

Cradling Your Mother

For women, the need to nurture each other is not pathological but redemptive, and it is with this knowledge that our real power is discovered.

—Audre Lorde

The representation of women interacting with other women, whether nurturing or not, is often pathologized in western literature. In our stories, mothers who remain active in their grown daughters' lives are "nester neurotics." Daughters who continue a profound relationship with their mothers are often diagnosed as "immature chicks," fearful to fledge, or as sickly sufferers from an unresolved Electra complex. Women with women as partners are "perverts" in an "unnatural relationship." And female friendships are secondary to and sorry substitutes for relationships with men who plant the wake-up kiss on Sleeping Beauty, take Cinderella out of the cinders, snatch Andromeda off of the rock, just in time, and rescue Princess Leah. Nurturing sisterhood is compromised by a ferocious, faithless sibling rivalry. As Ruth Ray (1996) points out, an adult child caring for a disabled mother is often regarded as a victim of a social disease, exhibiting the syndrome of co-dependency or of failure to care for numero uno. She fails the developmental test of what Jung called the "noon of life" and which he describes as "individuation" in the sense of a process through which a person acquires a clearer personal identity, a process usually thought to be a crucial aspect of childhood and adolescence. Not very redemptive these, but very androcentric.

We assume that the maturation process, the developmental sequence, advances toward a "true" self, one that is separate and individual. This may be event oriented: getting a license, buying a bra, leaving home. This also may be

seen as a life long emergence of the “true” self. Many women, however, are socialized into a gender identity that is not directed toward separation and individuation but toward connection and communality. Indeed, some research suggests that empathy, not individuation, is at the center of many women’s personalities. Yet women are “diagnosed” as immature or as pathologically empathetic. But men, who become fiercely separate and aggressively individualistic are “mature,” not suffering from “pathological isolationism.”

The old truism that a woman can raise ten children, but ten children cannot provide for one mother, is not true. Our stereotype of the elderly being “abandoned” by their families, particularly by their daughters, and “warehoused” in nursing homes, is false and widespread. I taught in China in the eighties and my Chinese students thought that the decadent Americans sent their pets to hotels and charged their parents when they came for dinner, and—worst of all—put the elderly together, isolated them, in so-called “homes.” They thought this was not only weird but wicked. The evidence suggest that both we and the Chinese have it wrong, however. Ruth Whybrow (1996) in her recent text, *Caring for Elderly Parents*, notes that “almost three times as many disabled older people are supported in their own homes by their kin as live in nursing homes (12). And the term “caregiver,” which describes those who keep their elderly parents out of institutions and care for them in their own homes or in the parents’ home is also wrong. Ruth Ray suggests: “Care suggests that the activity involves intimacy and connection in addition to the meeting of physical care and ‘giver’ suggests that this care is offered freely” (1996: 97).

Despite the plenitude of problems around care giving by adult women in various forms, all the polls show that one of the most dominant and powerful shared themes of women’s filial care giving experience is “their fundamental acceptance that parental care is a woman’s role.” *Every day is Mother’s Day with me*. This is true in most cultures most of the time, and is confirmed and often enforced by sociological, cultural, and religious traditions. As Ivy Schweitzer points out, in the Book of Ruth in the Old Testament, written more than a thousand years before the birth of Christ, Ruth is regarded as exemplary. She selflessly cares for her mother-in-law, Naomi, even though Naomi has no more sons to give her: “Where you go I will go, and where you lodge, I will lodge. Your people shall be my people and your God my God. Where you die, I will die ... there will I be buried.” Furthermore she bears a son for Naomi thereby becoming the great grandmother of King David and fulfilling scripture. And this is a daughter-in-law.

This paper examines the possibility of redemption in the nurturing relationship of adult daughters and dependent mothers. By “redemption” I mean atonement, or redemption in the sense of freeing, delivering, or restoring. To make this possibility clear and emphatic, I’ve combined the anecdotal and the scholarly, the subjective and the objective, pairs irreconcilable in the binary oppositions of the father tongue.

My mother, Ruth Flagg, died at 6:50 on August 16, 1996 at home. In bed.

Alone. The autopsy, or “post mortem pathology report” my sister ordered described my mother as an “elderly, frail, white female who measures 5’6” in length and is estimated to weigh 120 pounds. Her heart weighs 425 grams. Her main arteries are 80 percent occluded. Her large intestine is unremarkable ... very early stages of Alzheimers disease.... Cause of death: arrhythmia.”

Actually this “elderly white female” was 5’4” and weighed 95 pounds. And her 425 grams heart had wished and worked to wipe the tears out of the eyes of the world.

In her career as a nurse, she cared for rejected newborns in our home. She took in unmarried, rejected girls who had the good fortune to find the sanctuary my mother was. Early in her career she had been an obstetrical nurse who felt each birth was a miracle. She cared for the mad later in her career, and the last twenty years of her professional life as Medical Director of the Jewish Home for the Aged in Worcester, Mass. I picked her up there now and then. She was usually late so occasionally I would go in for her, although the scene was so depressing it made my teeth ache. Many patients would be at the front door, often wearing their best clothes, watching and waiting for their children or for the friend who never comes or for Death. Perhaps they were plotting an escape.

Once my mother and I were coming out, and as we passed one room my mother saw that an old woman’s leg was hanging off the side of the bed. My mother tucked her leg under the blanket, and the patient began to cry. After a few minutes my mother got onto the bed and cradled the woman in her arms, singing so softly I could hardly hear her. The old woman finally fell asleep.

This was a typical scene in my mother’s professional life. She cared for the sick and the homeless, the abandoned, the tired, the poor. Lost animals and strays of all kinds seemed to find her by a “homing instinct.” She fed corn to the pheasants who came to her back yard. I wrote a poem for her once called “The Benefactress of Pheasants.”

I used to imagine that she prayed, “Please God don’t send me anyone else to love.” But much of her personal life was also spent caring for and nursing her own mother, her sister, my father, her grandchildren and us, her children. She did not care well for herself, but she did not use this as a control mechanism whereby we could be subtly guilt tripped into submitting to her posing up there on the high moral ground. She “gave a gift without return,” as Helene Cixous says.

My brother called her Mother Teresa. Her sons-in-law said they had only married her daughters because she was already taken. My daughter said that when her grandmother died, she would ascend straight to the heart of God. At her funeral several famous doctors said they had had the privilege of working with many distinguished medical experts in their lives, but they had never known anyone who was as great a healer as my mother. My daughter wrote a poem about mourning her: “If every velvet bloom of every perfumed flower bowed their heads, would that be enough? If all the birds sang your name? If the rain cascaded as rose diamonds? If all the world were to stop and all the lights

go dim? Were everyone in every place to shed a tear, would that be enough? But the world doesn't stop. The lights shine bright, the rain comes down complacently. The birds sing familiar tunes. And all the flowers in all the world do not fill this room."

My mother's need to nurture women, as well as others, was redemptive for her as well as for those others. And it wasn't merely a need; it was also a choice, constant throughout her adult life, even as she lay dying. One of our cousins said that "she took a long time to grow old." Up until she was about 82, she had few of the symptoms of old age. But over the last three years of her life, she had suffered many of the common ravages of old age: she couldn't recover quickly from infections, she forgot names, and toward the end her short term memory was not good. Many of her friends and her beloved brother and sister had died. She had to stop driving. The worst for us were the personality changes, but not those that occur most often according to gerontologists, namely pessimism and self-centeredness. She became able to express anger about our father, and more significantly, to our father. Once, in a singular show of anger, she refused to go to the doctor, but I insisted. "Don't I count?" she asked, and I told her that she had said that she would do as I suggested because her judgment was impaired, and I knew she needed to go. I said that she knew from her nursing experience that we must consult a urologist. I asked her to go for us. She did, of course. And once, when she was hospitalized and afterwards spent three weeks in a rehabilitation and nursing home, she expressed jealousy, a common characteristic of old age but unknown to my mother. Her Russian nurse, Nina, had refused to leave her bedside when my mother broke her hip and was hospitalized. Nina stayed beside her bed reciting prayers aloud, softly, in Russian. She kissed my mother's hands. Late in the evening the nurses would insist that she and my father, who also never left the bedside, leave. Once my mother said that my father seemed to want to go home with Nina. I was flabbergasted, but managed to say that she knew my father loved her, always and all the time. My father put his head on the pillow next to hers and said that if she died, he would follow her shortly since he belonged to her and she belonged to him. And for the first few days at this well-recommended nursing home and rehabilitation center she would cry with humiliation because she had to lie in her own feces because the nurses were too busy to come promptly, and we didn't dare lift her.

But worst of all for her was the loss of the ability to be the caregiver and accept her role as the care recipient, a reversal of roles, which became worse after she broke her hip and was not able to walk alone. The reason she had broken her hip was she tried to get up from the kitchen table and walk to the sink to help Nina. She shuddered when the visiting nurse brought a wheelchair and a hospital bed. She apologized time after time for being a burden. She was afraid I would injure my back if I tried to lift her to the wheelchair. She always cautioned me not to compromise my life and goals on her behalf.

One night my sister Alice and I were talking about placing her in a nursing home, and she was in a wheelchair nearby, but she no longer wore her hearing

aids, so we spoke freely about the cost, the effect on her, and the effect upon our lives. At one point our mother wheeled herself over and said she didn't know what we were talking about, but she had some money she would be glad to give. My sister patted her on the head and said she needn't worry—we would take care of everything. Our mother wheeled herself away. I felt as if she had been dismissed. Alice meant that since our parents were in their second childhood that the roles were reversed, and we were parenting our parents, and that meant we would make all the decisions about money and care and residence. Her decision was that we should place our parents in a good nursing home, where they would be safe, and we would be free to lead our own lives.

I said I didn't think that they were babies again. And that we could keep them safe at home in our love.

Alice said she really didn't know who they were anymore. As far as she was concerned, our real parents had been gone for years. These people were strangers. They had lost all vitality, all strength, all dignity. She said it had been very hard for her to watch them deteriorate. She asked me if I would help them to die. I said I didn't know. She said she could if they were vegetables. I said that I thought I might be able to do that if they wanted to die. If they asked me.

She said it made no difference. She could help them to die, whether they wanted to die or not. She said, in way of explanation I supposed, that recently she had had to leave her classes several times and come to our parents' home, about an hour and a half away. She said by the time she got there, the crisis was usually over. She had, furthermore, to call doctors who didn't call back. And, she added, "When I stay overnight, I don't get much sleep" because Mime, as we called our mother, sometimes rattled the bars on her hospital bed. So I had to get up and tell her firmly that it was now time for sleeping. They are like children. "The next time she rattles those bars I am going to ignore her. You know, like a child, she'll figure out that rattling the bars does no good."

I told her that Mime was suffering from anxiety attacks, and if she pulled her cot next to Mime's and reached through the bars and took Mime's hand, she would be quiet and comforted.

She told me we shouldn't pamper them. After all, they had had their lives, and she needed to lead her own life now. She wasn't about to give up her friends and her career advancement. And she felt that they had saved for their retirement, and so we should use their money to pay all of their bills. It was not necessary for us to give them any money. And all the money would be gone soon since nursing home care would cost between \$200 and \$300 per day for each of them. And when they had only \$70,000 left, Medex would take over.

She added that she hadn't asked to be born.

I said they hadn't asked to die.

I became so angry I couldn't continue the conversation. I got up and made

tea. Much had remained unspoken in my sister's and my relationship, even though we had been very close with hardly a smidgen of sibling rivalry because she was a prom queen, and I was a geek, and ten years older besides. She would sometimes say I was her mother. I had never had a serious argument with her because I didn't think love and anger were compatible, and besides, I was the understudy for the family peacemaker, our mother. Peace at almost any price that she herself could pay was my mother's policy in her personal life. Both she and I believed that relationships were first and everything else was derivative. I brought Alice a cup of tea and said I would think about her proposal and get back to her. I wanted to say that I thought she was betraying them to lead her jet-set life of jumping and jiving in Marakesh.

Over the next several days I went to the warehouse for heavy artillery; I went to the library. I read everything I found to justify my position. I read Carter William's (1989) article, "Role Reversal." This phrase, he says,

is still used to describe the relationship between an adult child and a dependent parent. But parenting the parent reinforces the most negative and terrifying stereotypes about frailty and parent/child relationships in old age: the parent becomes a burden. The adult child, in most cases the adult female child, is forced to give up her own life in order to pay back her parents for the care they received as children. There are changes, of course, but change is not synonymous with reversal. The roles are different, but different is not necessarily reversal. This is simplistic. Childcare is different from managing decisions about another adult's life. (32-33)

Elaine Brody (1995) makes the same point and identifies the specific differences between caring for a child and caring for an aged, ailing parent. The elderly and the caretaker roles are not chosen by either. Sadness rather than joy accompanies each change in the trajectory of the parent's dependence, and both parent and child strive to avoid these changes. The duration of parent care is relatively open ended: some caretakers sometimes say they have cared for parents longer than they had cared for their own children.

Young mothers' feeling about incontinence in her parents do not resemble the adult child's feelings about incontinence in her baby. Changing a baby's diaper is not the same as washing a parent with diarrhea or changing their Attend. The child has less dependency and the old have increasing dependency. Reminiscences about early life experience, failing memory, confusion and disorientation do not mean that the old person is returned emotionally or psychologically to childhood. Being expected to become child to one's child adds insult to the injury of becoming disabled and losing autonomy. A sense of control is central to the integrity of the human personality. Magic

Kuhn, founder of the Grey Panthers says: "... don't turn us into wrinkled babies." (Brody, 1995: 65-66)

Barry Gurland (1983) in *The Journal of Gerontological Social Work* says that if there is any truth in the role reversal theory, "the parallel would be closer to a mother of a child with a debilitating disorder who is dying or who is severely, possibility hopelessly, retarded." Ruth Whybrow says

In reality, our parents, in most cases, continue to think of themselves as capable, knowledgeable, and nurturing, and are usually acutely sensitive to signs that they are not. The damage and consequences of patronizing older people are immense. However impaired in old age, your parents have lived many decades as adults in control of their own lives. Even the most confused seem to sense that there is something amiss when they cannot look after themselves. They are embarrassed by signs of failure such as incontinence, and often troubled by needing help with simple tasks, such as dressing. When they are treated by others, whether their children or staff in a nursing home, in manner, words or tones normally reserved for young children, their dignity and self esteem are seriously threatened. (1996: 60-61).

I stored up more ammunition for the forthcoming Armageddon with Alice. I had been the primary giver of intensive care from within the family of three siblings ever since the need for care became undeniable. My husband was heroic in his efforts to provide real, hands-on care, and my daughter supported both my mother and me. Our father provided some help, but he worsened as my mother worsened. He became ever more angry with us, his children, although not with my husband, because we had begun to take over some of his responsibilities. We scheduled their doctors' appointments; we planned the food; we made decisions about his investments; we drove the car. (My father had blacked out several times, and so he had agreed not to drive, but he promptly forgot his wise decision when he realized how his freedom had been compromised.) He was also angry with my mother because he had begun to realize how dependent he had been on our mother throughout their marriage. One night I woke up because he was shouting at my mother downstairs. He said that if she was trying to drive him crazy she was doing a good job. When I went downstairs, I saw that my mother had thrown up all over the bed and was gasping. When he realized what had happened, my father apologized to my mother. My father seldom apologized.

My brother visited regularly, but he usually only helped with home repairs. He said he couldn't bear to give our mother personal care or to be with her for more than fifteen minutes. He would become nauseous. He couldn't stand it. (I thought of a play about the lives of women in a small New Hampshire town during the late nineteenth century: "It Had To Be Done So I Did It.") But my

brother, and the rest of us as well, unconsciously subscribed to the notion that “the daughter is a daughter all of her life, and a son is a son till he gets a wife.” Ruth Ray (1996) says that this is typical among children who are primary caregivers, daughters outnumber sons three to one. “If men do share in the care giving, the tasks are apportioned along traditional lines: men usually help with transportation, home repairs, and financial management; women give personal care” (96-97).

And for the last 18 months of my mother’s life, I, the eldest daughter, spent all vacations and nearly every weekend with her. The round trip was six hours. I called every day until she could no longer hear me. I was in the emergency room so often the cashiers in the cafeteria gave me employee discounts. I became so tired that I had to hire help. I hired Nina to live with my parents. I hired a tutor to help Nina with her English. I hired a Russian interpreter who was always on call so we could be sure that Nina understood vital information. I saw to it that Nina got to church and could take long weekends with her daughter. I paid her dental bills. She was critical to the cause. Alice had arranged for a visiting nurse and a home health provider. (This ability to hire so much help sets us apart, of course, from many caregivers, who must do it all alone.) Throughout this time, I held at full-time job at Dartmouth.

Sarah Vaughn-Brockman (1994) says that only two hundred of six million employers in the U.S. offer any assistance with elder care, and half of these companies merely provide long term care insurance. Brackman goes on to say that the family and medical leave act in the U.S. provides job protection for caregivers of children, parents, and spouses, but the leave is without pay and for a limited time (26-27).

Toward the end of my mother’s suffering, I slept on a cot next to her bed, and if she woke in the night, I would put my hands through the bars on the sides of her bed, and hold her hand, and she would be able to go back to sleep. Sometimes I would wake in the night and reach for her hand and take her pulse and then go back to sleep myself, still holding her hand. When I took her for a ride in the car, she would put her head on my shoulder. Sometimes I would cradle her in my arms. In many ways I was grateful for the opportunity to help my mother. She had seldom asked me for help. Caring for her, however, was often exhausting and excruciating. I watched her disappear, dissolving like a snowflake into the air.

Nina was a blessing. She would wake my mother, who she always referred to as “Mrs. Flagg,” by applying warm washcloths to my mother’s face, then kissing her gently on the forehead. (My sister insisted that although Nina was good-hearted, our mother was not safe with her because of the language problem and lack of intelligence.)

At last I felt I was ready to take on my sister, although I had read works that seemed to not only identify her position vis a vis our mother, but to note that these reactions were common and had some justification. For example, Carter says that many adult women caregivers experience conflicts between obliga-

tions to their own partners and children and their responsibility to their mothers, conflicts between their mother and their jobs, conflicts between their duty to their mother and their duty to themselves. “There are the practical problems of feeding and toiling over your mother,” and how long can you tolerate a house kept at tropical temperatures because of the parent’s poor circulation? There is the problem of guilt—“I’m not doing this with a song in my heart”—and it is never enough. There’s the anger. The sense of being overwhelmed. The resentment. Financial problems. At last, there’s the problem of facing your own mortality. I understood that my sister saw no possibility of empowerment or redemption in her relationship with our mother at this time of her life. It was more of an endurance contest.

The showdown was brief. I told Alice that I would not put our mother in a nursing home until every other possibility had been tried, and that time was not now. She told me—in the tone you might use to subdue an incorrigible second grader—that I was a martyr to our mother. And she wanted no part of it. I said that if she was unwilling to help me, I would take charge and make decisions about her life without consulting her. She slammed the door as she left. I thought I was losing my sister as well my mother. But a few hours later she came back. “I’ve been driving around,” she said, “and I want to say that yes we’ve had a fight, but I still love you and I’ll do what I can. I’ll be back on Thursday.” Afterwards she systematically managed the money and helped with the doctors’ appointments. But she continued to compliment our mother for eating her vegetables and praised her for solid bowel movements. Was there nurturance and redemption and empowerment in these complex circumstances—redemption in the sense of freeing, delivering or restoring in some way and also in the sense of atonement made for an offense? At the time it seemed more like damnation.

Nina said that in Russia when your mother dies, you are regarded as an orphan, no matter what your age. Her nurturance was redemptive in the sense of atonement. When her own mother lay dying in Siberia, Nina was working in Moscow. It had taken her weeks to get enough money to go home. Her mother died while Nina was on the train en route to her bedside. She said our mother was like her mother, and she was happy to care for her.

And in some convoluted way my mother had redeemed herself and empowered herself. She was able to salvage her sense of some control, some integrity. She relieved us of whatever sorrow or stress she could. Despite 80 percent occlusion in some of her arteries, she still walked with her walker and performed the simple exercises. How much courage it must have taken for her to get to the table to eat when she wasn’t hungry, to watch the movies we brought to her when she couldn’t hear them. And even when she was in pain or fear, when consciousness dimmed, when she spoke from her subconscious, she would repeat and repeat again and again, “I love you,” “I love you,” “I love you.” This was convoluted in the sense that my mother didn’t have anything to atone for. Unless, of course, she believed that mothers must always be selfless

saviors who seldom require care and tender mercies.

I was redeemed inasmuch as I learned that I could exert power deliberately and in multifarious ways without destroying my relationship with someone I loved. I learned the strategies of power and exercised them deliberately, consistently and unashamedly. I moved from cooperation to leadership. I learned that love could survive anger and that there could be love without misery. I learned that even after you are *sans* sight and *sans* hearing and *sans* bladder control, when you are only semiconscious, only able to mutter or whisper, you could die with dignity. I realized keenly, close to the heart, that I would die, that later is sooner, that there was no longer anyone ahead of me in the line, no one to shield me from the sickle. I couldn't delude myself that time could be denied and death diverted. Never was never. A thud. And I discovered, as Lorde says, my own strength and power.

In the "post mortem," I saw my sister's point about various conflicts of the adult daughter caring for her ailing mother. Yes, I was tired. Yes, I had to give up a social life. Yes, I gained weight, eating for two perhaps. Yes, I felt overwhelmed. I was depending on my husband too much. I wouldn't have been able to persist without help. But I never thought that my care of my mother was pathological. I had a life and an identity of my own. And I freely gave my nurturance to her. Mostly, throughout, I felt a fierce and unfaltering faithfulness to my mother. She had not only nurtured me, she had enabled me to believe in the possibility of transcendence of the self, in the reality of goodness, and in the power of love.

Surely "goodness and mercy follow[ed] her" all the days of her life.

References

- Brackman, Sarah-Vaughan. 1994. *Adult Daughter Caregivers, Hastings Center Report*. (September-October): 26-28.
- Brody, Elaine, 1995. "Marital Status, Competing Demands, and Role Priorities of Parent-Caring Daughters." *Journal of Applied Gerontology* 14 (December): 370-90.
- Gurland, Barry *et al.* 1983. *The Mind and Mood of Aging: Mental Health Problems of The Community Elderly in New York and London*. New York: Haworth Press.
- Ray, Ruth E. 1996. "A Postmodern Perspective on Feminist Gerontology." *The Gerontologist* 36 (October): 674-80.
- Whybrow, Ruth. 1996. *Caring for Elderly Parents*. New York: Crossroad Publishing Company.
- Williams, Carter Catlett. 1989. "The Experience of Long Term Care in the Future." *Journal of Gerontological Social Work* 14 (2): 3-18.