal Commission.

While the situation was serious enough to warrant such a wide-ranging inquiry, there was concern this would delay meaningful action by simply kicking the can down the road ahead of the 2019 federal election. This is
exactly what happened, with the two major political parties deferring any significant policy action until after the Royal Commission’s final report, not now due until November of this year.

The stories recounted to the Royal Commission have been devastating. The three-volume interim report handed down on 31 October last year was a damning read, saddening but not surprising to anyone paying even scant attention to aged care. The commissioners described aged care as a ‘sad and shocking system that diminishes Australia as a nation’ and concluded that ‘the system is designed around transactions, not relationships or care’.

In light of these interim findings, we have some serious soul-searching to do as a community. Can care of our older Australians continue to be reduced to a market transaction? How can we better demonstrate our respect and care for the elderly? How do these findings speak to who we are? How can we so undervalue elderly and vulnerable Australians, by denying their safety, dignity and access to healthcare? What does this say about our priorities as a society? The system is failing residents, their families and workers. And it will continue to do so for the next generation and the next until real change occurs. Collectively the Australian community must prioritise this industry and hold politicians accountable for fixing the mess.

The aged-care sector receives around $18 billion dollars a year in taxpayer funding (two thirds of which is spent on residential aged care), as well as significant contributions from each resident. The transparency and accountability around this funding is beyond inadequate, as is regulation of the system. This results in significant variability where residents and their families are effectively confronted with a lottery when placing a loved one in care.

Quality healthcare is a basic human right. Many elderly people are being denied access to safe health services due to inadequate laws mandating minimum numbers of appropriately skilled staff. The cost of failing to act for individuals in aged care, their families and staff is significant – both economically and culturally.

The lack of safe staffing laws in federally regulated aged-care facilities means state governments are forced to pay for the frequent and costly hospital transfers and stays that result from poor care: research in Victoria in 2017 revealed a jump of 25 per cent in transfers from nursing homes to hospitals in the previous twelve months, alongside a drop in the number of trained nurses
employed by aged-care facilities from just over a third of staff in 2003 to just under a quarter by 2016.

AS MORE PEOPLE are living longer in retirement, closer attention must be paid to the elements that contribute to their comfort in that phase of their life. These include superannuation and personal savings; safe, affordable housing; and social connection and purpose – among others.

I am passionate about assisting Australian workers to enjoy a more comfortable and dignified retirement via their superannuation. Like many people my age, I haven’t had superannuation available for the entirety of my working life. Universal super was fought for and won by the union movement and achieved under the Hawke government, starting with compulsory 3 per cent occupational superannuation in 1983 through the Prices and Incomes Accord. It has gradually increased since, and the minimum super-annuation guarantee contribution now stands at 9.5 per cent, and is set to gradually increase to 12.5 per cent by 1 July 2025.

As at 30 June 2019, Australian superannuation assets totalled over $2.9 trillion, making Australia the fourth-largest holder of pension-fund assets in the world. Over sixteen million Australians – two thirds of the population – have a superannuation account. According to the latest Melbourne Mercer Global Pension Index, Australia’s superannuation system is rated third worldwide behind the Netherlands and Denmark in terms of adequacy, sustainability and integrity. Australia’s B-plus rating highlights that our super system is fundamentally sound, but there are areas for improvement, including rising levels of household indebtedness and the need to increase personal savings.

This is an Australian success story we often fail to celebrate. So too is the representative trustee system that underpins the successful operation of profit for member superannuation funds. Each fund has a board where employer and union representatives work collaboratively to maximise the retirement incomes of the members. I have witnessed firsthand the power of such collaborations since I joined the first of two superannuation boards nearly twenty years ago. Having a diversity of experience, perspective and expertise at board level contributes greatly to the success of such funds.

But the super system is far from perfect, and it is not fair for all. Women are especially disadvantaged. According to research conducted by Women in Super (WIS) in 2014, women live on average five years longer than men,
yet they retire with 47 per cent less super. Worryingly, 40 per cent of single retired women live in poverty, and older single women are the fastest growing cohort of homeless people.

In 2017 WIS launched its ‘Make Super Fair’ campaign to address this unacceptable situation. The problems result from a number of factors, including the gender-based pay gap, women taking time out of the paid workforce for caring responsibilities, and the higher proportion of women in lower paid and part-time jobs.

A number of superannuation-specific policy changes are foundational to this campaign. But more is required outside of super to address the problem of the disproportionate number of women living in poverty and the increasing number facing homelessness in old age. This requires a broad and creative policy response involving multiple parties, including government at all levels, super funds and individuals.

THE WORK THAT nurses do every day contributes fundamentally to healthy ageing. I come from a family of nurses – my mum and her two sisters; my oldest sister too. I grew up hearing the funny, sad and quietly inspirational stories of the difference nurses make in people’s lives. When I began my nursing training in 1983, I experienced for myself the often-unseen power of human caring that is nursing, and I realised the work was both inherently rewarding and a privilege to perform. Every day nurses – and midwives – make the difficult and at times existentially threatening bearable with their skill, knowledge, compassion and humanity.

The vital role nursing plays globally in delivering universal health and aged care was highlighted in a 2016 UK All-Party Parliamentary Group on Global Health report titled Triple impact: How developing nursing will improve health, promote gender equality and support economic growth, a groundbreaking report that reframed the narrow way in which nursing has traditionally been viewed. It led to the World Health Organization declaring 2020 the International Year of the Nurse and the Midwife.

Any recalibration of our health and aged-care system that is required to support future sustainability requires genuine acknowledgement of the value of these practitioners. They make up the largest component of the health workforce and provide an essential surveillance role. With a constant presence, they keep the system both safe and human.
Now, like the broader community, those who work in these professions are also ageing. In 2017, the average age of the Australian registered nurse was around forty-four years, and the average age of the midwife was forty-eight years. Urgent investment in workforce planning is required if we are to avert future skills shortages.

THE SOCIAL COHESION faultlines that exist in Australia and elsewhere in the world are a barrier to solving so many of the challenges related to ageing. Increasingly we seem unable or unwilling to focus on the common interests that unite us rather than the points where we differ. We fall into entrenched ways of thinking, lacking the time or readiness to actively listen to and consider other points of view.

This is worrying, as it stifles the creativity required to solve problems. So many appear to have lost the capacity to listen to alternative views or to develop and argue considered, evidence-based perspectives. Instead, we hold firm to our positions. It is easier to do so, and during uncertain times, with record low wages growth, record high levels of household indebtedness and the proliferation of insecure work, it is understandable that fear and anger are at the forefront.

This results in growing inequality and unfairness, and it should be no surprise that many who are feeling angry and fearful are being exploited by populist politicians who fail to address the root cause of these powerful emotions. This contributes further to declining faith in the political class. To address both this spiralling decline and the fracturing of social cohesion, we need to listen carefully to why people are fearful and angry before we act.

This process will be neither easy nor quick – but it is vital work. As I age, I see the importance of finding the root cause of a problem and developing long-term sustainable solutions. Yet so much conspires against this approach. ‘Short-termism’ continues to dominate many facets of our lives, reinforced by the pace of living in the twenty-first century and a mindset that demands both 24-hour connection and immediate responses. It is hard to find the bandwidth to focus beyond the immediate problems of the here and now.

As any nurse knows, in life-or-death situations the priority is to triage and deal with the most critical issues. This means that too often the important but not urgent work is de-prioritised, and this occurs at the expense of long-term sustainability. We are too often busy reacting to act purposefully.
AGEING WELL REQUIRES a lot of different components, including being healthy, financially secure and socially well connected – all are important elements of community wellbeing. We also need the structures, processes and resources in place to support us as we age. These are issues I focus on daily in my work on behalf of members and the broader community. Building a fairer and more inclusive Australia in which to age requires particular effort and we must focus on what really matters to people. I have seen firsthand how powerful it is to advance shared interests and the innovation that can result.

As I enter my own seventh decade, I reflect on how fundamentally the world has changed during my lifetime. More and more I appreciate the importance of having a framework of clear values to act as a touchstone for decision-making, and I know I am fortunate to have my nursing, midwifery and union values to anchor me. Having dealt with a lot of significant change in my work, I now actively resist the urge to immediately respond to any claim or any call. Instead, I try to stop, breathe, listen and reflect.

No one person has all the knowledge or the solutions. There is so much to learn from others, and we make better decisions if we genuinely consider and respond to alternative points of view. And as I write this, I realise how much I sound like my grandmother, Grace!

What concerned Grace, a devout Methodist from Eumundi on Queensland’s Sunshine Coast, is so different in so many ways from what worries me today, but the fundamentals remain the same. I’ve departed from her views on alcohol and dancing, but many of her other beliefs remain with me, especially around collectivism and commitment to the common good. The challenge is to remain anchored by what is fair, being consistent and accountable for your actions (and inaction) and treating people the way you want to be treated.

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Beth Mohle is secretary of the largest union in Queensland, the Queensland Nurses and Midwives’ Union. She is also senior vice-president of the Queensland Council of Unions, and a board member of QSuper.
IN 1975, JUST before my sixteenth birthday, I read in the summer issue of *Dolly* magazine that everyone needed some ‘me’ time. This sounded grown-up, enticing. The editor suggested checking into a hotel to unwind.

I’m not sure I knew the difference between a hotel, a motel and a pub, but there was a place near us with a pool and a shady garden, so I guessed that it qualified. I saved my pocket money and after-school earnings and announced to Mum that I wanted to book in. She hesitated, but then agreed – on the proviso that I didn’t leave the grounds. She made the booking, dropped me off with an overnight bag borrowed from my grandmother, and I entered the world of adulthood.

I read my book. I flicked between the three television channels. Or were there four? I lay by the pool, trying to look ‘interesting’, but my fair skin burned, so I had a bath, using the bubbles provided. I dozed. I sat. I watched time passing.

I ached to ring and chat with Mum or my friend Sonia, but that would have revealed that I didn’t know how to enjoy this ‘me’ time. So I stuck it out. I counted the seconds until 10 am on Sunday, and when Mum arrived and asked how it had been, I gave my most enigmatic smile and said it was ‘perfect’.

I could slap the vapid creature I was back then. When Mum had dropped me off that Saturday, she was on her way to clean a couple of houses to supplement her wages from her day job. My thirty-seven-year-old working mother,
who seemed so old to me, was surely the one in need of a silent room and some solitude.

Back then, I longed to be twenty-eight. I’ve no idea why that particular age called to me, but it was a fixed point I’d wanted to achieve for years. When I did, it didn’t disappoint – that year, I fell hard and fast for a lanky bloke called Peter. We’d only known each other six weeks when we decided to get married. I moved interstate to live with him, and we had almost twenty-eight years together before he died.

Twenty-eight is about the age I’ve felt myself to be, ever since.

IN 2019, JUST before my sixtieth birthday, I wrote to friends, asking for a gift. I would like ‘sixty-at-sixty’, I wrote. Sixty minutes of their time, at any stage during my year of being sixty. I asked them to bring me their most important observations about life – and about me, if they chose. I’d like to get some wisdom, now that I’m old, I said.

‘First things first,’ one chum said, before we’d even hugged. ‘Stop calling yourself old. Even in jest.’

‘But I am old. We are old, statistically!’

She swung around, nailing me with a look I know too well.

‘Bullshit! Sixty is not old.’

No correspondence would be entered into. She gave me her list of rules for living, one of which was that it was time for me to break the drought and get some sex, even if I ordered in. Preferably with someone young, she said.

I like saying I’m old. Lots of my friends never got to, because of cancer, anorexia, HIV and overdoses. My mum never got to say it, except when observing her children’s growth.

‘I must be old,’ she said, when she was thirty-eight. ‘Just look at you, all grown up.’ She was applying my make-up for the school formal at the time. In her cut-off shorts and bikini top she looked just like Gidget.

Mum was fifty-seven when she died.

WHEN I REACHED my fifty-eighth birthday, I felt lucky. Relieved. Some part of me had never believed I’d outlive my mother. If she could be taken, anyone could. She could break horses, cook for a shearing team and party with them until dawn, and skewer pious moralising with razor humour.

She and my stepfather laboured hard on their farm, but money was always elusive, and eventually they had to sell. A potential buyer came to
inspect the place, and as he sat in the kitchen waiting for the kettle to boil, he quizzed Mum about the property.

‘Any problems with snakes?’

‘No, none at all,’ she replied, opening the crockery cupboard.

There, on the shelf below the cups and saucers, lay a coiled Stimson’s python, its red-brown blotches incongruous against the pastel crockery. Unfazed by this surprise visitor, Mum grabbed a rifle and shot it. She selected a teapot, closed the cupboard and went back to the conversation.

The man bought the farm.

Looking at photos of us, people sometimes remark that I’m my mother’s daughter – but the likeness is superficial. I lack her wildness, her disdain for rules. One friend asked me, at our sixty-at-sixty meeting, whether I ever really let myself go. I hadn’t known her long, and was shocked to have been seen so clearly.

BEFORE I COULD continue with the sixty-at-sixty exercise, I had a fall. My forehead smashed onto the pavement and my nose scraped along loose gravel. My wrists took my full bodyweight as my kneecaps cracked on asphalt. I wailed like a broken animal.

Bruce, one of my early-morning swimming cohort, rescued me. He held my bleeding hand, insisting I lay still. Ambulances arrived – two of them. Other swimmers came. I was checked and cossetted, taken home and nursed. But for days afterwards, waking or sleeping, I flinched as I recalled my head plunging toward the sidewalk. Even now, over a year later, my right hand bats at the air when I remember.

‘Stop saying you had a fall,’ another friend insisted at our sixty-at-sixty rendezvous. ‘Say you tripped.’

‘Why?’

‘Because only old people have a fall.’

It hurt when I laughed. ‘But I am old!’

‘Shut up! Don’t say that either. People will think you’re losing it.’

MY FRIEND TONY, who is eight-five, says life is a continual process of letting go – we let go of the womb, our family, school, our childhood. We let go of people we love – we grow and go, we move and leave. We let go daily, often without even noticing.
But there comes a time when we begin to worry about what we’re losing. Things fall apart, not to be mended. Bones turn to chalk. The world moves faster and we feel slower. Hairs grow on chins that should be bare, and thins from where it should be thick. Sunspots appear as memories and friends disappear. There’s shock. How can this be, this falling away? Aren’t we still twenty-eight?

TWICE DAILY, MY eighty-nine-year-old father makes an eight-hundred-metre round trip to the shops. He buys the paper and a scratchie in the morning, and in the afternoon he provisions himself for dinner. When I suggest that my siblings and I want to arrange a meal delivery service, he steadfastly refuses.

‘I prefer to walk. And cook.’

Sometimes he can’t get air into his lungs. His legs are twigs, poking out from his shorts. A strong nor’-easter could blow him over.

‘I just take it slowly,’ he says, and I’m unsure if there’s admonishment in his words.

When I was forty and Dad was sixty-nine, he would counsel me to slow down. He saw an urgency in me, maybe a panic, that I hadn’t recognised in myself. I wanted to tick boxes, to race ahead, to rush at life, because it could surely be snatched away. Just look at what had happened to Mum.

At forty, I remember thinking how old Dad was. But now that I’m sixty and he’s eighty-nine, I recognise similarities between us. I find likeness where once I saw only otherness.

I wasn’t rushing when I had my fall. I wasn’t looking at my phone, or distracted by sky, bird or flower. I was strolling towards Sydney’s glittering harbour for my daily dip, which I make in company with a group of regulars who have been swimming at that same curve of sand for years. Most are in their eighth or ninth decade. Last year, Esme celebrated her hundredth birthday by the water. She wore a spangled kaftan.

I didn’t learn to swim until I was fifty-six. It was the summer after my husband died. Broken, I decided to try to remake myself. Perhaps I could heal from the outside in. I’d always been afraid of the water, but I took to it as though I’d been waiting for it all my life – and perhaps I had. A return to the womb?

Maybe some things that get lost can be regained.
On certain mornings, as I lapped parallel to the shoreline, I’d catch a

glimpse of Esme’s carer, a slight girl in thin cotton trackpants, lugging a black
bucket up the concrete steps from the beach.

Esme had cancer.

‘It won’t kill me,’ she told me, ‘but there’s no repairing it either.’

She couldn’t swim anymore. Scabs marked her face and hands. She
missed the salt water, so her carer brought it to her. Sometimes, the bucket
was for her legs – she lowered a shin into it and stood, twitching at the bite
of brine. Other times, the bucket was placed between the handles of her
walking frame, so she could plunge her face in, holding her breath in the
silky darkness. When she emerged, her thin grey hair dripped and the scabs
were soft.

‘This beach is populated with widows,’ she said to me once. I’d never told
her I was a widow, but after that I saw the others in their black togs differently.

She kept reminding herself of the velvety feel of salt water until she
died, just before her 101st birthday. I never got to ask for her sixty-at-sixty
teachings. I was walking a 400-kilometre trail in Italy when she died. On my
return, I slid into the harbour and stroked my way through my salty sorrow.
It’s impossible to cry underwater.

I was frightened, after my absence, that my body would have forgotten
how to swim, but it seems to remember the important things. When I was
walking in Italy, my steps were more cautious than they’ve been on other
trails. I can’t afford another fall now that I’m old.

EIGHTY-FIVE-YEAR-OLD TONY CALLS me a kid. He frowns when
I say I’m old.

‘What does that make me?’ he asks.

Then he answers himself.

‘Fortunate.’

MY FATHER CALLS himself lucky. A Depression-era child on a WA
wheat farm with no electricity, he made his toys from knucklebones and
fruit tins. His mother was killed in a hit-and-run accident when Dad was in
his twenties, just four months after he got married. Six years later, Mum left
to be with another man. Dad eventually remarried, but his second wife died,
in bed beside him, when she was barely fifty. Five years after that he kept vigil
with me when Mum lay dying.
Dad has never known worldly success, or won a lottery, despite buying all those tickets – yet he insists he has had eighty-nine years of good luck. He has been loved, he says. But perhaps his defining quality, a tender tentative-ness, was formed by loss.

When I was twenty, he was forty-nine, raising my two younger siblings while dealing with my stepmother’s mental illness. He was ancient to my eyes – slavish to convention, closed, unable to change his thinking.

Now I marvel at how he mastered word processing a couple of years back so he could wrangle his life story into a digital document for his family. We joke together about bloody, bossy autocorrect. And afterwards, we talk politics. We find more agreement there, too.

I wonder…

Have I deliberately put distance between us at times, like a sixteen-year-old trying to individuate herself?

Maybe recognising similarity is a marker of growth.

I WALK, ONE afternoon, near a friend’s holiday house. A snowy-haired man sits on a bench, staring across the inlet’s glassy water. He waves. I stop and we chat. He tells me he’s eighty-five, and I tell him I’m sixty.

‘You’re a spring chicken,’ he says, and goes on to detail how his son has been fussing over him. ‘I suppose he thinks I’m not long for it,’ he says, and grins. We talk on, sharing little secrets. He’d like to move to this place, he whispers. I say I can see why.

‘You’re good to stop and talk,’ he says.

I try to tell him I’ve loved our exchange – the effortless intimacy of strangers – but my words don’t fall the right way. He takes my hand.

‘May you live many long years,’ he says, and I thank him before turning away to the water.

If I’m lucky.

WHEN MY PETER died, Dad was unwell, but desperate to make the journey across the continent for the funeral.

‘Please don’t come, Dad. Please.’

He understood what terrified me.

Don’t push your luck. It can happen in an instant, as it did to Peter when his brain haemorrhaged – like a hammer to the back of the head, one doctor told me. As it did to my stepmother, and to my sister-in-law Sue, who fell to the ground at fifty-one, never to rise.
When Peter died, I wanted my mum and my dad. I was a widow, an ancient dark thing, but I was also a child again. Dad said the magic words that only parents can utter and hope to be believed. ‘Everything will be all right. You’ll see. It will take time but everything will be all right.’

BACK WHEN I was thirty and Dad was fifty-nine, I railed against his priorities. Rotarians mending fences for widows seemed pointless compared to the Berlin Wall’s fall.

Then, in my forties, we began to take country drives when I visited. Focused on the road ahead, and a shared destination, I listened as he talked. He made me laugh, and I realised how long and patiently he’d waited for me to get his jokes.

A couple of years ago, I asked if he’d like to take a three-day cruise on the Indian Ocean – something different. He jumped at it. Shipboard, he drew people out of themselves, and I was proud of him. I finally saw him as a person. I liked him so much.

Infuriatingly, even though his lungs sometimes fill with so much fluid he’s on the verge of drowning, he still has the occasional smoke, and loves a drink. He’s not without a temper, and never without an opinion. And his body remembers how to dance! Sometimes, he and his partner – oh yes, he has a partner – will put on a CD and swing around in his living room. When they do, I’m the ancient in the room.

Recently, answering the phone, he slipped up.
‘Hello Bubby!’
‘Da-ad!’ I said, in exactly the tone I’d used at sixteen, trying to convince him I could stay out late. ‘I’m old!’

He chuckled, insisting that that wasn’t possible, and I heard an echo of Mum, applying my make-up for that long-ago school formal.

Now that I’m sixty, at least I know the difference between a hotel, a motel and a pub. I do still want ‘me’ time, but I’ve also learnt I can’t exist in isolation.

No, that’s not right: I can’t grow in isolation.
And isn’t that the point – to grow old?

Ailsa Piper is the author of *Sinning Across Spain* (MUP, 2017) and co-author with Tony Doherty of *The Attachment* (Allen & Unwin, 2017). She has also written for theatre, radio, and various newspapers and magazines. In addition, she works as an actor, director, broadcaster, interviewer and teacher.
A FEW YEARS ago, a pretty young woman approached me in the lunchroom of the building where I began work on my novel, *The Weekend* (Allen & Unwin, 2019).

‘You’re writing about ageing, aren’t you?’ she asked. I was, I said, smiling.

She considered my fifty-year-old face for a few long seconds before shuddering. ‘I’m terrified of ageing.’

I burst out laughing.

But she’s not alone. Looking down the tunnel to old age, it seems we’re all afraid. But of what, exactly? How should we think about growing old?

AT A DINNER I sat next to a darkly witty gerontologist. He was under no illusions about very old age – at one point in our conversation there came some pragmatic deliberation about the best way to kill yourself when the time came. But he was also keen to stamp on a few old-people clichés.

He told me of an elderly man brought to an appointment by his children. They were deeply concerned, wanting him assessed for dementia. His major symptom was falling in love with a sex worker, moving her into his house, giving her money and property. The doctor reluctantly put him through rounds of rigorous tests – and found absolutely nothing wrong with his cognition or psychology. He was sane, he was loved, he was happy. The doctor hooted with delight as he told me this story.
Later, he asked me: ‘How many years of your life would you trade for a Booker Prize?’

‘What?! None!’ I replied. I was surprised at the vehemence and speed of my answer, and that I knew it to be absolutely true.

Then he asked, ‘What if they were the years between eighty-five and ninety-five?’

Hmmm.

MY FRIEND J reports on her mother, very slowly dying in a nursing home. She’s in her late nineties, and so frail her heart has not the strength to push blood to the extremities of her body. Her hands and feet are bloodless, cold. Yet when she’s wheeled into a patch of sunshine in the garden, she smiles with deep, sensual pleasure. ‘How lovely this is,’ she says, with relish. Soaking up the warmth, the sound of the trees moving above her.

J’s sister leaves a nursing home visit one day in bleak distress. ‘I can’t go in there anymore,’ she says.

J agrees that it’s very hard, but is curious: what especially prompted this today?

Her sister’s expression is almost angry. ‘It’s that she just – lies there. She’s so…useless.’

Another friend’s mother, also in her nineties, was taken to inspect a potential nursing home. Through a doorway she saw some residents in an exercise class.

‘What’s wrong with them?’ she barked loudly.
‘Nothing,’ her daughter said. ‘They’re just…old.’
‘Well,’ said the mother viciously, ‘they look retarded.’

A different woman, unwell at seventy-nine, needed aqua therapy at a rehab centre but refused to enter the pool. ‘I’m not getting in that water. It’s full of disgusting old bodies.’

Everyone in the pool was visibly younger than she.

A man in late middle age invited his eighty-six-year-old father to live with him and his family. It hasn’t worked out well. The son describes the sound of his father’s walker creaking down the hall. ‘I hate him,’ he says.

Is this dread of the mirror so deeply rooted in all of us? Is it a biological imperative, to turn away as soon as we catch its reflection?
IN 2015, A review in an Australian newspaper rebuked Edna O’Brien for her wild, chaotic and (I thought) stupendously adventurous novel, *The Little Red Chairs* (Faber & Faber, 2015). The reviewer’s main point was not so much that the book was flawed, though it surely is, but more importantly that the cause of these flaws was the author’s advanced age. What I read, between the faux-respectful lines, was an unprinted command to O’Brien: You’re old. You’re embarrassing yourself. **Shut up.**

O’Brien was eighty-five at the time. Now she’s eighty-nine and her new novel, *Girl* (Faber & Faber), about the Nigerian girls abducted by Boko Haram, was published in September 2019.

Not shutting up, then.

**OUR PREDICTIONS FOR old age foresee an epoch of physical incapacity and psychic misery, in contrast with our vital, flourishing youth. But last night on my couch I spent five minutes scribbling down a list of the troubles that plagued me and those in my social circle — middle class, well educated, well resourced — before we turned fifty.**

After five minutes I stopped scribbling. Excluding a couple of the cancers, almost all of these issues had first occurred before age thirty; many have persisted into the fifth and sixth decades. Yet some cognitive dissonance allows us to perceive even long-term disorders in youth as somehow aberrant, manageable and far less horrifying than the potential ‘degradations’ of old age.

I recently saw a birthday card carrying the image of a haughtily elegant middle-aged woman in 1950s attire. The caption read, ‘Honey, you couldn’t pay me to be twenty.’ I bought it immediately.

I was not a happy or a healthy young person. I had chronic asthma exacerbated by smoking; I was unfit; my diet was ordinary. ‘Orphaned’ by twenty-nine, I spent most of my twenties and thirties in grief. I was deeply anxious with little confidence, my fretful neediness causing relationship problems. For many of those years, I cried every week.

The day I turned fifty, I felt a mysterious surge of what I could only think of as power. A deep optimism, energy and peacefulness took up space inside me. Give or take a few crises since, it hasn’t really left. In my mid-fifties I’m physically and emotionally stronger, healthier, more calmly loved and loving, more productive, more organised, smarter, wealthier and exponentially happier than I ever was in my youth. In the past four years I’ve really cried about three times, on one occasion because a good friend died.

I mentioned my mid-life happiness at a public event once. A woman in the audience called out cheerfully, ‘You think it’s great when you’re fifty – wait till you’re seventy!’

There are global studies showing what’s called ‘the paradox of age’, a U-curve revealing that from childhood onwards happiness declines, and then dramatically rises. We’re most miserable in our forties, but things pick up around fifty; happiness at ninety far exceeds that at eighteen. This upswing is partly owing to life experience, but is also a direct result of getting older, say psychologists: ‘The biological, cognitive and emotional changes of ageing itself…result in better emotional regulation, greater equanimity and compassion, more comfort with ambiguity, deeper gratitude and a focus upon meaningful engagement in the present.’

Having published a novel about older women, I’m now seeing evidence of joyful, mischievous ageing everywhere I go. A woman at a book event tells me that at seventy-seven, she’d resigned herself to a life that was winding
down, finishing up. Instead, she says in astonishment, ‘I can’t stop the ideas coming. I just have ideas and ideas and ideas!’ She motions with both hands outwards from her head, in a delighted gesture of pouring abundance. Her husband sits beside her, beaming.

Another day I overhear two women – perhaps they’re eighty – outside a cinema. One tells the other she’s being badgered to visit her daughter, a long drive away in the country. She looks into the middle distance, then says serenely, ‘I think she wants me to go before I lose my licence.’ The two women look at each other for a second, then burst into wild cackles. They gather their bags and stride into the movie house.

WHAT AM I afraid of, when I think about old age? I’d like to say nothing, but that would be untrue. Dementia, obviously. Relentless physical pain so bad it eclipses small pleasures. Being forced to live with people I dislike. Loss of autonomy. The kind of poverty that destroys autonomy. Unstinting boredom caused by an inability to read or hear.

I fear becoming a bitter, self-pitying person. Taking up genealogy. Boring other people to death with my ‘wonderful stories’.


It’s possible I’m completely deluded. When these things befall me, I’ll probably be terrified.

IN ‘WHY WE can’t tell the truth about ageing’, an article in The New Yorker, Arthur Krystal sneers at the recent proliferation of ‘feel-good’ books about getting older. It’s sheer trendiness to put a positive spin on growing old, Krystal grouches: the truth is, it sucks – please let’s stop the lying.

Unconvinced by the U-curve, then.

But he has a point. It’s true that alongside the horror and revulsion there has now emerged quite a bit of jolly crusading about the fabulousness of old age. Like Krystal, I too find irksome the anti-ageism books refusing to acknowledge the downsides, those calling for a special new language with which to ‘celebrate’ ageing. Ditto the idiotic, sappy memes that pop up now and then on social media. (Wrinkles are engraved smiles? Jesus Christ.) Nor am I drawn to heartwarming movies in the genre that New York Times critic Neil Genzlinger calls Old People Behaving Hilariously. I cheer when Anjelica
Huston sniffs her disdain for ‘apologetically humble or humiliating’ film roles, like one in ‘an old-lady cheerleader movie’. I’m with you, Anjelica, I think. When I’m sixty-seven I want my work taken seriously, too. But then I see a response from Jacki Weaver, who’s in the old-lady cheerleader movie. When she read Huston’s comments, Weaver says, ‘I just laughed. And then I said, “Well, she can go fuck herself.”’

I snort jubilantly into my coffee cup. Go, Jacki. I’m with you, too.

PALLIATIVE CARE NURSES have told me people almost always die as they live. A person who has lived with acceptance and gratitude will die in gracious acceptance. One who’s lived in bitterness and entitlement and anger will likely die in the same state. Suddenly it’s blindingly obvious to me that ageing is the same; all our prior years are practice for the hard stuff of getting old. When I think of the old individuals I know who express delight and curiosity, a sense of purpose and appreciation, in ordinary daily life, I realise that give or take a few tragedies, they’ve always been this way. It’s their default state. When I think of the unhappiest old people I know – victimised, spiteful, ungrateful for small pleasures, eternally dissatisfied and offended – I look back and see those traits governing their early and middle years too.

Note to self: practise hard.

Question to self: when is it too late to change one’s default state?

THE GOOD WEEKEND magazine carries an account of life in a nursing home (‘one of the good ones’) by a perceptive retired journalist in his early eighties. He writes brilliantly, the by-line is a pseudonym and the article is gloomy stuff. One of the worst things is enduring mealtimes with a fellow resident as she snatches and grasps, losing her manners, insulting the staff, bullying a vulnerable woman.

A week later, a letter appears from an eighty-four-year-old retired pathologist. His experience of residential care, ‘in an affluent Melbourne suburb’, is much better. Ageing, writes Peter Thomson of Ivanhoe, ‘is inevitable, inexorable and interesting. AAA rating for ageing: Anticipate, Adapt, Accept’.

Ageing is interesting! I keep this letter and think of it often. It might be the most uplifting set of instructions I’ve ever read.

It also points to something else that’s scary: positive ageing takes money.
My partner and I talk about our Sydney mortgage. Unless suddenly showered with astonishing riches – unlikely – we’ll have paid it off when he turns seventy-eight and I’m seventy-six. I think: we’ll just move to the country. We’ll just move into a bedsit. We’ll just move. As if that will solve everything.

When I talk to other people in the arts about ‘retirement plans’, we laugh grimly. One says hers is to poke out an eye with the car aerial and claim compensation. Another has his sights on a salubrious cardboard box on the median strip as a retirement villa. Nobody has any superannuation to speak of – when the average writer’s income is $11,000 per year, where would it come from?

We’ll all just keep working, we say gamely. We’ll keep writing, painting, performing. How could we stop, anyway? We wouldn’t want to stop. We talk about Matisse and his paper cut-outs, Edna O’Brien, Wallace Stegner. Adapting, accepting, but always making, always working.

None of us states the obvious: we’re not Matisse, or O’Brien, or Stegner. Nobody talks about what will happen when nobody wants our work anymore.

IN RECENT YEARS it’s come to me that the point of all our living is to get ready to die. People laugh when I say this out loud. How morbid to think of death all the time! But I don’t find it morbid. I find it interesting, a purposeful exercise, considering how to live – to strive towards living – with that readiness inside us.

The Jungian psychologist James Hillman posits that the purpose of human ageing is to fulfil our true character, to become our essential selves. More radically, he suggests that ageing might be ‘a transformation in beauty as much as in biology’. And then he asks a shocking question: could ageing itself be conceived of as an art form?

If it can, then maybe artists can teach us to practise it. Push beyond your first ideas, they might say. Develop a tolerance for solitude, and for failure. Make your mark, defend it, then challenge it, overturn it.

Jerry Saltz: ‘Don’t think good or bad. Think useful, pleasurable, strange.’
Walt Whitman: ‘I am large, I contain multitudes.’
Helen Frankenthaler: ‘I’d rather risk an ugly surprise than rely on things I know I can do.’
Jasper Johns: ‘Take an object. Do something to it. Do something else to it.’

I’ve asked what we’re really afraid of, looking ahead to old age. I think the deepest dread is of being reduced, simplified. We’re afraid that, to paraphrase British psychologist and writer Susie Orbach, we’ll be ‘robbed of the richness of who we are’ – our complexity stripped away by forces beyond our control. This reduction is already happening with the cheerleaders on one side, the catastrophisers on the other. Ours is an all-or-nothing, black-and-white-thinking culture; we picture ourselves as either relentlessly active, plank posing and Camino walking and cycling into our nineties, or dribbling in a nursing-home chair, waiting for death.

But maybe we don’t have to choose either extreme to dwell on. Maybe we can be Anjelica and Jacki; be large, contain multitudes. Perhaps, instead of capitulating to reduction, we can keep adding to our concept of how to age – turn our thinking about oldness into an art, and keep exploring it. Doing something to it, and doing something else.

For references, see griffithreview.com

Charlotte Wood is the prize-winning author of eight books. Her latest book is The Weekend (Allen & Unwin, 2019), a novel about friendship and getting old.
Looking back over my family tree, the last century has been kind to my ancestors. Many of them have made it to a ripe old age, with some outliving previous generations twice over. But as a member of the next generation to move into middle age (and, if I’m lucky, beyond that), I find myself already ‘burning and raving’ and raging against what I see as narrow options ahead.

I guess I’ve seen some of the worst of options for ageing. As a student I worked as a home help, cleaning houses for older people living at home alone. As I cleaned, they often talked. I heard that physical decline had reduced their ability to leave their homes; that family members and friends had either died or were unable to visit; that they felt constrained and undervalued, despite believing that they still had so much to offer.

Later, as a social worker, part of my job was to ensure that older people didn’t get ‘stuck’ in hospitals when they were unable to return to independent living. It was my job to take them on visits to nursing homes (now renamed ‘aged-care facilities’) into which they might consider moving. I still think about some of these people, who were ‘placed’ in ‘care’ that seemed far from anything I would consider caring in nature or form.

Over the past five years, in my work as a social designer and innovator, I’ve had the opportunity to explore how Baby Boomers are starting to reshape ageing, and how they are facing challenges that include the so-called...
‘epidemic’ of loneliness; the increasingly evident divide between those who are ageing in wealth, and those who are ageing in poverty; growing homelessness, particularly among older women; and the still inadequate care options for those who have neither the willingness to canvas current aged-care facilities, nor the resources to fund alternatives.

But I am part of Generation X. Born between 1964 and 1980, we’re squeezed between Baby Boomers and the Gen Y/Millennial nexus. The Boomers are associated with revolutionising social norms in Australia and credited with being the wealth generators of the twentieth century. The Ys and the Millennials are defined by connections to technology and their status as ‘digital natives’. We Gen Xers are said to be left with no distinct defining features of our own.

I disagree: we are self-reliant; we embrace diversity; we are readily exposed to various new media platforms; and we are currently the most heavily indebted generation in Australia. We are also heading rapidly and somewhat uncomfortably into middle age while the Baby Boomers move towards retirement with optimism, big families and the largest slice of wealth of any previous generation.

The Baby Boomers were first urged by historian Peter Laslett to create a ‘fresh map of life’ by harnessing a period of ‘personal achievement and enrichment’ after retiring and entering into their ‘third age’, one in which it was more possible to continue being healthy and active while getting older. Joseph Couglin from MIT AgeLab has railed at Boomers to consider what to do with all that extra, precious time between retirement and death: ‘Over the past century, we’ve created the greatest gift in the history of humanity – thirty extra years of life – and we don’t know what to do with it!… Why don’t we take that one-third and create new stories, new rituals, new mythologies for people as they age?’

Now, Gen Xers have the opportunity to redefine the territory of these life maps and, in many ways, an obligation to switch from personal to planetary enrichment. In the same timeframe that we have left before ‘retirement’, the outlook for our planet is grave. According to a recent European study, the 2030s will also be the point of ‘no return’ when it will become almost impossible to stop Earth’s temperature rising by a minimum of 2-degrees Celsius, thereby consolidating the trajectory of climate change we are already witnessing in Australia. As the generation leading the decisions
made up to that point, we will be the first generation to age into the consequences of those decisions.

We will also be the generation that stretches health in longevity even further through medical and technological innovation – we could be looking at many more of us experiencing those thirty years post ‘retirement’ as much healthier, more engaged and active. Indeed, estimates suggest that by 2050, close to 25 per cent of Australians will be aged over sixty-five. The coincidence of these factors – the Earth’s climatic point of no return, and our ‘retirement’ – need to shape how we plan our way into this new age not just personally, but politically and globally.

Generation X needs to put some stakes into the ground now if we want to establish our own pathways into old age. We differ from Baby Boomers both in terms of our influences and experiences, and our deeper connections with peers over family. We are born of an era with looser social norms, more freedoms – a time before ‘risks’ turned parents into monitors. While Baby Boomers will no doubt change some of the norms for ageing in Australia, I don’t see myself or my fellow Gen Xers represented in how this change is shaping up. Therefore, I have collated some of the thoughts of my Gen X peers into a manifesto of sorts – one that is more provocation than position, and more bricolage than coherent ideology. I am continuing to seek responses from my peers (a good Gen Xer would, given that we’re much more culturally attuned to peer feedback than our predecessors) and from fellow travellers who wish to explore our ripening futures.

In 2015, the German artist and filmmaker Julian Rosefeldt created Manifesto, an exquisitely exhausting multichannel artwork in which Cate Blanchett performs extracts from the manifestos of artists from futurists and dadaists to the French poet André Breton and American filmmaker Jim Jarmusch. Through this, Rosefeldt articulates the nature of a manifesto in very Gen X terms: ‘A manifesto often represents the voice of a young generation, confronted with a world they don’t agree with and they want to go against. You can either play in a punk band, start yelling at your parents or your teachers – or you can write or make art.’

In this way, my manifesto is a bit shouty, and while it is not written by someone from a young generation as such, it represents some of the frustrations and disagreements of a generation that grew up with values that sat
beyond the more dominant ones of the day. Manifestos are modernist in their orientation, and so I offer mine in the spirit of a singular voice that seeks to stimulate others to propose their visions for ageing. In this way we can begin to seek a diversity of views.

Let us rather create bold rage than succumb to old age.

WE WILL NOT go gentle into an age of decline. We rail not against our age, but against a society that seeks to hide us when we have much more to give and live.

We will ‘rage’, not ‘age’. The narrative of decline and decrepitude will not define us. We will make ourselves visible using all forms of eccentricity and technology – not to act youthfully, but usefully.

We will not ‘retire’: this is the dawn of an age focused on purpose. There is no point to the ‘eternal youth’ of medical advances for longevity without a purpose – and who wants to live longer with less meaning? We will not retire or retreat; we will advance boldly and purposefully into an age where we can actively shape a better world, be that through work, art, conviviality or hobby.

We will not accept ‘aged care’. We may need care, and we will care, but on our terms, within an intergenerational kinship of our determining, not in sterile institutions where single generations are hidden from the view of others.

We will embrace technology, medicine and innovation, but not be rendered passive by it. We will age with technology and use it to share our voice and spirit, create meaning, purpose and connection rather than using it as a distractor, a tranquiliser, where we look on at life as passive observers. Technology will enable us to weave together a story of our age – one that reflects not our individual egos, but a future for our ecosystems.

Through this, we will create a new story of this part of our life course: we have to. We will have more life left than any past generation after we are deemed to be ‘old’. We will not waste this with puerile leisures and pleasures, becoming rent-seekers of the generations that precede us. Instead we will seek to use our eldership to grow a future for all. We will tell our stories, show our work, speak our truths, laugh at ourselves loudly and craft a new narrative for ageing in the process.
Age will not define us, but neither will we ignore it. We are not scared of ageing, but of staying in the confines of definitions made for us by those who have aged before us. It is not decline we see in our futures; it is a new lifeline.

MARILYN FERGUSON’S SEMINAL work *The Aquarian Conspiracy* (Tarcher, 1980) – about the ‘new age’ rather than ageing – is credited by many as drawing together the ‘movement’ of Baby Boomer-led innovation and institutional change. In it, Ferguson argued that ‘of all the self-fulfilling prophecies in our culture the assumption that ageing means decline and poor health is probably the deadliest’. It has also proved to be one of the hardest to shift: the Boomers have had little success reframing it.

To date, I am profoundly disappointed by the alternatives they have proposed to those narratives of decline, decrepitude or boundless, navel-gazing leisure. Perhaps I am being too harsh and something will change as more Baby Boomers retire. But we need to foster a deeper conversation than one defined by how many cruises we have undertaken, how well our superannuation is growing and how much of our children’s inheritance we can spend.

Since reaching ‘middle age’, I am increasingly conscious of signs that society sees me as heading towards decline; friends increasingly refer to their own growing invisibility, frailty and disappearance. And yet I am also looking at the possibility that I may have as many years ahead of me as I have behind me. With this comes the potential to re-create myself – particularly when I think of how much I have already changed and improved over the past thirty years. I am stronger, clearer, more confident, less unsure – and I like myself much more. Will all this stop as I transition over the ‘hump’ of midlife? I think not, and so I seek to grow bolder as I grow older, to pursue a life of deeper learning, of greater voice, of eccentricity.

At the same time, my First Nations friends of similar age are growing into greater visibility. What might ‘eldership’ look like for non-Indigenous people in Australia – and do we have the cultural foundations to grow this, or do we need to create some kind of cultural narrative to explore a parallel pathway? This is not a desire to appropriate First Nations eldership structures, just a reflection on the cultural conversations we need to foster in non-Indigenous Australia that might stitch a different narrative around ageing.
In *Fahrenheit 451*, Ray Bradbury portrays a society in which people are indoctrinated and controlled according to set roles. One character, Clarisse, rails against this, and even embraces the title of ‘insane’. ‘When people ask your age,’ she says, ‘...always say seventeen and insane.’ Like Clarisse, defying the stereotypes that frame the roles we can adopt as we age will require some degree of insanity – a degree of individual action that defies convention. This is not about denying our age, but rather, developing a style that is characteristically of our age: I might be seventy and insane and still challenging the roles in which society tries to box me. This notion of ‘insanity’, of madness, draws me to the notion of ‘rage’ as a way of being – and ‘madness’ is the old English meaning attached to ‘rage’. The angry old woman is present in many narratives of ageing: in the crones, Baba Yaga, the old biddy. I want to bring her into this new narrative too, not only to reflect an angry version of rage, but to harness the word’s other meaning, that of ‘vehement desire or passion’ for contributing to a better future – particularly as these archetypal raging women are also often deep defenders of nurturing the natural world. Rage is a much maligned emotion, particularly for older women, so it seems apt to adopt it for a polemic restructuring of growing older.

And I do feel a growing rage at the complacency and the blatant selfishness that increasingly pervades both my generation and that of the Baby Boomers. Many people across Australia have become awfully entitled, and I want to engage with this entitlement further. The real danger is that my rage, over time, will erode into the sort of cynicism I see breaking out among so many of my more progressive older friends, who, despite years of effort to create real and lasting change, increasingly cannot see the fruits of these efforts in how our social and cultural institutions are being shaped. How, then, to borrow from Gough Whitlam – who continues to inspire many progressive Gen Xers (even if we’re too young to remember the dismissal) – do we ‘maintain [our] rage and enthusiasm’ as we age? For me, it centres on growing the purpose and work that lies ahead if we are to achieve the huge goals that must be the focus of our times – issues such as climate change, species extinction and growing social inequity. The enormous need for planetary enrichment over the coming decades should inspire Generation X to redefine a rage that propels us to act for change well into our ageing years.
THE CONCEPT OF ‘retirement’ has never sat well with me, and this may be genetic. My dad ‘retired’ five times from paid employment and, until a very recent major stroke, replaced this work with community work, intense hobbies and an active neighbourhood life. My mum is not the retiring type either: a voracious learner, teacher and carer, she rarely sits still.

Retirement is assumed to be a right and a privilege – something deserved by all who participate in the economy and pay their so-called dues. Yet the notion of retirement is relatively young: it was first canvassed in the 1870s, around the time one of my great-great-grandfathers died in a poorhouse in the same region of the UK where enlightened religious folk were seeking alternatives to ageing in poverty. A pensioned retirement for the working class was first enacted by Otto von Bismarck in 1889, in his quest, among other things, to quell the spread of socialism amid German workers. Even then retirement was framed as a ‘retreat’, a withdrawal from active participation in working life. In Australia’s comparatively universal welfare state, it has had enormous benefits in terms of ensuring that people are not forced to ‘work until they drop’ and can move into older age with at least a basic sense of security. The link between ‘retirement’ and eligibility for the age pension has been set in stone since the latter’s inception in Australia in 1909: it is a form of compensation for no longer engaging in paid work, if you are eligible. Given the increased longevity and improved health of many Australians – and the result that ‘retirement’ can now represent a good third of someone’s life – it’s time to rethink this on the grounds of both its impact on individuals and on society as a whole.

Retirement, according to some research, is not good for us. For men, it can be deadly, with research suggesting that retirement can increase mortality by 2 per cent in the first year. According to recent research, non-voluntary retirement can lead to increased levels of social isolation, with retirees ‘suffer(ing) from the loss of daily routines, physical and/or mental activity, a sense of identity and purpose, and social interactions, which may lead them to adopt unhealthy behaviors’. Work is also about serving others and creating meaning, and that meaning connects us to both a sense of purpose, of being valued, and also to other people. This provides a sense of belonging. Working – through employment, self-employment or voluntary work – is also a protective factor for loneliness, as is receiving income beyond the basic safety-net support. Interestingly, older people are often as productive, or
even more productive, than younger people. According to a recent article in the *Harvard Business Review*, while ‘for most people, raw mental horsepower declines after the age of thirty...knowledge and expertise – the main predictors of job performance – keep increasing even beyond the age of eighty’. Further, in Australia, a growing number of entrepreneurs are ‘seniors’, with entrepreneurship among the fifty-five to sixty-four-year-olds being the fastest growing segment, according to recent work by Queensland researcher Roxanne Zolin.

A retirement framed as a retreat from participation wastes the human potential of people as they age, denying the possibility of learning, volunteering, entrepreneurship and creativity throughout a whole life’s course. By all means, let’s consider slowing down and rearranging our work-life balance – but let’s not retire just because it’s expected.

DESPITE A CONCERTED effort by the aged-care industry to rebrand itself, the industrial-style aged-care facilities of the twenty-first century do not look at all appealing to younger Baby Boomers, let alone Gen Xers. ‘Post-fifties’ lifestyle villages are horror-inducing to many approaching the requisite age, and the move towards creating ‘resort-style’ or even ‘cruise-style’ facilities leaves many cold. The challenge ahead is to develop a smorgasbord of choices for living outside institutional care facilities, from co-housing and intergenerational housing developments to peer-to-peer home and care arrangements. Many different options are flourishing in countries such as Germany, which is one of the ‘super-ageing’ nations of Europe, but are only in their infancy in Australia. In Germany, I could choose to live in a *Mehrgenerationenhaus* – literally, a multiple-generation house, where I could engage with children in the on-site nursery, share a coffee with a resident university student or engage in a crafty project with peers. In New Zealand, discussions about sharing care needs are beginning to take place – I could now buy a unit that includes a shared kitchen and lounge area in which I can choose to interact with other residents or not.

For those of us from Gen X without children (either by choice or circumstance), developing options for future care are even more pressing. I increasingly find myself in conversations with fellow Gen Xers where we joke about buying a large house or building a purpose-built dwelling where we could all live together as we age. Maybe it’s not a joke, but a challenge.
Perhaps the bigger question is how the economy would cope if we could reject aged care – and what the broader consequences might be. Since colonisation, Australia has been characterised by an economy fashioned from agriculture, mining and manufacturing. But the twenty-first century has witnessed its profound reshaping as healthcare, social care, education and welfare have become primary-growth industries. In the last five years, these industries have dominated jobs growth in Australia. In the next decade, this sector is expected to continue growing. Yet interestingly, the health and social care sectors are not yet adequately recognised in the context of government innovation and industry policy, although the market is predominantly based on government revenues. The federal government’s Australia 2030 plan recognises the demographic shifts that make ageing central to Australia’s economic future – but it does not mention the huge innovation potential that exists in terms of developing effective and efficient care systems, housing and education options, and healthcare opportunities that could fuel a truly age-friendly Australia into the future. The ‘future of work’ debate rarely mentions that ‘care’ is perhaps one of the few arenas of work where automation will fail to penetrate substantially in the years ahead: by its very nature, it requires human relations. As tectonic shifts turn our economy towards more care jobs, it is time to ask some tough questions about what the nature of this care should be, particularly when so many of us find the models that are being publicly denounced in the Royal Commission into Aged Care abhorrent. There is no doubt that many of us will continue to need forms of high care as we age – the challenge and opportunity of this is to develop and demonstrate truly innovative ways for it to occur outside institutional contexts.

AUSTRALIA’S GENERATION X grew up primarily analogue: we are referred to as ‘digital immigrants’, having migrated to digital platforms late in our adolescence or in adulthood. This makes many of us adept on multiple media platforms, but it also means that we use them differently from Boomers, Gen Yers and Millennials. Gen Xers in Australia, the US and UK are often referred to as the ‘latchkey’ generation, since many were left to occupy themselves while both parents worked, or grew up with much more freedom to explore than previous generations. According to some commentators, this has resulted in more well-developed peer orientation: we are the
first generation to have experienced large-scale childcare; we also spent more unsupervised time with our friends than other generations. This has influenced our use of digital technologies, particularly social media.

Much commentary has framed digital technologies as depleting social capital and reducing relational capacities. While this may be a real danger, we are also starting to see the potential for these technologies to foster connections—and how, if harnessed, they could help to protect us from the loneliness that has been deemed a public health ‘epidemic’ in Australia, and that particularly affects older people. Carers in the UK can connect with one another via a platform called ‘Push to Talk’, which enables them to reduce isolation through on-demand conversations with other carers. In Brazil, a very successful campaign, CNA Speaking Exchange, linked younger Brazilians seeking to practice their English language skills with older people in aged-care facilities in the US who were willing to speak with them and help coach them in conversational English. Not surprisingly, improved language skills were not the only result: there was a marked improvement in feelings of connectedness and purpose for the older people involved. The potential to massively grow innovation in this space has been recognised in both medical and aged-care research.

My grandmother raised a family of adopted children and essentially ‘adopted’ her fellow residents at the aged-care facility she lived in for the final twenty years of her life—she mended, fixed and created for them on her sewing machine in a laundry closet at the home until she decided to isolate herself from the pain of constantly losing friends as she outlived them. The resultant loneliness she experienced had a profound impact on her health: I saw her start to fade away, physically and mentally, and I questioned her about what was going on. She told me:

All my friends have died. I have made such good friends here, but having friends means losing them, and that means grieving for them. I can’t bear to lose any more friends. It’s easier to stop making friends, and that means I need to stop making, stop sewing, stop fixing. That way people won’t depend on me, and won’t befriend me. It means I’ll be alone, but it also means I won’t need to love and that means I won’t need to grieve.
As she shrank into her unit, her family became her only source of love and connection. And while we visited regularly, we could not provide all the connection she needed. She retired her sewing machine, withdrew, closed down from those around her. I vowed never to follow that path. She died before the internet took flight, and I often found myself wondering if we could have found other ways to increase her connections; if she could have stayed in contact with others more readily via technology; if this could have reduced her self-imposed isolation.

Social connection shapes our concept of self and our wellbeing across our lifespan, but it may be even more important as we age given that it predicts functional decline and premature death. Research undertaken about social networks as protective factors for loneliness and social isolation suggests that the magic number is four relationships. Other research suggests that these relationships should be diverse (including family and friends) and that their quality correlates with the degree of inoculation against isolation. Given Gen X’s propensity to seek connection with peers, it is possible that we will develop ways to use digital media to foster our relationships and further guard against isolation, not as a replacement for physical contact, but as an important adjunct. As we do so, we should remember the importance of diversity and quality and ask ourselves whether we are building a coalition of diverse voices, rather than succumbing to the homogenous enclaves that can characterise social media connections. We need to engineer degrees of quality – of depth, love and conviviality – in a medium that is too often dominated by relational platitudes and cat memes.

I AM NOT scared of death, and I am not scared of ageing. I am, however, scared of being reduced to a being that merely exists, rather than being empowered to constantly strive to express my potential – no matter my age. I look around me to those who I grew up with, who I work with, who I live with, and they are also starting to ask hard questions about how we shape and define what could be more than a third of our lives.

It is time for Generation X to step forward into our ripening with boldness and rage. It is time to answer the poet Mary Oliver’s question, and to answer it with passion:
Tell me, what is it you plan to do with your one wild and precious life?

I turn to my peers and seek companions to explore, experiment and develop answers to this question together.

We have fifteen years to act.

For references, see griffithreview.com

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I AM AN amazingly fortunate woman.

I am an author, well into my seventies, published for the first time.

My memoir, The Erratics (4th Estate, 2019), sits on shelves in bookshops, its starry night-sky cover facing hopefully outwards: a book successful against the odds, received with touching fondness by many readers and singled out by prize judges for recognition.

The story of how this came about is a publishing fairytale, complete with obstacles, sudden reversals of fortune and carriages full of fairy godmothers. It is one of luck and hard work, persistence and the kindness of others – and of two moments when I stepped out of my shell to claim something for myself, emboldened to do so by the very experiences I had written about, and the changes they had wrought in me.

This grand adventure has surprised me at an age when the unexpected is rarely good news. As we get older, we find medical maintenance eating up our days; we are saddened by the decline and disappearance of friends. Besides this, we are appalled to find that the young (and everyone is young from where we stand) may view us as not quite real, surplus to requirements, like garden gnomes. We apparently appear sometimes as pale snapshots of last-century life forms, divested of any wisdom or capacities we might once have had, but still talking.

I know how exceptional my position is: I stand today somewhere I have never been before, ignoring the everyday and looking forward, because the last
two years have cracked open my understanding of myself. They have changed my view of who I am and what I have done with my time. I can ignore questions tinged with the dismissiveness of ageism because when I look at myself, I see only the sharp clarity of a redefined image. To know that change is possible so late in the game, to experience it, is startling, invigorating. It is priceless.

How lucky am I. And how much do I want to share the joy I have felt at solving old riddles and building upon new understandings. How much do I wish this exhilaration of discovery for anyone who is curious about how we become who we are and why we do what we do.

MY MOTHER DIED at ninety-six, in November 2013. More than six years ago.

She died in a hospital she had entered in 2007 for rehab, after surgery for a broken hip. My sister and I used this period of compulsory in-patient orthopaedic treatment to have her mental condition assessed as well. We wanted her sectioned, committed, and for this to happen, we needed a formal diagnosis of mental illness. We had no other choice if we wished to save our father from her, and to save her from herself.

We prevailed. She never went home from that hospital. After much consideration – which was as it should be – a geriatric psychiatrist diagnosed her with malignant narcissistic personality disorder, and judged that setting her free would result in tragedy. She was transferred to a locked ward, an airy prison with wide windows and tasteful furnishings, where she lived out her days with others as severely impaired as she was.

My sister and I reacted differently to this last chapter of our mother’s life, as we had to the wasteland that was our childhood. I believe that for my sister, seeing our mother deprived of her freedom was a kind of victory. For me, being obliged to seek this outcome struck me dumb with grief and marked my heart forever.

The Erratics is the story of all this, of us answering the distress call of a concerned stranger after my mother’s hospitalisation, and spending the next six years travelling frequently to the Canadian foothills to extricate our parents from mayhem of their own making.

Our situation was exceptional, as we had been disowned and disinherited twenty years earlier, at my mother’s insistence. Over that time, we had lost contact with our parents and with each other. It is unclear why we
both responded to the call. I suspect our reasons were different, but we both showed up.

WRITERS OCCASIONALLY SAY, when asked why they wrote the book they did, that it wrote itself. It’s better than saying you don’t know; it leaves space for the notion of inspiration. What is true is that when you hit a seam of truth, an underground reservoir of pain, the pressure builds and the means to tell the story may present spontaneously. When this happens, the writing is a pleasure.

_The Erratics_ was like that. I knew I wanted to recount the bizarre and ludicrous things that happened in the middle of the heartbreak and frustration of those years – I’m a sucker for strange juxtapositions and black humour. A deeper reason to write lay underneath, however – one that strengthened over time.

It was this: I was stricken when I saw my father in 2007. I saw a skeletal wreck of a man, shambling, confused; he resembled in no way the father of my childhood, physically fit, successful in business. I measured how decades of living with the destructive force that was my mother – the same force that made me who I am – had robbed him of himself, made his existence meaningless.

In his book about death anxiety, _Staring at the Sun_ (Scribe, 2008) the American existential psychiatrist Irvin D Yalom describes what he calls ‘awakening experiences’: the losses and shocks of life, the big hits that oblige us to revisit our choices before it is too late, to do better for ourselves. Seeing the hollowed-out spectre my father had become shook me off my foundations.

I understood how short life is even if you live long; how meaningless, if you fulfil only the wishes of others. My mother’s exactions had left scars on my father’s soul, habits too ingrained ever to be remedied – silence, withdrawal, despair, a comprehensive paranoid mistrust – and I knew I bore the same scars.

I saw my end in his, and my heart revolted. I fought, as did my sister, to return some agency to him. We fought as though it were a matter of survival. It was, and when I fought for him, I fought for me.

Protecting my father meant depriving my mother of her liberty. My book is also about how, over time, life forces decisions upon you that leave you heartsick, about how it feels to choose courses of action you cannot fully accept.
I began to write it all down. My mother died just as I was finishing the manuscript; I wrote the ending the book had to have. Then, for the two years it took for the shock I had felt, and its implications, to soak through me, to impel me to see and do things differently, I left the manuscript in a drawer.

I HAVE ALWAYS read, and always written. From the time I learnt to shape letters on paper with a pencil, I knew how to decipher their meaning on a page; I could create my own meaning with them.

At school, I realised that I could produce a story, a composition, a book report. I could get the top marks demanded of me. Failing was not an option. My mother’s mental illness meant she did not see me as separate, discerned no boundary between her and me. My successes were hers; she ordered them up from some warped internal menu of her own. She craved recognition. We must – and we would – excel at everything.

By the time I went to school, my mother had created a puppet. I was a child fashioned to fulfil her wishes, excelling at the tasks I was set. All sense of self had been drained from me – it could only have distracted me from what I was meant to do. Any nascent feelings of agency had been crushed.

My mother used formidable tools in remodelling my psyche: the complete withdrawal of affection and even of her physical presence; a refusal to acknowledge my existence, looking through me, not hearing me. I lived in fear that some involuntary expression of my pain, or my hopes, might escape me and cause her to abandon me yet again.

Zadie Smith said in a recent interview on ABC Radio National’s The Book Show that reading is a radical act, that ‘to read is to be out of the observing eye’. As a child, I knew this.

I knew that I was safe, ‘out of the observing eye’, in two places: inside the pages of books, or in what I thought of as my ‘mind’. I imagined this as an actual physical place, a snug study in a tower, with bookshelves, a warm quilt on the bed, a mullioned window, pens and notebooks on the desk.

I could do as I wished in this sheltered workshop, the inside of which I would draw on sheets of white paper with an HB pencil. Always two pictures: a ‘before’ and an ‘after’. The ‘before’ picture showed this eyrie in disorder: scattered papers, books crooked on shelves, an unmade bed. The ‘after’ picture showed a neat, welcoming room, a lamp throwing a golden net of light over the desk and the chair. I made order out of chaos.
I imagined myself living in that space, writing the stories I invented as I walked down the dark, icy streets to the library bus, which parked one evening a week next to the skating rink. On my way home, I took time to dream and imagine. I lay down on the pristine blanket of fresh snow on someone’s lawn and stared into the stars. I moved my arms and legs slowly to make a snow angel, and thought about what I wanted to say.

WHAT LUCK FOR a child struggling through a damaging upbringing to find a refuge in writing. A safe house, a panic room. To this day, I go there. The writing I do usually stays in there. I rarely share, except with my writer friends. I let them in because they are kind, and because they too lay their writing on the desk for all of us to read. They make themselves vulnerable in the same way I do, a kind of Cold War nuclear standoff situation but with pens, and friendlier.

When asked why I have rarely sent my writing out, I am tempted to ask in reply: why would I knock down the walls of this place where I am safe, to let the world in? Why would I seek to extend the reach of what I write beyond this space? I do not fear the harshness outside because I stay in here. There is, however, a little more to my reticence than that.

Make a child ashamed of anything that is hers alone, terrorise her into believing that her sole worth lies in embodying the desires of someone other than herself, and you create the person I was for many years. You guarantee the paralysis of this child, the teenager she grows into, the adult she becomes. She will freeze when confronted with the harder realities of life.

This means she tells no one of bullying in the class cloakroom when she is eight, because all she can do is freeze. And whom could she tell?

This means she is not surprised when an older boy assaults her one night when she is thirteen, in a corner of the municipal swimming pool where the spotlights don’t reach, shielded from the view of others by his complicit friend. She tells no one; she has no word for assault. When this boy fails to recognise her on a bus a week later, it is confirmation of her invisibility, her lack of substance. The experience is bitter, but not surprising.

The adult this child became, the adult I became, has fought every important battle twice. I have needed first to overcome a paralysing sense of helplessness and invisibility before engaging in any struggle. In relationships, in the workplace, in defence of someone or something less fortunate than myself, of a principle, half my energy has been spent pulling myself
upright and shoving myself forward. I have been less than successful in battle. Sometimes I have barely shown up.

I have no illusions, however. I don’t think that had I been more present in the larger, less personal combats, I would have tipped a balance – but numbers matter; my voice might have counted. I would at least have had the satisfaction of trying wholeheartedly, of standing with others. My inner landscape would have been less bleak. I might have been less lonely.

THE SHOCK OF seeing my father so diminished in 2007 was almost physical: a bucket of ice water, a violent slap. It still took time to permeate my dreams and my consciousness. I thought I was the same person as always through those years, just a little sadder for seeing him so frail. I swam through molasses and slogged through periods of numb lethargy. I realise now that those times must also have contained minute subterranean shifts, imperceptible seismic events brought about by new insights, tiny but cumulative.

Without noticing, I was making small changes, pruning back whatever prevented me from seeing where I wanted to go. I stepped back from my work, resigned from committees. I finished my book.

I ventured outside. I learnt that I preferred my solitude to most of the new activities I tried, but now I could draw that conclusion from experience. I started to open my doors, my windows and my heart. I have left myself open to more pain than joy, but neuroscientists have discovered that paracetamol lessens the ache of a broken heart, and so I have no fear.

There were two recent moments where action I took shaped both the story of my book and the story of me as a late-blooming author. The first happened in 2016: my memoir manuscript had been in the drawer for over two years.

One blurry night of insomnia, I gave up deep breathing and reciting poetry and got up to check my emails. In a newsletter from Varuna, the Writers’ House in the Blue Mountains, I read about an upcoming Memoir Focus Week: five places available; one day left to apply. Why not, I thought, with a straightforwardness quite unlike me. If not now, when exactly, you prevaricating, flightless goose? I asked my sleep-deprived self.

I applied, mostly to forestall any regret about not acting that I might torture myself with later. Not expecting a result, and not fully measuring how unusual taking this step was for me, I did not stall and let the deadline pass, telling myself I would think about it some other year. I pushed ‘Send’.
I got one of the five places. In amazement, I heard the Varuna consultant who read my work say words I have never forgotten: my manuscript would certainly be published and she would champion the book it became. She was the first in a succession of exceptional book people, most of them women, who have believed in *The Erratics* and encouraged me, putting time and effort into pointing me towards whatever I needed. These are my fairy godmothers.

I respect these people; there was no way I could disregard their encouragement. Their words propelled me forward. Urged on by my Varuna consultant to send my manuscript out, I entered it in a memoir competition sponsored by a small independent publisher.

I won the prize — a sum of money and the publication of my manuscript. One of the prize judges launched the book on a stormy winter night in a Sydney bookshop. The room was packed with friends, family and people who came in out of the rain, all of whom laughed at the right places when I read. I felt I had won the lottery.

This happiness was short-lived. A matter of weeks later, the small publishing house announced its closure. *The Erratics* would be out of print in six months. My distress was keen — I had been, for a moment, pleased and excited to see my book out in public, following its own path. This distress was compounded when I learnt in passing that the publisher had decided against entering it for the Stella Prize, reversing a decision I had been told about some months earlier. I had been thrilled to think that my book could take part in that competition, be involved in something exciting, positive.

This was the second moment when I made up my own mind, shook off my inertia. I checked the Stella submission deadline, and with fewer than forty-eight hours to go, I requested the publisher follow through on what I had originally been told. I contributed to making my entry happen, sending personal copies of my book to Melbourne to meet the deadline. I suggested, for good measure, that it also be entered in the non-fiction category of the NSW Premier’s Literary Awards.

*The Erratics* was longlisted, then shortlisted for the Stella Prize; it was also shortlisted for the Douglas Stewart Prize for Non-Fiction in the NSW Premier’s Literary Awards. I was suddenly not invisible anymore. An agent came forward to represent me, and immediately found a new publisher for my book. I had some trouble absorbing all this; I was for a time simultaneously dazzled, disbelieving, joyful and terrified.

I won the Stella Prize.
I often wonder what my state of mind would be today had I not insisted that *The Erratics* be given a chance. I am grateful I had become, by that point and thanks to the exfoliating experience of writing about ageing and lost opportunities, a woman capable of stepping up. I cannot imagine life without what has come my way because of that sequence of events: my book back out in the world with an enthusiastic publisher and a beautiful new cover; a magic carpet sweeping me off to places I have never been, where I have met fascinating people. I am still riding this carpet in the company of my fairy godmothers, new and old friends, children, grandchildren, and readers who tell me that their secrets are a lot like mine.

I saw a strange thing in the sky the other morning. It made me reflect on the moments of creative satisfaction we enjoy when life presents us with the perfect image, symbol, metaphor, for whatever is preoccupying us. ‘Look at this,’ it seems to say. ‘You can use it if you want; you might like to write about it.’

So – this strange sight: a vapour trail across the face of the sun, but not the usual long streak bisecting the blue from horizon to horizon. This one was short, a wispy tail feathering out behind it, suggesting threads of a story coming together from a beginning lost in the deep clarity of the morning sky. This vapour trail did not carry far forward. It was more past than future – but it was bright, so bright, with the sun behind it.

I looked at it until I was seeing spots. I knew I would write about it: about my happiness on seeing it, on imagining, as writers do, that it was meant for me to see. I absolutely do not believe in the possibility of this being true, but I cannot resist the radiance of these things that fall in my lap.

How beautiful to behold, how wonderful. For a microsecond, I see my story in that gauzy silver flash of discovery and enlightenment. For an infinitely small parcel of cosmic time, my story is that vapour trail across the sun.

Vicki Laveau-Harvie was born in Canada, but lived in France for many years before coming to Australia. She is a former academic and translator, and taught ethics in a primary school after retiring. Her memoir, *The Erratics* (4th Estate, 2019), won the 2018 Finch Memoir Prize and the 2019 Stella Prize.
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