

**School of Media, Culture and Creative Arts**

**Ambivalence in the Provision of Intergenerational Care to  
Older Australians**

*and*

**Neighbourhood Watch (short stories)**

**Sue Jane Gillieatt**

**This thesis is presented for the Degree of  
Doctor of Creative Arts  
of  
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## Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

Signature: .....

Date: .....

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## *Abstract*

This thesis consists of two components: an exegesis and a creative production, which examine, in a complementary way, feelings of ambivalence about providing intergenerational care to older Australians. The exegesis draws on a range of social science and other literatures to make an argument, and the creative piece is an anthology of short fiction. In regard to the exegesis, I draw on Marcel Foucault's concepts of discourse, power and knowledge to distinguish between two different ways of knowing about providing care to older people. I argue that official knowledge about care and caring is articulated via government, academe and the non-government care sector. Moreover, I argue that official knowledge, voiced by this range of institutions, regulates the voices of carers. The alliance of academic research, government enquiries and the non-government care sector promotes a triumphant and heroic carer voice, and so overlooks the voice that speaks of darker elements like unwillingness, resentment and, ultimately, ambivalence. Thus, the lived experience of carers is only partially understood by official knowledge.

Nonetheless, academic discourse about ambivalence shows that it is commonplace in the provision of intergenerational care, and produced internally or psychologically; sociologically or institutionally; and in complex interactions between the two. Academic discourse also links ambivalence to the nature of family relations, including previous care experiences, and suggests ambivalence intensifies during the life-course as adults face the demands of caring for parents at a time in their lives characterised by parenting children, doing paid work, and developing careers. The multiplicity of these demands underpins the ambivalence often felt by intergenerational carers—but seldom voiced in official knowledge.

Therefore, the thesis turns to other ways of knowing—to fiction and memoir. Drawing on the modes of fiction and memoir, I argue that unofficial narratives, including my own anthology of short stories, fill a gap in official knowledge about care and caring for older people created by its failure to acknowledge ambivalence. These stories show that ambivalence has its origins in family ties and manifests at different stages in people's lives. My argument, in both exegesis and anthology, is that when intergenerational-care narratives are shared, two knowledges speak to each other (the official and the unofficial) and the conundrum of providing unpaid care to older people moves from the personal and private out into public and political spaces. Here, more broad and open communication about the experience of ambivalence is enabled, and producers of official knowledge are challenged to recognise the reality of lived experience. Policy, programs and services in intergenerational caring then have the potential to develop a more realistic appraisal of the hardships involved.

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**Ambivalence in the Provision of Intergenerational Care  
to Older Australians**

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**July 2012**

## Chapter 1

### Introduction: Was It Just Me or is Ambivalence Common?

*But, for true need—  
You heavens, give me that patience, patience I need!  
You see me here, you gods, a poor old man,  
As full of grief as age; wretched in both!  
If it be you that stirs these daughters' hearts  
Against their father, fool me not so much  
To bear it tamely; touch me with noble anger,  
And let not women's weapons, water drops,  
Stain my man's cheeks! No, you unnatural hags!  
I will have such revenges on you both  
That all the world shall—I will do such things,—  
What they are, yet I know not; but they shall be  
The terrors of the earth. You think I'll weep;  
No, I'll not weep—*

Lear to his daughters Goneril and Regan, Act II, Scene IV (875)

*Miss Martin was old when I was a child. She's ninety-eight now, part of the adopted family, a network of the elderly, the lonely, the infirm, the derelict. My parents collect them. It has always been like this, and I've lost count of how many there are: people they check in on, they visit, they sit with, they take meals to. My mother writes letters for ladies with crippled arthritic hands and mails them to long distant relatives who never visit.*

Janette Turner Hospital, "After a Long Absence" (309)

*I think that the people I know now believe I went home to take care of my mother because I loved her. And sometimes I believe that was in my heart without my knowing it. But the truth is that I felt I had no choice.*

Anna Quindlen, *One True Thing* (24)

Experiences throughout my life have shaped my interest in how willingly or not we provide intergenerational care to older Australians, be they our parents, friends or neighbours. During my childhood, my mother appeared willing to provide care to her older friends. It is my recollection that she was never ambivalent. Indeed, the reverse— not unlike Miss Martin in Janette Turner Hospital's short story, she had the propensity to acquire older people, most of them women. There'd be two or three of them at any one time and she'd drag me along to visit them in their homes or in hospital. As a ten-year-old, I found this tedious but, at the same time, my mother's desire to look after older friends intrigued me. In hindsight, I wonder if my simultaneously-held feelings of both tedium and intrigue may have constituted early ambivalence. I think these early experiences were formative in contributing to my becoming

a hospital social worker and, in the first years of the work, I found myself drawn to the elderly much like my mother had been.

Later in life, I was surprised to find my own experiences of providing care left me feeling ill-at-ease and conflicted. This concerned me—I was disturbed by my own ambivalence in grappling with the demands of each situation. The first time I was in my mid-twenties, single and three months into a twelve-month overseas trip. Not unlike Ellen in Anna Quindlen's novel, I regarded the need to return home to care for my mother who had terminal cancer as, amongst other things, having cut short my rite of passage.

Twenty years later and, supposedly, more grown up, ambivalence stalked me a second time. Again, I was taken aback about how I felt about caring for my elderly father, a man in far greater need of care and time than I had available, or was prepared to conjure up. By now, I was in my early-forties, with two young children and teaching at university. I was managing work in both domestic and workplace spheres, juggling maternal and spousal demands alongside my father's growing needs. This time, my ambivalence galvanised me into writing this thesis.

I asked two questions upfront:

- Was it just me or is ambivalence commonplace in the experience of people providing care to ageing Australians? And, if it is the latter, what are the implications?

As my project unfolded, I asked more specific questions:

- What does the official literature—governmental, academic and so on—tell us about the experience of providing intergenerational care to older Australians?
- What does the unofficial literature—the testimony of carers and the like—add to the official literature?

In the process, I discovered that official literature tends to paper over the tough and more challenging aspects of providing intergenerational care, while unofficial literature probes that much more deeply, differently, speaking to us about ambivalence in carers. This led me to seek out academic literature about ambivalence and ask:

- What then *does* this literature say about ambivalence associated with the experience of providing intergenerational care?

In answering these questions, I came to appreciate a range of creative ways of knowing about the experience of providing intergenerational care to older people—television and film, documentary, news media, the self-help genre, the internet, theatre, poetry, and memoir and fiction. I was then able to ask:

- What *do* these unofficial intergenerational-care narratives tell us in relation to ambivalence?
- And what do I, or any of us gain, by examining them?



The endeavour to answer these questions led me to write a thesis consisting of two components: an exegesis and an accompanying creative production—the exegesis is a piece of qualitative research that makes an argument, drawing on a range of governmental, social science and other literatures; and the creative piece is an anthology of short stories. Together, these integral parts examine, in a complementary way, feelings of ambivalence about providing intergenerational care.

What follows in the thesis is a dialogue between two knowledges: one knowledge derived from institutional discourse about care and caring, the other from unofficial knowledge about care and caring. More importantly, since official knowledge is more privileged than unofficial ways of knowing, this dual-approach allows for unofficial narratives, like fiction and memoir, to challenge official knowledge and thereby produce different understandings and so different ways of making sense of the demands of intergenerational caring. As Richard Kearney argues, “life can be properly understood only by being retold mimetically through stories” (132); such stories not only portray personal and human experience but also, as Kevin Brophy says, they “break the rules of any code constraining any discourse” (192). To the best of my knowledge, fiction and memoir have not been examined either to understand the experience of providing unpaid intergenerational care to older Australians or to develop additional perspectives on the conundrum of providing care.

## **Framework for the Argument**

### **The Exegesis**

The exegesis charts the nature and production of official knowledge about care and caring in Australia. It demonstrates that official knowledge about care and caring is articulated via a range of institutions—government, academe and the non-government sector—resulting in the production of institutional discourse about unpaid care and caring and, in particular, unpaid care and caring of older Australians. I propose that not only has this discourse produced the object of “unpaid carer”—a relatively new term in the English language—but also it omits and represses key aspects of the lived experience of people providing care to older Australians, especially, the normal yet troubling experience of ambivalence.

When people do speak from the position of the unpaid carer, their voices are institutionally-mediated. My analysis shows that official knowledge about care dominates and shapes the care landscape in Australia such that the regulated voice of the carer is heard mainly via alliances between academe, government and the non-government sector, for example, a House Standing Committee Report in 2009: *Who Cares . . . ? A Report on the Inquiry for Better Support for Carers*. This official knowledge focuses on the more triumphant and heroic aspects of caring and mediates or silences the voices of carers who speak of the more

negative and darker elements of caring, such as unwillingness, resentment and, ultimately, ambivalence.

Nonetheless, although official knowledge dominates, it can be challenged by other sites of knowing, such as television and film, documentary, news media, self-help texts for carers, online sources, theatre, poetry, memoir and contemporary fiction—which, between them, offer both non-fictional and fictional storytelling about the experience of caring for and about older people. One such challenge is the way the range of unofficial narratives about intergenerational care reveal that ambivalence is integral to the experience—something that is not only significant in itself, but also central to understanding ambivalence and how to deal with it.

Throughout the exegesis, I draw on Michel Foucault's concepts to analyse official ways of knowing. In this way, the language of official knowledge is examined so that, as Adrienne Chambon and Allan Irving say, it is possible to "go beneath the smooth surface of things" (260). In particular, I apply Foucault's ideas about discourse analysis, power and knowledge to distinguish between two quite different ways of knowing about providing care to older people, and argue for a dialogue between them. One of these ways of knowing is official knowledge derived from institutional discourse about care and caring, and another is unofficial knowledge sourced in the alternative institutional sites of fiction and memoir. I also argue that unofficial knowledge about care and caring is the voice of storied experience, and is an alternative, far less privileged knowledge. Put differently, I suggest that the more privileged institutional discourse about unpaid care and caring is only one part of the story. Standing on its own, it is inadequate because it disguises the lived experience of providing care. It, therefore, needs to be challenged by what Foucault would call "subjugated" ways of knowing, the voices of people providing care.

Also relevant to this exegesis is the notion of the ageing body and the concept that care work is often bodily in nature. Here, I turn to the ideas of Julia Kristeva in *Powers of Horror: An Essay on Abjection*. First, I turn to her concept of abjection and how it creates ambivalence in response to the once-inviolable parental body falling apart: the concept of abjection resonates with our attitudes to ageing and the experience of providing care, especially bodily care, to older people. And, second, I turn to Kristeva's proposition that the literatures of fiction and memoir allow an "unveiling of the abject" (208). Julia Twigg says in "The Body, Gender, and Age" that "carework is concerned with what can be termed the negativities of the body—shit, vomit, sputum—all the aspects of the unbounded body" (68). Dealing with the "negativities" of older bodies evokes ambivalence which is complicated by official knowledge's denial of their existence. Philip Roth, in his memoir *Patrimony*, does not disguise their existence when he says, "You clean up your father's shit because it has to be cleaned up, but in the aftermath of cleaning it up, everything that's there to feel is felt as it

never was before” (175). Here, Roth openly acknowledges the appearance of his father’s excrement, and suggests that cleaning it up challenges him and alters him forever.

Another concept relevant to this exegesis is the gendered nature of care work. Given that women conduct the vast majority of care work, gender is central to analyses of care and, in particular, to understanding the feelings of ambivalence associated with providing intergenerational care. A wide body of feminist academic literature has contributed significantly to the production of institutional discourse about care and caring and, more specifically, intergenerational caring.

The key concept for the exegesis is the notion of ambivalence. In *Mixed Emotions: Certain Steps Towards Understanding Ambivalence*, Andrew Weigert defines ambivalence as “the experience of contradictory emotions toward the same object” (21), which may manifest as “simultaneous attraction to and repulsion from pursuing a particular line of action” (19). In their paper “Intergenerational Ambivalence,” Kurt Luscher and Karl Pillemer go one step further and say that relationships between the generations create inevitable ambivalence (413)—they coin the term “intergenerational ambivalence” (416). Academic discourse about ambivalence in the provision of intergenerational care shows it to be common-place, and produced at psychological, sociological/institutional levels, and in the complex interactions between these two. Academic discourse also suggests that ambivalence intensifies when adults face demands for parental care in their transition into mid-life, a time when they are managing the tasks of parenting children and working in paid employment.

### **The Anthology of Short Stories**

The creative production component of this thesis is an anthology of short stories that aims to add to unofficial knowledge about ambivalence in the provision of intergenerational care. Its purpose is to show that unofficial narratives can be a useful means of interrogating the way in which discursive fields about care operate. As a new writer, writing short stories came more naturally than producing a novel, poetry or drama. A collection of short stories has enabled me to provide snapshots of the variable and unpredictable experience of providing intergenerational care. My hope is that the experiences of ambivalence in these stories are accessible and illuminating to the reader, that sharing them, together with other such storying (some of which is invoked in the exegesis), can contribute to a social debate—which, imaginably, might have some power to transform care policy and practice.

### **Caring for Older Australians**

Not only is this thesis pertinent to middle-aged Australians providing intergenerational care to older people, more broadly, it is also relevant because of the commonly-held belief that a global crisis, indeed an Australian crisis, exists in regard to caring for and about older

people. The notion of a “care crisis” has conspired to foreground the topic of caring for ageing populations on international and national political, economic, social and public-policy agendas. Although writers like Canadian Stephen Katz in “Alarmist Demography” describe those who fuel an aged-care crisis as “alarmist” (203-25), this popular and growing view asserts that the economic implications of growing elderly populations benefitting from medical advances, which improve life expectancy, are substantial. The view holds that increased life expectancy results in increased care needs and burgeoning care costs in the context of declining fertility rates. Although a few writers drawing on Foucault challenge the prevailing concern in western democracies that ageing populations are costly and burdensome, this view, nevertheless, underpins national agendas on ageing and caring in western societies. Australia is no exception. The Commonwealth’s *Intergenerational Report 2010: Australia to 2050* maintains that the challenges of an ageing and growing population are significant. The swathe of other recent evidence provided by the Productivity Commission’s reports—*Trends in Aged Care Services in 2008* and *Caring for Older Australians in 2012*—indicates that current systems of care for older Australians are under duress and in need of major reform if they are to meet the challenges of the future. With the number of people willing and able to provide unpaid care declining, the view that there is a care crisis holds strong bipartisan and popular sway.

It is important to make the point that not all people with care needs are old and frail. Indeed, much of the current political discussion about care and caring in Australia pertains to the issue of child-care in an economy desperate to improve women’s participation in the labour force. Indeed, there is often an unsophisticated bundling together of issues associated with caring for and about children, young people with disability, people with chronic illness, people with mental illness and older people. Although there are similarities across the groups, this lumping together of care and caring can create a confusing dilution of the issues. This research seeks to establish that the experience of providing intergenerational care to older people is distinctive. I also maintain that it attracts far less attention than care and caring for children, young people with disability and mental illness. Yet, at the same time, I make it explicit where I have seen the relevance of drawing upon the literatures about care and caring for people with disability or mental illness for this thesis. As I write this, a friend with a twenty-two-year-old son with muscular dystrophy has just successfully pressed politicians to get funding to pay for the majority of her son’s twenty-four hour nursing care, most of which she and her husband provided voluntarily for the last ten years. Via conventional funding channels, they had been unable to convince a rule-bound bureaucracy that funding for home-nursing support was essential to their family’s survival.

Contrary to popular belief, most older Australians are not holed up in residential-care facilities. Instead, the 2008 Productivity Commission’s *Trends in Aged Care Services* reports that only a minority (5.3%) of people aged 65 years and older were living in high- or low-care

residential facilities in 2003 (10). We know also from the 2012 Productivity Commission report *Caring for Older Australians* that 80% of older Australians needing care and support receive unpaid care provided by spouses, family, friends and neighbours, mostly in private dwellings (xx). This level of unpaid care is significant and Access Economics estimates that its replacement value, across all groups of people with disability, chronic illness or old age, is growing rapidly. In 2010, the Access Economics report *The Economic Value of Informal Care in 2010* estimated that 2.9 million Australian carers were doing unpaid care work with a replacement value of \$40 billion per annum, a 30% increase in five years (i).

Even though there is much more to the care story than is told in these reports, arguments about the economics of care are, nevertheless, compelling, and leave us to question the long-term sustainability of providing growing levels of unpaid care. Just how ready, willing and able are we as a nation of communities, families, friends and individuals to provide unpaid care into the future? Indeed, rather than leap to assist our growing number of older people when faced with the call to care—if, indeed, we hear it—we sometimes balk. Our desire and capacity to respond is hobbled by ambivalence which has its origins not only within us, but also in the colliding political, social and cultural discourses of gender, work, family, care and the body, as well as in the contradictory institutional, structural and material arrangements pertaining to intergenerational care of older people.

## **Scope and Perspectives for the Thesis**

Caring involves meeting a wide range of needs across different types of care provision as well as a host of mutual interactions between all of the following: people providing unpaid care; people receiving unpaid care; governments regulating care; care organisations; and paid professionals providing care. In short, there are multiple perspectives on the issue. However, this thesis focuses on the experience of those (mostly family, but also friends, neighbours and strangers) providing unpaid care to older Australians, and on the dynamics of ambivalence which pertain to this situation. Of course the provision of care is never a one-way exchange and older people in need of care and/or receiving care also experience ambivalence. The examination of the perspectives of the cared-for, entirely needed, is outside the scope of this project.

The aspects of caring for and about older people in the context of a culturally-diverse Australian population are not overtly explored in this thesis. The implications of caring for older people in the context of a multicultural Australia are deserved of more thorough and immediate attention, and to do the justice to this issue requires a project of its own. It is only now that cultural diversity about ageing in government, non-government and academic literatures as well as in Australian fiction and memoir about caring is beginning to be recognised as an important issue for consideration.

In this examination of unofficial knowledge about care and caring, I focus on fiction and memoir as a source of unofficial knowledge about ambivalence in the provision of intergenerational care. Other modes of producing unofficial knowledge, like documentary, television and film, news media, self-help texts for carers, online sources, theatre and poetry, may just as ably provide the same, but I limit myself to fiction and memoir because they hold the greatest interest for me and provide a very considerable source of intergenerational-care narratives.

My interest is in unpaid care provided by networks of family, friends and neighbours rather than the formal system of care for older people overseen by government. Sometimes, in the literature, this unpaid care is referred to as informal care. Throughout the exegesis, I use these terms interchangeably, although I prefer the term “unpaid care” since it highlights the major economic contribution made by those providing informal care. Further, unpaid care constitutes the vast majority of care provided to older Australians, even though professional, paid-for aged-care, that is, care provided to older people through formally-organised residential and non-residential care facilities and programs, is also said to be in crisis. The expanding cost of formal care, costly state regulation, an inadequate labour supply and the projection stated in the 2012 Productivity Commission’s *Caring for Older Australians* (37) that the number of Australians aged 85 and over will quadruple between 2010 and 2050, all suggest that formally-organised care is highly problematic. With constant pressure related to the economics of care, government-regulated care businesses struggle to provide ethical and humane care. Although the formal-care system deserves scrutiny in its own right, it is also outside the reach of this project.

Finally, my use of the term “intergenerational” in the exegesis needs qualification.

Intergenerational relations across the life span are about family and non-kin relations across the generations. Clearly, the provision of care across the life span, including care of children and adults with significant disability and illness, aligns with this term. Also of note is the more recently acknowledged growing band of young carers in their teens caring for parents and siblings with disability and chronic or mental illness. Given these young people’s stage of life, they are thoroughly deserving of investigation also. However, in this exegesis, I restrict my examination of intergenerational care to care provided to older Australians by their adult daughters, sons, and friends.

## **The Significance of the Thesis**

There is a range of reasons as to why ambivalence about providing intergenerational care to older people warrants attention. First, the “alarmist demographers” cannot be ignored, nor should they be. The fact that older people requiring care are living alone in their own private homes in larger numbers and for longer than ever before is indisputable.

Second, an increasing demand for intergenerational care comes at a time of significant social change as mobility increases, family diversity grows, geographical distances between family members increase, rates of divorce rise and more women seek paid work and opportunities outside the home. Thus, the call to usually middle-aged women who typically provide care to a senior parent, friend or neighbour, comes in a climate of major social change.

Third, care relationships with older people are often intergenerational. The literature on intergenerational family relations suggests that they are, by their very nature, problematic. Given that care provision mostly involves family, this intensifies ambivalence, and makes it even more worthy of examination.

Fourth, despite the intense, neo-liberal focus on the costs of caring for older people, I argue that it is time to focus on the broader question of what a good and moral society might desire in regard to meeting the care needs of older people. If we were to do that, there would be greater recognition that a generation of ambivalent carers has implications for the quality and levels of care provided by would-be carers, who are torn and disturbed by the obligation to care when facing a plethora of other demands and desires. This thesis seeks to articulate the existence and sources of ambivalence in care relationships with older Australians, to enable us to name the dilemmas associated with providing intergenerational care and to tackle them more openly as individuals and communities.

## **The Structure of the Thesis**

This two-part thesis consists of an exegesis and an anthology. In this Chapter, I explain how the exegesis and creative production work together to constitute the thesis, note my personal motivation for the project, and outline broader concerns regarding the existence of an intergenerational-care crisis. I also sketch the theoretical frameworks which inform my exegetical argument, as well as the scope, perspectives and significance of the project. Finally, I outline the structure of the thesis.

The exegesis has six chapters. In Chapter 2, I outline the Foucauldian concepts and ideas I draw upon to analyse and enunciate the regulatory nature of official knowledge about care and caring; the state, academic and non-government processes by which it is produced; the associated power relations; and the consequences for people who do unpaid care work. I argue that institutional discourse about care and caring not only produces the “object” of the unpaid carer but also masks its reality.

In Chapter 3, I argue that the institutional sites that produce official knowledge about care and caring afford only limited and highly-regulated opportunities for carers to speak of their experience. This effectively mutes the voices of those engaged in the actual experience of providing care, meaning the everyday mixed feelings associated with providing intergenerational care are largely absent from official knowledge. Hence, policy and practice about caring remains uninformed by people's actual experiences, and this is unsatisfactory.

In Chapter 4, I examine the relatively recent body of academic work about ambivalence in intergenerational relations, and consider its relationship to the body of unofficial knowledge about ambivalence derived from fictional, autobiographical and popular literature. I discover that these two bodies of work complement each other, and bring rich insights to the experience of ambivalence associated with providing intergenerational care.

In Chapter 5, I demonstrate how the experience of intergenerational care, and associated ambivalence, is made more visible and accessible through the sharing of unofficial narratives produced at institutional sites such as television and film, self-help genres, news media, internet, fiction and memoir. In particular, I utilise the modes of fiction and memoir to show how unofficial narratives can fill the gap created by the failure to acknowledge ambivalence in official knowledge about care and caring. With the sharing of unofficial narratives about ambivalence, the topic of unpaid care and caring of older people moves from being personal and private out into the public and political space. This way, the producers of official knowledge can be challenged to recognise better the reality of lived experience and to understand not only the economic but also the social cost for people providing care.

In Chapter 6, I conclude by showing that if we are to acknowledge, minimise and respond to ambivalence associated with providing intergenerational care to older people, we must stop denying or disguising the fact that people experience it. The intergenerational-care narrative facilitates and broadens communication about the experience of ambivalence. Indeed, such communication can have a political dimension in that it can enable a critique of official knowledge and provide information for not only carers but also politicians, policy-makers, service providers and academic researchers. This way policy, programs and services can have a more realistic appraisal of what is involved.

The anthology of short stories, *Neighbourhood Watch*, forms the second half of the thesis. Of the nine short stories, five constitute a discontinuous narrative, the story of protagonist, Georgia, an only-child providing care at different stages of her life to her mother Ellie, to her father Reggie, and to other older people she knows. These five stories draw on some of my own experiences of providing care to my parents as well as experiences of other caretakers I know and have read about. The remaining four stories present the experiences of a diverse range of middle-aged Australian characters I have imagined—people who navigate, in one



way or another, their pathway through the complex world of intergenerational care and associated ambivalence. All nine stories show how the manifestation of ambivalence is tied to the nature of family relations and experiences of providing care over the life-course. In particular, they highlight how ambivalence is associated with the prior anticipation of care; with obligation, duty and decision-making in relation to care; with loss, role-reversal and death; and with the physical nature of caring for older bodies. The majority of the protagonists are women reflecting that care provision is gendered, primarily carried out by women. In my collection, the anomaly is Andy in “The Need to Know” who is an outlier—a man more interested in his own welfare than his mother’s. In this regard, his nearest competitor is middle-aged Diana in “Lucky” who likewise is self-interested but, being female, lacks the capacity to care that ordinarily might be conferred by her female conditioning.

In summary, together, the exegesis and creative writing production interact to examine ambivalence in the provision of intergenerational care for and about older people in twenty-first-century Australia. In particular, I focus on ambivalence in people providing intergenerational care to older Australians in a climate of major social change through an inter-disciplinary analysis of relevant discourse, contemporary structural arrangements and imaginary representations that relate to care. The approaches adopted for the exegesis have developed alongside the more artistic ones for the creative work so that the two texts, while presented as separate pieces, have developed in a complementary fashion.

## Chapter 2

### Official Knowledge About Unpaid Care and Caring

*We live at a time when the great questions of our time are routinely reduced to matters for economic calculation.*

Suzanne Ross, *The Ethics of Caring in a Good Society: A National Conversation* (3)

*. . . five years ago, the annual “replacement value” of informal care had passed the \$30 billion mark. Five years on, . . . the value of informal care has increased to exceed \$40 billion per annum in 2010, 33% higher than in 2005.*

Access Economics, *The Economic Value of Informal Care in 2010* (3)

*Neo-liberalism ties virtue and pride to economic self-sufficiency, but self-doubt and even shame to care-giving and dependency.*

Anne Manne, “Love and Money: Response to Correspondence” (133)

The sources and nature of official knowledge about care and caring in Australia are many and varied. In part, this is because of multiple combinations of structural arrangements that endeavour to meet the care needs of older Australians. At one end of the spectrum of caring for older people, a state-run system oversees funded providers supplying expensive paid care to a minority of older Australians via highly-regulated, formally-organised residential and non-residential care businesses. Here, the institutions of government, the health care professions, academe and the health and care industries are key stake-holders, and produce and mediate official knowledge about paid care.

At the other end of the spectrum, informal, unpaid care arrangements dominate, and it is these arrangements that are an essential backdrop to this project. Rather than the government-regulated business end of formal care, I am more interested in how unpaid networks of family, friends and neighbours mete out inexpensive care to the vast majority of older Australians—sometimes complemented by a range of government-subsidised programs.

In this chapter, I examine official knowledge about unpaid care and caring, and demonstrate that it is also produced and mediated by a range of institutions—not only government and academe, but also the non-government care sector. The non-government sector is comprised of organisations, often funded by government, that advocate for and provide

support services to unpaid carers. As such, this sector also plays a role in mediating the production of official knowledge about unpaid care and caring—a role that is unexpectedly regulatory, given the label of non-government. As Michael Fine observes, in his article “Renewing the Social Vision of Care,” this sector “manage[s]” the voice of carers (218).

Official knowledge about care and caring shapes institutional discourse about unpaid care and caring. In *The Archaeology of Knowledge and the Discourse on Language*, Michel Foucault articulates four main features which, he says, produce and shape prevailing discourses. These features are the production of *objects*, the existence of important *enunciative* positions, the adoption of various *styles* of speaking and the production of *strategies*. I outline the nature of these four key elements before analysing the emergence and evolution of a discursive formation about informal, unpaid caring for older Australians.

First, discourse produces *objects*. Foucault explains that relations between historical conditions, institutions, and economic and social processes shape the development of discourse and its associated discursive practices and portrayals. Ultimately, new objects are produced through the language of discourse, through ways of talking that are anchored in particular social and institutional sites (44-46). An example of one such new object is the “unpaid carer”—an object or social role that emerged through the “talking” at various related sites in the late 1970s.

Second, discourses are characterised by particular *enunciative* or speaking positions formed within “institutional sites” (51). These speaking positions enable concepts to be spoken about in certain ways, or not spoken about at all. For example, in Australia, the contemporary processes of speaking authoritatively about caring originate within, and are conducted among, the institutions of government, academe and the non-government sector. It is from within and between these “institutional sites” that the object/role of “unpaid carer” emerges; and this emergence is characterised by conflict, contradictions, and resistance—by a jostling for power and authority.

Third, for Foucault, discourses are characterised by *concepts* whose formations create *styles of speaking*. These styles of speaking are important to my argument about the very different nature of official and unofficial knowledge. For Foucault, some styles of speaking are preferred over others or, indeed, utilised more often in certain contexts. For example, in relation to official knowledge about care and caring, politicians, academics and health professionals strive to employ language which is market-oriented and might be described as gender-inflected—as “masculine”. An example of this style is an excerpt from the Commonwealth’s 2001 *National Strategy for an Ageing Australia*:

The effects of population ageing on health and aged care costs will need to be monitored closely in the future to ensure programs are sustainable. Governments at

all levels will need to continue to manage cost drivers and work with the health and aged-care industry to enhance efficiency and effectiveness of the sector. They will also need to influence future demand for services through, for example, investment in healthy-ageing strategies and the development of a strong, well-integrated primary and community-care sector. (59-60)

In contrast, the language used to describe the subjective and lived experience of providing care to older people is very different and carries far less authority. This latter style of speaking might be considered “feminine” since it emphasises the intimate aspects and emotional nature of care and caring, such as in Rosalie Ham’s novel *The Dressmaker* when Tilly and her neighbour are nursing Tilly’s elderly mum Molly in her dying hours:

He helped her rub Molly’s tissue-skin with comfrey oil, he mopped her cold brow with dandelion water and he wiped green-tinted mucus from the corners of her eyes with salt water. They sponged and powdered her with lavender dust and held her hands while they sang hymns. . . . (234)

The Commonwealth’s *National Strategy* and Ham’s fictional representation present two very different styles of speaking. One is “masculine” because it is pragmatic and monetarist. The other is “feminine” because it is sympathetic and gentle. The first is authoritative, recognised; the latter supplementary, unrecognised. Thus these statements about the importance of caring are at odds with each other, and are emblematic of a disjunction that exists in the discursive relationship between official and unofficial narratives.

Fourth, according to Foucault, discourse organises and enunciates certain ideas that enable the production and distribution of themes and theories known as *strategies* (64). In relation to official knowledge about care and caring, the state-managed interplay of ideas about ageing, gender, care, work, spirituality, morality, and family and intergenerational relations leads to the purposeful creation of *strategies*. Such strategies include care and disability policy and legislation, workplace relations policy and law, care as a spiritual/moral construct, and the objects of women’s affairs, community care, and the like. However, in my view, these strategies often contradict. For example, the Fair Work Act 2009 has provisions that support flexible work arrangements for parents caring for children but do not extend to people caring for older people. Further, the strategies can minimise, and relegate the unofficial, less engineered, more emotional voice that speaks of the lived experience of providing unpaid care to the sidelines.

The significant roles of the state, academe and non-government sector in manufacturing knowledge, and sanctioning the style of speaking about care and caring, are also about the operation of a distinctive power differential. Here, it is necessary to draw on Foucault’s conceptualisation of power. In *Discipline and Punish*, Foucault asserts that “power produces knowledge” and “that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time

power relations” (27). Further, in both *Discipline and Punish* and his essay “Technologies of the Self,” Foucault develops the concepts of institutional surveillance and governance of self that, he says, also give rise to power relations. Sarah Winch draws on these concepts in her article “Constructing a Morality of Caring” to outline how power relations and control are established in the production of knowledge in respect of care and caring in Australia. She says that “modern carer policy has drawn on knowledge and governance of the self to produce a morality of caring which is both authoritative and scientific” (5). According to Winch, power relations about care have now been “formalized through a variety of policy initiatives and technologies” (5), and these have focussed on the newly-produced object of unpaid carer and the prescription for behaviours unpaid carers should adopt. If unpaid carers resist the imperative to care or ignore the “codes and values” constituted by this new “morality of caring” (5), they are judged as negligent by those in authority.

Put another way, contemporary official knowledge about care and caring in Australia is shaped by several phenomena: the state, which includes government and the politics of ageing and care; academic discourse about ageing, gender, care, family and work, and intergenerational relations; the social construction of the unpaid carer; and the unique contribution of the non-government sector. In this chapter, I am interested in the nature of this official knowledge about care and caring, the processes by which it is produced, its associated power relations and, ultimately, its consequences for people who do unpaid care work. Essentially, I argue that multiple messages are produced, sometimes coalesce and, at other times, compete. I argue that they are sources which ultimately shape knowledge, attitudes and perceptions about care and caring for older people—and produce ambivalence in the unpaid carers of older people.

Caring, and indeed the ambivalence associated with it, is no new phenomenon. Thus, it is useful to have an historical snapshot to show how the present situation in relation to official representations of care and caring of all forms has borrowed from, and been shaped by, earlier times.

## **A Snapshot of Past Caring**

Eastern and Western philosophers have always spoken of the centrality of caring in the human condition. Religious texts, including the Bible and the Qur’an, specify the importance of caring for children, those who are sick or have a disability, older people and even strangers in need. For example, the Bible’s many stories about caring for family, and responding to the needs of neighbours and strangers represent caring as a desirable human quality—an ethical, deliberate act of sacrifice and compassion that is often accompanied by hardship and ambivalence. Thus, in the Book of Ruth, widow Ruth sacrifices the opportunity of remarriage in order to take care of her older mother-in-law as they journey together. And,

in Luke 10:38-42, there is a dilemma for two sisters, Mary and Martha, about whether it is better to serve and care or sit at the feet of Jesus and learn from him.

A range of classic stories also testifies to the importance of caring and how it often comes without reward or, worse still, brings negative consequences. One is the story of St Lawrence, the patron saint and advocate of the poor who cared for those living in poverty in Rome (AD 258-76). He was one of the deacons appointed by the Church to collect and distribute donations to the poor of the City of Rome. According to the website *AmericanCatholic.org*, under the Emperor Valerian, Lawrence was ordered to hand over the Church's treasures but instead he brought the poor of the city together and said: "These are the treasures of the Church." For this act of care, he was punished and killed.

This tradition is carried on throughout history. For example, there is the 1870s story of St Julian, the Hospitaller, in Gustave Flaubert's *Three Tales*. This is a well-known spiritual narrative honouring sacrifice and the significance of the upper classes caring for the lower classes as a means of redemption. Another is *The Prophet* written by Kahlil Gibran, the early twentieth-century Lebanese-American. This text speaks to the importance of friendship, as well as love and caring for and about spouses, our children and each other.

In addition, contemporary texts also extol the virtues of caring, for example, in Lee Ann Chearney's *Visits: Caring for an Aging Parent*, encouragement and advice are offered to those caring for an ageing parent. In *Visits*, Chearney describes the spiritual benefits and the opportunity for growth afforded by this experience:

Helping our parents and our grandparents to navigate safely though their end-of-life passages will profoundly enrich our own journeys through life. Informed by the ever-transforming bond between parent and child, our awareness of the lifepath ripens and matures. (19)

This passage highlights to me that not only centuries-old classics call on a spiritual/moral imperative to care but so too do contemporary texts about care and caring.

The growth of governments as regulatory forces, with the rise of the middle class and the advent of eighteenth-century and nineteenth-century industrialisation, ensured that knowledge produced in relation to care and caring moved away from emphasising the individual as responsible. Instead, in modernity, responsibility for the outcasts of society (the "old," "mad" and "bad") shifted to the state, which constructed these individuals as requiring removal, detention and institutionalised treatment. According to Simon During's *Foucault and Literature*, Foucault chronicled this shift in *Madness and Civilization*, focussing on two crucial dates and events 150 years apart. The first was the state detention and ill-treatment of the mentally ill to rid the streets of Paris of the homeless and insane in the 1650s; the second a shift to a significantly more caring age in the 1790s when Philippe Pinel, a French physician,

unchained the inmates of the Bicêtre Hospital and provided them humane care and therapy (33). These events prompted the care and treatment of the elderly and the infirm as well as the humane management of people with mental illness and disability to become strategies of the state. Over the next two hundred years, the western democracies of Australia, the United Kingdom, Europe, the United States, and Canada oversaw the creation of institutions and residential facilities like charities, asylums, hospitals and orphanages to facilitate these key strategies. More recently, these western democracies have focussed on a range of more innovative means of facilitating such strategies, and new and even more humane models of care have developed.

Central to the history of caring is also the gendering of care. “Historical glimpses” (13) of caring provided by American sociologists and feminists Francesca Cancian and Stacey Oliker in *Caring and Gender* indicate that, in pre-industrial times, both work and family-care happened in the home. However, with industrialisation though, male-work moved to locations outside the home and female family-care work stayed indoors, leading to the production and enactment of the roles of male “breadwinner” and female “homemaker.” Hence, gender demarcation developed in relation to family-care work and care manifestly became women’s work. Subsequently, the gendering of care has been, and continues to be, forefront in feminist writings of the last one hundred years.

In the early twentieth century, various iterations of the welfare state emerged across Australia, the United Kingdom, Europe, the United States and Canada, and this irreversibly altered the face of care and caring. In “The Social Construction of Public Care,” Anthea Symonds explains that, historically, care became increasingly professionalised, governments and institutions assumed greater surveillance of, and commitment to, the activities of directly providing housing and care for the aged, the destitute, the sick and the unemployed (22). However, in the latter part of the twentieth century, Gillian Dalley explains in *Ideologies of Caring*, a new perception gained traction—that government residential care services were too expensive and dehumanising (2-7). Hence, informal, supposedly more humane, and certainly cheaper care provided in community and private dwellings became entrenched as the preferred model of care. We have all observed, first-hand, the trend for older people to be cared for in community rather than in institutions. It remains the prevailing strategy of aged-care today, and is also a core underpinning of contemporary politics of ageing and care in Australia.

## **The State: the Politics of Ageing and Care in Australia**

### **The Politics of Ageing**

Over the last thirty years, neo-liberalism has underpinned dominant political discourse in affluent democracies. In “The Politics of Ageing,” Sol Encel and Elizabeth Ozanne maintain

that contemporary politics of ageing in Australia has been “essentially government and policy led” (296). Here, the market, under the very watchful eye of government, influences the agenda and responses to problems like caring for older people in a fashion that is in keeping with a “neo-liberal state with some corporatist leanings” (296). A wide variety of other relevant political critiques, including Hamilton and Denniss’ *Affluenza* and Zimmerman, Litt and Bose’s *Global Dimensions of Gender and Carework*, also supports the view that resource-rich nation-states, like Australia, are captive to globalisation and capitalist economics and these shape the politics of ageing and care.

Under the Prime Ministers Paul Keating (1991-1996) and John Howard (1997-2007), persistent economic deregulation saw the privatisation of Australian welfare, health, education and prison services previously provided by the state. With the sale of government-owned aged-care facilities, an expanding private-care sector provided more and more aged-care services while accommodating increasing bureaucratic government regulatory requirements. Recently, private providers say that government regulatory requirements, including the Aged Care Standards for Accreditation, have now become onerous and expensive to implement. Karyn Curtis, writing in the *Australian Ageing Agenda* online magazine, exemplified this in reporting that Uniting Care Australia told the 2008 Senate Inquiry into Aged Care services that it was considering withdrawing its provision of residential aged-care for this reason. Interestingly, Uniting Care has remained a provider in Australian residential aged-care investing across a growing and increasingly diverse range of care options.

In “Contextualising the ‘Crisis in Aged Care’ in Australia,” Graeme Hugo asserts that the conservative, neo-liberal discourse of recent years has prompted governments to focus primarily on minimising the economic cost of an increasing burden of aged-care (170). One strategy for minimising this cost is to ensure a strong emphasis on maintaining the cheaper, informal care sector. Unfortunately, this solution assists government but provides no economic comfort to Australians who are unpaid carers, since care responsibilities render them less able to participate fully in the workforce, and thus enjoy the same standard of living as those without care responsibilities.

As mentioned, the notion of a burdensome ageing Australian population is a fundamental concept underpinning government strategies about ageing and aged-care. Twenty years ago, Canadian Stephen Katz in “Alarmist Demography” critiqued the “ageing-will-cost-us” argument as ideological. He drew on Foucault’s ideas about population control to argue that this alarmist discourse sets older people apart making them the object of power/knowledge relations (203). Ann Robertson in “The Politics of Alzheimer’s Disease” argues that it is the medicalisation of ageing and its diseases, and Alzheimer’s Disease as a particular example, which sends health care costs skyrocketing, rather than larger numbers of older people per



se becoming expensive to care for (429). However, in spite of these counter-arguments, dread about costly older people remains a dominant feature of official knowledge about care and caring. In "The Politics of Ageing," Encel and Ozanne confirm that Australian policy about ageing has been characterised by a narrow focus on reducing the economic burden of older people, and managing the tensions between national and state responsibilities concerning the economics of older age (296-302).

Reports, produced in the last twenty years in Australia, also attest to the government's preoccupation with the economics of ageing. One of the first was the Howard Government's 1996 National Commission of Audit's *Report to the Commonwealth Government*, which promoted "self-reliance" in older people. This report was followed by two other relevant documents: the Department of Treasury's first Intergenerational Report *Budget Paper No. 5* in 2002 (which reported on financing an older Australia), and the already-mentioned first *National Strategy for an Ageing Australia*. In "The Politics of Ageing," Encel and Ozanne argue that the *National Strategy* committed "the government to nothing in particular" (301). Nonetheless, I suggest its content and style of speaking strongly invoked the object of carer, the importance of community and the private dwelling as the primary care location as key strategies to serve the state. As the *Strategy* highlights, carers are "a key foundation of Australia's care system, providing care and support to about three-quarters of frail aged and dependent persons in need of care in the home" (59). The *Strategy* also maintains the state's, as well as older people's, preferred location of care in the private family home and positions other more expensive options, like residential care, as inferior alternatives to be utilised only when care in private dwellings fails. The *National Strategy* also exhorts the formal aged-care and health systems to work in partnership with family members, friends and neighbours to ensure that the unpaid carer remains a priority (59). And it maintains that the ubiquitously-invoked community ought take responsibility, along with government, business and individuals, for addressing the issues of ageing (32).

In 2004, the Howard Government sought, more broadly, to position the object of carer as forefront by strengthening its community aged-care and disability policy with the production of the Department of Health and Ageing's *A New Strategy for Community Care — The Way Forward*. This document reinforced the preferred option of care taking place in private dwellings, as articulated in the *National Strategy for an Ageing Australia*. However, the Rudd Government of 2007 rescinded the Howard Government's proposed *New Strategy for Community Care* and the Labor governments of Rudd and subsequently Gillard sought to tackle a number of major reforms around tax, aged-care, disability and mental health through a Council of Australian Governments (COAG) Reform Agenda. This reform work is ongoing, and State versus Commonwealth funding responsibilities for ageing, health, hospitals and care are still being overhauled. All the same, the powerful message of care-in-the-home

provided by family and community remains the universal regulatory strategy in the institutional discourse about unpaid care and caring.

Since then, the second and third Intergenerational Reports have also focussed on Australia's economic future. The second report in April 2007, the last year of the Howard Government, focussed on the sustainability of economic growth for Australia in the context of an ageing demography. The third and most recent Intergenerational Report, produced in 2010 under the Gillard Government, was different in that it broadened the state's concern to include not only the fact that the population is ageing but that it is also growing, thus putting increased pressure on the health system. These issues, the 2010 Report says, also need to be considered in the context of Australia's vulnerability to climate change. The latest Intergenerational Report concludes that by exhorting the nation to improve its economic growth, in part, via a more productive, more healthy older population which can participate more strongly in not only Australia's workforce but also in its volunteer sector.

### **The Politics of Care**

Twenty years ago, in "Constructing Social Care: The Australian Dilemma," Don Edgar argued that Australia was undergoing a major shift in its social construction of caring. He suggested that state discourse about care and caring was troubled by two realities: first that caring has a strong emotional component and, second, that it involves dependency (204). Edgar says that these two aspects create a dilemma for the state about intervening at the level of family in spite of Australian public policy deinstitutionalising care and placing it back with family and community. I argue that this dilemma has persisted with ongoing avoidance of what Edgar claimed back then—that contemporary policy about care and caring does not acknowledge either the issue of dependency or the need for a philosophy of shared social care, that we have "omitted to seriously address the central theme of moral obligation and social interdependence" (212). Unfortunately, as argued by Michael Fine in "The Social Division of Care," Anne Manne in "Love & Money: The Family and the Free Market" and Barbara Pocock, Natalie Skinner and Philippa Williams in *Time Bomb*, Australia is no closer to, and indeed has moved further away from, linking the politics of care to a more ethical and equitable shared vision of care.

Given this, the topic of unpaid care and caring has now emerged as an important feature in the broad non-government advocacy arena in Australia. For example, the Brotherhood of St Laurence, a non-government, community-based organisation whose key agenda is to reduce poverty, often puts forward arguments about care demands and costs. In 2007, the independent and not-for-profit St James Ethics Centre with two partners, Carers NSW and the Macquarie Group Foundation, commissioned a survey about caring in Australia. The resulting report by Suzanne Ross, *The Ethics of Caring in a Good Society: A National Conversation*, explained what Australians from a range of backgrounds and experiences

thought about the questions of what is a good society, what is caring in a good society, and who is responsible for caring. The existence of a world-first national conversation, set against the background of a “crisis in caring” in Australia, emphasises just how much care activity has become a site of major political and ethical interest.

The contemporary politics of care is informed by numerous academic, state, and non-government-initiated reports about a broad range of topics associated with care and caring (see, for example, *The Hidden Face of Care* by the Taskforce on Care Costs; *The Subjective Wellbeing of Family-Based Carers* by Robert Cummins et al.; *Informal Care* by the Australian Institute of Health and Welfare; *The Nature and Impact of Caring for Family Members with a Disability in Australia* by Ben Edwards et al.; and *Paid and Unpaid Work in Australian Households* by Jenny Chesters, Janeen Baxter and Mark Western). Topics in these reports include: the situation for carers of children, the disabled of all ages and frail older people; the wellbeing of carers; the cost of caring; and future predictions about the sufficiency or lack thereof of available carers. In one of them, Anne Jenkins et al. examined demand and supply of informal care in Australia 2003-2013 for the Australian Institute of Health and Welfare (AIHW). The report *The Future Supply of Informal Care 2003 to 2013* acknowledged that the scenario of an overall decline in the willingness or a reluctance of women to either reduce their paid work or exit the paid workforce to care were possibilities. To the best of my knowledge, this was the first Australian report to do this and, the state with its key reliance on the unpaid carer, placed the issue of insufficient supply of unpaid care firmly on the political agenda. Moreover, state interventions to maintain and support carers have mushroomed. Some of these include: Commonwealth phone helplines; websites such as Dona Graham’s *Working Carer’s Gateway* established for the Disability and Aged Information Service Incorporated (DAISI), and the Commonwealth’s *Aged Care Australia*; carer kits such as the Commonwealth *Carer’s Information Pack*; and radio advertisements promoting carers. They highlight the institutional awareness of a growing threat—that if carers are to keep doing the work, they require support and that, in the near future, availability of highly desirable unpaid care may be insufficient.

The registration of a political party in 2007, the National Carers Alliance, indicates just how dynamic the politics of care in Australia has become. Not only does the Alliance recognise the core role played by unpaid carers in Australia, but it is concerned also with carers’ insufficient access to support and services, with their being under duress, and in need of greater compensation and remuneration. The Party, still going strong in 2012, puts up candidates for Federal elections and focuses on advocating for the rights of both people with disability and their unpaid carers. It calls for systemic reform of care and disability services in Australia where, it maintains, the situation is dire. Such an argument is gathering momentum and regularly makes its way into mainstream print media; for example, Sue Corrigan’s 2009 article, “The Struggle To Care” in the *Weekend Australian Magazine*, makes it clear that

parent carers of young people with disability in Australia are at “breaking point” (19). Overall, though, the disability sector is far more vocal politically than the aged-care one, and political agitation in the area of disability over the last few years underscores the recent adoption of a radical new national insurance scheme to cover the life-long cost of care of people with disability. At this point, the Gillard government is planning to launch its proposed \$15 billion National Disability Insurance Scheme in the financial year 2012-2013, a scheme which will bring about major reform in the funding of disability care in Australia, but one which will not be of any direct benefit to Australians over 65 years of age requiring care.

One lesson to draw from this review of current official knowledge about unpaid care and caring is that a major contributor to the political debate is a wide range of authoritative and multidisciplinary academic discourses about ageing, care and caring. Alongside these two academic contributions, two other relatively more recent areas of academic concern: family and work, and intergenerational relations, also contribute. Of relevance to this thesis is the infusion of the concept of gender throughout each of these discourses in academe.

## **Discourses in the Academe**

### **Ageing**

For centuries, philosophers, priests and politicians have pondered what it means to grow old and, at different times, have turned their attention to existential questions about ageing and death. However, in western culture for much of the last century, institutional discourse about ageing has been dominated by conventional biomedical perspectives which focus on age-related pathology and disease in individuals, typified in the development of the medical specialty of gerontology. However, the last two decades has seen critiques of the biomedical perspective emerge from a range of other disciplines to challenge mainstream medical gerontology.

In “Critical Gerontology,” Andrew Achenbaum demonstrates that gerontologists have incorporated the social aspects of ageing into more traditional biomedical discourse (16-26). More recently, in *Contemporary Issues in Gerontology: Promoting Positive Ageing*, Vic Minichiello and Irene Coulson suggest that a new, multidisciplinary gerontology has emerged which views ageing more positively than ever before (xiii). One result of this dynamic process of formation and challenge is the critique of ageism and the emergence of the concept of healthy-ageing. It is a contribution which percolates through institutional discourse about ageing, although, as Biggs points out in “Toward Critical Narrativity,” even policy narratives with positive ageing messages can suffer, paradoxically, from the same narrowing and restriction as the so-called traditional biomedical approach to ageing (315).

In one of the few applications of a Foucauldian approach to ageing, Stephen Katz makes the point in "Foucault and Gerontological Knowledge" that, despite Foucault himself paying very little attention to ageing, his concepts are highly relevant (728). Katz argues that two key concepts of Foucault's work are relevant to the production of knowledge about ageing: one is that power exerted by the discipline of gerontology has reconstituted the ageing body and the ageing population; and the other is the premise that medicalisation of the body has strongly influenced our beliefs and attitudes about ageing (729).

The field of literary gerontology led by American feminist theorists like Barbara Waxman, Margaret Gullette, Anne Wyatt-Brown and Janice Rossen has also made an interesting critical contribution to institutional discourse about ageing. These theorists are opposed to the "narratives of disgust" (Gilleard 81) about ageing in literature as typified by Gullette's term, the "decline narrative" in *Aged by Culture* (13). She advocates that ageist "decline narratives" are directed to women primarily and should be challenged, since they project the view that growing older involves, at best, "a mellowing, deteriorating descent into boring old age or, even worse, an inexorable, physical and emotional slide into bodily decay and decrepitude" (113). However, from Chris Gilleard's article, "Old Age in Ancient Greece," it is clear that these negative stereotypes and ambivalence about ageing are as old as western society (91).

It seems to me that the provision of unpaid care to older people has not featured strongly in academic discourse about ageing and I wonder if this is because, in gerontology, unpaid care is constituted as a peripheral and undervalued activity—its purpose merely to support the more important work of the professions of medicine and other allied health professions. However, sociologists such as Amanda Grenier in "Constructions of Frailty" and Julia Twigg in "The Body, Gender and Age," have begun more recently to focus sharply on the relationship between ageing, gender, the body and caring.

### **Care and Caring**

There has been a burgeoning of academic literature about care and caring in the last two decades, derived from multiple academic disciplines and underpinned by different ideologies. Though it is not possible to do justice to elucidating them all, I seek to provide a brief summary of these sources to highlight their diversity, their many and varied contributions to discourse about care and caring.

Over the last two decades, philosophers and writers on the ethic of care have made a range of important contributions to academic discourse about care and caring. These include significant contributors such as Marian Barnes, Virginia Held, Eva Kittay, Joan Tronto and Robert Wuthnow. Another group of authors have written about care as work, the gendered nature of emotional labour, labour relations, and the paid or unpaid nature of care work.

These writers include F. Carmichael et al.; Robert Connell; Lyn Craig; Maaïke Dautzenberg et al.; Matthew Gray et al.; Cathy Hales; Arlie Hochschild; and Darryl Higgins. And another group of notable feminists, such as Emily Abel and Margaret Nelson; Jane Aronson; Suzanne Bianchi; Peta Bowden; Francesca Cancian and Stacey Olliker; Kristin Cloyes; Marjorie DeVault; Sarah Hoagland; Nel Noddings; and Selma Sevenhuijsen and have contributed very different strands of critical thinking in their feminist analyses of care.

In "The Social Division of Care," Australian sociologist Michael Fine argued that, to utilise these varied academic contributions to the discourse about care and caring, competing conceptions of care need to be pulled together (140-41). However, in my use of a Foucauldian approach to understand the discourse better, these different and sometimes competing strands of thinking suggest Foucauldian "points of incompatibility" (Foucault, *The Archaeology of Knowledge and the Discourse On Language* 65). For example, feminists and moral philosophers like Nel Noddings and Joan Tronto see care as not necessarily gendered but rather a moral and emotional act necessary for survival of the world. A number of other feminist authors, including Marjorie de Vault, Francesca Cancian and Stacey Olliker, focus on conflicting social constructs for women: one that represents caring as naturally provided by women and the other that enjoins women to expect individualised, fulfilling lives. Others like Sarah Hoagland and Jane Aronson take a much more critical position by arguing that care as unpaid labour is highly exploitative of women. They maintain that care labour is gendered, and that political, economic and social processes throw up insurmountable obstacles to a more egalitarian sharing of care between men and women. These quite different strands of feminist thinking conflict with each other and create points of incompatibility, or schisms in discourse about care and caring.

Such schisms are problematic and, in "The Social Division of Care," Michael Fine seeks to address the disparate nature of theories about care and caring, to bridge the distinctive yet dissimilar streams of theorising about care by developing the concept of a particular research framework he labels the "social division of care" (146). Instead of focussing on the conflict, Fine draws on the commonalities across the various theories and recommends that such a framework provide an overarching and systematic way to understand and investigate the issues of the social division of care in a globalised, rich economy such as Australia's. In terms of power relations, Fine's action of drawing together different perspectives about care and caring gives rise to a more coherent academic discourse, one which lays the groundwork for academe to position itself in the fields of care and caring with far greater authority than ever before. Shaping the academic discourse about care and caring so that it is less fragmented also enables the unpaid carer to be more powerfully positioned.

## Family and Work

The literature about family and work is a relatively new field in academe examining how individuals manage, or don't manage, the demands of the workforce alongside the provision of unpaid family care. Juggling paid employment and caring for healthy children is difficult, and adding a frail parent to the mix places the juggling act under even greater strain. In *Time Bomb*, Barbara Pocock, Natalie Skinner and Philippa Williams argue that providing care to frail or disabled relatives is more stressful and often less rewarding than providing care to healthy children (72-75).

The recent literature about the impact of employment on our capacity and willingness to care is a current critical element in official knowledge about care and caring. In the 1980s, Hochschild proposed, in *The Managed Heart*, that the contemporary labour force demanded that women use their emotional selves as a tool for paid work (9-11). Indeed, care in the home also requires the use of the emotional self in unpaid work. In a later book, *The Second Shift*, Hochschild examined how capitalism shapes work and family, thereby influencing care practices in families. More recently, in *The Commercialization of Intimate Life*, she hones in on the impact of globalisation, how, for example, family-care work in the twenty-first century is commonly contracted out to paid workers, particularly migrants. In "Globalization and Multiple Crises of Care," Mark Zimmerman, Jacquelyn Litt and Christine Bose name four crises facing care and caring in the United States: the dynamics of globalisation; the commercialisation of care work; supranational organisations overwhelming local care responses; and a deepening stratification of race and class as a result of globalisation (9-29).

In 2000, the Dutch study by Maaïke Dautzenberg, et al. examined how daughters and daughters-in-law in paid work respond to the call to take on the care of a frail parent. The authors found that women tend to anticipate care needs in advance and then select the woman, or women, in the family with the least competing demands to take on care roles. Clearly, there is a relationship between the valuing of paid employment for individuals and willingness and capacity to provide unpaid care. The recent Carmichael, Charles and Hulme article "Who Will Care?" finds that British caregivers are more likely to provide care if they are not in paid employment, or indeed if their income is low.

Similarly, Australian researchers like Jennifer Baxter, Matthew Gray and Ben Edwards; Lyn Craig; Cathy Hales; Anne Manne; and Lixia Qu and Ruth Weston have examined how work demands negatively impact upon Australian families, family time spent together and the capacity to care. Lyn Craig, in "The Money or the Care," says that current government policy is conflicting in that it presses for workforce participation while, at the same time, pushes for the young disabled and frail-aged to be cared for at home. In "Crisis or Commotion?," Cathy Hales says mixed messages about work and care create ambiguity for people, and she

suggests a need for urgent policy reform and also services to support carers dealing with both unpaid care and paid employment demands. In 2007, signalling the importance of care work in Australia, the journal *Family Matters* dedicated an entire issue (Issue 76) to the diverse nature of care work for families. And in “Love and Money,” Anne Manne offers a compelling rationale for a new and far-reaching overhaul of policy arrangements to support families and their choices around work and care as the political push for increasing workforce participation and greater productivity has become bipartisan mantra. The most recent message from Australian academic discourse about family and work—that Australian families are under growing pressure and struggling to cope with paid work and unpaid care—is gaining wider acceptance and becoming more influential in official knowledge about care and caring.

The notion of achieving a “good work-life balance” has also been a key theme in contemporary Australian discourse about family and work. In the last decade, relevant Australian research has focussed on this issue, including the work of Barbara Pocock in her book *The Work/Life Collision* and Robert Connell’s article “A Really Good Husband: Work/Life Balance, Gender Equity and Social Change.” A focus on the work-life balance is also evidenced by the Human Rights and Equal Opportunity Commission’s two-year investigation into balancing paid work with family responsibilities culminating in John von Doussa’s report *It’s About Time*. The report recommended a new framework for addressing the dilemmas of paid work and family responsibilities, including the dilemma of mixing paid work and caring for aged parents. However, in *Time Bomb*, Barbara Pocock, Natalie Skinner and Phillipa Williams have been critical of the concept of work-life balance, arguing that it falsely assumes Australian super-women, and indeed super-men, can negotiate their way around voracious work cultures to be the architects of their own destiny (10). This concept, they say, unrealistically “puts the clever individual at the centre of work-life success,” an unachievable goal for many Australians.

### **Intergenerational Relations**

Academic work about intergenerational relations in families is yet to feature significantly in official knowledge and resultant institutional discourse about unpaid care and caring for older Australians. In my view, this is because the work on intergenerational relations is relatively new, originates in the United States or Europe and more strongly highlights the complex, nuanced and semi-fluid nature of family relations. However, I argue that academic discourse about intergenerational relations should not be so readily discounted, since it has the potential to make an important contribution to understanding better the provision of unpaid care to older Australians.

Karl Pillemer and Rosalie Wolf say in their “Introduction” to *Elder Abuse: Conflict in the Family* that, more than fifty years ago, Karl Mannheim wrote “The Problem of Generations.”



He, they say, was one of the first in academe to recognise that “different generations occupy divergent social and existential worlds” (xv). More recently, a number of researchers like Ingrid Connidis and Julie Ann McMullen; Ariela Lowenstein; Kurt Luscher; Miriam and Sidney Moss; and Karl Pillemer have employed the paradigms of solidarity, conflict and ambivalence to understand and explain contemporary family ties.

Pillemer and Wolf argue that intergenerational relations are highly relevant to understanding the difficulties experienced by families over the long term, in particular, difficulties exacerbated by frailty and the need for care in an older family member. However, institutional discourse about ageing and unpaid care rarely acknowledges family relations. One exception is Elizabeth Ozanne’s “Family and Intergenerational Relationships in the Long-Lived Society,” in which she recognises the explanatory power of intergenerational relations in understanding demography and family relations in contemporary Australia (336-62). Given the centrality of public policy and its “mediating role” in shaping late-life families in Australia (Ozanne 347), current public policy (and strategies inherent within it) does not take the nature of contemporary intergenerational relations into account. This results in policy and strategies which do not necessarily make sense, and so create dissonance for individuals, families and communities, for example, politicians calling on families to care for children and elderly parents while they ramp up their workforce participation.

The reluctance of institutional discourse about unpaid care and caring to draw on the concept of intergenerational relations is explained, perhaps, by Don Edgar’s earlier commentary in “Constructing Social Care.” Here, Edgar suggests that the state has a dilemma or, indeed, is ambivalent about intervening at the level of family relations (212). In spite of Australian public policy calling on families and friends to undertake the majority of care work, the transition to a carer role and carer identity for a daughter or son is complicated by the nature of contemporary intergenerational relations which remain, in general, unacknowledged. The nature of intergenerational relations in family can render some middle-aged Australians feeling disinclined and ambivalent, about taking on the role, or even accepting the label of unpaid carer.

## **The Modern Phenomenon of the Unpaid Carer**

Although the issue of providing care has been central to the human condition since time immemorial, the term “carer” is a far more recent addition to our culture and language. The online *Oxford English Dictionary* (OED) records that first use of the term, in the sense of a person providing personal care for another and not merely a person concerned or worried about a matter, was in 1978. It also records that, in 1985, carers were recognised in the *British Medical Journal* as “usually women, [who] are the welfare state’s solution to an expensive problem.” Although the concept first emerged forty years ago, the notion of unpaid

carer has developed to a much more sophisticated level where it is now defined by a variety of government, academic and non-government institutions and even has statutory status. In “The Social Construction of Carers,” Bill Bytheway and Julie Johnson theorise that the category of carer has developed through a series of steps, namely: “recognition,” then “definition,” followed by “claims-making” and “legitimacy” and, finally, “institutionalisation” (248-49). This latter step is especially relevant to this thesis.

The multiple ways in which official knowledge defines the concept of the unpaid carer are problematic. Since the mid-1980s, the Australian Bureau of Statistics has regularly surveyed disability and caring across the nation and, in its 2008 publication, *A Profile of Carers in Australia*, a carer is defined as someone “providing informal assistance to people with disabilities, long term health conditions or older people” (5). Further, the category of “primary carers” is defined as the subset of carers who “provide ongoing assistance for more than six months in one or more core activities of communication, mobility and self-care” (8). However, in his article “Renewing the Social Vision of Care,” Michael Fine takes issue with the notion of “primary carer” suggesting it individualises care unrealistically and narrows it “to the activities of just one person, where in reality a larger number are involved” (222). According to the 2009 Australian Bureau of Statistics report—*Disability, Ageing and Carers, Australia*—29% of Australians providing care because of disability or old age are “primary carers” who provide this high level of care (3). As expected, the majority (68%) of these primary carers are women (3).

It is obvious that the state highly values the object of unpaid carer as that role is a key solution to managing the economic and social cost of care. Therefore, government regulatory strategies enable the “institutionalisation” of the unpaid carer. Relevant data about the phenomenon are then collected to not only guide the construction of the necessary systems to support them but also determine eligibility for government carer payments, such as the Commonwealth Carer Benefit and Carer Allowance, as well as access to the Carer Respite Program.

Further, the “institutionalisation” of the carer is personified by the passing of Carer Recognition legislation in several states of Australia and, in 2010, the national Carer Recognition Act 2010 was passed in the Australian Federal Parliament. These developments reinforce the centrality of the unpaid carer in institutional discourse of care and caring, and require health-care providers to recognise carers as key people and accord them certain rights. An enacting of the Government of Western Australia’s 2005 Carers Charter recently shocked a friend of mine who shares the caring for, and about, her elderly father with her two adult siblings. On some weeks, caring for her father requires thirty hours of her time and, on others, next to nil. My friend’s father had phoned her in the early evening from his retirement villa to say that, while taking his “wheelie” bin to the street, he had fallen over and gashed his head and arm. She drove him to the emergency department of a busy tertiary hospital and,

once there, the attending physician, presumably seeking to comply with legislation, conscientiously asked my friend if she was her father's primary carer. To this, she replied: "Yes." However, she had really wanted to scream: "No, I am not his bloody carer. He is his own carer."

Clearly, the contemporary phenomenon of the unpaid carer is pivotal to official knowledge about care and caring: as a primary interest of government, a key focus in academic literature as well as being a major concern of the non-government sector. The non-government sector claims to represent the interests of unpaid carers and has its own strategies and style of speaking, thus contributing to official knowledge about unpaid care and caring in a unique way.

## **The Non-government Sector's Contribution**

The establishment and subsequent evolution of a dynamic non-government sector which seeks to voice the interests of unpaid carers is highly relevant. In the 1970s, New South Wales was the first state in Australia to establish an association for relatives and friends who care for a frail, older person or a person with a disability. This matched the timing of the term "carer" being pressed into service and, subsequently, parallel organisations in other states mushroomed. Carers Australia, a peak national organisation, was established twenty years ago and operated its first Carer's Week in 1991.

Carers Australia is currently a strong national network of state and territory carer organisations. As a national organisation, it draws on a variety of sources (including academe) to investigate and advocate in respect of carers' needs: their well-being; their income and participation in society; their employment and housing; and the nature of their care work. In doing so, the sector also scrutinises the "object" of unpaid carer through an institutionalised lens and, in this way, inserts its own version of official knowledge into institutional discourse about care and caring.

Carers Australia's national and state organisations are major players and regularly consult with government. They monitor government responses to disability, ageing and care; develop relevant research; contribute to policy development; participate in a wide range of inquiries, reviews and policy forums; and contract groups to prepare relevant reports, for example, Carers Australia contracted Access Economics to calculate the economic value of unpaid care in 2005 and 2010. State and territory carer organisations have now developed to a level where they not only advocate for carers but also provide major programs and direct services to carers, including counselling, information, educational resources and opportunities for carers to share stories. At national, state and territory levels, significant government funding from several sources pays much of the cost of the non-government sector's work. Thus, the question arises as to whether or not the non-government sector's

dependence on government for financial survival might compromise its important advocacy for carers.

In 2005, a new entity emerged in the non-government sector. The National Carers' Coalition, describing itself as "carers for carers," focuses on the rights of unpaid carers of people with disability who are under 65 years of age. It has provided the opportunity for a new and angry voice to be heard in the field of care and caring. This Coalition continues to criticise other carer organisations in Australia for being far too focused on aged-care and ignoring the needs of carers of the younger disabled. This latter group of carers, it says, is often caring for profoundly disabled family members as well as other family members while attempting to hold down paid jobs. The emergence of this strident voice challenges the current services approach of the more staid government-funded carer groups, and creates, in Foucauldian terms, a "point of diffraction" in institutional discourse about care and caring (Foucault, *The Archaeology of Knowledge and the Discourse on Language* 65). With this development, scrutiny of the non-government sector's performance on advocacy has intensified so that it is challenged to go back to its roots, to shift its approach back to a stronger advocacy model.

The contemporary problem of working families juggling paid employment with unpaid care was exemplified by the establishment of Dona Graham's *Working Carers Gateway* website in 2004, a website dedicated to promoting the needs of working carers. More recently, academic reports, like *The Hidden Face of Care* compiled by the Taskforce on Care Costs, have been utilised by the non-government sector to critique the government's policy failure to address the difficulties of combining paid work with providing unpaid care.

The non-government sector seeks to advocate for unpaid carers by strategically drawing on a range of sources (including academic reports) to contribute to official knowledge about care and caring. Therefore, as an institutional stakeholder, the non-government sector exerts power in the mediation process between carers, government, and academe. With this, comes the sector's capacity to influence institutional discourse about care and caring and to play a strong role in continuously shaping the politics of ageing and care in Australia.

In conclusion, institutional discourse about unpaid care and caring emerges because of the articulation of official knowledge about care and caring by government, academe and the non-government sector. Confusing and conflicting messages emanate from these various sources of official knowledge which compete and vie for authority. Foucault calls this a "system of formation" (Foucault, *The Archaeology of Knowledge and the Discourse of Language* 68). On the upside, this burgeoning of official knowledge about carers and caring has brought many benefits. Carers are now better-recognised for their work and nationally, and in most states of Australia, there is Carer Recognition legislation. Nevertheless, the lived experience of carers is often absent or, at best, only partially understood in institutional discourse. I argue that the more troubling aspects of how carers navigate ambiguous

institutional messages and manage the dissonance and ambivalence they create remains unheard and therefore out-of-sight. This is because the preponderance of voices in official knowledge about care and caring are not those engaged in the actual experience of providing care. While the voices of those providing care are becoming more vocal, they remain the least heard of all in official knowledge about care and caring. Therefore, we must turn to other ways of knowing, such as fiction and memoir, for more nuanced and realistic understandings of the often-ambivalent experience of carers.

## Chapter 3

### When and How Does the Carer Speak?

*The Committee recognises the importance of carer identification. Firstly, self-identification by carers themselves is critical as the first step in seeking assistance to support them in their role. Secondly, identification of hidden carers, including those carers who are reluctant to disclose their caring role, is also crucial to providing a sound evidence base for effective policy and for planning delivery of adequate and appropriate carer supports and services.*

House Standing Committee on Family, Community, Housing and Youth,  
*Who Cares . . . ? Report (23)*

In everyday language, the term “care” is readily applied—its utilisation extensive. In “Renewing the Social Vision of Care,” Michael Fine says care is a value that now “has strong public acceptability and a high recognition factor” (223). He notes that even businesses like the “vehicle dealership, airline, hamburger chain or dry cleaning agency” (223) overtly advertise a caring dimension as integral to their service. Clearly, care has become a commodity which is used indirectly to sell products. However, eminent economist Nancy Folbre has examined whether or not care services can themselves be considered commodities and finds this to be a less than straightforward notion. In her 2008 article “When a Commodity is Not Exactly a Commodity,” she claims that the commodification of care is problematic because “care is difficult to standardize” and “care services have idiosyncratic and emotionally sticky aspects that affect both their cost and their quality” (1770).

All the same, this concept of the commodification of care impacts upon people who identify as carers. The term carer now applies to a grab bag of workers, not only paid and unpaid people in the areas of disability, aged care, and child care, but also to animal carers or those concerned with the environment. Multiple uses of the term, as well as various academic and state-produced definitions, add to confusion not only about what carers do but also about who they are. The National Carers Coalition has suggested that carers of the young disabled use the title of “unpaid family carers” to distinguish themselves within the growing pool of people who do all sorts of care work (2).

Official knowledge about care and caring portrays care work as an array of tasks that can be accomplished in timeframes that vary from an hour a week up to twenty-four hours a day. Personal care tasks include: intense support with the activities of daily living, such as getting in and out of bed, showering, dressing, walking and feeding; assistance with shopping, finances, meal preparation and problem-solving; the organisation of appointments; travelling to appointments and participating in discussions with professionals about health and personal care. Such a list demonstrates that official knowledge about care and caring tends

to emphasise the physical components and activity of human care work, even though the emotional aspects can be more exacting. Further, the emotional nature of care work when hands-on body work is involved, for example, when assisting with toileting and showering, is rarely alluded to in official knowledge about care and caring. This strategy of omitting reference to bodily aspects of care work has the effect of narrowing the official experience of caring to a set of practical, less intimate tasks.

Given that government, academe and the non-government care sector produce official knowledge about care and caring, the question then becomes “when and how do people providing care give voice to their experience?” Certainly, it is not only through official knowledge, since institutional sites producing official knowledge about care and caring afford only limited and regulated opportunities for carers to speak. Fortunately, there is access to a range of alternative sites which produce other knowledge—unofficial knowledge about the experience of caring. These include self-help texts for carers, television and film, news media, online sources, contemporary memoir and fiction which, between them, offer non-fictional and fictional storying about the experience of care and caring for and about older people. They speak, too, even though institutional voices remain the major source of effective knowledge about care and caring. It is, therefore, important to understand in the first instance, how the voice of the carer is regulated at both these official and unofficial sites.

## **Official Sites of Speaking about Caring**

Official sources like social research, government inquiries, and the actions of the government-funded peak bodies, like Carers Australia, purporting to represent the voice of Australian carers, allow the highly-regulated voice of the carer and/or care recipient to be heard. However, when people providing care are reluctant to be identified as carers, they are excluded from contributing to official sources of knowledge about care and caring. It is clear that the opportunity for a person to speak of his/her experience of providing care, from within these official sites, depends on the opportunity and a willingness to declare oneself a carer.

### **Speaking Requires an Identity**

In my view, there are often logical reasons for people’s reticence about accepting the identity of carer. First, the reluctance to describe oneself as a carer is perhaps due to the term “carer” not making sense to a person providing care. In 2002, Carers Australia requested Artcraft Research to conduct a study and, using a representative Australian sample of 1200 adults, researchers found that 27.6% of people in the sample matched the research team’s definition of carer but did not consider themselves as carers. For example, one non-identifying carer remarked in a focus-group discussion: “I’m not a carer, really, I just look after mum as well as everything else. Well, actually it’s more of a full-time job than that . . .” (9). Another said:

Carers are people who commit themselves to looking after someone and make a really efficient job of it, but I'm not sure whether I'm ever going to be able to do that. No, I am not a carer. What I do is look after my mother as best I can like any responsible daughter would. (9)

These two declarations show that people can view care work quite differently from how official knowledge views and constructs the meaning of care work. More specifically, these two people are of the opinion that their care work does not meet the criteria for care work, presumably institutionally-set criteria which do not match their own criteria. Rather, they say that their motivation and willingness to care is derived, primarily, from filial obligation when caring for a family member is merely a natural act, and is therefore not deserving of being singled out as special nor can be thought of as being characterised by certain competencies. As a result, people providing care may choose firmly to resist the state-legislated label of carer.

Another reason for reticence about adopting the identity of carer relates to the unpredictable, unforeseen nature of providing care. Care needs for older people can grow incrementally, dramatically or both. When care demands develop slowly, the transition from “caring about someone” to “caring for someone” is rubbery. How often has mum’s forgetfulness been rationalised as a normal part of growing old? How many times did my father clip a car as he drove down the street before I realised I needed to act? How often did I muck out his fridge of stinking leftovers before accepting that he needed more help than he was getting? On the other hand, care needs can change suddenly and generate unanticipated, significant demands. How often has a friend’s parent experienced the death of a spouse and, overnight, become someone who cannot live alone? How often has an older person had an accident: tripped over the dog or fallen going to the rubbish bin and, as a result, is no longer been able to dress or feed him/herself, even if temporarily? The reluctance to accept the role of carer arises out of the quotidian experiences of hesitancy to accept another’s growing need, and out of the random, unexpected nature of increasing need.

It is clear that a person’s failure or reluctance to identify as a carer poses a conundrum for the state. This challenge was noted in the recent *Who Cares . . . ? : Report on the Inquiry into Better Support for Carers*, which emphasised the need for carers to self-identify to assist with relevant policy development (23). Without a carer identity, carers cannot be counted. Neither can they be heard in institutional discourse about care and caring. However, the consequence of pushing a reluctant person, who Sarah Winch says is now a “blend of selfless helpmeet and professional entity” (14), to declare him or herself a carer is that s/he may speak up in unanticipated ways—with, say, resentment and frustration. For example, some carers of the young disabled are pressuring the state to broaden care options and health services. In due course, those caring for older people may become more vocal also. The irony here is that the government’s quest for improved self-identification can also result



in unexpected critical voices that the state, and its representatives, might experience as challenging.

### **Speaking Through Research**

Researching the experience of carers permits aspects of the care experience to become better known. The government funds and coordinates much of this research, and this impacts on the nature of the knowledge produced, as well as the purpose to which it is put. That is, academic and non-government research about care serves a dual purpose: it supports the state's agenda by promoting the status quo of the carer as stalwart of Australia's care system, but it also seeks to improve the conditions for carers, if only by providing a space for their voices to be heard in some fashion.

One example of such research is Robert Cummins et al.'s 2007 report entitled *Special Report: Wellbeing of Australians—Carer Health and Wellbeing*. This Report was produced through a partnership between Carers Australia, Australian Unity (a private health insurance and financial services company), and Deakin University, and involved the analysis of 4107 quantitative mail-out questionnaires to self-identifying carers (with a response rate of 37.6%) (vi). In this study, self-identifying carers were found to have a lower collective wellbeing (on the Personal Wellbeing Index—the average level of satisfaction across health, personal relationships, safety, standard of living, achieving in life, community connectedness and future security) than other Australian demographic groups also identified as having low wellbeing, such as the unemployed, people earning less than \$15,000 per annum and people living alone (vi). It found that providing care to older people and/or people with disability affected people's employment, their life decisions and even their living location; in short, it summarised by saying that care-work impacts on carers socially, physically, emotionally and financially (viii). Further, and of relevance to my later discussion about the differences between caring for younger versus older people with disability, caring for adults imposed less burden than caring for disabled children (vii). In addition, carers in the study had an average rating of moderate depression on two sub-scales from the Depression, Anxiety, and Stress Scale (vi), with their wellbeing decreasing in direct proportion to the number of hours spent caring. These findings demonstrate how social researchers use outcome measures to provide an official means of understanding the impact of caring.

More research about the impact of human caring on women's lives comes from Christine Lee and Helen Gramotnev, who examine the health impact of being in and out of caring for over 500 middle-age women in the Australian Longitudinal Study on Women's Health. Their 2007 article "Transitions Into and Out of Caregiving" found that, regardless of whether middle-aged women are moving into or out of a care role, they show lesser involvement in the paid workforce and poorer health than women not involved in any caring. Further, their poorer health and lesser engagement with the paid workforce persist after caring ceases

(193). Another Australian study by Ben Edwards et al., entitled *The Nature and Impact of Caring for Family Members with a Disability in Australia*, uses multiple measures to confirm the hypothesis that long-term caring for someone with a disability is accompanied by a major toll not only on the physical but also on the emotional and social wellbeing of carers.

As these studies show, powerful results can emerge in social research enabling self-identifying carers to contribute to the production of official knowledge about care and caring. But, for this to happen, carers need to be self-identifying. Then researchers seek to understand their experience through the application of standardised measures to representative samples of them, and then aggregate the data. This makes the social research a very controlled process, and does not necessarily provide an avenue for the voice of the carer to be heard first-hand. As a result, there is an absence in social research of the unadulterated voices of people providing care. This may explain, in part, why such research is sometimes overlooked; why it is only now that we have begun to see some genuine major structural change, like the National Disability Insurance Scheme, even though social research has shown the situation to be dire for years. Thus, alternative opportunities for carers to share their stories first-hand, and in a far less mediated way, are necessary.

### **Speaking Through Alliances and Government Inquiry**

While academic research about carers and caring provides a controlled pathway for carers to speak, another means is afforded by the non-government sector. As I argued in Chapter 2, one of the aims of the dynamic non-government sector is to build its own contribution to official knowledge in institutional discourse about care and caring as well as to advocate for unpaid carers through a network of state and territory carer organisations.

However, as discussed, recent criticism has come from new entities within this non-government sector, such as the National Carers Coalition, which says that knowledge produced by the traditional non-government sector is too controlled, and focused too strongly on ageing. I suggest that these new entities have inspired a different way of speaking, an alternative to the generally formal style of government-funded carer groups. In essence, this is a new inflection in Australian institutional discourse about care and caring, and has produced a minority, agitated counterview. The following example from the National Carers Coalition's *Submission to Inquiry Into Better Support for Carers* demonstrates this more politically disruptive voice:

We inform the Australian Government that our struggle to be heard is perpetuated by the absence of any funded disability family advocacy and support service. We most strongly resent this discrimination against caring families of persons with dependent disabilities for whom we provide over 92% of the care accommodation throughout the nation. (6)

This angry voice has been effective in enabling dissatisfaction, particularly amongst carers of people with disability, to be heard at a political level. Quite possibly and consequently, the Federal Government, aware of growing discontent amongst unpaid carers, established the Senate Inquiry into Better Support for Carers in 2008 and sought submissions about the experience of caring and how to meet the support needs for carers better.

This Inquiry was the first of its kind in Australia. Through a process of eliciting stories of carers' experiences, the Committee of ten Members of Parliament aimed to acquire an improved understanding of the "challenges facing carers and their support needs" (xv). In particular, the Committee inquired into "the role and contribution of carers in society;" "the barriers to social and economic participation;" "the practical measures required to better support carers;" and "strategies to assist them to access the same range of opportunities" as available to anybody else in society (xv). The Committee also noted that the timing of the Inquiry coincided with a "highly dynamic" policy environment in relation to care and caring in Australia (2). In describing the policy environment, the Report referred to the recent Henry Review of Australia's taxation system, the Pension Review, the Council of Australian Governments (COAG) Reform Agenda, the development of a National Disability Agreement and Strategy, the establishment of the Disability Investment Group and a host of other relevant Parliamentary Inquiries (3-12). In November 2009, the Disability Investment Group achieved early success with the then-Prime Minister Kevin Rudd announcing the first step towards investigating the possibility of a national disability insurance scheme to cover the lifetime care of those with congenital and acquired disability. This major reform is about to go ahead, and its success in gaining traction is due, in part, to angry voices in the area of disability demanding a more equitable system for funding care for the disabled.

The Inquiry conducted fourteen public hearings and called for written submissions from individual carers as well as other interested parties, groups, organisations and state and territory governments. Of the 1300 written submissions, 1200 were from individuals who described themselves as carers or ex-carers. According to its Report, *Who Cares . . . ?*, the House Standing Committee found that many of the submissions were distressing and, from these personal accounts, it identified common themes: lack of recognition of the role; difficulties in accessing relevant information; financial stress; dissatisfaction with existing care systems; lack of choice; and the impact of caring on health and wellbeing. The chapters of *Who Cares . . . ?* follow these key themes with particular attention given to "hidden carers." Here, the focus was on the reluctance of some people to identify as carers, and to the problematic definition and use of the term "carer." In regard to this latter point, one contributor said provocatively: "I still believe that this word [carer], used as a tool of government policy, is a source of inbuilt resentment by one person for the other. It differentiates one as the 'goodie,' the other the 'baddie'" (17). The Committee then made fifty recommendations for reform, and identified that "significant and fundamental reforms to the system of supports and services" (14) are necessary.

I find it interesting to consider *Who Cares . . . ?* in the light of Kay Schaffer and Sidonie Smith's *Human Rights and Narrated Lives*, a text about the process of using personal narratives to uphold human rights and bring about social change. Schaffer and Smith say that storytelling has become "one of the most potent vehicles for advancing human rights claims" (1). In their analysis of how storying works to advance human rights, they examine the conditions enabling the "production," "circulation" and "reception" of stories of suffering (5-6). However, they also comment:

Whether or not storytelling in the field of human rights results in the extension of human justice, dignity, and freedom depends on the willingness of those addressed to hear the stories and to take responsibility for the recognition of others and their claims. (5)

That is, advancing the human rights of carers may not necessarily follow from the circulation of stories of hardship about providing care. Much depends on their institutional reception.

In relation to care in Australia, conditions in the first decade of the twenty-first century have been better than ever before for the production and circulation of stories about the lives of carers. The 1980s and 1990s saw Australia experience rapidly growing economic prosperity from which not all Australians have benefitted—indeed, one such segment of the population which does not see itself benefitting, the carers of young disabled Australians, is loud and disgruntled.

While carers contributed their stories to the Inquiry, the House Standing Committee on Family, Community, Housing and Youth also shaped the presentation and reception of the stories. Typically, the Committee used only fragments of carer stories, rather than longer narratives, to highlight key findings. Here, I suggest, the use of brief excerpts, while common in government inquiries and reports, effectively diminishes the power of such stories. By way of contrast, I draw on the more forceful 1997 Human Rights and Equal Opportunity Commission (HREOC) Report: *Bringing Them Home*. This report used lengthy transcripts of stories (several pages each) from 17 of the 535 oral/written submissions about the experience of forced removal of Australian Aboriginal children from their parents. I would argue that the lengthier transcripts in *Bringing Them Home* resulted in less easily denied, more potent stories than those told through the reporting of snatches of experience in *Who Cares . . . ?*

In terms of the reception of *Who Cares . . . ?*, although the report focused on the challenges and support needs of carers to do their work more efficiently and effectively, subsequent reform in the landscape of care and caring in Australia has been slow. In October 2009, the Commonwealth Government tabled its response, *Government Response to the House of Representatives Standing Committee on Family, Community, Housing and Youth Report: Who Cares . . . ?*, which agreed with fewer than half the recommendations while noting only partial agreement or disagreement with the remainder. Albeit the Foreword of

*Who Cares . . . ?* talks about the Committee's understanding that carers "want choices," particularly around the flexibility to engage in paid employment, options for carers remain narrow and limited (ix). Indeed, Carers Australia issued a website media release in October 2009 stating that carers had been "shortchanged" by the Report, and described the Government response to the Report as "underwhelming" and "lacklustre."

However, if nothing else, *Who Cares . . . ?*, as well as other recent research publications, challenges the dominant official knowledge about care and caring: it represents a fissure, or crack, in institutional discourse about unpaid care and caring in Australia, for example, there is some tangible movement in terms of advancing human rights for carers through the National Disability Insurance Scheme. New attempts by specific groups of carers to speak via other sites, such as the Disability Investment Group and other non-government groups like the Muscular Dystrophy Association (WA), are in evidence. Indeed, future advances for those caring for older people might come as a result of the gains made by people caring for the younger disabled. This is where the voice is loudest, and disparities the greatest—it's where the care options are most restricted, given the demands of providing whole-of-life care for a younger person are generally more than those involved in providing near-to-end-of-life care for older people.

Although there are only limited opportunities in institutional discourse for people providing care to speak openly (through social research, government inquiries, and government-funded carers groups), a range of alternative, unofficial avenues of speaking about the experience of caring exist. These include self-help texts for carers, television and film, news media, online sources, memoir and contemporary fiction—all of which facilitate the storying of the experience of caring and giving carers an opportunity to be heard. Through such sites, there is an opening for unofficial narratives to permeate institutional discourse, and for the personal knowing they generate, as Carol Swenson says in "Dementia Diary: A Personal and Professional Journal," to be less subjugated by official knowledge (459). As this occurs, there is a real opportunity for those responsible for making relevant policy and practice to have access to a more accurate and complete representation of the experience of providing care.

### **Unofficial Sites of Speaking About Caring for Older People**

*I am ashamed to recall how harshly we witnessed the years of her decline. When she told the same anecdote over and over, in exactly the same words and with the same intonation, we would roll our eyes at each other behind her back, or joke about it on the phone afterwards. We were impatient with her growing fear of the physical world, her refusal to drive, her stubborn slowness, her resentful timidity, her inability to take pleasure in anything.*

Helen Garner, "Our Mother's Flood I" (123)

As discussed, the styles of speaking in both official and unofficial institutional discourse about unpaid care and caring are very different: official knowledge is expressed in masculine, objective and task-oriented language while the language of those providing care

is more personal and subjective, as in the above passage of Garner's. Unofficial sites of speaking allow a focus on the challenging psychological aspects of caring, and provide opportunities for carers to share the difficulties and emotionality requisite to caring. This sharing fills a gap in official knowledge about care and caring. An obvious example is the self-help genre in which experienced carers or ex-carers speak.

### **Speaking About Caring Through the Self-help Genre**

In recent decades, self-help narratives about caring for older parents have proliferated. In these narratives, carers speak candidly about the psychological and spiritual experience of caring, and about ways of managing and surviving the role. Many of the texts are American, and their existence is testament to the pain and joy associated with providing intergenerational care. Their purpose is to share the highs and lows of the experience and, as such, provide psychological support to adults who care for an older parent. Some of these texts are written by people who are both unpaid carers as well as health care professionals, and hence bridge two spheres of caring. Carol Swenson's already-mentioned "Dementia Diary" is an example of such writing which, she says, closes "the gap between professional knowing and personal knowing" (459).

At one end of the continuum of self-help offerings, there are upbeat and encouraging texts. At the other, self-help narratives deal with the more negative and difficult aspects of the experience. Those that are more positive are sometimes Christian in orientation, and highlight the greater good that comes from the self-sacrificing nature of caring. For example, Ann Chearney's *Visits* speaks favourably about the gains of caring for older people and offers encouragement and solace to those caring for an ageing parent. She describes the care journey as challenging but worthwhile:

Every child who cares for an infirm parent understands the grief over the road that cannot be taken. We share with our parent a sense of disbelief. *Why do we have to walk this road?* All we can do is all we have ever been able to do for each other, to give comfort and encouragement and to nurture the heart along its way. (29)

Another example of a supportive, affirming self-help text is Alexis Abramson and Mary Dunkin's *The Caregiver's Survival Handbook*. This book acknowledges that providing care is a burden but, at the same time, urges caregivers to look after themselves so that they can continue caring sensitively for older relatives.

At the opposite end of the self-help continuum, descriptions hone in on a range of problem-elders. Here, very different titles, such as *Coping with Your Difficult Older Parent: A Guide for Stressed-Out Children* by Grace Lebow and Barbara Kane, intimate that there is much hardship when the older person, rather than the carer, is the problem. The introductory chapter of this text provides a questionnaire that enables the reader to determine whether s/he has a difficult parent (2-5). Ensuing chapters provide advice and suggestions about how to deal with clingy, rigid, controlling and frightened parents, and each chapter has a catchy

section title like “Getting along with a narcissistic parent” (84). Jacqueline Marcell’s *Elder Rage—or Take My Father . . . Please! How to Survive Caring for Aging Parents* chronicles her difficult journey with an abusive parent with dementia, yet humourously outlines her own practical learning as she describes the persistent, day-to-day horror of caring for her hard-to-love, elderly father. Another example is the British book *Past Caring: The Beginning Not the End* which highlights the downside of caring for older parents and the difficult experience of rebuilding one’s life after it has been all but shattered by caring. This text is divided into three sections: the author’s story, the survival stories of other ex-carers, and a twelve-step guide about recovering one’s purpose, peace, sexuality, creativity, strength, etc. after the job of caring comes to an end (191-242).

The self-help genre constitutes a space in which the darker aspects of the carer experience are enunciated, something not readily afforded by official knowledge about unpaid care and caring. Given the angst associated with intergenerational caring, the self-help genre has the potential to provide comfort and advice. However, if this angst were recognised better within official knowledge, the distress it produces would be less easily discounted and more appropriate resourcing and support might be provided.

Other unofficial institutional sites, such as television and film, also add other layers of richness to understanding the issues associated with the experience of providing care to an older person.

### **Speaking Via Television and Film**

Ageing and caring for and about older people also appear as themes in television and film. Multiple perspectives on these topics are presented via drama and documentary, and draw on the points of view of fictional and non-fictional adult children, ageing parents, other relatives and friends. These perspectives sometimes place the voice of those providing care peripherally, others more centrally. In any case, they fill a gap in societal and official understandings of the emotional nature of care and caring.

A good example of the peripherally-positioned carer is the “Australian Story: The Big A,” broadcast by the Australian Broadcasting Commission (ABC) in 2003. This well-known documentary allowed for the popular Hazel Hawke, ex-wife of a former Australian Prime Minister, to reveal to the nation that she had Alzheimer’s Disease. Hazel and her illness were the key foci of the documentary which touched only briefly on caring for someone with this most common form of dementia. Although the voice of the carer was peripheral in the “Australian Story: The Big A”, Sue Pieters-Hawke later published a mother-daughter narrative. *Hazel’s Journey* started with Sue Pieters-Hawke’s experience of her mother’s diagnosis, and described the tensions, frustrations and guilt she felt in response to her

mother's illness. It also outlined her difficulty in juggling her mother's need for autonomy while, at the same time, managing risk and decisions about when to intervene.

The intensity of intergenerational relations is also portrayed in the highly-successful ABC comedy series *Mother and Son* which ran from 1984 to 1994. Divorced Arthur Beare, in his 40s, is a man struggling to look after a manipulative and cantankerous mother while attempting to meet his own need for a normal life. The audience's sympathy is with Arthur as he cares for his elderly mother, the chief protagonist. Although its key purpose was not as a vehicle for the carer to speak, the series captured the conflict arising from intergenerational (un)caring.

Comparably, television documentaries have enabled the voice of the carer to play a central role, especially when the level of age-related disability is severe and progressive. In a moving segment of ABC's *Enough Rope* in 2007, Andrew Denton's interview with British actor Miriam Margolyes focused on how Margolyes managed her frustration with caring for her mother who had had a stroke and lost her speech. This interview is a fine exemplar of the voice of the carer communicating the dark side of human nature in the context of a protracted caring role:

ANDREW DENTON: Twice, and you wrote about this for a newspaper, twice you hit your mother, the, the woman you most loved in the world, how did that happen?

MIRIAM MARGOLYES: It was just frustration, on both our parts, and I tell the story not at all because I'm proud. I'm deeply ashamed of it, but I think a lot of people are in this situation and . . . I talk about it so that people don't feel so alone. . . . I can't remember the exact situation. She was grabbing at me, she had one hand that she could use and it was very strong, and she was grabbing at me, and I was trying to say something to her or ask her to do something and she wouldn't and I just lost my temper. . . . I lost control and it's shocking. . . . how can I ever hold my head up, but I did it and then I rushed out of the house because as soon as I'd done it I knew how awful it was and, . . . she forgave me.

ANDREW DENTON: When you wrote about it, what kind of response did you get?

MIRIAM MARGOLYES: Well, a lot of people wrote in and said that they had felt the same thing, and that made me feel a bit better. . . . I wrote about it to help a charity, that's why I talked about it, because in England there's a charity called Crossroads, which I'm a patron of and it's to provide respite care for people who are looking after somebody for 24 hours a day. And people do that, you know. And it's, it tears their lives apart, and so that's the only reason I did it to raise awareness of the plights of carers, but . . . I am a very wicked woman.

Because this interview was shown on popular television, it exposed a powerful story of physical abuse to a broad Australian audience. Stories like this need to be told because they resonate with many of us, and because the sharing of them can influence official knowledge. If the feelings of shame, guilt and distress experienced when care turns violent are publicly



acknowledged, then there is also a greater chance that appropriate support services might be developed.

### **Speaking About Caring in the News Media**

News media provide other opportunities for representing caring which, I argue, like television and film, have the potential to add to official knowledge. In these unofficial sites, journalists, rather than carers themselves (unless they are one and the same), produce narratives about care and caring. These include sensational stories of older people found dead in their homes. There are a handful each year—for example, the elderly Perth mother caring for her mentally ill son found in her home six months after her death (Elliot 1), and the 2003 story of 75-year-old South Melbourne woman, Elsie Maude Brown, which shocked the nation (Gallagher 9). By the time Elsie Brown's body was found, it was not a few months after her death but almost two years. Her decomposed body was a bundle of bones found covered by a blanket on her living room couch. Her neighbours, Tina and Jamie Murcia, had lived next door to Elsie for years, and said that she had refused approaches by them and others, even people in authority, wanting to check that she was okay. This story captivated the country, and the Murcias were portrayed as having failed in their human duty. The news and related articles that followed asked compelling questions: What more could have been done to care for and about Elsie? Did people do enough? And have we become too heartless and too busy to care?

News articles in *The Weekend Australian* have also provided a forum for gritty social commentary about the contemporary issues associated with caring in Australia, including intergenerational caring. Journalist Kate Legge has produced several noteworthy articles in the last few years signalling the topic as a key concern in Australian media. Legge's articles not only amplify the carer's point of view but also provide readers access to less spoken-about issues associated with caring. For example, "Rising Stench of Squalor" deals with the complexities of older people who live in squalid conditions; "Parenting the Parents" examines caring for parents with dementia; and "Carers Carry the Burden" and "Carers in a Risky Business" investigate the impact of caring on carer wellbeing. Other articles in the *Weekend Australian Magazine*, including Susan Johnson's "Mind the Gap" and Drew Warne-Smith's "Too Far from Home," have exemplified the struggle of intergenerational caring for older parents from the perspective of adult children living geographically apart from their parents. Some of the themes in these articles are alluded to in institutional discourse about unpaid care and caring but, when they surface in the domain of news media, they do so with a different style of speaking. Here, the language is far more provocative and less constrained than the distant, professional language of official knowledge. Albeit their tendency to a modality of shocking, these stories have the potential to challenge official knowledge. Indeed, they can provoke institutional responses, for example, Andrew Heslop's

establishment of an annual national Neighbour Day after the discovery of Elsie Brown's body.

### **Carers Speak Out on the Internet**

The internet also provides a wealth of opportunities for testimonials and other communication about the experience of unpaid caring, including providing care to older people. Often stories and blogs are circulated on the websites of large non-government organisations around the world, for example, the United States National Family Caregiver Association (NFCFA) and British Crossroads Cares, now The Carers Trust as of 1 April, 2012. The NFCFA supports, empowers, educates and advocates for over 50 million Americans who are caregivers and, more specifically, its Family Caregiver Story Project encourages the posting of first-person accounts about the experience. Stories written by carers are posted, either with or without the involvement of a web editor or website journalist. Informal blogging and connecting via Facebook and Twitter are also encouraged. These not-for-profit groups have provided support for carers for years, encouraging carers to write and speak of their experience and to share it with others. In Australia, the aforementioned *Working Carers Gateway* facilitates carers speaking via the internet. The *Gateway* was established in 2004 and is funded by NSW Health. In addition to providing information and support to low-income and isolated carers, the website is also a venue for stories about the experiences of providing unpaid care, mediated by a journalist.

The act of unofficial storytelling via social media is sometimes about making a political statement. This is particularly so if the organisation hosting the website is tasked with focussing on disadvantage, as the *Working Carers Gateway* is. For example, "Maurice's Caring Promise" (posted 4 August 2009, accessed 10 November 2009) speaks of an experience of providing care that results in family loss and disintegration in the context of trying to maintain his job. Prior to the death of his wife from cancer three years before, Maurice made a commitment that he would care for her father at home. His father-in-law now has severe cardiac disease, cognitive loss and is aggressive. As Maurice told the website journalist, who published his account on *Working Carers Gateway*:

I feel I need to be spending what free time I have on my two boys—they are really troubled and angry and hurting and they have both fallen off the wagon as far as their studies go. I am grateful that they are still showing up at school some of the time but as for their results—well, they are pretty much at the bottom of the class when they both have the ability to do so much better. Neither will do homework or study and both are experimenting with drugs and have gotten into the wrong company. They don't like being at home because grandpa yells at them. It's nothing for him to take a swipe at them now and again. He breaks things, he drops things, he forgets things.

...

He needs a lot of structure in his life and I employ a full-time carer seven days a week, which sounds like a lot of help, but actually it is not enough because when I get home from work, he still needs one-on-one care; in many ways he is like a small and helpless child.

I work full-time and absolutely love my job. The work is creative and interesting and the pay is great. I don't want to lose that job, so I haven't discussed my situation with anyone at work. It is a very competitive high-pressured position and I doubt that they would be interested in carrying me in any way, shape or form. So at the moment I am relying on the paid help, paid for by my father-in-law. If we didn't have access to that money, he would have to go into a nursing home.

Even so, there are days when I find myself wishing he wasn't around anymore and then I feel like this hideous beast. I remember my promise to my dying wife and I know that I have to stick it out until the bitter end, whenever that might be.

This blog illustrates how the use of social media through the internet affords a range of opportunities for carers like Maurice to share their experience of providing care in an immediate and public way. It allows people to ventilate, provides a source of support and comfort to others in the role, and builds unofficial knowledge about care and caring.

Some stories on the internet are positive care narratives that construct the hardship of caring as an honourable and heroic sacrifice. Others, like Maurice's, emphasise the conflicted and more political aspects of caring. Even to wish a parent were dead can be spoken about. I argue that the publication of these previously inaccessible stories about care and caring has potential to influence the status quo and, ultimately, contribute to official knowledge about caring for older people.

### **Speaking Through Memoir**

Memoir is also a popular site for the production and circulation of personal narratives about the experience of caring for an older person. The voice of the adult child writing about their experience of caring for an ageing parent is key to the intergenerational-care memoir. Witnessing a parent's decline and coping with the challenging demands of a parent with cognitive impairment or dementia are common themes. Such narratives reveal the profound nature of the experience of providing care to people with dementia, and the memoir is an attempt to document the painful intimacy of the experience. These stories are about naming and dealing with conflicting emotions such as love, fear, shame, joy, guilt, anger and even hatred that may accompany the experience of caring for a parent. In some instances, the memoir is a quest to restore psychological equilibrium—to reconcile deep personal distress and overwhelming opposing emotions associated with the traumatic experience.

One Australian example is Helen Garner's essay "Our Mother's Flood 1" which speaks of Garner's guilt and shame about her and her siblings' superficial judgements of their mother who has Alzheimer's Disease:

We thought it was just Mum growing old. We exchanged our brisk theories: she should get more exercise; she should drink less wine and eat more raw vegetables; she should see a psychiatrist; she should have more of a social life. (122-23)

In "Our Mother's Flood 1", Garner also describes her emotional state as she sits at her mother's bedside after surgery:

Shocked and moved, I sat with her that day and the next, while the anaesthetic left her system. As she dozed and raved, I realised that for the first time in my adult life I was thrilled by my mother's company. I could not get enough of her poetic flights of fancy. I held her hand, I stroked her hair, and she let me, this woman who had always been so reserved about touching or expressing affection. I opened my ironic intellectual's mouth and out of it came the incredible words 'I love you, Mum.' (123)

Garner's words demonstrate both the anguish and the unexpected pleasure experienced in the parent-adult child relationship, the difficulty of making sense of these mixed feelings. This voice is never a feature of official knowledge but, when accessed, provides a very different take on the carer experience.

Another carer memoir is American Sue Miller's *The Story of My Father*. In her book, she describes ambivalence in dealing with her father's progressing Alzheimer's Disease, and her surprise at finding very little benefit from available support and self-help literature:

Throughout my father's disease, I struggled with myself to come up with the helpful response, the ethical response. I wanted to give him as much of myself as I could. But I also wanted, of course, to have my own life. I wanted, for instance, to be able to work productively. I wanted not to let my sorrow and despair over Dad color my daily relations with my husband or my contact with my son, who was by then in college. There were many books, and I read a few, to tell me how to approach all this, and I joined a support group of caregivers well before Dad arrived to be near me. There I heard many of the same things I'd also read: that I shouldn't feel guilty about not liking Dad, that I should make a special effort to get out often and see friends, that I should take care of my personal needs, that I should turn to others for help, that I should revisit old hobbies and pastimes to give me a lift. None of this seemed to connect with the feelings I had. I thought of most of it, honestly as irrelevant at best, condescending at worst. (53-54)

This passage not only highlights the psychological demands of caring for a parent with dementia, it also suggests that the support on offer, often financed by government-funded alliances for carers, does not always hit the mark. This passage also suggests to me that there is a need to evaluate interventions focussed on supporting carers. The research findings of Kathy Eager and her colleagues at the University of Wollongong are relevant

here: their report *Effective Caring* indicates that, although there is significant expenditure by the state on carer interventions, little is known about the effectiveness, and best timing, of their delivery (ii).

Another memoir that contains stories and guidance for carers (mentioned earlier in this chapter) is Audrey Jenkinson's *Past Caring: The Beginning Not the End*. Jenkinson cared for both her parents, one of whom had had a stroke and the other cancer, through her late teens and into her twenties. This memoir addresses not only the psychological demands of providing intergenerational care as a young adult but also the pain of rebuilding a life after caring ceases:

Years of caring had filled my once carefree being with endless doubt, confusion. As a child, I believed anything was possible. As a young adult, I still believed it. Then came the years of my parents' illness, the juggling of caring and career, the exhaustion, the panic attacks, the loss of joy, the guilt, the fear. The constant terror inside, the not knowing, what will today bring? (9)

Her book highlights the impact of caring. Further, it makes a major point regarding the issue of inadequate support for carers after caring has ceased. This suggests that relevant policy for the provision of carer support services is perhaps just as necessary, if not more so, after the caring is over.

In 2007, American journalist Nell Casey pulled together possibly the first thematic collection of essays and stories about the experience of caring for family entitled *An Uncertain Inheritance*. Casey says care-giving "is only just beginning to enter our cultural and literary consciousness," and requires the "ability to walk a tightrope of emotion as life hurries on indifferently around you" (xiii). Her collection highlights that caring is an ambiguous act that, while utterly commonplace, is also a task of monumental proportions that we are reluctant to examine.

Some of Casey's chosen stories focus on the difficulties of caring for elderly parents while others address caring for younger people with illness and disability. All frankly recount the associated losses, the reluctance, the confusion, and the frustrations that accompany the complex task of caring. Eleanor Cooney's story "Death in Slow Motion" is about the disturbing aspects of caring for a mother with dementia. The narrator comments:

guilt, sorrow, relentless responsibility, and no life of my own: we were trapped, swimming hopelessly in circles, sinking, hearing my mother's ever-narrowing set of refrains, recited daily like the stations of the cross, each one a knife in my heart . . . . (128)

For us, as readers, stories in the collection provide an eloquent and concentrated means of exploring the range of conflicting emotions that can arise when caring for older people. Mostly, we remain unaware of such deep distress because such stories are excluded from

official knowledge. This means that, at best, adult children caring for their parents are only partially understood and can remain woefully unsupported.

### **Speaking Through Fiction**

Fiction, with its imaginative voices, allows the subjective aspects of the care experience to be articulated. Stories can portray the complexity of intergenerational relationships, including the co-existence of ambivalence when providing intergenerational care, which can even end in violence. According to Shulamit Reinharz, we have understood for centuries that hurt and cruelty can be associated with caring for an elderly parent. She says, in a book chapter entitled “Loving and Hating One’s Elders: Twin Themes in Legend and Literature,” that “Greek myths, Biblical passages, legends, fairy tales, anthropological material, ceremonies, novels, plays, . . . [are] testament to persistent intergenerational cruelty” (25). Thus, she highlights the intergenerational conflict and push-and-pull of emotions that form the backdrop of contemporary stories about caring.

Contemporary fictional narratives about caring not only reveal the ambivalence that characterises the experience but also demonstrate the transformative qualities of the experience of providing intergenerational care. In Barbara Kingsolver’s *Animal Dreams*, adult daughter Codi Noline returns to the family home after a long absence and contemplates her relationship with her sick father Doc Homer:

The nature of my relationship with Doc Homer, which had eluded me over the phone, [in long distance calls during her time away] came back instantly when I saw him. There are all the small things you love and despise about a parent: the disappointed eyes, the mannerisms, the sound of the voice as much as the meaning of the words, that add up to that singular thing—the way you are both going to respond, whether you like it or not. It had settled over the table and I could hardly breathe. (69)

Kingsolver goes on to illustrate how caring transforms the power dynamic between Codi and her father:

. . . for two days now I’d been taking care of Doc Homer here, and when I stopped to notice, I found myself the most commanding presence in the room. I felt long-legged and entitled and strode around in my boots, adjusting curtains and moving furniture to suit myself. (292)

Kingsolver’s novel exemplifies the complexity of, and ambivalence associated with, providing intergenerational care, something that is not represented in official knowledge about care and caring.

A different kind of text is Doris Lessing’s *The Diary of Jane Somers* that explores the struggle of providing intergenerational care which is non-kin in nature, another phenomenon that is seldom recognised in official knowledge. When successful, middle-aged executive

Janna Somers meets and befriends ninety-year-old London neighbour, Maudie Fowler, Maudie invites her to her home. Here Janna is confronted by the squalor in which Maudie lives, and organises some electrical work to make her flat more safe. Janna is conflicted about her developing relationship with the aged Maudie—that is, whether or not to continue to provide for her needs: “In the morning I woke feeling ill, because of being so trapped, and I thought about how I was brought up . . . That if I say I will do a thing, then I must do it” (34). Janna goes on to build a care relationship with Maudie accompanied by feelings of both warmth and disgust, evidenced in her description of washing Maudie:

I slipped the “clean” vest on over her head, and wrapped the “clean” cardigan around her, and then saw she was sliding down the thick bunches of skirt. And then it hit me, the stench. Oh, it is no good, I *can’t* not care. Because she had been too weak or too tired to move, she had shat her pants, shat everything. (60)

This excerpt shows that emotions involved in providing care are mixed, and it also reminds us that people, other than family, provide intimate, life-sustaining care. Further, and importantly, this is also one of many stories that speaks of the revulsion sometimes associated with bodily care. I argue that this topic, and associated feelings, are avoided in official knowledge about care and caring. Kristeva’s notion of “the abject,” as explored in *Powers of Horror: An Essay on Abjection*, is key for me to explaining this avoidance. Unofficial knowledge tells us that dealing with the bodies of older people is not just about their uncleanliness but, as Kristeva says, rather the abjection they produce in us that more fundamentally “disturbs identity, system and order” and is the “in-between, the ambiguous . . .” that “does not respect borders, positions, rules” (4).

Novels of intergenerational conflict abound. Two further examples demonstrate that love-hate feelings are sometimes associated with intergenerational care. First, in Rohinton Mistry’s *Family Matters*, Indian sister Coomy and her brother Jal speak to each other about their ill stepfather:

“I don’t want to be disgusted with Pappa while he lies helpless in bed,” said Coomy. “But I can’t help hating him.”  
“You don’t hate him,” said Jal, scared by the word’s power. “You hate the work. We just have to try our best to do our duty. Even as a stepfather, he was always kind to us, we mustn’t forget that.” (83)

Second, in Alice Sebold’s *The Almost Moon*, Helen kills her mother who has dementia. When Jake, her ex-husband becomes aware Helen has murdered her mother, he says:

“You do realize what you’ve done, right?”  
Weakly, I nodded my head.  
“You really hated her, didn’t you?”  
“And loved.” (142)

Such stark stories tell us that an adult carer with strong conflicting feelings needs to acknowledge and manage them. This is difficult when official knowledge does not recognise

such contradictory feelings. However, fictional, autobiographical and popular literature provides an important source of knowledge about the ambivalence associated with providing intergenerational care.

In *Mixed Emotions: Certain Steps Towards Understanding Ambivalence*, Andrew Weigert defines the experience of “contradictory emotions toward the same object” (21) as ambivalence which, he says, may manifest in motivation as “simultaneous attraction to and repulsion from pursuing a particular line of action” (19). The various unofficial sites of television and film, self-help genre, news media, internet, memoir and fiction, rather than official sources of knowledge such as social research and government enquiry, allow acknowledgment, as well as sense to be made, of ambivalent feelings of love, hate, guilt, shame and pleasure associated with providing care. In the next chapter, I explore academic discourse about ambivalence associated with intergenerational care and caring, and argue that making the links between this discourse, and the untapped unofficial knowledge about the experience of providing intergenerational care, strengthens not only our understandings but also our response to it.



## Chapter 4

### The Object of Ambivalence

*[Ambivalence] is communicated in various dichotomies—freedom versus constraint, independence versus dependence, autonomy versus dependence, maturity versus infancy, and more—but whatever the dichotomy, the dilemma appears to be insoluble. Neither pole is a separate state or condition. Neither freedom nor dependence can be realized in a full or exclusive form, because one is part of the other. Human beings long and strive for both, but, when they achieve a measure of either, the other reasserts itself.*

Neil J Smelser, "The Rational and the Ambivalent in the Social Sciences" (13)

*So the giving and receiving of care are a vital part of our individual and collective humanity: sometimes a trial, sometimes a pleasure, and often both.*

Barbara Pocock, Natalie Skinner, and Philippa Williams, *Time Bomb* (63)

In "Looking at Ambivalences," sociologist Kurt Luscher maintains that the object of ambivalence became an element of academic/medical discourse in the early twentieth century. In 1910, the Swiss psychiatrist Eugen Bleuler was said to have posited ambivalence as a key symptom of schizophrenia (97). For much of the last century, ambivalence had widespread clinical application in the fields of psychiatry and psychology. However, as the twentieth century progressed, the academic examination of ambivalence broadened to the fields of sociology and anthropology and, even more recently, to postmodernist studies across a range of disciplines. Thus, throughout the last century, the paradigm of ambivalence, as it is called in some academic disciplines, has been applied to human relations at all levels: intrapersonal and interpersonal relations, family relations and relations amongst larger social networks, and is now viewed as integral to our understanding of modern human existence. Central to this thesis is how the object of ambivalence has been deployed in recent academic examination of intergenerational relations and, in particular, applied to the experience of providing care to family members. The few contemporary theorists working with the concept of ambivalence in relation to intergenerational relations, like Kurt Luscher, Karl Pillemer and Dagmar Lorenz-Meyer, agree that ambivalence in middle-aged people providing intergenerational care is an implicit and ordinary phenomenon. My argument is that, therefore, ambivalence needs to be understood better if individuals and families who provide care are to cope with and respond constructively to ambivalent feelings.

Thus, the purpose for this chapter is three-fold: first, to understand the nature of ambivalence as it is portrayed in academic discourse; second, to explain how that discourse has applied the concept of intergenerational relations in the context of caring for older people; and third, to consider how academic understandings of ambivalence can be assessed for their

contribution to official knowledge about care and caring, to see whether or not they might provide an important link between official knowledge and the unofficial narratives of fiction and memoir about care and caring.

## **The Object of Ambivalence in Academe**

### **The Development of a Concept**

Even if not named as ambivalence until the twentieth century, it is clear that an awareness of the existence of ambivalent feelings about a person or situation was evident well prior to the early 1900s. Kenneth Weingardt makes the point in his article "Viewing Ambivalence from a Sociological Perspective" that feelings associated with being in a quandary, of being pushed and pulled about an idea or object, were referred to in the Bible and other very early religious and philosophical texts (298). He proposes that three spiritual/religious concepts or events typify ambivalence: the duality of the yin and yang in Taoist philosophy; the cycle of suffering and peace in Zen Buddhism and the anguish felt by Jesus in the Garden of Gethsemane as he struggled to know whether or not to stay and face his death (298). Weingardt also recalls that sixteenth- and seventeenth-century writers/philosophers Michel de Montaigne and Blaise Pascal both wrote about the push and pull of emotions three to four hundred years ago (298). All the same, the *Oxford University Dictionary* says the first use of the term "ambivalence," or "ambivalency," was in 1912 in *Lancet* when it was described as a "condition which gives two contrary feeling-tones to the same idea and invests the same thought simultaneously with both a positive and a negative character." The *Oxford University Dictionary* says that, a year later, ambivalence was explained in the *American Journal of Insanity* as "something which leads, even in normal people, to difficulties of decision and to inner conflict."

The early twentieth-century *Lancet* definition indicates that ambivalence first originated as an academic concept in the discipline of psychiatry. In "Conceptualizing and Uncovering Intergenerational Ambivalence," Kurt Luscher summarises how Bleuler's early clinical conceptualisation of ambivalence was used to make the clinical diagnosis of "negativism" as a symptom of schizophrenia (26). According to Luscher, Bleuler spoke of the mind experiencing ambivalence at three levels. The first was at the level of emotion or affect (the same object evokes both positive and negative feelings); the second was cognition (the intellect holds two opposite ideas), and the third was at the level of volition (contradicting desires make it difficult to decide how to act). Yet he disputed these three types were always negative and, indeed, suggested all stimulated creativity (26-27). For Bleuler, it was the inability to cope with and manage ambivalence that brings problems for the individual, rather than ambivalence itself necessarily producing any pathology. Luscher reports that Sigmund Freud later applied ambivalence to understanding both the notion of transference in the clinician-patient relationship as well as desire in intergenerational relations between a son

and his mother, that is, the Oedipus complex is characterised by ambivalence (28). Subsequent developments have also seen ambivalence used in the fields of psychoanalysis, psychotherapy and family therapy, so that it has become an important concept for understanding the nature of clinical work with individuals, and the dynamics of close relationships within interpersonal, especially, family relations.

Postmodern sociologist Barry Smart observes in *Facing Modernity: Ambivalence, Reflexivity and Morality* that not only psychologists but also sociologists have displayed a keen interest in ambivalence. He declares that since the mid-nineteenth century, sociologists Karl Marx, Max Weber, Emile Durkheim and Georg Simmel all examined the nature of ambivalence inherent in modern human existence, and Smart remarks that ambivalence “seems destined not to go away, for it is the product of the modern preoccupation with the pursuit of order” (6). Further, Smart suggests family structures in the modern world fragment in the context of “unregulated individualism” (164) and moral anxiety pervades—anxiety about a bygone era that supposedly constituted a good and just world in which people knew if, and when, to care for each other. Thus, “facing up to the moral ambivalence of modernity seems increasingly unavoidable, but it is also a necessary precondition for the exercise of moral responsibility” (190). Smart’s argument has relevance to understanding whether or not, and how, moral responsibility plays out in the provision of care in contemporary society.

In spite of more than a century’s academic interest in ambivalence and its relevance to modern existence, the phrase “sociological ambivalence” was not laid claim to until the 1960s. The best-known exemplar of the term’s early use is the title of Robert Merton and Elinor Barber’s seminal text *Sociological Ambivalence and Other Essays* (3-31). However, Luscher suggests in “Conceptualizing and Uncovering Intergenerational Ambivalence” that the most outstanding early theorist of sociological ambivalence was Georg Simmel who, decades before Merton and Barber and around the time of Bleuler, revealed a sense of “in-betweenness,” or an interplay between distance and closeness in social relations, without actually using the term “ambivalence” (29). In Merton and Barber’s view, social relations between individuals are central to any understanding of ambivalence, and thus it is necessary that sociological perspectives of ambivalence complement psychological ones (3-31). They assert that conflicts exist between certain statuses and roles and, if unresolved, produce ambivalence, for example, conflicts between the status of men and women in relation to who provides care, or conflicts between the roles for women as both paid workers and unpaid carers (5). However, in “Looking at Ambivalences,” Luscher critiques Merton and Barber’s work by saying it “did not distinguish ambivalence clearly enough from conflict” (30). Therefore, in recent decades, a key theoretical interest has been how the concept of ambivalence distinguishes itself from conflict and ambiguity. More recently, theoretical attempts have been made to measure ambivalence, and the debate has galvanised about

whether social structures themselves are ambivalent, or whether social structures generate ambivalence.

More recently, eminent sociologists, like Zygmunt Bauman and Anthony Giddens, have sought to explain the relevance of ambivalence to modern life more fully. In *The Consequences of Modernity*, Giddens describes the defining features of modernity as the expansion of time and space; the dissolving and reforming of social systems and relations; and the unique reflexivity of society (64). According to Lars Bo Kaspersen in *Anthony Giddens: An Introduction to a Social Theorist*, Giddens views ambivalence as implicit in coping in a globalised world where we are called upon to live increasingly in a society changing at “a unique pace, scope and intensity” (85). Similarly, Bauman claims in *Modernity and Ambivalence* that ambivalence, a consequence of our less-knowable, changing and diverse modern world, is now “an ever more universal experience” (97). Postmodernists, like Giddens and Bauman, have been key to conceptualising ambivalence beyond its production as feelings within the individual’s psyche to an acceptance of it as a universal feature of modern life. In modernity, the home is no longer the centre of peoples’ existence, as people work away from the home, families engage in lifestyles which are mobile and frequently take them beyond the boundaries of local community. All this carries with it implications for our social relations, more specifically, our motivation, capacity and opportunity to provide intergenerational care.

Two key points in Neil Smelser’s 1997 seminal essay “The Rational and the Ambivalent in the Social Sciences” are highly relevant to the notion of ambivalence in the provision of intergenerational care. The first, already mentioned above, is that ambivalence is central to modern human experience, and the second is that, in situations like intergenerational relations that involve dependency, ambivalence is heightened (5-8). Smelser argues that ambivalence is “a powerful, persistent, unresolvable, volatile, generalizable and anxiety-provoking feature of the human condition,” which is widespread and needs to be accommodated (6). Further, he maintains that when we connect with people closely and dependency is involved, “we become to some degree less emotionally-free as a result” (8). It is not surprising, then, that caring for older family and friends heightens ambivalence.

### **Ambivalence Applied to Intergenerational Relations**

In her 1996 article “Adult Child-Parent Relationships,” Diane Lye describes how academics investigated family ties through the latter half of the twentieth century. Lye sets out how much of the research on family studies, in the 1950s and 1960s, was focussed on rejecting the thinking of structural-functionalists, like Talcott Parsons, who deemed the nuclear family was isolated. Lye argues that more recent studies demonstrate that the so-called weakening of adult child-parent ties in the nuclear family posited by the structural-functionalists is a myth (80), that American families are not disintegrating. Instead, adult children have ongoing

frequent and satisfying contact with their older parents, although this is less so where women are not strong family kinkeepers or there has been parental divorce (98). Lye notes that new theories about family ties arose in the 1970s (80).

According to Ariela Lowenstein, in "Solidarity-Conflict and Ambivalence," Vern Bengtson was one of the first theorists to develop an alternative conceptualisation of intergenerational relations, in particular, adult-child/parent dyads (S100). In the mid-1970s, Bengtson developed the family "solidarity" model, which drew on theories of social organisation, family sociology and social psychology to focus on the feelings and behaviours related to family cohesion, a characteristic viewed as fundamental to adapting to older age in families (S101). Key to the model was the view that positive feelings of love and affection overcame negative feelings so that "solidarity," or cohesion, between generations in families could persist. According to Lowenstein, the "solidarity" model was popular in social gerontology for two decades until it drew criticism for its idealised notion of family and, hence, its inability to explain intergenerational conflict (S101).

Later, Vern Bengtson and colleagues began to expand the "solidarity" model to incorporate conflict in intergenerational relations, and the "solidarity-conflict" model evolved. Following their qualitative analysis of the American Longitudinal Study of Generations Survey data, Edward Clarke, Mar Preston, Jo Raksin and Vern Bengtson describe six types of conflict between ageing parents and their adult children in "Types of Conflict and Tensions between Older Parents and Adult Children" (261): style of communication and interaction; lifestyle and habits; child-rearing practices and values; politics and religion; work behaviour; and household standards. They also claim that intergenerational conflict is not always resolvable over time and can affect willingness to provide support and care.

One of the first researchers known to theorise about ambivalence in intergenerational relations was Jayne Maugans. In 1994, Maugans wrote *Aging Parents, Ambivalent Baby Boomers: A Critical Approach to Gerontology* and invoked Karl Marx to explain the ambivalence felt by American baby-boomers in relation to caring for their older parents. She argues that the demand to care for older people comes about because of both "capitalist patriarchy" and the profession of medicine (163), maintaining that these two influences produce an imperative for baby-boomers to make the "filial adaptation" (3) to caring for parents, an adaptation she says is typically characterised by ambivalence. Maugans maintains that this ambivalence is a symptom of stress and disturbance, which needs to be addressed (164). Others who more recently have observed that ambivalence is central to the intergenerational experience have not referred to Maugans' work, perhaps because their own work mostly avoids acknowledgement of the structural and political features of providing intergenerational care as sources of ambivalence. Indeed, apart from recent work on the politics of ambivalence undertaken by Dagmar Lorenz-Meyer and the structural origins of

ambivalence posed by Canadians Ingrid Connidis and Julie McMullen in "Sociological Ambivalence and Family Ties," the political aspects associated with intergenerational relations have rarely been tackled.

Neither, according to Kurt Luscher and Karl Pillemer, does the Bengston and colleagues' "solidarity-conflict" model capture the complexity of intergenerational relations adequately. Indeed, the term "intergenerational ambivalence" was not introduced until the mid-1990s (414). In their seminal article "Intergenerational Ambivalence: A New Approach to the Study of Parent-Child Relations in Later Life," Luscher and Pillemer argue that neither the positive, optimistic concept of solidarity, nor the negative preoccupation with conflict emphasising both carer stress and elder neglect, adequately explain intergenerational relations. Rather, they prefer an ambivalence model because it provides a more realistic approach to underpinning intergenerational relations, one that highlights opposing structural pressures and countervailing feelings (414).

In "Intergenerational Ambivalence," Luscher and Pillemer make a number of other key statements about ambivalence pertinent to this discussion. First, they define intergenerational ambivalence as difficult and irreconcilable disjunctions and contradictions in relationships between older adult parents and their younger adult offspring (414). Second, like earlier theorists, they describe ambivalence as normal, and as having both psychological and sociological dimensions (414-15). Here, they subscribe to the view that ambivalence is produced not only at the subjective/psychological levels of Bleuler's cognition, emotion and volition, but also at the level of social structural arrangements, that is, "institutional resources and requirements such as statuses, roles and norms" (416). In addition, Luscher and Pillemer carefully distinguish ambivalence from the uncertainty or lack of clarity associated with ambiguity, albeit they say ambiguity contributes to ambivalence. Further, of particular relevance to the provision of care for older people are three elements of parent-child later-life relations which they identify as potential sources of heightened ambivalence: increasing dependence in the older person; conflicting family norms between the generations; and the irony that family intimacy and closeness across the generations can produce ambivalence (417-19). More recently, in "Looking at Ambivalences," Luscher argues that stage of life, individually and family-wise, also produces conditions for ambivalence in intergenerational relations, for example, at the periods in the family life span when older parents require care and support from their younger adult children (113).

Canadians Ingrid Connidis and Julie McMullen came up with an alternative view in "Sociological Ambivalence and Family Ties," which emphasises the structural origins of ambivalence in relation to the provision of intergenerational care. Connidis and McMullen explain how ambivalence impacts upon, and plays out in family interactions and decisions, for example, "individuals experience ambivalence when social structural arrangements

collide with their attempts to exercise agency when negotiating relationships including those with family members” (565). This statement is salient for women who care for older family members while juggling paid work and other family responsibilities. According to Connidis and McMullen, understanding ambivalence in terms of the social structures that enable its production highlights the need for social policy to focus overtly on reducing ambivalence, for example, in relation to conflicting demands of labour force participation as well as for the provision of care (566).

The feminist sociologist Czech-born Dagmar Lorenz-Meyer is one of a small number of researchers who have examined ambivalence in middle-aged adults anticipating the prospect of caring for their parents. In "The Ambivalences of Parental Care among Young German Adults," Lorenz-Meyer argues that “structural ambivalences,” as she terms them, hail from the “opposing offerings, directives or guidelines for action inherent in institutional structures, such as state agencies or social policies” (247). In my view, Lorenz-Meyer’s work gives us one of the most advanced academic insights into how ambivalences in the provision of intergenerational care are constituted structurally, although work on this specific topic is relatively recent and conclusions are preliminary.

### **Ambivalence in the Provision of Intergenerational Care**

Although providing care is an important site for analysing ambivalence in intergenerational relations, there are only a few pieces of academic work, based on small samples of adult children, which focus on ambivalence. First, there is the already-mentioned Lorenz-Meyer study. Second, there is a study outlined in Frieder Lang’s chapter "The Filial Task in Midlife," which examines patterns of family relationships in the context of mid-life tasks for German families. And, third, there is work by American family therapists Pauline Boss and Lori Kaplan presented in "Ambiguous Loss and Ambivalence When a Parent Has Dementia," where Boss and Kaplan discuss ambivalence for adults caring for parents with Alzheimer’s Disease. Also of interest is the work of Israelis Anat Rappoport and Ariela Lowenstein at the Centre for Research and Study of Aging in Haifa, which investigates the association between ambivalence in care-giving and the emotions of guilt and shame. In "A Possible Innovative Association between the Concept of Inter-Generational Ambivalence and the Emotions of Guilt and Shame in Care-Giving," they propose that the feeling of guilt mirrors intergenerational ambivalence at the psychological level, while shame mirrors ambivalence at the sociological level (13). Finally, in "Looking at Ambivalences," Luscher theorises about the application of ambivalence to the study of the life-course and focuses particularly on ambivalence in intergenerational caring (S95-131).

What follows is a detailed overview of these academic studies, since they are important in understanding experiences of ambivalence in the provision of intergenerational care-giving. Moreover, reviewing them in more detail makes clear what happens when carers speak via

social research. That is, these exemplars of social research about ambivalence involve strong researcher-controlled processes, and these processes mediate the voices of those informing the research. First-hand experiences of ambivalence in providing care to older people are not readily accessible via these studies, even though these studies provide important insights into how people experience and manage ambivalence in intergenerational care.

Lorenz-Meyer's work involved the collection of both quantitative and narrative data from 49 German male and female informants in the mid-1990s as part of three empirical studies at Bremen University. In a recent online publication from the London School of Economics and Political Science, "The Politics of Ambivalence: Towards a Conceptualisation of Structural Ambivalence in Intergenerational Relations", she describes her informants as ranging in age from 30 to 41 years, coming from a variety of educational and family backgrounds and having established their own lives away from parents (9). She asked her informants to anticipate the future provision of care for their older parents and explain how they might manage this requirement. Two different care options were put to them: institutional care in a nursing home facility or at-home with complementary support (either supportive care from a co-residing adult son or daughter, or support services from outside community-care organisations in the parent's own home). These two courses of action were seen as opposing each other, therefore, potentially producing dilemmas for adult children when they were asked to anticipate how they would approach care for their ageing parents. Many informants experienced "decisional ambivalence," and Lorenz-Meyer identified seven sources of this:

- (a) the personal relationship between parents and children, often in comparison with the relationship between parents and siblings;
- (b) the living situation of older parents;
- (c) the respondent's own living situation;
- (d) past family care arrangements;
- (e) cultural-normative guidelines;
- (f) care institutions;
- and (g) expected commitments of other siblings (and partners). (232)

Her list supports the view that adult children often experience ambivalence produced by individual as well as structural sources. Interestingly, nine informants did not describe experiencing ambivalence, indicating that the existence of ambivalence neither necessarily follows, nor registers, when anticipating providing care for older parents (232).

In "The Politics of Ambivalence", Lorenz-Meyer's conclusion is that "intergenerational ambivalences generated by care anticipations are multiply constituted by cultural norms, social institutions and family relationships" (18). Here, she teases out the interplay between both sociological and psychological sources of ambivalence, arguing that we manage structural ambivalences at both institutional and personal levels. She suggests that individuals formulate strategies and implement them at both levels so as to mitigate the impact of ambivalence (18). The narratives she collected for her doctoral project reveal a



range of strategies used for managing ambivalence, including “forgetting previous conflict,” “renegotiating support relationships,” the repression of parental care needs as well as the utilisation of complementary home support services (10). Finally, Lorenz-Meyer argues that women feel more compelled than men to provide intergenerational care, and that the “discourse about ambivalence can itself be a resource” for women to combat the negative effects of unacknowledged or “silenced” ambivalence (18).

In "The Filial Task in Midlife," Frieder Lang describes how exploratory statistical analyses of the quality of parent/adult-child relationship for 115 adult-children in the Berlin Aging Study (1990-1993), a multidisciplinary study of people aged 70 to over 100 years who lived in former West Berlin. His study proposes that “personal ambivalence” in parent/adult-child relationships is demonstrated by the degree of internal consistency in adult children’s evaluation of the quality of their relationship with their parents (189). Lang found four patterns of relationship styles in meeting the challenge of providing care in mid-life: “close exchange; resilient giving; strained altruism; and detached distance” (199). He also identifies that when parents are frail, care demands produce heightened ambivalence in middle-aged adult children engaged in a range of mid-life career and filial responsibilities (203).

Boss and Kaplan propose in “Ambiguous Loss and Ambivalence When a Parent Has Dementia” that ambivalence in adult children caring for an older parent with dementia is a special case. They describe how having a parent without a functioning mind constitutes “ambiguous loss” for the adult child and produces ambivalence (207). They argue that the parent who is physically present, yet requiring more and more care as he/she becomes increasingly cognitively absent, highlights an extreme case of intergenerational caring. They claim that examining the topic of caring for a parent with dementia enables greater understanding of the relationship between ambiguity and ambivalence by allowing close clinical examination of these two concepts—how they relate, and what can be done to alleviate their potentially negative impacts. In their family therapy work, Boss and Kaplan observe family members dealing with both ambiguity and ambivalence by sometimes resorting to one of two extreme responses, that is, either thinking of the parent with dementia as dead, or pretending nothing is wrong. Neither of these responses is workable and, if employed, can immobilise family life or bring guilt, anxiety, conflict or somatic symptoms for the carer. However, they also suggest that if families are made aware of ambiguous loss and the ambivalence that inevitably comes with a parent’s dementia, then they may cope better and have healthier family interactions in spite of the loss.

Finally, Luscher’s recent work on ambivalence, and its relationship to the life-course reported in his chapter "Looking at Ambivalences," shows how particular “turnings points and transitions” in the life-course amplify ambivalence (112). Specific “fields of action” like caring, or inheritance, he says, are fertile ground for the production of ambivalence of varying

intensity (113-18). He also says “closeness and intimacy may reinforce or strengthen the susceptibility to ambivalence” and that this is especially relevant given older people are living longer (99-100). Luscher proposes future research ought focus on the consequences of ambivalence, and our “awareness and coping” (119) with it.

Thus, social research about ambivalence, limited as it is, portrays it as being produced at several levels—the internal or psychological and the sociological or institutional, as well as in the complex interaction between the two. This fledgling academic discourse suggests that ambivalence is intensified during the life-course when adults face demands for parental care in the context of the transition to mid-life and the management of other familial tasks like parenting of children, maintaining employment, and developing careers. Academic research about ambivalence mediates the voice of the person experiencing it. This research also supports the view that ambivalence in the provision of intergenerational care is normal, often unrecognised, and that when official knowledge includes academic studies which draw on personal narratives, it can enhance the delivery of care.

### **The Voice that Speaks of Ambivalence**

One of the important messages in academic discourse about ambivalence is how problematic it can be. According to Boss and Kaplan in "Ambiguous Loss and Ambivalence When a Parent Has Dementia," in the extreme case of ambiguous loss associated with dementia, “immobilization” can result which may manifest as “frozen grief, low mastery, helplessness, hopelessness, blocked coping, blocked decision-making, anxiety, and/or depression” (211). Such feelings work against articulation of the experience, making it difficult for those who care for and about older people to accept the phenomenon and understand its complex sources. Although Boss and Kaplan, as well as Lorenz-Meyer, observe that these negative feelings are not always present, academic discourse suggests that ambivalence in the provision of care to older people is customary. Yet, it is difficult to articulate when official knowledge about care and caring ignores or muffles its existence.

Ignoring or muting the experience of ambivalence is maintained by at least four factors. First, people providing care sometimes resist the label of carer and, without an overt role and identity, some carers are not in a position to even understand or hint at their ambivalence. Second, ambivalence arouses guilt and shame, making speaking about the experience difficult. Third, describing ambivalence in relation to care and caring is made more difficult because the emphasis in official knowledge is on the physical aspects of caring rather than the more difficult emotional aspects. Finally, the state has a stake in ensuring its care bureaucracy mediates the voices of unpaid carers. This maintains the authority of the state by ensuring that unpaid carers, ambivalent or not, continue their care work and, even in economic boom times, bear the social and economic brunt of caring. Clearly, a consequence

of this far-from-complete picture of caring is that the toughest aspects of the care experience are hidden.

Further, as discussed in Chapter 2, another complication arises because Australian institutional discourses about care and caring, ageing, family and work are often in conflict with each other, and generate contradictory messages about the family, paid work and the role of women in society. In particular, women are being pressed to participate more fully in the workforce, while at the same time, meet increasing intergenerational-care obligations. These ambiguous, competing messages are also a source of ambivalence. Further, as Dagmar Lorenz-Meyer suggests, care institutions themselves can generate feelings of ambivalence in not only the people who use their services, but also the employees of care organisations. For example, contemporary care systems providing care and support services are often corporate bureaucracies whose practices sometimes appear less than humane. When this happens, these organisations are perceived by carers to be uncaring, creating a disjunction for people that produces ambivalence—this time, structural in origin.

Given that these academic understandings about ambivalence have yet to infuse official knowledge about care and caring, we need to turn to other sources to bridge the gap between official and unofficial knowledges about ambivalence. As Kurt Luscher noted in "Conceptualizing and Uncovering Intergenerational Ambivalence," Bleuler intimated a century ago that artistic works are one way of dealing with ambivalence (32). As identified in Chapter 3, turning to the unofficial knowledge of memoir and fiction provides an opportunity not only to identify but also to articulate the complex contradictory emotions—love, hate, guilt, shame, resentment, and pleasure—that constitute ambivalence associated with providing care. I propose that turning to narratives of fiction and memoir about ambivalence associated with care and caring is one means of linking the two knowledges and adding substantially to our understandings of the nature, sources and management of ambivalence. In short, storying amplifies the new and growing body of academic work about ambivalence in ways that can enhance official knowledge about care and caring. Thus, this rich source of alternative knowledge about ambivalence in intergenerational care is worthy of closer examination.

## Chapter 5

### Narratives of Ambivalence—The Power of Sharing

*When I spy other visiting adult children, their faces, like mine, are stricken with horror. They too are feeling a terrible disconnect between the parent they love and this feeble grotesque.*

Janice Turner, "The Age of Beige" (22)

*She knows she should look at him, smile at him, make him feel that what is happening is perfectly fine, but she can't bring herself to do so. Eye contact with people in need was so important at the hospital but she knows that if she forces herself to do it, she will only look more uncomfortable. Sure, she is fond of old Eric, but apart from the meals she's cooked for him, they are no more than strangers. To have her distance from him narrow without warning is awkward, even repulsive.*

Sue Gillieatt, "A Wigwam for a Goose's Bridle" (7)

Official knowledge about unpaid care and caring, and the ambivalence that can accompany it, lacks the rich and diverse range of voices required to produce a complete picture of the nuanced experience of providing intergenerational care. This incomplete picture constitutes a significant gap in official knowledge—particularly so, given that the contradictory feelings associated with the provision of care are commonplace and normal. Narratives from alternative, unofficial institutional sites, such as television and film, self-help genres, news media, internet, fiction and memoir, have the capacity to fill this gap. Through these unofficial narratives, the experience of ambivalence in the provision of intergenerational care is made visible, and can be confronted safely by both producers and consumers. Fiction and memoir are particularly salient in relation to speaking about ambivalence—both these modes produce unofficial narratives about ambivalence associated with providing care that have the potential to complement official knowledge.

Writing and reading fiction and memoir is a way of locating the missing story of ambivalence in official knowledge about care and caring. Here, individuals manage ambivalence by acknowledging it as part of the terrain of caring, and so obtain greater understanding of its nature and sources when managing the mix of contradictory emotions—guilt, shame, resentment and pleasure. Through the process of communicating narratives to others, there is a sharing of emotional experience. Comfort and reassurance are derived, isolation is broken down and a more complete picture of caring makes its way from the private into the public arena. A dialogue between official and unofficial knowledges thus develops, potentially enabling better understanding and management of the burden of ambivalence for

people who provide care. These unofficial narratives are also potentially a political tool, a means by which the knowledges of lay people are not only recognised but also are able to challenge institutional discourse about care and caring.

Narratology in sociology is a relatively recent development. In "Narrative's Moment and Sociology's Phenomena," David Maines describes the age of the narrative or linguistic "turn," or "narrative moment," as occurring around thirty years ago (17). Kenneth Plummer says, in *Telling Sexual Stories: Power, Change and Social Worlds*, this was when stories began to move "centre stage in social thought" (18) and were accepted as a means of knowledge production in the fields of anthropology, sociology, psychoanalysis, philosophy and history.

In considering how fiction and memoir enhance understanding of and coping with ambivalence in intergenerational care, it is useful to turn to Plummer's four questions for examining the reading and writing of "personal experience narratives" (19). These questions ask; first, what is the "nature" of such narratives; second, what are "the social processes of producing and consuming stories" (24); third, what is "the social role that stories play;" and, finally, how does storying relate to "change, history and culture" (25). In Chapter 3, I explored Plummer's second question, and in Chapters 5 and 6, I consider the other three of his questions in order to examine the roles of fiction and memoir narratives articulating the experience of ambivalence in the provision of intergenerational care. This Chapter focuses, first, on describing the purpose and thematic nature of individual narratives about intergenerational care and, second, on exploring the social role of the sharing of these stories. The first question requires the longer treatment, since it reveals the diversity as well as the nature of ambivalence in fiction and memoir.

### **Individual Stories: Their Purpose and Thematic Nature**

Narratives about ambivalence in intergenerational care permit the externalisation of the experience of providing care. Allowing the emotional aspects of care work to be understood in this way enables greater recognition of ambivalence. As Rishma Dunlop says in "Excerpts from *Boundary Bay: A Novel as Educational Research*," through the process of "writing/reading of things that haunt us," we can "imply, through language, qualities of life that are often ineffable, what cannot be said" (12). In writing and reading narratives, the individual seeks to understand the self through confronting challenging yet ordinary, unspoken-about life events. The outcome for people is, as Dunlop says: "We write ourselves as we read. Within these perceptions, reading and writing, lies an aperture of hope. The lens opens us to the complexities, the richness and multiplicities of human nature and its possibilities, the infinitely diverse ways of knowing the world" (12).

Unlike the writing of official knowledge, fiction and memoir engage the heart and the mind, even though both modes articulate stories of ambivalence in different ways. Carmel Bird, in a recent article in the *Griffith Review*, says there is the need for both:

Non-fiction says: This did happen. Fiction pushes the imagination forward. Non-fiction engages the imagination too, but I believe the ability of fiction to go wherever it wants to go gives it a different kind of power to inform the human mind. I do not say it is better, but different. And necessary. People need to read true stories; but they also need to read speculation. (19)

Thus, both memoir and fictional narratives take us beyond institutional discourse about care and caring and, more specifically, beyond academic discourse about ambivalence to a more profound exploration of the phenomenon of ambivalence in intergenerational caring.

Indeed, I argue that, given literary genres can be defined not only by formal structures but also by their thematic resemblances, stories with the theme of intergenerational care, whether fiction or memoir, or in still another mode, can be considered an emerging genre. An exemplar is Nell Casey's *An Uncertain Inheritance*, a collection of American essays dedicated to care-giving, much of it intergenerational. She argues that her collection of essays not only "lay bare the complexities, the unexpected compensations, and the private sadness of being relegated to this no-man's-land of illness" (xvii) but also demonstrate that "care-giving, as a rite of passage, is only just beginning to enter cultural and literary consciousness" (xiii). Over the course of this project, casual searches of websites, such as Amazon.com and Biblio.com, reveal the existence of what we might call the intergenerational-care narrative. Increasing reference to the terms "care" and/or "ambivalence," either in the titles, in the brief descriptors or in the text on the dust jackets in hundreds, if not thousands, of both fictional and non-fictional stories, indicate a genre of the intergenerational-care narrative which, at this point, is defined less by formal structures than by thematic resemblance.

My purpose is not so much to canvas such a genre definitively as to draw upon thematic resemblances from more than thirty intergenerational-care narratives, including my own. Ambivalence can mostly be traced to family-of-origin but, as well, there is a range of specific themes in intergenerational-care narratives that directly relate to its manifestation:

- anticipating care for older people;
- decision-making about taking on the care role;
- the obligation and duty to care;
- coping with and adapting to the loss associated with the hardship of providing care, for example, adapting to the reversal of roles, living with dementia and coping with impending death;
- dealing with the intimacy of caring for the older body; and
- managing ambiguous organisational messages about care and caring.

This list of specific themes is not exhaustive, but rather suggests the emerging genre of intergenerational-care narratives. By tracing presiding themes, it shows what this genre might contribute to the debate regarding intergenerational care.

### **Anticipating care . . .**

*Georgia remembers blindly, hurriedly, dabbing at her mother's pale, swollen feet, all the time turning away to avoid the abnormally bloated abdomen of the woman who had birthed her. Georgia sees herself as a failure. As a child, her mother had cared for her as perfectly as any mother could, but she had found herself wanting when called upon to return the favour. And, how will she go when her own father needs her care? It's one thing to have a cup of tea but how will she feel about washing his dirty dishes or even helping him to have a pee?*

Sue Gillieatt, "A Wigwam for a Goose's Bridle" (8)

In "The Ambivalences of Parental Care among Young German Adults," Dagmar Lorenz-Meyer indicates that ambivalence is often experienced when anticipating providing care to parents (246). The genre of the intergenerational-care narrative also focuses on ambivalence in relation to the anticipation of future care requirements. Narratives of ambivalence associated with intergenerational care suggest that the ways in which adult children anticipate and manage identified needs for care are influenced by their own experiences of caring over their life-course. This concurs with Luscher's consideration of ambivalence across the life span in "Looking at Ambivalences" (S95-131), and with Susan Lehman's essay "Don't Worry. It's Not an Emergency," which focuses on the interconnectedness of care across the life span:

Long before she died last spring, I moved my mother into my apartment building. The idea was to set an example to my three young children. I wanted it to occur to them, when I was old and useless, that it might be a good idea to install me somewhere nearby and keep gentle watch over me. (164)

In contrast, official knowledge tends to portray the provision of care as enacted via discrete episodes of delivery, something that is at odds with the reality that caring as a human activity spans the whole-of-life.

### **Decision-making . . .**

*As soon as I heard that my mother had a stroke I went to see her at our local hospital. On arrival, I introduced myself to the nurse with the words, "I'm Frank Furedi. I'm Clara's son." The woman looked up at me and said: "You mean you're her carer." "No, her son," I responded. But she was insistent: "No, you are her carer." . . . Unfortunately, today there are powerful cultural forces that believe they possess the moral authority to decide the words we can use to describe ourselves, our loved ones and our relationships.*

Frank Furedi, "Language of Officialdom Devalues Ties . . ." (22)

Related to the experience of anticipating care is the requirement for an urgent decision about if, and how, to care when the call comes. In official knowledge about care and caring, there is little acknowledgement of the possibility that family or friends may be unwilling to take on a care role, or to be recognised by the designation of carer. This contrasts to the reality represented in the intergenerational-care narrative—that, sometimes, such requests are met with reluctance, ambivalence, or even refusal. Thus, in my short story “To Paris and Back,” there is ambivalence for Georgia: “As the plane took off, Georgia felt a mix of emotions. It was one thing to be sad and upset about what had befallen her father, but quite another to be annoyed that her trip to Gay Paree had come to an abrupt halt” (88).

Similarly, Patrick Gale’s English novel *The Whole Day Through* illustrates ambivalence after a daughter’s decision to become her mother’s carer. The narrator portrays only child Laura coming to grips with being the only person available to co-reside with her mother who is in need of full-time care:

The facts were cruel in their simplicity. Mummy needed a carer, no one but Laura could fill the role and, as she could do her work anywhere and had no ties, there was no good reason why she should not move in. Not that she *had* moved in. Not properly. Most of her boxed-up belongings remained stacked at the back of the garage, a shadowy and increasingly damp promise that the situation might yet change. (11)

These stories, and others like them, demonstrate that the desire and capacity to respond to a stated need for care is often constrained by ambivalence. This challenges the institutional assumption that adult children will readily take on the role and accommodate the label of carer without question. Because of recently promulgated carer legislation nationally and in several states of Australia, this assumption plays out in hospitals and other health settings everyday, as exemplified in Frank Furedi’s experience. The legislation requires that health care providers identify carers so as to include them in health care decision-making. However, while this might be a noble goal, when a programmed health worker hastily assigns the label of primary carer, an adult son or daughter may perceive the judgement as not only premature, but even inaccurate.

### **Obligation and duty . . .**

*How does the good child atone  
the one with no regret  
whose small shoulders ached  
with the weight of responsibility placed  
early, early, early.*

*The one who put before you  
a banquet table of accomplishment  
for your feasting, for your portion.  
The one who stilled her own heart’s music  
and filled her nostrils with  
the acrid smell of caution*



*for your name's sake.*

*No, I owe you no atonement.  
Better to atone for myself  
for the lost path in the wilderness  
for the wanderlust not indulged  
for the lovers never taken.*

*Now in the late October of my years  
with the harvest mostly gathered,  
it's your turn.  
It's your turn to atone for me.*

Jan Goldman, "On Thinking About Atonement with a Parent" (354)

There is scant recognition in institutional discourse that a decision to care is often shaped by obligation and duty. Although a small number of very recent research articles and reports recognise that willingness to care might be an issue, ambivalence associated with the cultural imperative to care is omitted from institutional discourse. The picture is much more nuanced in fiction and memoir. David Lodge's novel *Deaf Sentence* is one illustration of this. Here, the notion of an obligation to care is evident when an adult son and his elderly father are saying goodbye to each other in London as the son leaves for his north England home:

'Bye son, thanks for coming.' He gave me a smile that was almost tender, and stood at the open door until I passed through the front gate. I raised my arm in a final salute, and set off for the station with a guiltily light heart. Duty done. (59)

The fact that the son's wife is unwilling to be involved in caring for her father-in-law is also explored in this novel. In fiction and memoir, obligation and duty, and the conflict it can generate, are spoken about freely.

Similarly, author Helen Schulman voices her resentment at having decided to care for her sick father in "My Father the Garbage Head," when she says: "So I make a pledge. 'I will help him as long as he needs it.' I remember the moment I said this to myself outside the hospital door. It was a promise I lived to regret" (1). She goes on to explain the folly of her decision:

"My parents are killing me," I told my husband. "You'll see, I'll predecease them." I was being melodramatic, but also I wasn't. It had taken my husband and me years to have a family. This was supposed to be our time to enjoy it. We were at the last tippy-toe of youth, and it was being squandered on hospitals, bedpans and exhaustion. (7)

The portrayal of such deep resentment about the duty to care, either before or after the fact, is common in fiction and memoir and, indeed, real life. Its omission in institutional discourse is problematic since it ignores the reality of the experience. Worse still, when the care practices of programs and services providing support to carers fail to acknowledge that ambivalence can arise from a sense of obligation and duty to care, avoidance of the existence of ambivalence is institutionalised. Being counted as a carer and having the

opportunity to give voice to the care experience in institutional discourse hinges on a willingness to accept the label and its associated duties and rules.

Fiction and memoir provide new ways for voice to be given to the experience of providing care without the need for a label of carer to be in place. In David Lodge's *Deaf Sentence*, sleeping in the uncomfortable bed of his childhood is a metaphor for reticence in an adult would-be carer:

The fact is I shrink from sleeping in the sagging, lumpy and always slightly damp bed in the back bedroom which was my room as a boy, and sharing the cheerless bathroom and smelly toilet (the linotiled floor reeks of pee because Dad's aim is not as good as it used to be), and making my breakfast in the cramped kitchenette where everything is covered in a film of grease. . . . (38-39)

Similarly, in my own short story, "A Wigwam for a Goose's Bridle," Georgia volunteers to provide meals to Eric, an aged neighbour, and then subsequently examines her reluctance to follow through:

Her own offer of help to Eric has caught her by surprise. It's one thing to converse on the street, quite another to make a blanket-offer of assistance. It just fell out of her mouth, and now she realises she's known the Windsors for more than thirty years but doesn't know them at all. But, surely, she can't be expected to provide much, a busy, time-poor mother with hardly a second to spare. . . . That evening, she makes a beef-and-vegetable curry with extra for Eric. (4)

Georgia's husband also questions his wife providing meals to Eric while she asks herself whether she should be caring for her father instead:

"I know Eric's a nice, old fella, Darl, but it's not our job to feed him, is it? How long are you planning on doing the meal thing for?" Georgia's been wondering the same herself, particularly, since it doesn't look like Barbara is coming home any time soon, if at all. What started out as just one meal has turned into something with no endpoint. (5)

These excerpts reveal a compulsion to care as well as our reticence to care—our ambivalence.

And there are other losses associated with providing care, for example, the loss associated with adapting to role-reversals for parents and adult offspring; the losses felt when caring for someone with dementia and with managing the death of an older person—all these place additional emotional demands on people providing care. Coping with these kinds of loss are well-represented in the genre of the intergenerational-care narrative.

## Coping . . .

*How to protect myself I didn't know. Hire help over his objections? Take him to court and seek to have him declared incompetent? Report him to Adult Protective Services? Use my ownership of his apartment to force him out? All I knew was, at that point, I believed myself capable of such things, or even of washing my hands of the situation if he would not listen to reason. . . . That was the day I realised he could not cope and I could not cope, and emotionally, he could take me down with him.*

Jonathan Rauch, "Letting Go of My Father" (57)

Certainly, there is acknowledgement in institutional discourse that the work is demanding and that carers need emotional support; but it is lip-service rather than a clear enunciation of the need. In fiction and memoir, the often-stark portrayals of losses associated with caring and coping without support are common. These losses relate to: major changes to an identity which existed before the role of carer was adopted; stress surrounding the uncertainty of the duration of care (often a marathon and not a sprint); adapting to a reversal of child-parent roles; and dealing with physical and cognitive losses and death.

One representation of these multiple losses is Laura's observation of herself and other carers at a hospital outpatient clinic in Patrick Gale's *The Whole Day Through*:

Laura treasured the precious three hours of solitude the clinic gave her but suspected she did not make the best use of them. Some of the patients were brought by ambulance or hospital car but a few were always dropped off by their carers and she couldn't help making comparisons. Did she look as worn already as that one or as thin lipped and humourless as that? She noted the way that some were wildly overprotective of their charges and others almost off-hand. Apart from one younger sibling, who didn't look far off needing hip-protective pants herself, they were all, she guessed, dutiful children or children-in-law. It was heartening to imagine these people seizing the next three hours as an opportunity to embrace fresh activities set aside as no longer feasible—riding motorbikes, attending life classes, having daylight liaisons with other able-bodied persons—but she suspected that most would pass the time in a state of shocked vacancy, reading a newspaper perhaps or simply lying on their sofas staring at the ceiling, wondering where their lives and energy had gone. (83-4)

This excerpt highlights how people's lives alter as they incorporate the responsibilities of caring. Further, it illustrates how the energy of those doing the work is often dissipated by the longevity of caring.

In the memoir describing her mother's diagnosis and first year of Alzheimer's, Sue Pieters-Hawke explains the tensions inherent in the care role and the daily difficulties of coping. In *Hazel's Journey*, she says about coping: "in a way you have to talk to yourself like you would talk to a loved friend. You need to do that because maybe everyone around you is too distracted or busy to say it to you, or they don't actually know you are undermining yourself"

(112). In fiction and memoir about intergenerational caring, the anguish and guilt and, ultimately, ambivalence associated with coping with the physical and/or cognitive declines in an older parent are articulated frankly.

Further, intergenerational-care narratives reveal the troubling adaptation to the reversal of roles for parent and adult child. Andrew Solomon explains how his ambivalence is exacerbated during young adulthood by a parent-child role reversal in “Notes on Accepting Care”:

My mother was dying of cancer and, in retrospect, I could have done better with the caretaking, because I was twenty-five and full of ambivalence about the role reversal. I wanted to be there for my mother but I was young and had my own life to live, and was angry at fate for getting in the way of my happiness. (94)

Comparably, in Eleanor Cooney’s “Death in Slow Motion,” there is an eloquent explanation of the experience of role-reversal for an adult daughter:

Having a parent with dementia in your household means that everything (and I mean everything) in your life immediately arranges itself around the dementia. It’s like having a two-year-old, but with some obvious and important differences. The process of the child becoming the parent, which of course is what happens, was bitter confusion for me. She’d been my mother, so accomplished, so generous, so polite, so kind to me, always so lucid and sensible, that my wish to defer to her and please her and impress her—and most of all, not to lose her—only very slowly and with the most stubborn reluctance gave way to the unwelcome knowledge that I was now Mommy. And not a very good one. A snappish, desperate, incompetent Mommy. (127)

This excerpt is in concert with the views of therapists Pauline Boss and Lori Kaplan, who say that accommodating this reversal of roles is particularly stark in the case of dementia.

Boss and Kaplan claim that dementia is a special case and say that, when a “parent’s mind is slipping away,” the concomitant losses precipitate ambiguity which promotes ambivalence (207). Fiction and memoir pertaining to intergenerational care often witnesses the carer’s response to a parent’s declining cognitive function. In Barbara Kingsolver’s *Animal Dreams*, the daughter Codi Noline poses the rhetorical question: “How do people live with loved ones after their minds have fallen into anarchy?” (291). In Elizabeth Berg’s short story “Caretaking,” a daughter is shocked by her mother’s incapacity to dress herself properly:

Last week when I came to see my mother, she was wearing a housecleaning kerchief as in the old days, covering her now silver hair. Her dress was buttoned one button off, and she was wearing only one slipper. I found the other one on top of the stove. My stomach lurched. “Mom,” I said, as gently as I could, “why is your slipper here?” (45)

In the same vein, the specific example of coping with an older person's inability to recognise family members and to remember key events such as the death of a spouse is often alluded to in fiction and memoir. In Lodge's *Deaf Sentence*, such a poignant moment of forgetfulness is described beautifully in a conversation between father and son:

"Have you seen my brown suede shoes, dear?" he says from the kitchen doorway, behind my back. I turn round, startled by this mode of address, and see his expression change from enquiry to surprise and then disappointment. He is shaven and fully dressed apart from his feet, which are in thick woollen socks. "I thought you were Norma," he says. "In that apron. And the gloves."

"Sorry Dad," I say. "I didn't mean to..."

"You have seen her have you?"

"Mum?" He nods. "Mum's dead, Dad," I say gently. "She died thirteen years ago."

(136)

Such moments can be frightening in themselves, but also they relate to the impending death of the older person—something alluded to in Cooney's essay title "Death in Slow Motion."

Grief, anticipatory or a response to death, is also a key manifestation of ambivalence in the genre of the intergenerational-care narrative. The finality of death not only means a cessation of the caring role but also spells an end to the uncomfortable ambivalence associated with caring for someone whose health and wellbeing is deteriorating. Death is feared even though death itself provides a sometimes hoped-for solution. Audrey Jackson says in *Past Caring*: "Why couldn't my Mum just have a massive attack, just one big hit, instead of this long drawn-out affair? C'mon God, play the game. Quit pussy-footing around. Just take her" (51). Another example is Helen Garner's "Our Mother's Flood I." Here, Garner writes about how she and her siblings fantasise about their mother's demise:

There are days when she grumbles so relentlessly that the drone of her voice gets into my bones and drains the joy out of everything. Then it's all I can do not to smother her with a pillow, or tip her out of her wheelchair into the lake and hold her head under with my boot. (127)

Fiction and memoir allow the act of wishing a parent were dead to be expressed. Managing the feelings of guilt and shame associated with hoping a parent will die is a common feature of narratives about providing intergenerational care. In contrast, institutional discourse avoids acknowledging that such a strategy for coping might exist. Instead, the reaction of health workers to a carer confessing to such feelings is likely to involve directive alarm rather than reassurance or recognition that this may be an honest, healthy coping response to a situation of extreme hardship.

And still another stark feature of providing intergenerational care relates to coping with bodily deterioration. As Michael Fine says in his article, "Individualization, Risk and the Body," "body contact is not incidental, it is the defining and central feature of the most intense and intimate forms of care" (251). This is strongly exemplified in fiction and memoir in which

interacting with the older body during intergenerational caring is illustrated as yet another, perhaps even the most defining, source of ambivalence.

### Touching older bodies . . .

*Here's an intimate and unhappy fact of senile dementia: They become unappetizing. They don't bathe unless you make them. They'll wear dirty underwear and never wash their hair. Their fingernails and feet will be grimy. Unclean children are one thing; unclean old people are quite another. You will begin to find the person you love . . . odious. And you will hate yourself for feeling it.*

Eleanor Cooney, "Death in Slow Motion" (126)

Society deems that younger bodies are sexual, attractive, and clean, while older bodies are less so. Caring for unreliable, frail bodies is a key source of ambivalence—indeed, caring for older bodies is highly problematic, a matter of taboo, and well-represented in the intergenerational–care narrative.

Negative emotions accompany caring for the bodies of older parents who once so ably provided intimate care to their own children is a theme in this literature. Commonly, the writing about caring for older bodies focuses on incontinence. An example is *The Deaf Sentence* in which David Lodge writes about a son's experience of driving his father from London to north England for Christmas:

It was only as we were crossing the car park to get to the brightly lit complex of shops and cafes that he couldn't control his bladder any longer. "Oh Jesus Christ!" he said, doubling up and clutching his groin. "I'm sopping wet." "All right, Dad. Don't worry," I said. "Dont' worry!" he exclaimed. "What am I going to do? Sit in the car in a pair of stinking wet trousers for the rest of the journey?" (169).

Loss of bladder and bowel control is referred to frequently in intergenerational-care narratives, and is associated with a loss of body integrity and, hence, a loss of self.

In "The Body, Gender and Age," Julia Twigg endorses the view that care work with bodies is ambivalent work. She claims that ambivalence comes from society's sexualising of the body, which conflicts with the implication in institutional discourse that caring is imbued with the maternal rather than the sexual. Twigg also examines bathing and washing in care-work and draws on Foucauldian concepts to emphasise that the frail body is a site of power and subjugation in "deep old age" (65). In *The Diaries of Jane Somers*, Doris Lessing vividly describes Janna Somers washing the body of her elderly friend, Maudie Fowler, when she visits Maudie's flat. Janna Summers is a successful, middle-aged executive who is also her London neighbour's carer. One evening, Janna feels nausea as she washes Maudie's naked body and encounters excreta:

Knickers, filthy . . . Well, I am not going on, not even to let off steam, it makes me feel sick. But, I was looking at the vest and petticoats she had taken off, and they were brown and yellow with shit. Anyway. She stood there, her bottom half naked. I

slid newspapers under her, so she was standing on thick wads of them. I washed and I washed her, all her lower half. She had her big hands down on the table for support. When it came to her bottom she thrust it out, and I washed all of it, creases too. (60)

Janna's feelings contrast to those experienced by her in her subsequent bedside vigil when Maudie is dying in hospital. In hospital, Janna feels relief that others are now performing the more intimate aspects of Maudie's care:

I say to myself, What are you feeling tired for? This is nothing to how it was when you were into Maudie sometimes twice a day, shopping and cleaning and doing her washing, and washing her. This is a picnic, going in to that lovely clean ward, gentle smiling nurses, and Maudie looked after, and all you have to do is to sit there and hold her hand. (232-33)

Janna's new position as hospital visitor, rather than hands-on carer alone at home, enables her to resume the more preferred role of caring without the intimacy of body contact.

Sociologists, including Julia Twigg and Michael Fine, have sought to include a focus on the body in their academic examination of care and caring. Fine articulates that caring intimately for the bodies of older people breaches normal codes of human and family conduct. In his article "Individualisation, Risk and Body," he says body work "inevitably entails touching, cleaning and comforting the recipient in ways that violate the normal cultural codes of disgust at bodily functions and fluids" (251-52). For Fine, physical intimacy with a parent oversteps the boundaries of what is usually acceptable in intergenerational relations, and therefore not only violates personal space but also family norms. This may explain, in part, why most institutional discourse about care and caring generally avoids the topic of caring for the body.

Avoidance of the body in institutional discourse about care and caring is best explained by Julia Kristeva's notion of the "abject." In *Powers of Horror: An Essay on Abjection*, Kristeva defines the "abject" as that which is "opposed to the I" (2). She explains that our disgust, say around older bodies, is not so much about our horror of excreta or even "a lack of cleanliness," but rather that it overwhelms and takes us "toward the place where meaning collapses" (5). In addition, Kristeva claims that literature has the capacity to unmask the "abject," to be "its privileged signifier" (208). She says we often write to do just that, to code "our most intimate and most serious apocalypses" (208).

Clearly, the primary focus of fiction and memoir about care is on the internal experience and, in particular, the intimacy associated with the provision of intergenerational care. This includes an unmasking of the abject and its associated ambivalence. At the same time, fiction and memoir also recognise how ambiguous organisational messages are a source of ambivalence. As Dagmar Lorenz-Meyer says in her chapter, "The Ambivalences of Parental Care among Young German Adults," "ambivalences cut across the personal and institutional

dimensions” (248) and their “overlapping” (248) needs to be managed. Ambivalences generated as a result of the ambiguous messages produced by organisations and their health-care workers interact with internally generated ambivalences in individuals and, not uncommonly, fiction and memoir about care allude to this dynamic.

### **Ambiguous organisational messages . . .**

*When she finally broke free [of the hospital social worker], having had to agree to an inspection of her mother’s house for tripping hazards and other risk that might be modified, she felt her unvoiced anger breaking out at last as a flush on her face and a tremor in her hands and jaw and a sense that everything around her—the visitors with their reused plastic bags, the too chirpy porters, the nurses sullen with exhaustion, the amateur art lining the corridor along which she strode—seemed an affront to her senses.*

Patrick Gale, *The Whole Day Through* (12-13)

Intergenerational-care narratives also focus on sociological ambivalence, though to a lesser extent than on internal ambivalence. Sociological ambivalence is sourced in ambiguous political, economic, social and cultural messages about our lives needing to be economically productive as well as fulfilling and caring. Official knowledge about care and caring produced by the state, academe and the non-government care sector not only shapes state and organisational policies relevant to care and caring, but also influences the care practices of organisations, services, families and individuals. Thus, sociological ambivalence has three points of influence. First, and foremost, discursive practices influence societal thinking, produce discourse about care and caring and shape policy. Second, discourse about care and caring also influences how the disciplinary spaces and rules of care organisations and their services manifest and operate. Third, these rules in turn shape the actual care practices of paid care workers, unpaid individuals and families. At each of these three levels, ambiguous messages can produce ambivalence in paid or unpaid care workers.

Contradictory institutional messages also make their way into the substance of fiction and memoir, as in the above passage from *The Whole Day Through*. Here, we observe the three levels at which discourse produces ambivalence, and how each level might be operationalised ideally in a hospital setting. At the first level, the discourse about care and caring creates the societal expectation that a hospital environment is caring; at the second, hospital workers conform to organisational expectations and execute their duties accordingly; and, at the third, workers, patients and their families assume that the services they receive will be caring. However, a less-than-ideal scenario is painted in the above passage. Here, the hospital environment is perceived to be shabby and insincere, the nurses as miserable, and the social worker is described as intrusive and authoritarian. These negative portrayals underscore the contradictions between our expectations of caring institutions and the ways in which staff present themselves and their messages. Thus,



Laura's own turmoil, anger and shock are imaged in her perception of the hospital environment as haphazard and her construction of the staff as anything-but-caring.

In *A Caring Society*, Michael Fine suggests that the concept of risk is another key discursive element that pervades contemporary care systems and infiltrates paid and unpaid aged-care practices (199-225). The complex interplay between risk discourse, organisational structures and their rules, as well as care practices, produces ambiguous messages which also make their way into fiction and memoir. One example is Kate Legge's novel *The Unexpected Elements of Love* in which her main character, Beth, who cares for both her parents, also keeps an eye on her ninety-six-year-old neighbour Angie:

Beth does her bit, calling on Angie. . . . Angie is grateful for the attention—the council have contracted home meals to a firm that leaves trays on the doorstep and instructs staff to decline invitations for refreshments or a “while you're here, there's a light bulb which needs changing.” (37)

Here, an organisation mandated to provide meals for older people employs bureaucratic practices which discourage personal interactions with clients. The organisation allocates time (a few minutes) for the delivery of Angie's meals, presumably with the goal of maximising efficiency as well as reducing risk to its workers. Such bureaucratisation of care systems results in contradictory practices and ambiguous messages (supposedly caring but not) which are palpable at the level of neighbourhood. In relation to this corporatisation of care services, Fine applies Max Weber's term, the “bureaucratic iron cage” (203), recognising Weber's prediction of a world dominated by rigid, uncaring bureaucracy.

Fine also says the concept of risk now helps “shape the way that care work is understood and provided” (214). The passage from *The Whole Day Through* illustrates how risk permeates organisations—in this instance, a hospital and its care practices. Here, the social worker appears to have the interests of Laura's mother at heart. However, it is likely that both Laura and her mother realise that the social worker's insistence on a home-risk assessment carries an ambiguous message about meeting bureaucratic requirements as well as providing a humane service. Indeed, older people and their families, are not always readily convinced that risk, and its associated technologies, is important. Even though Dagmar Lorenz-Meyer suggests in “The Politics of Ambivalence” that using formal and complementary care services is one of the key strategies for managing internal ambivalence when providing intergenerational care (18), here, caring and risk intersect to produce ambiguous messages and feelings of ambivalence. Here, the irony is that, when families and individuals call on care organisations and their services for assistance and support, they sometimes experience such organisations to be unfriendly and so risk-conscious that they no longer focus on meeting the psychological/emotional needs of families and older people. In one of my own short stories, “Between the Scylla and Charybdis,” Georgia has a rant to

her friend about a care organisation's refusal to help her father until his home meets certain standards:

“And, Linda, you wouldn't believe the Golden Dream Home Help Service. After such a long wait, they came last week. It's taken me months to get him to agree to them coming. And I meet the assessor, only to find she's a witch. She's Cruella de Vil from *A Hundred and One Dalmatians*, prancing around in a puffed-up, purple uniform, a gaudy badge announcing 'Even As You Dream, We Care.'”

“Go on!” exclaims Linda.

“And the visit was really something, I gotta tell you. I get there and Reggie's sink is piled high with dirty dishes, there's a couple of smelly dog bones under the kitchen table and midgie things flying out of his fruit bowl. Can't you just see it? And there's Citrus-lips Cruella, standing there, her judgment made before he or I have said a word. I tried to explain a few things, but I knew she was wondering how a daughter, a social worker of all people, could let her father's house get so bad? . . . But oh no. She's head of some occupational safety health thing, OSH she called it. There she is, her tangerine nails pointing, stick arms waving and OSH this, OSH that. 'I can't send my home-help staff in here. This house doesn't meet OSH standards. You'll need to get your hubby to move these electric cords, they're against OSH rules. Those power tools should be outside, and the carpet in the hallway must be nailed down. And you'll need to shift that fly spray—it's not allowed near food.' . . .” And now, of course, he doesn't want her, or the service. After she went, he said, ‘Fuck 'em.’” (51)

At the frontline, unpaid (informal) and paid (formal or organisational) carers often clash when unpaid workers struggle to adopt what Sarah Winch names, in "Constructing a Morality of Caring," the “codes and values” which are “inserted into everyday care conduct” by state-sanctioned care organisations (14). Institutional discourse encourages the insertion of state control into the process of providing unpaid care for older Australians and, when this happens, organisational messages about best practice for providing care produce ambivalence in those providing informal care.

## **The Power of Sharing Narratives of Ambivalence**

The power in articulating and sharing diverse manifestations of ambivalence in fiction and memoir is in the many benefits it brings. Gains can be individually therapeutic for both the writer and reader, but there are also advantages in sharing narratives more broadly with others. People want and need to discuss the challenging aspects of their lives, and writing, reading and sharing narratives of ambivalence engenders relational benefits. In *The Writing Cure*, editors Stephen Lepore and Joshua Smyth reiterate the importance of human beings

sharing intense emotional experience via writing, which they argue is as potent as oral sharing. As well, the writing and sharing of fiction and memoir enables a social process, which is more far-reaching and expansive than that which is available through one-on-one storytelling (6). In the concluding chapter of *The Writing Cure*, "Writing, Social Processes, and Psychotherapy," James Pennebaker specifies the benefits of "expressive writing" (4), saying that "emotion experiences are part of a much broader social system" (290) about which a new knowing can be created. But, differently, through the social process of sharing narratives of ambivalence, there is not only identification with another's experience, but also the potential to alter our understandings and feelings and thus, perhaps, our actions within a social context. As such, an important social role is performed when stories of intergenerational care are shared.

In *On Stories*, Richard Kearney makes a relevant point about the power of sharing narratives with others. He says that the mere act of telling a story which is then read or heard by others not only allows contemplation and new perspectives, but also introduces a distance "between the living and recounting" (132). This, he says, is because the "recounted life prisms open perspectives inaccessible to ordinary perception" (132). Such an example illustrating the benefits of revealing new perspectives is Jonathan Rauch's essay "Letting Go of My Father." As Rauch shared his story with others, he recalls finding that others reciprocated readily with their own. He says: "Above all, I got stories. Some were in the past tense, but a surprising number were in the present, and they gushed forth with the same kind of pent-up pressure that I felt" (57). As I read Jonathan Rauch's story, I was also struck by the similarities and differences with my own experience of caring for a father. Stories beget stories so that when stories about care and caring are shared, then the painful struggle of coping with and managing ambivalence associated with caring is no longer a silent one. The burden is eased by learning that one is not alone, and new knowing about the experience is afforded.

The terrain of caring for and about older people is fraught. One is likely to need to interact with corporatised, bureaucratic care-systems championing best practice for caring; the concept of risk has to be navigated; and implementation of government policy fostering care-in-the-home can mean lengthy, intimate encounters with the bodies of older people. Whatever journey caring takes, unofficial narratives about care and caring indicate ambivalence is normal, and related to the many contradictions associated with providing intergenerational care. In essence, the call to care for an older person is not always embraced with equanimity by middle-aged adults, and official knowledge as well as social discourse about care and caring do not acknowledge that ambivalence is a natural response.

In conclusion, ambivalence manifests discursively, organisationally and at the level of the individual (the paid and unpaid care worker) and is experienced as psychological, sociological or a mix of both. When ambivalence is left unacknowledged within the official

literatures of institutions, it remains hidden and potentially damaging. Unofficial narratives about ambivalence in intergenerational care allow such experiences to enter public and political spaces. Rauch exemplifies this when he makes the link between the domain of writing and the sphere of politics: “What we need . . . is for our nameless problem to be plucked out of the realm of the personal and brought into full public view, where help can find us” (58). Here, sharing of unofficial narratives about ambivalence enables the issue to move from the personal and private and, in doing so, to challenge the producers of official knowledge to understand more fully the impact on people who provide care.

## Chapter 6

### Conclusion: The Political Implications of Sharing

*In any locale there are a variety of institutions and competing value orientations which have emerged via a long process of piecemeal aggregation, rupture, and upheaval and continue to be transformed by social action.*

Richard A. Wilson, "Reconciliation and Revenge in Post-Apartheid South Africa: Rethinking Legal Pluralism and Human Rights" (78)

*Today's invisible caregivers face their own version of a nameless problem. They are being asked to do alone and out of sight what in fact requires not just private sympathy and toleration but public acknowledgement and proactive assistance.*

Jonathan Rauch, "Letting Go of My Father" (58)

In *Human Rights and Narrated Lives*, Kay Schaffer and Sidonie Smith say that "stories . . . can intervene in the public sphere, contesting social norms, exposing the fictions of official history, and prompting resistance beyond the provenance of the story. . . ." (4). Jonathan Rauch's "Letting Go of My Father" is one such story. An intergenerational-care narrative, it publicises the struggle to provide care to an ageing parent and, in doing so, exposes the hidden and solitary nature of providing care. Once stories like his enter the public domain, they have the power to change the status quo.

The sites of television and film, news media, self-help texts for carers, online sources, fiction and memoir—all of which offer both fictional and non-fictional storying about the experience of caring for older people—provide opportunities for storying ambivalence associated with the experience of providing care. Like Kay Schaffer and Sidonie Smith claim in *Human Rights and Narrated Lives*, storying has the potential to accumulate "political import" (4). Further, in "Reconciliation and Revenge in Post-Apartheid South Africa," Richard Wilson says that unofficial stories begin to critique official knowledge via their "piecemeal aggregation, rupture, and upheaval" (78). An instance is people providing intergenerational care, using a range of alternative and creative means to tell their stories. Through the "piecemeal aggregation" of such stories, a more complete picture of the complex nature of intergenerational caring is built.

Michel Foucault's concept of "subjugated knowledges" (81) in "Two Lectures" in *Power/Knowledge: Selected Interviews and Other Writings 1972-1977* relates to how the sharing of such stories, as Jonathan Rauch's, can have political implications: "subjugated knowledges" being the "whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated" (81-82). In respect of official knowledge about care

and caring, the omission of the realities of caring, and a failure to acknowledge the experience of ambivalence, makes way for “subjugated knowledges,” such as inter-generational care narratives, to emerge. Foucault says that through the “re-appearance” of “these disqualified knowledges,” . . . “criticism performs its work” (82). Indeed, when conditions are right for the production and circulation of stories, a society will begin to search for what Tessa Muncey labels, in *Creating Autoethnographies*, the “missing story” (6). Australian society has begun to hone in on the “missing story” of caring for young Australians with disability, but it is yet to begin the search for such stories about the provision of unpaid intergenerational care to older people. In this instance, the emergence of “subjugated knowledges” via intergenerational-care narratives can locate the “missing story” and, with it, criticism of the status quo is unleashed—this has the power to forge change.

Given current economic concerns about the affordability of meeting the future care needs of older Australians, acknowledging and managing ambivalence in intergenerational caring is relevant to a wider political context. There is a commonly-held view that a crisis looms around caring for and about older people. Organisations, like Carers Australia, which contribute to institutional discourse about care and caring, support this position. In an August 2010 press release, Carers Australia claimed that, to 2031, increasing age-related disability will be met with a decrease in numbers of unpaid family carers available to provide care. With older Australians living alone in their private family homes in larger numbers and for longer than ever before, the question of insufficient numbers of carers together with the spectre of a generation of ambivalent carers has implications for the quality and levels of care provided to older people in Australia. The potential for a care crisis suggests that questions about minimising and managing ambivalence need to be asked. Without recognising ambivalence in intergenerational care relationships, policy and practice relevant to people providing care to older Australians will remain inadequate to the task.

The genre of the intergenerational-care narrative can contribute to the remedy, if only through its acknowledgement of ambivalence. Kay Schaffer and Sidonie Smith suggest in *Human Rights and Narrated Lives* that frank disclosure of experiences of personal hardship facilitates reinterpretation and healing. In the context of a growing carer burden, unofficial narratives have the potential to lay claim to the political space as they relate to not only disability and mental illness, but also to the provision of intergenerational care to older people. As this process develops, Foucault’s “subjugated knowledges,” or what Carol Swenson calls a more “personal knowing” (459), begin to critique and even permeate institutional discourse. In this process, institutional mediation of carer voices becomes less effective. As Michael White suggests in “The Externalizing of the Problem and the Re-Authoring of Lives and Relationships,” people are given permission “to situate their lives in preferred stories and to embrace their own knowledges” (28). This, he says, is preferential to allowing “the dominant and disqualifying stories or knowledges . . .” to hold sway in the arena

of politics (28). Moreover, the genre of the intergenerational-care narrative gives an opportunity for the public to understand the variety of ways people mitigate against the negative impact of ambivalence, and this new and more broadly understood knowledge creates opportunities for different and more creative responses. As stories feed into official knowledge, the two knowledges speak to each other, and policy and practice can become more truthfully informed about ambivalence associated with providing intergenerational care.

## **Policy and Practice**

*Care is not a parochial concern of women, a type of secondary moral question, or the work of the least well off in society. Care is a central concern of human life. It is time that we began to change our political and social institutions to reflect this truth.*

Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (180)

### **Policy**

Nearly twenty years ago, Tronto wrote that key institutions do not “reflect the truth” about care and caring. She argued strongly that institutions ought change to recognise the centrality of caring in people’s lives. Throughout this exegesis, I have argued that, although caring is now more recognised by Australia’s social and political institutions than ever before, especially in relation to the young disabled, something is missing. Dramatic stories about caring for the young disabled are infiltrating political and social institutions and challenging institutional truths about care and caring. As I write this, my friend and her 22-year-old son with muscular dystrophy (see Chapter 1) stopped filling in the hundreds of pieces of paper that constituted a litany of knocked-back funding applications and, instead, wrote a deeply personal story to 102 West Australian politicians. This led to a flurry of responses from politicians and the media, including an interview for my friend on ABC radio in which she provided the public with intimate, uncomfortable detail about her caring role. Sue O’Reilly also reported the story in the article “Myopic Government Penny-Pinching Comes at Great Cost to Disabled” in the *Weekend Australian* (Inquirer section 7). Because of my friend’s public action, her plea for permanent funding was met. However, there is something terribly wrong when people providing care have to make such a frank and public plea in order to receive what is necessary for survival.

Given the estimate made by Access Economics in 2010, that there are 2.9 million carers in Australia, only a relatively very small number (like my friend) engage in the politics of care. Likely they are too busy to engage, or will only do so when utterly desperate. In 2008, just 200 people participated online in a Carers Virtual 2020 Summit and just 1,200 people and care-related organisations made submissions to the Senate Inquiry into Better Support for Carers that same year. From 2007 to 2009, over 1,200 contributions (from the general population) were made to a national conversation about caring hosted and reported by Suzanne Ross for the St James Ethics Centre. Aside from these events, and the actions of

some strong but small advocacy groups, the majority of Australia's carers have little connection to the politics of care and have low (but maybe growing) levels of engagement with pressure groups.

In March 2012, the current Julia Gillard Labor Government streamlined Australian governance relevant to ageing and caring for older people. It now cuts across portfolios and responsibilities. In 2012, the Minister for Disability Reform is also the Minister for Families, Community Services and Indigenous Affairs, and the Minister for Mental Health and Ageing is also the Minister for Social Inclusion. In Gillard's first Ministry, there was a Parliamentary Secretary for Disabilities and Carers and this role has been upgraded to a ministerial position: the Minister for Disability Reform. Further, the word "carers" has been omitted from the title of any portfolio. This means there is now no one overtly responsible for carers, although it is assumed they fall under the umbrella of the Minister of Disability Reform. Presumably, these changes are about making way for the new National Disability Insurance Scheme, which is to begin rolling out mid-2012. This Scheme is a major reform in the area of disability in people under 65 years of age but will have little impact on those caring for older Australians. Thus, it is timely in 2012, to call for incorporating the lived experience of people providing intergenerational care to older people so that the concerns of those carers will become recognised in government policies and practices, even though the current and relevant structures of governance cross several portfolios and responsibilities. Even though political and social institutions now recognise the legitimacy of the carer and carer-related policy, practical changes and real improvements for unpaid carers of older people remain an outstanding challenge.

In spite of these political arrangements, policy and political rhetoric about care and caring in Australia is busily unfolding. Since 2010, there has been a commitment to developing a National Carer Recognition Framework. This includes the Carer Recognition Act 2010 passed by the Federal Parliament November 2010, as well as the impending National Carer Strategy. Recently, two Productivity Commission reports, *Caring for Older Australians* and *Disability Care and Support*, examined and recommended on changes to aged-care structural arrangements, as well as recommending the radical National Disability Insurance Scheme. Further, Carers Australia and other related care organisations have joined the Government's National Compact with the Third Sector (non-profit sector), the Compact's purpose being to build better relationships between the Federal Government and the not-for-profit sector. These developments signal a burgeoning interest in the national politics and policy about care and caring and cement Australia's position as an international leader in its attention to the matter. However, these changes are yet to afford significant advancements for unpaid people who provide intergenerational care to older Australians. In the future, stories about providing care may help to create the conditions for reforming Australian politics and policy about unpaid care for older people.



Recent government interest in care and caring policy is indicative of the emergence of the “caring enterprise”, something akin to the formation of the “ageing enterprise,” so-named by Carroll Estes in her book of the same name. Estes and others, like Elizabeth Ozanne, argue that government initiatives and interventions drive the politics and policies of ageing rather than the voices of older people themselves. Similarly, just like the ageing enterprise, the caring enterprise is one in which the voice and role of the carer is mostly absent, and is more rhetoric than substance when present. In the orderly and state-controlled caring enterprise, there is no space for the nature of ambivalence associated with providing care. So long as ambivalence about providing intergenerational care is ignored, its existence continues to go unrecognised in policy and meaningful change for carers is unlikely.

### **Practice**

Discursive practices about care and caring operate primarily at the institutional levels of government, academe and non-government, and produce strong cultural messages, which shape the politics and policy of care. This in turn influences how individuals, families or organisations in the care industry engage with care work.

Ambivalence associated with providing care is generated externally by discursive practices which shape and contain unpaid care practice. In particular, in Australian homes, Sarah Winch says, care work is shaped by a code that “specifies rules of conduct” (9). She remarks that the operationalisation of this code occurs via the production and consumption of a plethora of government- and non-government-funded carer manuals and booklets that use official language to describe how to care for others and look after oneself at the same time. Winch also suggests that, when doing care work, power relations operate in a way that ensures that the conduct of carers is monitored subtly. Professionals direct, covertly, those carers who fall short of adopting “desirable” care behaviours in order that they become more compliant. In effect, covert control of carers is state-sanctioned and, while this control is portrayed as primarily supportive, it does little to decrease the burden of caring. Indeed, both the covert code of conduct for carers and the ensuing surveillance complicate caring and overlook the fact that the unofficial knowledge of fiction and memoir tells us that caring is rarely the orderly manageable practice portrayed in brochures and pamphlets. Not only that, as Winch suggests in “Constructing a Morality of Caring,” the very existence of discursive practices about unpaid care suggests that caring is a significant burden in need of support and amelioration (14). In effect, institutional discourse betrays itself with its message that unpaid care is a problem for carers.

Apart from the covert need to monitor carer behaviour, current program implementation and service delivery have a high degree of organisational inflexibility. This manifests through the existence of bureaucratic criteria for eligibility for, and entitlement to, paid support services. As Suzanne Ross reports in *The Ethics of Caring in a Good Society*, carers describe the

burden of government bureaucracy in relation to care as a major source of stress. As one says:

To be honest I would not ask for any assistance. I feel disempowered and humiliated by what are the subservient constraints and demands that would be placed on me by a government department. I gain the impression that I would have to justify myself to the extent that I would be embarrassed and therefore would not put myself in that position. (74)

Another carer said that what was needed was “more respite that is family-centred and not bound by 1000 regulations and policies, but it actually assists us in finding solutions” (72).

The bureaucracy of the care enterprise imposes cumbersome procedures around testing for eligibility and entitlement and, in doing so, avoids the reality that the human experience of providing care is unpredictable and does not easily fit any proforma. This bureaucracy is justified by the government’s uncertainty about the level of need, but what results is an unacceptable rigidity in program delivery and onerous rules in the service organisations that alienate carers rather than support them. The justification that this level of bureaucracy is necessary to rein in expenditure is real but it sidelines carers, people who are not responsible for a state wanting to cap need or for a state unaware of just who and how many people need providing for. Statements justifying tight controls and the importance of cost-effective care services (requiring expensive bureaucracies to oversee them) add insult to injury for unpaid carers.

It is clear that there are significant problems for unpaid carers in the practice of care work. While the state currently invests more time and resources in care and caring, the impact of its efforts fall short of improving the lot for Australian carers of older people. More realistic solutions are needed, ones that take the unpredictable nature of care into account; minimise bureaucratic demands for carers; and recognise that care, including providing intergenerational care is ambivalent work. With the prediction that future numbers of carers for older people will be insufficient to meet demand, existing care practices which avoid the realities of caring for older people are unsustainable into the future.

### **Resolution: Acknowledging, Minimising and Managing Ambivalence**

The phenomenon of ambivalence in the provision of intergenerational care is not a problem that lends itself to elimination. As Pauline Boss and Lori Kaplan argue in “Ambiguous Loss and Ambivalence When a Parent has Dementia,” Dagmar Lorenz-Meyer also claims in “The Ambivalences of Parental Care Among Young German Adults” that open communication is essential if we are to deal with ambivalence effectively (250). Not taking this step only amplifies ambivalence. Boss and Kaplan suggest that naming and explaining ambivalence is also important at the point of delivery of services (221). At the level of practice, it is

incumbent upon paid health care professionals, who themselves will be called upon to care for family and/or friends at some stage in their lives, to promote awareness about ambivalence and its impact. This enables coping processes to begin and the phenomenon of ambivalence to be recognised as normal and manageable. According to Boss and Kaplan, people can be taught how to adapt to and cope with ambivalence by shifting their perceptions and this, in turn, enables improved control in the context of an older person's increasing physical frailty (220).

Lorenz-Meyer also maintains that communication alone "cannot resolve underlying ambivalence in institutional structures" (250). Instead, structural aspects of ambivalence must be addressed at the level of policy. But, as long as the assumptions that families are always willing and available to provide the vast majority of intergenerational care (and that older Australians want unpaid family members to care for them), policy will never reflect reality. Currently, the assumption that family carers are the key providers of care is embedded in the social policy of Australia's neo-liberal market economy. Not only does policy need to acknowledge and recognise that this may not be the case but, as Michael Fine suggests, we need far more broad social participation in and responsibility for providing care. That is, we need to consider a more equitable and realistic sharing of the work and costs which Michael Fine calls "renewing the social vision of care" in his article of the same name. If policy about caring for older people is to be more effective, it needs to be more honest about and cognisant of the exact nature of care demands and our responses to them in the context of contemporary Australian life. Otherwise, as governments become more agitated about the growing cost of an ageing population and family members struggle even more with their filial obligation and level of availability, not only will carers be more ambivalent, but older people may become more vulnerable.

One practical way of minimising ambivalence is to build greater flexibility into care and workplace policy, a flexibility that flows to more choice, more options for people, and less onerous eligibility and entitlement requirements for the programs and services that support families doing the majority of unpaid care work. As mentioned, the Fair Work Act 2009 has improved the flexibility of work arrangements for parents of pre-school children and people under 18 years of age with disability, but these new arrangements do not flow to those providing care to older Australians. It is possible that the Gillard government's recent announcement to implement major reforms to the system of aged care, following on from the 2012 Productivity Commission *Inquiry into Aged Care*, will impact favourably on middle-aged Australians providing unpaid care. One major thrust of these reforms is to increase the volume and diversity of service provision options to allow older Australians to live in their homes for longer, and so reduce demands on an expensive formal aged-care system. But middle-aged daughters and sons will be required to assist their parents and older friends to coordinate and implement these newly mandated supports for the care of older people in

their homes. This coordination and implementation will involve additional work but may also add increased flexibility and level of support for middle-aged unpaid carers.

In conclusion, if we are to acknowledge, minimise and manage ambivalence, it is vital that, at the levels of policy, programs and services, we avoid discounting the real experience of people providing intergenerational care to older people. Utilising the genre of the intergenerational-care narrative is an important means for opening up honest communication about the experience of providing care. Here, fiction and memoir about ambivalence (as opposed to government-mediated stories) come into their own. Moreover, the political nature of some of the stories within the genre of the intergenerational-care narrative enable a critique of existing official knowledge and provide a rich alternative source of lived experience for not only carers but also politicians, policy-makers, service providers and academic researchers. When those responsible for making relevant policy and practice access and draw on these stories, the two knowledges speak to each other. It is only then that policy, programs and services will arrive at a more realistic appraisal of the hardships involved.

As Richard Kearney says: “stories make possible the ethical sharing of a common world with others in that they are invariably a mode of discourse” (150). This sharing of stories gives rise to alternative discourse and, with that, a freeing from what Foucault calls, in *The Archaeology of Knowledge and the Discourse on Language*, “groupings that purport to be natural . . . unities” in discourse (29). This allows new groupings to be derived from the no-longer-repressed “not-said” (25), so that unofficial narratives become a political tool, a way of challenging the producers of official knowledge. In the case of intergenerational carers’ storying, the challenge to official knowledge is the demand to recognise the absence of emotional hardship in its knowledge—to remedy their failure to deal with ambivalence for people who provide care. Ultimately, I hope that the dialogue between the two sorts of knowledges (the official and the unofficial) will influence the development of relevant policy and practice in intergenerational caring in the way that seems to be evident in the disability arena.

And so, this thesis is written for complementary audiences (those who build official knowledge and those who provide intergenerational care to older people) to contribute to the dialogue between these two ways of knowing about the experience of ambivalence when providing care. That is, this thesis has a dual-voice (one analysing and critiquing official knowledge about care and caring and another storying the experience of providing intergenerational care to older people). The first-presented is the exegesis, and then my anthology of short stories follows—either can be read before the other.

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**Neighbourhood Watch (short stories)**

**Sue Jane Gillieatt**

**July 2012**



## ***A Wigwam for a Goose's Bridle***

As soon as Georgia is back from her trip with her father across the top of Australia, she and partner Dave set up house in her childhood home on Solomon Street. There was never any question of their doing otherwise. The three-bedroom brick-and-tile built by Reggie, Georgia's father, is now her own. It sits high up on a prime piece of real estate close to Perth city and to the river. Dave, mindful that the home is Georgia's, is careful not to initiate major change, although the two of them agree the old house could do with a rejuvenating coat of paint.

It is with relief that Georgia learns some of the old neighbours have gone. Old originals, Eric and Barbara Windsor and, of course, close family friend Bill Grantham, are still there, but many of the families of her childhood have moved on. Jolly Mr Jacobson moved to a retirement village, the McDougalls went back to Scotland, and the Maloneys uprooted and shifted to Melbourne. The horrible Hepworths, who lived directly opposite Georgia and her parents, have also disappeared. She remembers their mean-spiritedness, especially the time Mr Hepworth falsely accused her and her playmates of scratching his new, shiny EJ Holden. Reggie had to go across the road to sort him out—tell Hepworth he was talking tommyrot and that he ought to pick on someone his own size.

Georgia is also pleased to find that the streetscape has altered enough for her to feel like it's a fresh beginning. Half the houses remain, but a good dozen of the original red-brick and fibro homes have been bulldozed to make way for beige double-storeys with expensive gates and remote-controlled garage doors. Georgia and Dave meet new neighbours Julia and Gerard one Saturday afternoon as the jovial couple stroll past. Only slightly older than Georgia and Dave are, the couple recently migrated from England, so know nothing of the street's history. Georgia and Dave like the way that Julia and Gerard quickly modified the front of their quarter-acre block by building an English cottage garden complete with herb patch. They tell Georgia and Dave to help themselves to fresh parsley and coriander whenever they like.

Julia and Gerard live next door to old Eric and Barbara Windsor. The once-popular old couple has remained in their tiny, rectangular home, ageing gracefully without incident. When Georgia was growing up in the late sixties, Solomon Street was full of noisy, nuclear families, and a childless couple like Eric and Barbara was unusual. Eric worked in Customs at the Fremantle Wharf, and Barbara was a bubbly housewife, renowned for her homemade buttered pumpkin scones and coconut-jam slice. Although Eric and Georgia's father were chalk and cheese, Georgia remembers the two men drinking beers together, reminiscing about being RAAF tail-gunners over the mountains of Papua New Guinea in World War II. Shaking his head, Reggie had often remarked to Georgia and to his wife Ellie: "That Eric is

such a gentle bloke. Awful they ask a soft-hearted fella like that to bomb the crap out of the Japs. He should never have been sent.”

In their first months together on Solomon, Dave consults with Georgia on his plans for the new A-frame pergola he wants to build. The two of them enjoy their full-time jobs, Georgia a social worker in an inner-city hospital and Dave a human-resources officer for a mining company. They both like to get into the garden at the weekend but are too busy during the week for anything other than scant conversations with neighbours—something that Georgia would like to change in the future. Street-chat is mostly about the weather, except when Georgia, and to a much lesser extent Dave, have conversations with Bill Grantham about the past, and about her parents.

For Georgia, being back in the old family home is a strange, yet comforting feeling. Cupboards and shelves of her father’s tools, old paint tins, jars of nails and screws are still in their place and Dave is content to leave Reggie’s double-garage as is, a museum, a nostalgic reminder of the hours that Georgia wiled away in there with her father. Away from her mother Ellie’s surveillance, eight-year-old Georgia was a hardware-shopkeeper selling nuts and bolts to make-believe customers while her father sawed and hammered. If she asked him what he was making, he’d tell her a wigwam for a goose’s bridle and, although she never understood what that was, it didn’t matter. And inside, Georgia finds everything about the house sweetly familiar: the old furniture, the dated kitchen-ware, even the unexpected discoveries of her mother’s hand-written notes, like “May God be your refuge and strength” and “With life, it’s quality, not quantity,” soothing clichés, popping out from in between recipe books and old papers.

\* \* \* \*

Six months after Georgia and Dave began to live together on Solomon, her father Reggie returns from his round-Australia trip, and Georgia and Dave help him set up in a rental in Fremantle. Quickly, Reggie establishes a pattern of dropping in on Georgia and Dave. Georgia and her father are back on talking terms, and Dave and she don’t mind his visits, especially now that Georgia is pregnant. In spite of her father filing for divorce when her mother was dying, affection for her charming, rogue father has prevailed. He arrives in his tank-like car every couple of weeks, dressed in his signature greasy overalls, and wanders around the homestead like a benign landlord, surveying the house that Reggie built. But, one thing Georgia and Dave grizzle about is the way he just pitches up, without warning, only the tell-tale, dunk, dunk, dunk of the beat-up Ford tank as it comes slowly over the hill.

One late Saturday morning, Georgia hears Reggie’s car come round the corner. He wanders into their house. He embraces Georgia, their hug is automatic and warm. She reaches for

the kettle. Her father lives alone these days and is responsible for his own cooking and washing and everything else. His mop of curly, grey hair is a sign that he's nearly made it to seventy—and nothing about him points to frailty. Thankfully, especially with a baby on the way, he's on track to be one of those parents that every adult daughter hankers after— independent, able, never making unreasonable demands for visits, like some parents she knows. Reggie ambles out into the garden to hunt down Dave and, together, they poke around the backyard, first inspecting the old garage and then Dave's new pergola before coming inside for a cup of tea with Georgia.

"How are you keeping, Georgia? You feeling okay? How many weeks to go now?"

"No, I'm good. The doctor says twelve weeks!" Georgia announces, both excited and daunted.

"You'll be fine," says Reggie. "You're not uptight like your mother." But Georgia is nervous and, on a bad night, fear keeps her awake, just like it did her own mother. And with her mother long gone, Georgia worries about how she will cope, that she might even get the dreaded baby-blues, especially with Dave away visiting mine-sites. Neither of them has had much to do with babies, and Dave's family are all in Sydney.

But once they are home with baby Rosie, Georgia and Dave are amazed that, somehow, they manage. It's even fun, they laugh at themselves as they fall into all the traps for new players, like forgetting the sunscreen when they take Rosie on her first picnic. When Reggie visits, he whistles and sings to the baby, at ease with her, just like her mother said he was with Georgia when she was tiny. Georgia finds walking the streets with the pram is rhythmically right, and puts her in touch with the neighbours. A baby brings out the best in others, except for old Bill, who thinks that all this baby business is not what it's cracked up to be. But Georgia and Dave revel in the ups and downs of their new role, so much so that they begin to talk about a second. By the time Ben arrives, parenthood has transformed them both, like it does most people, Georgia thinks.

\* \* \* \*

Whenever Georgia and the children walk past Eric and Barbara's house five doors away, Georgia makes it her business to look over and check they are okay. She feels like she doesn't know them well but they've been permanent fixtures on Solomon and, just like Georgia, don't have much family. Immediate neighbours, Julia and Gerard, keep an eye on them, too, and Georgia's heard them make small talk with Eric and Barbara, congratulating them on their superb Mister Lincoln roses. The elderly couple are often bustling around their garden, clearing junk mail from their no-nonsense letterbox, snipping off dead roses or

sweeping leaves from the old bitumen driveway. They remind Georgia of her father Reggie, proud and self-reliant, fine exemplars of what it is to age well. Old and busy is good, Georgia thinks. If the elderly in your life are like Eric and Barbara, one has much to be grateful for.

One morning, as Georgia walks with the kids to kindergarten, Eric waves her over. Something is wrong.

“Barbara’s . . . gone,” he falters, face contorted.

“Why? What do you mean, Eric?”

“She collapsed at Bunnings yesterday,” he says in a monotone. Then his words rush and garble. “We were in the garden department. Looking for marigolds. And for roses. When she fell to the ground. Onto concrete. And hit her head. The manager of gardening called an ambulance. Her brain’s gone. It’s a stroke, or something.” Georgia is pleased the kids have walked on ahead, Rosie holding little Ben’s hand.

When she worked at the hospital, Georgia learned to be calm witness to tragedy. She takes a deep breath. “I am so sorry, Eric.” His face tightens some more, tears well and Georgia reaches to touch his hand. She notices messy blotches of purple underneath his papery-thin skin. Why is it that old people’s blood pools into bruising so easily?

“They’ve said she’ll probably have to go to a nursing home, you know.”

“That’s terrible,” Georgia says quietly. “Give it a little more time, perhaps, Eric. It may be too early to be so certain.”

Georgia’s own eyes moisten. Dear Barbara, such a good woman, she thinks. “Please, let me know how it goes,” she says. “If there’s anything I can do, please tell me.”

Eric goes on inside and, hurriedly, Georgia catches up to the kids just down the street. She sees Rosie safely into kindergarten and then sets off for home with Ben. Her own offer of help to Eric has caught her by surprise. It’s one thing to converse on the street, quite another to make a blanket-offer of assistance. It just fell out of her mouth, and now she realises she’s known the Windsors for more than thirty years but doesn’t know them at all. But, surely, she can’t be expected to provide much, a busy, time-poor mother with hardly a second to spare. She doesn’t even offer help to her own father, not that he needs much yet. For now, it’s just the occasional phone call to check that he is alive and well. That evening, she makes a beef-and-vegetable curry with extra for Eric.

Since having kids, Dave has grown to like his wife's stories about the neighbourhood. She does neighbours so much better than he does. He's not one for social chit-chat, and he admires the way she connects with the lives of others, a bit like his own mother did. Not overly nosey, just understanding and friendly. But he's not so sure about this business of dropping off meals to Eric. He's now watched three dinners plated up and transported to Eric's home. And the word is, that Barbara is still in hospital and unconscious.

"I know Eric's a nice, old fella, Darl, but it's not our job to feed him, is it? How long are you planning on doing the meal thing for?" Georgia's been wondering the same herself, particularly, since it doesn't look like Barbara is coming home any time soon, if at all. What started out as just one meal has turned into something with no endpoint. Still, his question irritates her.

In the few weeks that follow, Georgia continues the meals for Eric: lasagna, some pumpkin soup, a meat curry. One evening, she drops off a plate of roast lamb and vegetables with brown-onion gravy. "Some bastard flattened Scrunch today and didn't stop," croaks Eric, tearing up. "I know it's Scrunch because of the orange fur. You know Barbara loved that old cat. Whoever ploughed into him finished him off good and proper. I had to scrape him up off the road. It reminded me of shovelling bits of our mate Monty out of the bomber at Nadzab."

Georgia reels, shocked by not only what has befallen Scrunch but also Eric's reference to his war-time experience. Her own mind jumps to the nineteen-year-old motorbike rider in the hospital whom she watched die. Blood emptied out of him via a tube into a bucket underneath his bed in intensive care. Continued exposure to death in her work had made dealing with it more knowable, if not any easier.

"I'm sorry, Eric," she speaks softly, tears welling.

The next night, Dave is away fixing staff problems on the mine site. Georgia hates how his work takes him away from Perth and, how whenever he heads away into red-dirt country, a feeling of abandonment creeps in on her and just hangs there. It's such a stupid thing. Of course, he must go. He works in the mining industry, for God's sake. But on the nights he is away, life drags. To cheer herself, Georgia promises the kids a treat for dinner.

"Yippee," Rosie and Ben yell, as Georgia phones through an order for fish and chips. Twenty-five minutes later, the loosely-wrapped white paper is oozing the warm, fatty smell of take-away fish and chips.

"Best eaten hot!" Georgia says, as they pull into the driveway.

“Yummy, yummy!” screeches Ben.

Take-away is made more special because of its infrequency. Rosie shakes out the picnic rug and spreads it on the family-room floor for her and Ben. They tear off pieces of white butcher’s paper to use as plates, squeezing lemon over the chips. All three of them relish the informality, the break from stiff dinner-table episodes when someone eats with a mouth open or drips sauce over the edge of his or her plate.

Georgia enjoys her first mouthful of hot chips as a voice at the door calls out: “Anyone home?”

She leaps to her feet. Just her luck, she thinks, that someone is after money for blind dogs, just as they’re settling down to eat. As she heads to the front door, she sees it’s Eric. He’s holding two bandaged hands at head-height, fingers tightly bound as well, his hands curve towards him as if in some kind of prayer. His mouth is unusually misshapen.

“Come in, Eric. What on earth . . . ?”

As he walks into the house, the kids stop eating, their mouths gape as they stare at his hands. They break into a snigger and Georgia fires off an “I’ll-kill-you” stare.

“They took off my skin cancers today, off the back of my hands,” he says. I got home about an hour ago. Both hands, see. And now, I can’t do a thing. Look at me. I can’t even get my teeth back in or organise food.”

Georgia takes only a second to register the hopelessness of the situation.

“Eric, you must be starving. What about some fish and chips? A drink?”

“Yes, I’m hungry, Georgia. That’d be great. I’m sorry to do this to you. You know Julia is away. She and Gerard are in Nepal for ten days and there’s no-one else.”

Damn it, Georgia thought. Julia could have at least told her she was going. “Get on with your tea, please, kids,” Georgia says, in a no-laughing-matter tone.

She scrabbles a few chips and a piece of fish onto a plate and motions Eric to come and sit alongside her at the dining table.

“I think I’ll have to feed you,” she says, a half-smile on her face, hoping he might see something humourous in it all.

"I think you will," he murmurs, his expression deadpan.

Georgia begins to break up some fish with a knife. She feeds him, chips and bite-sized chunks of fish, a little at a time. She turns away, not wanting to look as he chews. After several mouthfuls, he raises one bandaged hand to motion her to stop. Georgia goes to the fridge and opens a juice box, which has a straw.

"Thank you so much, Georgia. You have been truly wonderful since Barbara has been gone. I was so worried about how I'd manage tonight," he says.

Again, she looks away in embarrassment. She knows she should look at him, smile at him, make him feel that what is happening is perfectly fine, but she can't bring herself to do so. Eye contact with people in need was so important at the hospital but she knows that if she forces herself to do it, she will only look more uncomfortable. Sure, she is fond of old Eric, but apart from the meals she's cooked for him, they are no more than strangers. To have her distance from him narrow without warning is awkward, even repulsive.

"You know, I can't even have a pee, and . . . I need to pee now," he says, quietly. "I am so sorry to do this to you, but can you undo my button and fly?"

Georgia ices over. She knows she will have to help or Eric will pee himself. Rosie's eyes bulge. Having gotten the idea that something very odd is happening, the little girl giggles. Ben copies her, only more loudly, and Georgia flashes them both a withering stare.

While Eric slowly manoeuvres himself up out of his dining room chair, Georgia finds an empty ice-cream container in her kitchen cupboard. Georgia is keen to get Eric away from the children. "Follow me, Eric," she says as she heads off to the toilet. He goes after her, wobbly on his feet, uncertain of his strange surrounds. Georgia opens the door to the toilet and stands back motioning him to go in first.

"I'll stand behind you. I'll undo your button, unzip your fly and if you can get your bandaged hand under and uh . . .um . . ."

He stands at the toilet bowl. From behind him, Georgia finds the button of his trousers. Fortunately, it yields easily. Imagine if it had been tight and difficult. Now the zipper. Thankfully, it comes down much more readily than she expects. She gently eases his trousers down revealing waist-high baggy undies. They are the same type her father wears, green thread-lines through a thick, white elastic waist. Her mind flashes to when she was a little girl of about eleven. She was at a neighbour's barbeque with her parents when middle-

aged Snowy Robinson asked her to come with him behind the garden shed to show her some kittens. She had gone with him of course.

“They’re behind the shed over here,” he’d said, pointing to a pile of rubble and tin. There were no kittens obvious. He held her hand protectively and showed her a dollar coin. “The money’s yours, if you’re quiet.”

As she looked about for the kittens, he yanked her arm and pushed her hand hard up against the fly of his jeans, urging her not to speak. It was to be their little secret, he said. He made one slow circle-like motion with her hand before she jerked her arm away with a force that surprised them both. “You shouldn’t do that, you creep,” she spat at him, pushing him back into a wheelbarrow. She then made her getaway, running out from behind the shed and back into the crowd. She found her mother amongst a group of women talking and stood by her side, her heart pounding. But she felt strong. Her father had often said, “You needn’t be afraid of anyone, Georgia. It doesn’t matter who it is, even the Prime Minister.”

“You’ll have to lower my undies more,” Eric mumbles.

From behind, she grasps the elastic band and pulls them down. His wrinkly buttocks come into view.

“I can manage now. I’ll be right. Just hold the ice-cream thing out in front of me, please,” he asks. He pauses. “About there will do.”

His pee spatters intermittently into the container, a couple of droplets splash onto Georgia’s hand and her forearm.

“Thanks s . . .so much,” he stammers. “I don’t know what I would have done without you.”

Georgia pulls up his undies, and then his trousers. She puts the ice-cream container on the bathroom floor and goes to the sink to wash away her contact with Eric. Such a decent man, as her father had always said. She remembers herself, about how she looked away from her own mother as Ellie sat in the white, plastic shower chair asking Georgia for help to dry between her toes. Georgia remembers blindly, hurriedly, dabbing at her mother’s pale, swollen feet, all the time turning away to avoid the abnormally bloated abdomen of the woman who had birthed her. Georgia sees herself as a failure. As a child, her mother had cared for her as perfectly as any mother could, but she had found herself wanting when called upon to return the favour. And, how will she go when her own father needs her care? It’s one thing to have a cup of tea but how will she feel about washing his dirty dishes or even helping him to have a pee?



When Eric and Georgia return to the dining room, the kids are still sitting on the family-room floor. Having lost interest in the goings-on, they have turned on the television and are glued to the "Simpsons." The uneaten fish and chips are cold, congealing on the paper.

"I think I'll leave myself unbuttoned," Eric says. "Otherwise, how will I manage tonight?" He gets ready to leave, his bandaged hands tight across his tummy, holding up his pants.

"So, when are your bandages coming off?" Georgia asks Eric.

"They're coming, the Veteran's people are coming tomorrow, I think. They'll take me to the clinic and I'll get the bandages off then I hope. That's what they said, anyway. I'll be right as rain then," he says.

"Look, kids. I need to walk Eric home to make sure he has something to drink by his bed. You'll be okay for a few minutes, won't you?"

The kids don't look up, just nod.

A half an hour later, the phone rings. Rosie answers.

"Hi, Sweetheart. It's me!"

"Hi, Dad."

"Where's Mum?"

"Well, she's not here. She's looking after Mr Windsor, putting him to bed I think. He's been weeing here and eating here and everything.

"She's doing neighbours, Dad."

## ***The Captain and Mrs B***

*“No time like the present. It’s a chance to practise kindness every day, like Daisy practises the violin. If they learn kindness, happiness will follow. And one day, when we are old and helpless, they’ll not turn their backs on us.”*

Rohinton Mistry, *Family Matters* (286)

At sixty-five, Peg’s proud she can still wield a vacuum cleaner, bleach a bathroom from top to bottom and bring toilet-bowls back to pristine condition, despite how some families leave them. They’d be shocked to know how, to a cleaning lady, a toilet bowl gives clues to a family’s innermost secrets.

Peg also enjoys how the extra money that comes with cleaning tops up her Centrelink income: first, it was the Sole Parent Payment and then, more recently, the Age Pension. And, now with her two girls out of home and married, Peg’s money from cleaning is her own. For the first time in her life, she feels financially secure enough to spend some of her hard-earned dollars on whatever she likes, like weekend holidays in Broome and Albany, two places she thought she’d never see.

Fortunate to select families with no shortage of money, Peg also benefits when they pass on clothes, jewellery and ornaments they no longer want. One time, Dr Jacob gave her Scandinavian figurines of peasant farmers, and she was able to sell the collection on eBay for three hundred dollars. At Christmas time, Peg is chuffed when her families leave small gifts for her under their Christmas trees, like homemade samosas and mince pies or a new calendar. Where there are little children in the family, Peg reciprocates with a five-dollar Christmas stocking from K-Mart for each child.

Peg boasts of keeping her families for decades. Having made the effort to get to know them, to understand their idiosyncratic ways, cleaning for the same families year-in-year-out makes life easier. So when Professor and Mrs Damargo and their four children moved to Indonesia in 2007, it was with some apprehension that Peg cast around for a replacement family—a family she hoped would join her other four families and see her through to retirement. Dr Jacob came to her rescue by recommending Captain Errol and Danielle Blackstone to her. “They’re in some need, I think. Getting on a bit, you know. You’d be perfect for them,” Dr Jacob said.

So the Blackstones took on Peg and, five years later, she still cleans for the elderly couple, even though the job is not without its issues. When Peg first negotiated her work with the Blackstones, she took a punt and asked for thirty dollars an hour, the highest rate she’d ever requested. She was surprised at how easily they agreed, although the extra money meant

she was more nervous about avoiding grumpy Centrelink. She'd already had one awkward encounter with the nosy agency when a Nedlands neighbour of Dr Jacob's doxed her in. Peg couldn't believe that someone could be so mean. But, within days of the investigation being completed, she was back to her full card of cleaning, having convinced the Centrelink officer that working for Dr Jacob was her only job.

The Captain and Mrs B, as Peg likes to call them but not to their faces, are now in their mid-seventies. Her oldest and wealthiest clients, they both have their problems: the Captain, a likeable bon vivant, drinks to excess and is plagued by memory loss, and Mrs B, who also drinks more than her fair share, suffers from fibromyalgia, a condition that causes her a lot of pain. Although the Captain is a retired airline pilot and his wife was once an airline hostess, Peg is hard-pressed to imagine that the couple ever enjoyed exciting and successful careers. She finds it astonishing that they've never used any of the free flying that, as ex-airline employees, they are entitled to. Instead, from what she sees, they lead uneventful lives, some would say boring, except when the two of them go all out and host a Melbourne Cup function each year.

The Captain and Mrs B insist that Peg come to their River Terrace home to help on the Monday before the Cup, a demand more than a request, and one she feels she cannot decline. So every November, Peg assists the elderly couple to prepare for the only day of the year when their home fills with people. The day before, it's Peg's job to clean the glasses, set up the punch bowl, stock the fridge with bottles of sparkling wine and clean the large bay window of their Peppermint Grove mansion. On cue, while she washes the glasses, Mrs B asks: "Dear Peg, this year, can you come for the Cup tomorrow? Help us serve the drinks and food? The women from Club Catering will be here but they are never enough."

Each year, Peg replies: "Sorry, Mrs Blackstone, I can't."

And then, Mrs B comes back with: "Look, we're expecting fifty people, you know, all our friends from the Yacht Club. We need you to be here."

Peg doesn't mind helping set up for the function but she really can't cope with watching people get drunk. Again, she replies: "No, I'm really sorry, Mrs Blackstone, I can't. You know, I'm at the Wilsons' in East Fremantle on Tuesdays" or at Mr Amarotti's in Attadale, whichever it is. For Peg, being around people who are intoxicated is distressing because she's too familiar with the painful consequences. Both her father, a stalwart of the Uniting Church, and her ex-husband, a salesman, were alcoholics. Both men had the capacity to be kind and charming but under the influence of drink, were moody and unpredictable. When Peg was thirteen, her father had asked her to empty the kitchen bin and, when she didn't

jump up immediately, he'd grabbed her, shoved her head, face-down, into the smelly food scraps and held it there, just like he was holding her head down a toilet.

Peg knows that the Blackstone's vodka punch will be strong and will be kept that way all day and that litres of expensive champagne and bottles of West Australian wines will be consumed. She knows this because the Captain and Mrs B always beg her to come back for the whole of the next day. It's her Wednesday-clean anyway, and she doesn't mind the extra time in the morning because she knows there's no way they can manage without her. She can see that hosting the Cup function and, indeed, coping with its aftermath, are getting beyond them.

So she spends the whole of the Wednesday at the Blackstone's, perturbed at how their extravagant annual gathering can so horribly foul the home she's dedicated herself to keeping spotless. She knows she will have to contend with empty bottles of Moët, spills of red wine and prawn cocktail sauce and pieces of avocado ground into plush cream carpet and exquisite rugs. Also, she knows she will be asked to put away the monstrous movie screen which projected the hype and fashion of Flemington just the day before. She understands that the Captain will show her how to fold it up in readiness for next year and, in the process, will deliberately touch her breasts. When this happens, she will smile and humour him by saying something like "Now, Errol, that's not what we're supposed to be doing, is it?"

On the other days of the year, Peg tolerates the couple's alcohol consumption, partly because they never drink in front of her. All the same, when she arrives at the Blackstones', she's quick to note if, and how much, Mrs B has been drinking. If Mrs B is not too much the worse for wear, she will have on a designer dress and be wearing a pretty diamond or pearl necklace as well as several gold and silver rings. She will tell Peg that she is off to the local shop for provisions. Also, the genial Captain will be out for a good part of each Wednesday. Wearing his white flannels, navy yachting blazer and captain's hat, he will drive to the yacht club, which is close enough for him to find his way home and avoid being caught for drink-driving as he weaves along the back streets.

The Captain always ensures he's home by five to offer Peg a ride to the train station even if he has to wait for her while she finishes the bay window in the lounge room. If he's at all garrulous, over-the-top, Peg will politely refuse the lift and make the thirty-minute walk to the station on her own. Otherwise, she will willingly get in the car with him. Peg likes Errol. She always has. He's jovial, unlike the melancholy Mrs B, and appreciates her in the same way that Mr Amarotti, another of her clients, does. Despite being divorced, Peg still enjoys the company of men and hasn't ruled out another tilt at matrimony. It's not unusual for her to join

fifty-eight-year-old widower Mr Amarotti for dinner and, if neither of his two adult children is at home, to stay overnight with him in his luxury, king-size water bed.

During the car trip to the train station, the Captain invariably reaches across from his driver's seat, takes Peg's hand and places it on his crotch. "How about some relief for me today, Hon?" he asks. Peg smiles, gently removes her hand and says: "Thank you, Errol, but not today. You know I don't do such things with married men." He smiles, withdraws his hand and says: "Yes, I know, Honey." Peg promised herself long ago that, in spite of still maintaining her interest in men, she will draw the line at romantic links with those who are married, whatever their state of unhappiness.

The Blackstone residence is one of the most beautiful that Peg has seen. Sitting high on a quarter-acre block in Peppermint Grove, the stately nineteen-twenties home is filled with Indian silk rugs, twentieth-century Australian paintings and unusual artefacts, like the four hand-carved, Kenyan animal masks that one of the yachting wives brought back from Africa. For the few hours she is there each week, Peg fantasises that she, too, could one day have a home like the Blackstones', a taste of the good life. But, for the time being, she will catch the train home to her one-bedroom unit in Belmont where she lives with her two cats Marmalade and Tibs and her precious potted orchids. Home might be small but, she considers herself lucky that ten years ago, when she combined her modest divorce-settlement with the money she'd stashed away from cleaning, she was able to take up the Department of Housing's option of buying the property she was renting. It had been a smart move to take-on-board her mother's favourite adage: "Look after the pennies and the pounds will look after themselves."

No one except Peg understands that cleaning gives a person much more power than people realise. She is pleased the Blackstones are out for most of her Wednesday timeslot since she would much rather work alone—she gets to know a house and its people far more quickly when no one is home. After years of working inside people's houses, Peg has a talent for piecing together what goes on inside them, building a family story from what she sees in the dust, the dirt and the rubbish. Her presence is largely invisible to her families but her close proximity to their lives means she knows what goes on and can detect any changes, in particular, if there's a seismic shift in family relations. For example, in the first year that Peg was with the Blackstones, she was sure she was the only person who knew that Mrs B had moved out of the master bedroom at the front to a quieter, less spacious room at the rear of the house.

Peg finds it unusual that the elderly couple rarely mention their children, Bethany, Amy and Jeffery. Each week, Peg dusts over two old wedding photos of women she assumes are the daughters, and there are no recent photos in the house, not even of the five grandchildren.

Forty-year-old son Jeffery, the only one living in Perth, warrants an occasional reference, if only for Mrs B to say that her boy has “problems” and for the Captain to explain how his son navigates him and his Mercedes-Benz home when he gets lost coming back from the city. Peg also knows from Mrs B that Jeffery has some kind of a bipolar condition that means he doesn’t work. Apparently, he lives in a King’s Park unit overlooking Matilda Bay, a unit Peg knows is owned by his parents.

One Wednesday, six months ago, the Captain greeted Peg at the door by explaining that Mrs Blackstone was in bed. It was odd for two reasons, that he was home when she arrived, and that Mrs B was in bed in the middle of the day. “Go down and say hello to her, Honey. She’s bloody miserable today. You might just cheer her up. Then perhaps you could come and bring me a little cheer?” he said, winking at her.

“Sure, I’ll go and see Mrs Blackstone, Errol, but the kind of cheer you’ve got in mind isn’t going to happen! You know that,” Peg said, as she left her bag in a spare room and walked down the corridor to Mrs B’s room.

As Peg stood at the door of the woman’s bedroom, Mrs B said: “I’ve had it. My fibro- whatever-it’s-called is very bad today, it’s a mess. I’m in so much pain. Can you just get on with things quietly?”

“Sure, I can, and I am sorry to hear that. Is there anything I can get you, Mrs Blackstone?”

“Yes, Darling. Can you bring me the Panamax, please, oh, and the other box of tablets that are there. I’ve forgotten what they’re called, Temaza . . . something or other. They’re both on the granite in the kitchen. I need to top myself up again. I’ve also left some filet mignon defrosting. Can you please start a sauce for it? The ingredients, the shiitake mushrooms and the caramel-brandy, are all there.”

“The what mushrooms?” Peg asked. “You need to know I’m not much of a cook, Mrs Blackstone.”

“Good God, Woman, why haven’t you heard of shiitake mushrooms? Where have you been? The recipe is there for the sauce. Just follow it. I’m presuming you can read,” Mrs Blackstone snapped.

Mrs B had been cantankerous before but never quite so disrespectful. Peg was confused, hurt, and because of such rudeness, it crossed her mind to give up the job. But a momentary feeling of empathy kicked in as Peg also remembered how exceptional the money was and

that the Captain was no bother. It was in that moment she realised that, by staying on at the Blackstones', she might be committing to more than just a methodical house-clean.

"I'll get on with the sauce straight away," Peg said, recovering.

From then on, Mrs B was asleep on the chaise longue in the lounge room when Peg arrived. Peg thought the lounge room was the most tranquil space in the home, with the bay window looking out over the lush garden and across the Swan River—she could understand why Mrs B sought to sleep there of an afternoon. And, rather than wake Mrs B when she arrived, Peg would let herself in, organise what she was cooking for the couple's dinner and then tiptoe around ensuring to clean and tidy Mrs B's bedroom early. When Mrs B awoke in the lounge room, Peg then encouraged her to slip into her freshly-made bed, in between her favourite Sheridan sheets. But what startled Peg one afternoon was dark-red lumpy bits in Mrs B's ensuite toilet bowl. Initially, she thought they were blood-stained but, on closer examination and after seeing an array of empty red wine casks under the bed, she identified the deposit as red-wine vomit.

One Wednesday afternoon as Mrs Blackstone got up and shuffled back to her bedroom, she passed Peg in the corridor. She said: "I'm sorr . . . , Darlin'. I'm not sure what's happening. I ne . . . to be in my bed now. I've no ide . . . how long I've been asleep."

"You know, Mrs Blackstone, it's not good mixing your medication with wine," Peg said, holding up the bag of scrunched-up, empty pill packets and cask boxes she was taking to the bin.

"Pleaz, . . . pleaz, Pe . . . I'd appreciate you didn't . . . te . . . me what t . . . do," Mrs Blackstone mumbled. "Iz no . . . your job."

"Yes, Mrs Blackstone, I know that. I was just trying to be helpful."

"For the rec . . . d, I'm in a lo . . . , a lo . . . of pain. You can't know."

"Have you seen your doctor recently? For myself, I try to use natural products wherever I can. Have you thought of seeing a naturopath?"

"I have a daughter who'z one of thoz iziots, a daughter I never see, and all her pills are just hoc . . .s-pocus, a lot of mumbo-yumbo. And, do you know, Pe . . . , Amy hazn' . . . spoken to me in five years." Mrs Blackstone sniffed as though about to cry. "Where is she? When I need her? Where iz anyone when y . . . need 'em?"

Peg didn't know what to say. Her own family was no bed of roses either. She argued all the time with her two grown daughters about how they ran their families, but at least she was talking to them regularly and baby-sitting her three grandchildren. All Peg heard about the Blackstone girls was that Bethany was divorced and lived in Byron Bay and naturopath Amy lived in Karratha with her husband who earned squillions of dollars on some gas project. In Peg's hearing, Mrs B had once described Bethany as her FIFO daughter, the one who flew in and flew out once a year and never more. Peg wondered that, for the Blackstone daughters to ignore their parents in this way, their growing-up might well have been as loveless and empty as her own.

\* \* \* \*

One Wednesday, Peg arrives to find a silver Volvo in the driveway, a car she's never seen before. A woman, Peg supposes is in her early forties, meets her at the door.

"Come in. You must be Peg," the woman says, calmly. The woman is tall, attractive for her age, and is wearing what looks like a Bali dress and sandals. The woman leads her into the lounge room and motions her to an empty chaise longue. "Please sit down. I'm Bethany. We haven't met before, have we?"

"No, but it's nice to meet you. I didn't recognise you," says Peg, seeing no resemblance to either of the wedding photos on the table nearby.

"I know you've been caring for Mum and Dad," she says.

Peg is taken aback at her work being described in this way. "I'm not sure I'm their carer. Is everything alright?" she asks.

"I've got some bad news for you. Mum passed away four days ago. In hospital."

Peg is stunned, not only that Mrs B is dead but also that she is talking with one of the Blackstone daughters and that no one, not even Errol, bothered to let her know.

"I'm so sorry," Peg says, after an uncomfortable silence. "May I . . . , may I ask what happened?"

"Well, you know Mum was an alcoholic but we've learned that she was also taking a lot of pills which didn't help. I am sure you knew that. My father found her unconscious on the floor in her bedroom. He called Jeffery who phoned for an ambulance. And the rest is history."



Peg is saddened by the situation and also upset to have it explained in such a matter-of-fact manner. The word “alcoholic” had never been used in relation to Mrs Blackstone but, of course, as Peg had disposed of the many wine casks, she knew that the woman must have a problem. And now, supposedly, some kind of carer, she was implicated. Was there more she could have done to prevent the tragedy unfolding in this way?

“Yes, well I knew things weren’t good,” Peg managed to say, anxiously. “Mrs Blackstone often said she was in a lot of pain.”

“Well, we’ll leave it at that, shall we? I’ve spoken to both Amy and Jeffery and, regardless, we’ve agreed we’d like you to come to the funeral. It’s tomorrow morning at Karrakatta. Unfortunately, Amy and her family can’t come. They’re on a skiing holiday in New Zealand.”

“Yes, I’d like to come, thank you. May I ask where Captain Blackstone is? If it’s possible, I’d like to see him.”

“Sure, but I’m afraid he’s gone to the Club for an hour. I’m having trouble convincing him that Mum’s no longer here. One minute he seems to understand, and the next he’s asking me where she is and talking about her as though she’s still here. I’m not sure what to do with him. Maybe, when you get the chance, you might like to remind him that she’s passed.”

“I’m not sure I can help with that but I’ll try.”

“Oh, and we’re thinking of having a gathering here after the funeral. In Dad’s with-it moments, he says there’ll probably be a few of their friends from the Club who’ll come for a drink and that you might be able to help. Do you think you could give me a hand?”

“I’m really sorry, but I have another job tomorrow afternoon.”

Although she can see that Bethany is disappointed, Peg knows that helping out with drinks at Mrs Blackstone’s wake is not what she wants, whatever the extra money or valuable keepsake that might be on offer.

“Well, it’s a shame you can’t help.”

“I know your parents have always used Club Catering for their Melbourne Cup function. Maybe the same company could help. Your father knows the woman who runs it.”

“I have no idea what function or what catering company you’re talking about, but I’m sure I’ll find something. I need to talk with you more about Dad though. He wants to stay here, he

says, to be near the Club. I think he goes there once or twice a week, maybe more. We three have talked about Dad, and we'd be grateful if you could keep your Wednesdays going, perhaps extend your time here by an extra hour or two. Say six hours a week, and maybe more later if he needs it. What is it you get paid?"

"It's forty dollars an hour at the moment," Peg lies, feeling safe that no one will know she has inflated the figure.

"Good God, that's a lot. And, how long has it been that?"

"Since I started, really."

"Well, Mum's estate is substantial—you probably know that—and we'd be happy to give you a pay-rise, let's make it fifty an hour. You see, I need to wrap this up. I'm back home the day after tomorrow."

Given that Bethany's mother had died just days before, Peg is shocked by the younger woman's rapid-fire negotiations and her business-like demeanour. But, all the same, she is drawn to the very generous sum of money and, of course, to Errol, himself. She is fond of the Captain and imagines that the job will be easier, much easier now that Mrs B is gone.

"Now, if we agree on fifty, you'll need to do Jeffery's laundry too. As well, I'd like you to help Dad clear out Mum's things. So, is fifty acceptable? Are you okay with the arrangement?"

"Yes, I am. I'll be very happy to keep coming," Peg replies.

"Good. That's settled then. I'll draw up our agreement and leave you a copy. Now, if you would like to wait for my father, I'm sure he will drop you to the station as soon as he comes home. For me, I have some things I need to do."

"Thank you. I'll wait here for Captain Blackstone. I shall see you tomorrow," Peg says. Already, she is pondering if it might be feasible to jack up the rates of her other families too. Such a request might just be timely, given she is edging towards retirement. There's also the possibility of one day moving into Peppermint Grove as a full-time, live-in domestic. Who knows? Who cares? Whatever her future holds, it certainly looks bright and it might even include some air travel.

## ***A Job with a Shelf Life***

*Devotion is essential to caring, just as it is an integral part of friendship. I commit myself to the other and a largely unforeseeable future. Devotion is not an element that may or may not be present, as if I might be said to care and also be devoted. When devotion breaks down, caring breaks down.*

Milton Meyeroff, *On Caring* (10)

Georgia looks out the aeroplane window. Dawn is breaking and a pink hue softens both the sky and the dry, brown landscape below. She supposes her Townsville-bound plane has crossed over the Northern Territory and is well into southwest Queensland.

With an hour of the flight remaining, Georgia's nervousness peaks. She is about to rendezvous with her father, of whom she's seen very little since her mother's death just over a year ago. Even though the heavy milestone of the first anniversary is behind her, Georgia remains unable to forgive her father for his capitulation to the warmth and attention of the younger Delilah when he should have been caring for his sick wife Ellie. Georgia is nervous that the planned trip with her father will be a fiasco. Of course, if things go badly, partner Dave will be there. Dave is driving up to Darwin to meet Georgia and to be on-hand to support her if things don't work out.

Just six months ago, Reggie disclosed to Georgia that Delilah had given him the flick. As the story went, a few months after Ellie died, forty-eight year-old Delilah was diagnosed with breast cancer. A month later, she announced her preference for fighting the disease by divesting herself of all encumbrances. One of these was Reggie; sweet irony, Georgia thought. A fortnight later, Reggie was gone from Perth, heading around Australia in his old 4WD Landcruiser. He barely said goodbye to Georgia, heading off with his tiny, sixties blob caravan in tow and wire-haired fox terrier Rusty by his side. Certainly, there was no time to farewell his old friend Bill Grantham who still lived on Solomon Street, two doors from Georgia and Dave.

During the trip, Reggie phoned Georgia every few weeks. "Just touching base," he'd say. He let her know where he was and provided a brief description of the latest reunion with family and friends. He explained he was making his way up the east coast of Australia to stay with his sister Tess on her property inland from the Gold Coast. He also said that Rusty had been sick.

Georgia hardly knows her father's sister so she is surprised when Tess phones her. "I hope you don't mind me ringing," she says. "But, it's your father. I am worried about him and I wanted to talk to you."

“Oh, really?” Georgia says. It had been bliss not having to worry about family for a change—a nice break from obligatory phone calls and forced catch-ups.

“It’s his memory, it’s not good, you know,” says Tess. “You may have heard. He has been staying here with me, but he took off up north a week ago. He said he was off to Townsville. Don’t get me wrong. He’s okay, I think, but he was always late for things, didn’t show up when he said he would. I think there might be something wrong, that perhaps he has a problem with his memory, or something.”

A peculiar mix of annoyance and worry tightens in Georgia’s stomach. She understands better than anybody that Reggie is always late, although he had managed to make it to her mother’s funeral on time. But there was also the Eucla policeman, Senior Constable Grogan, who’d called her from Mundrabilla four days after Reggie left. The constable said he had just watched her father’s Landcruiser rig stray across to the middle of the highway and then veer off the dead-straight road, pulling up on the other side in the spinifex. Constable Grogan said it was likely that her father had fallen asleep at the wheel, but Reggie had been cagey when asked to explain what happened. Georgia knew there were plenty of old people driving around when they shouldn’t be and, with the policeman’s story and now Tess’s, it was possible her father might be one of them. She’d read about them in the newspapers; old men and women who should have had their licenses taken away from them before they had heart attacks or strokes when driving, tangling their feet in the pedals, driving over people and killing them. But Reggie was only sixty-six. Even so, there was a chance that there might be something wrong.

“Hmm . . . thank you. Let me think about it, Tess. I’ll see what I can do,” Georgia replied. She realised in an instant that she was the only one who could check on Reggie. It was a job for daughters anyway, especially only daughters. “Hmm . . . I’ll definitely talk to him,” she told Tess.

“What do you reckon, Dave?”

“Well, you could ask him straight out, Honey, ask him if he’s gone a bit doolally, or maybe you could go and see for yourself?” Dave suggested. He paused. He’d had a brainwave. “Maybe we could make a holiday of it! Now I’m talking!”

As a hospital social worker, Georgia knew eyeballing a patient was infinitely preferable to guesswork over the phone, and she agreed there were added benefits to a Queensland trip in the upcoming Christmas period. Not only would it give her a break from her job of steadying grieving relatives hanging around the doors of the hospital’s intensive care unit. It

would also mean that she and Dave could have that far-north camping holiday they'd been talking about for a while.

Georgia relayed the plan they'd hatched to Reggie in his next phone call. She would fly into Townsville, drive across the top with him and Dave would drive to Darwin to pick her up a week later. Reggie thought the idea was a good one and readily fell in with the arrangements. For Georgia, there was a jumble of feelings—not only a strong sense of duty but also a curiosity, a desire to see her father again. Georgia was also buoyed to think that, once having checked up on Reggie, she and Dave would enjoy a rewarding camping trip. The two of them would meander across to the Kimberleys and track leisurely down the west coast to home. Who knows, they might even begin to think about having babies.

\* \* \* \*

The plane descends into Townsville Airport. Although Georgia is uptight, she feels herself gladdening at the prospect of seeing her father. It's been a long twelve months and, in spite of all of the anger and sadness, she concedes she's missed him. Growing up, her relationship with Reggie had been close and, in her teenage mind, she had adored him. He was the cleverest man in the world; he could fix anything, was frightened of nothing and made her laugh. Her mother's illness had changed everything.

Georgia finds that Townsville's Arrivals section is laid-back, unlike the big-city airports that she is familiar with. It's free of the multitudes, and nobody is rushing. Georgia sees Reggie straight away. He seems subdued, his hair more grey than she remembers, although there's still a big mop of it. All the same, there's nothing about his demeanour to suggest there's anything majorly wrong. The two of them hug perfunctorily.

Bags in hand, they exit the airport building. The air is warm and muggy. A few pink wisterias and coconut trees line the car park giving an impression of tropical paradise. The sight of Reggie's beat-up Landcruiser, straddling two airport parking bays, gives Georgia a momentary sense of nostalgia. As she wrenches open the heavy rear doors to throw in her bags, a jumble of loose tools and clothes spew out onto the bitumen. Her stomach lurches. How could she have forgotten? She and her mother had spent their lives stepping around Reggie's junk.

"Fuck it," he grumbles, bending slowly to pick up a large wrench and a few smaller tools loosely wrapped in blue-striped, greasy pyjamas. "I meant to clean it up a bit."

In the four-kilometre trip to the Townsville Caravan Park, they exchange only a few words.

“Been hot?” Georgia asks.

“Yeah, stinkin’ up here this time of year. Wet season gives everyone the shits.”

“Where’s little Rusty? Back at the van?”

“Had to get him put down. Poor bugger. A Queensland tick got him. Besides, if it’s not one thing, then it’s another.”

“Oh, gosh. I’m sorry. That must have upset you.”

“It did.” He sniffs.

She can’t help feeling sorry for him with his swag of losses—first her mother, then Delilah, now Rusty. They drive into the huge caravan park. It bustles with early-morning activity. Women carry baskets of washing across the park to the laundry, small kids ride around on bikes, and people in dressing gowns walk to and from the ablution blocks with towels and wash-bags.

“Most of these fellas work at the abattoir. Even the women, too. They make bags of money. I’ve half a mind to get a job there,” he laughs.

As they drive slowly along the caravan park’s main road, Georgia observes the tiny strips of white fencing around some of the sites, miniature gardens that residents have created with real lawn and potted plants. She remembers these people are called “permanents,” people who beautify their caravan and annex entrances with garden gnomes and coloured windmills. As they round a corner, Reggie’s site is immediately recognisable—it looks like a scrap yard. Taut guy-ropes attach an old, army-green canvas tarp to the faded caravan. The tarp creates a spacious area, which is filled with paraphernalia. A Singer sewing machine perches high on an old ironing board, an electric organ stands in one corner and there are a couple of broken director’s chairs and pieces of fishing rod. A microwave without a door sits on a makeshift bench. They pull up beside the mess. The door of the small van is propped open and, inside, Georgia finds the small kitchen sink piled high with dirty dishes. Up one end of the van, a double-bed is covered in bits of paper, clothes and tools.

“How will we get ready to leave?” Georgia asks in shock. “Aren’t we supposed to be on the road this afternoon? The road to Darwin?”

“Settle down, Georgia. Leave it to me, will ya. I’ve got it sorted. We’ve got the rest of the day,” he snarls.

Georgia unfolds a camping chair and sits down nearby to read more of the novel she started on the aeroplane. She'd like a dollar for every time in her life when she sat around waiting for her father. She looks up occasionally to check on proceedings. First, he painstakingly sewed up a large tear in an old rain jacket and then mended the canvas on a deck chair. It was only then that he began to heave things into the caravan and the Landcruiser, surprising Georgia that he could move so much so fast. By late afternoon, the doors of the van and the truck are ready for lock-down. After some last-minute reorganising at the back of the truck, Reggie manages to jam the two doors shut and the two of them squeeze into the front of the old Landcruiser.

Out on the open road, the tension of the first hours together begins to lift. The lush, green landscape is soothing.

"Ah, a river, the Burdekin," says her father. "We'll make it to Charters by tonight, I reckon."

Georgia scans the page of a Queensland traveller's atlas, suspicious of the note at the bottom which says that historic Charters was once known as "The World." She imagines there's not much there now, nor that there will be much in between here and there. It's early evening and very quiet when they lumber into town, looking along the wide streets in search of the caravan park. Once located, Reggie chats with the park manager, and Georgia jumps out of the truck, desperate to talk to Dave. She phones his mobile. No answer. Hopefully, she thinks, he's on track to Alice and will get to Darwin before she and Reggie do. The next morning their mobiles connect. Dave's in Alice Springs.

"It's tough-going, Dave. I so miss you. I'd forgotten the mess. Why didn't you remind me?" Georgia complains. "There's shit everywhere."

"Just hang in there, Honey. It's only a few more days. You'll be in Mount Isa by tomorrow, and then you're nearly half way to Darwin. I'll leave Alice lunchtime today, so I'll be in Darwin before you," Dave says, calmly. "C'mon, Hon, perk up!"

"I can't see you soon enough. You've forgotten what he's like. I've forgotten what he's like," she blusters down the phone.

The next day Georgia is more relaxed. The silences that dominated day one have become less frequent and, cooped up in the truck together, the two of them begin to slip into snatches of the conversation of old. As a kid, her father was easy to be around. He rarely judged her and let life just happen. She and he spent time in his garage, a workspace crammed with tools, blokes and projects. Above all, it was a space free from her mother, a

woman who liked to shape all that happened in the family. In her mother's eyes, etiquette was paramount—dressing appropriately, using good manners when eating and speaking nicely to people. With Reggie, none of that had ever mattered.

As they bounce along the Flinder's Highway, they begin to talk more openly.

"I caught up with old Hampshire at Rocky. He used to fly Lancasters, you know. A bloody good pilot he was, too, but he's blind now, poor bastard. Can you imagine that?"

"Oh, poor fella. You've caught up with quite a few old mates, haven't you? It's great. I guess it's made the trip for you."

"Yeah, there's been a few Air Force reunions at RSL clubs and the like. I even met up with Jacko in Brisbane—we flew in PNG together. It's been great. By the way, how's that social work job of yours going?"

"I'm a bit sick of it, really, being weighed down by the tragedy of people's lives."

"Ah, Georgia, you don't have to keep doing it, you know. Surely, it's a job with a shelf life. Life's too short, you know."

Neither of them is ready for the boil-over at the next big town. When Reggie realises they've taken the wrong road out of Hughenden, he growls at Georgia: "You're just as hopeless as your bloody mother. You've got a map on your lap. Why don't you use the bloody thing? Your mother couldn't navigate to save *herself*, either." Georgia bites her lip, and looks out the window.

It's eight pm and the van is parked on a concrete slab, snugly undercover in the muddy Mount Isa Caravan Park. Having put an ox tongue bought at Charters Towers into the slow-cooker, three hours earlier, her father serves up braised tongue and potatoes for them both. The two of them sit together at the tiny kitchen table. They don't speak. After the meal, Georgia pokes at a bowl of tinned tropical fruits covered in evaporated milk squeezed from a tube. She has spent most of the afternoon sniffing, weeping quietly, staring out across the vast, soulless outback plains. The ugly "navigation" incident just hangs there. It takes one glass of red.

"How dare you speak about my mother in that way," Georgia starts. "What do you mean by 'hopeless'? I didn't know I was the navigator. Your communication skills suck. They always have."



At first, Reggie is stunned by the outburst, then sheepish. Georgia feels sorry for him, but only for a second.

“It’s my heart that makes me cranky,” he says, faltering. “You know I’m on medication and they say that. They say that people with heart problems get shitty.”

“Do they?” she asks, incredulous. “I’ve never heard that before. And, anyway, I know nothing about any medication you’re supposed to be taking,” she snaps.

She downs another glass of red and sees the timeliness of getting a few things off her chest.

“It’s odd anyway, you and me spending December holiday-time together, don’t you think! I remember you leaving Mum and me alone on more than one Christmas Eve—we didn’t know where you were. Now I do. Delilah was more interesting than either of us.”

“I loved you more than you’ll ever know,” he whispers.

“And you left your wife when she was crook. How could you do that?” Georgia says, her voice now trembling.

At this accusation, he is silent. The colour drains out of his face. She pours another red for both of them and feels herself softening.

“Your mother had Bill, you know,” he says, quietly. “So much so, I thought he’d step in and look after her.”

“Well, he didn’t, and just what do you mean, her having Bill?” Georgia asks.

“You don’t know the half of it, Georgia. In the end, your mother hated me. She wouldn’t let me near her. She was always saying Bill this, Bill that, what Bill thought about politics, what Bill thought about euthanasia, and so on. There was something there, you know.”

Georgia is gobsmacked. Her mother and Bill, what rubbish, she thinks. Alarmed at the turn the conversation has taken, she wants to close it down. She is silent for a minute, and then makes a peace-offering: “Well, I know it’s faint consolation, but I didn’t do such a good job of looking after her either.”

\* \* \* \*

As a kid, Georgia remembers feeling that she and her family were different.

“I bet you’re spoilt,” people would say. “Only-children are always spoilt.”

To that comment, Georgia’s mother Ellie would respond: “Georgia Merrick, that is one thing you will not be. You will not be spoilt, I will not let that happen. You will be a child that everyone likes.”

Georgia rarely challenged her mother. Rather, she hung on every word, even those her father ignored. Yet, in spite of all the palaver about ensuring that she was not spoilt, Georgia *knew* she was exceptional. Her parents had waited ten years for her to come along. Of course, she’d be special. She was Ellie and Reggie’s precious flesh and blood, their *raison d’être*. But, while Georgia understood that her own parents were devoted to her, what she didn’t notice until much later was that they were far less adoring of each other. Indeed, Georgia’s parents were opposites. Ellie was a reserved, lady-like woman, preoccupied with putting things in their rightful places, and Reggie, a bawdy bon vivant, never caring what other people thought. Both were very sociable—the kitchen, a meeting place for women and cups of tea, a Green Capstan cigarette with a dry sherry, and the garage a communal place where men would come for Reggie to fix their cars and lawnmowers, and to have a few beers. But maybe that’s how it was in all the other households in the neighbourhood.

And there were exceptions, too, when there was a togetherness about her parents that surprised Georgia. In particular, Ellie spoke to Georgia about how she craved Reggie scooping her up and whisking her around a dance floor. Sadly, Ellie said he was rarely inclined, except in the year he became a Grand Master in the Freemason’s Lodge, before he decided they were all a bunch of bloody hypocrites. That year had been wonderful, Ellie said. There was a Ladies’ Night that meant that she and Reggie needed to dance together, and she explained to Georgia how Reggie sauntered out into the centre of the room with his beloved on his arm, and how she was filled with apprehension and girlish excitement. Taking a firm hold of her, he’d twirled her gracefully, confidently, around the room. She talked about being in awe of his sureness of foot, and how her own life might have been different if she had had just a little bit of that confidence for herself.

When Georgia was ten, Ellie told her a story about how, as a fourteen-year-old, Ellie and her sister had gotten up one morning and couldn’t wake their mother: “Our father was away, so I phoned Ma Olsen, a family friend, who was a nurse and lived nearby. I also phoned an ambulance. Ma came straight away, but she couldn’t wake Mum either. Two men took my mother away in the ambulance, and I never saw her again. You know, Georgia, I didn’t speak for a month after that.” Georgia remembers being stunned by that story. She couldn’t imagine not ever seeing your mother again, but the bit about not speaking for a month, that

was terrifying. But it explained why Ellie thought of old Ma Olsen as family and insisted that Georgia tag along whenever she visited her.

Ma's home was an old, rundown weatherboard with overgrown hibiscuses and dark, cold rooms. Each visit meant a twenty-cent piece for Georgia and two hours stuck in a place where no children had been. Her mother would make tea, serve it in white, gold-edged cups, and bring out a plate of ginger-nut biscuits. Georgia would watch, mesmerised as the old woman dipped her biscuit into her tea and turned it into mush. Georgia guessed Ma Olsen was excused for her manners because she didn't have her own teeth. Georgia knew that from when Ma had been over one Sunday for the usual lamb roast. Georgia and her parents had finished their meal, but Ma was still eating. Without warning, her false teeth tumbled out onto her plate. There was no clatter, just a soft landing in amongst baked potato and gravy. Georgia wanted to run from the table and to dry-retch, but managed to stop herself. Transfixed, she watched as the old woman fumbled to retrieve her teeth. Then her father came to the rescue: calmly, Reggie reached across with a spoon, fished out the pink-and-white dentures and then placed them boldly on the old woman's bread and butter.

\* \* \* \*

As Georgia and her father trundle out of Mount Isa in silence, she studies the map carefully to ensure they are on the Barkly Highway heading to Camooweal and the Territory border. Rain had bucketed overnight. Even so, the morning's heat is already beginning to shrink the roadside pools. Puddles of water splash up periodically from the mudflaps of the Landcruiser as the vehicle gains speed over the bumpy road. Looking out across open country, everything is clean. The short grass glistens, the road sparkles.

"Would you like me to pour you a coffee?" Georgia asks her father.

"Yeah, that'd be nice," he mumbles.

She picks up the blue tartan thermos she filled after their breakfast of oats and evaporated milk that they had eaten in silence. It is the old thermos from family picnics when she was a kid. She unscrews the beige, plastic cap and fills the mug-lid with steaming, brown coffee.

"I'll hold it for you. This road's bouncy, isn't it?"

Reggie grunts agreement. In spite of last night's words, Georgia feels more connection to her father than she has since her mother became sick. She plays over snatches of the evening conversation. She wonders what he is thinking.

“So what’s wrong with your heart, then?”

“Not much.”

“So, what do they say?”

“They think the electricals are out of whack.”

“What’s that mean?”

“It means it beats a bit slow, I think.”

“How long’s it been playing up?”

“Oh, a couple of years, I guess.”

“Why haven’t you told me?”

“I didn’t think you’d be interested. Beside, if it’s not one thing, then it’s another.”

Out of the car window, Georgia notices a wedge-tailed eagle hanging in the sky, surveying the grass below.

“Of course I’m interested. Did you know that Tess called me? She was worried about you.”

“Nup, I didn’t. So that’s why you’re here. Well, you needn’t worry about me, Georgia. I’m doing just fine. How about you worry about you and Dave instead? Families have a shelf-life, too, you know.”

## ***Valentine's Day***

*As sisters are faced with the demands of caring for their aging parents, positions in the family drama that were played out decades before may resurface with a vengeance. Old wounds are reopened. Which sister was always the dutiful daughter? Which was the prodigal daughter? Which feels like the favored child, and which still nurses resentment that she got second best? Who is the family success and who is the "loser"?*

Gail Sheehy, *Passages in Caregiving: Turning Chaos into Confidence* (105)

Charlene swings her people-mover into the Village Gardens Shopping Precinct and makes a bee-line for the parking area for people with disability. In the one week she's had the ACROD permit for her father, she's learned that parking spaces for the disabled are like gold dust: shopping centres, supposedly catering for people who can barely walk, only ever have one or two dedicated bays.

Today, the excursion is to help their father organise birthday money for middle daughter Sandra. It's only their third trip with the ACROD sticker, and Charlene hasn't forgotten how getting the permit had taken forever. After months of shepherding her frail father to and from a car parked miles away, she became worried and irked enough to suggest he apply for an ACROD permit. Jack knew that ACROD stickers were for the disabled. He hated the word "disabled" as much as he hated the word "frail." In his mind, frail means fail and fall. But after a great to-do about not being that handicapped and wanting others worse off to have a permit ahead of himself, he agreed to answer the stupid questions on the application form as well as make the costly visit to the GP to approve it. Charlene posted the form and, miffed at hearing nothing for weeks, phoned to complain: "Hello. I'm Jack Clarke's daughter and I'm wondering what can possibly have happened to his ACROD application. I sent it in over four weeks ago and I've heard absolutely nothing."

"There's a backlog, Sweetie," the woman said.

"Well, that's all very well and good, but people like my father could die waiting for you to get your act together."

"You might want to get off your high-horse, Sweetie. They take time, you know, because there are people out there who falsify ACROD claims," the woman said, accusingly. "And, how do I know you're not one of them?"

Charlene thought that the woman was not only rude but that what she had to say about trumping up applications was complete rubbish—Charlene had enough to do without concocting any fraudulent claim. But just days later the passport to easier shopping arrived,

and Charlene was quick to laminate it so she could move it, as needed, between the glovebox and dashboard.

Today is also Valentine's Day, and her sister's birthday to boot. Charlene, resigned to Sandra's being the favourite daughter, knows that Jack will want to be generous. This is in spite of the fact that Sandra never takes him shopping nor visits him much. But Charlene also knows that the youngest, Marie, makes Sandra look good by doing nothing at all, although she did get on a plane from London to Perth for their mother's funeral earlier in the year. Charlene thinks of Marie as the free spirit in the family. Having departed Perth years ago, Marie now lives fifteen-thousand kilometres away, oblivious to how arduous it is to keep an eye on an ageing parent. Charlene thinks of the old KT Olsin song about three sisters, the pretty one, the smart one and one that's nuts. Marie's the crazy one, crazy like a fox. Charlene ponders if her own ability to get the ACROD mob to send the sticker makes her the smart one.

For a year now, Jack has needed Charlene's assistance with paying bills, a task made all the more onerous by his old-fashioned insistence on over-the-counter transactions. Once a top-level public servant, he says he still thrives on engaging with real people out there in the market-place. Luckily, the Village Gardens is a one-stop shop and Jack can pay most of his bills in person at the Post Office.

Charlene grips the steering wheel as she heads towards the first speed hump in the shopping centre car park. Jack looks across at her—he can see she's in battle-mode. Sure enough, her car powers over the first bump and he braces instinctively for the second just up ahead. Charlene accelerates over the next traffic-calming device and, Romeo, the gangly Labradoodle, slips off the back seat and onto the floor. At the same time, Jack slides forward in the front passenger seat, his arthritic knees whacking into the glove box.

"Oops! Watch it, Dad!" Charlene snaps. "If you wallop the glove box like that, it can make the air bag go off. It could hit you between the eyes." Straight away, Charlene feels terrible. "Sorry, Dad."

"Forgiven," Jack mumbles.

This is one of the more unpleasant car trips with his daughter. He clutches his knees to tame his trembling hands, staring straight ahead. When he got into the car this morning, the seat was well forward. He presumed that was because James, Charlene's youngest and small for his thirteen years, had sat in the front that morning. But, instead of asking Charlene to move the seat to a more comfortable position, Jack elected to keep quiet.

A young kid in an iridescent black Nissan pulls out sharply in front of them. The young man shoots Charlene a cheeky grin and then speeds towards a vacant parking spot.

“Creep,” Charlene growls.

She then spies an elderly woman circling for a park. The old woman smiles at Jack, and lets Charlene into the queue.

“You’ve forgotten it’s Valentine’s Day, haven’t you, Charlene? That’s why the car park is so busy,” Jack says.

“Sure, I can see it’s busy. But it makes no difference to me what day it is. Now, I just have to find a Disabled Bay,” Charlene snarls.

Every day, Jack thinks how lucky his Kathleen is to have gone so quickly, avoiding the rocky decline into old oldness. Jack replays the moments of that morning over and over again, how he found Kathleen asleep in her favourite lounge chair. A section of the morning paper was still on her lap, and when he’d tried to wake her up with a cuppa, empty eyes had stared back and, when he touched her on the shoulder, her head clunked sideways. The weeks that followed had been awful. “It should have been me first,” he said to his daughters at the funeral. “You’d all have been better off if it had been me.”

After their mother’s death, Charlene took immediate responsibility for checking on Jack. She felt her decision to do so was vindicated when, overnight, her father seemed to get older making it even more essential for her to see that he was alright, to see that he was eating, to see if there was anything he wanted. She could also see that he was shaky on his feet, something he’d never been, and began to worry he would fall. After a few months, Jack agreed to Charlene’s suggestion of getting a walking frame but, when she first brought the contraption around, he hated it. Neither could he believe its exorbitant cost, not that money was an issue: Jack had plenty of it, a healthy superannuation plus some wholesome gains he’d made on the share market in retirement. Worse still, the thing looked more like a wheelchair than an aid to walking, and its childish bell and hooter embarrassed him. Even now, after having gotten used to it a little, he still thinks of it as more of a hindrance than a help, especially given the damned thing is so much trouble for Charlene to get in and out of the car.

“Hah! It must be my lucky day,” Charlene sings as she spots an empty Disabled Bay.

She parks, winds the windows down a little for Romeo, and then hops out. She yanks the collapsed walker out of the boot and spreadeagles it before wheeling it around to Jack.

“C’mon, Dad. Get a move on, please. I have to be at James’s school for a 3.30 pick-up.”

“Please slow down, Charlene. I can’t manage the speed you want to move at.”

“Oh . . . I know, Dad,” she says, feeling bad again.

Jack sighs and turns slowly. He drags his left foot out of the car and feels around for the ground. He then brings his body around through ninety degrees, moves his right leg out of the car, and searches for purchase on the ground. He can’t understand why Charlene and Greg bought this wretched foreign car—it’s so difficult to get in and out of. People should just buy Australian. He eventually stands, bent over, and takes a tight hold of the walker’s hand-grips. He is careful to clasp his fingers around the hand-brake before he shuffles off in the direction of the slope that leads to the shopping centre.

Jack’s breathing is laboured this morning. He’s not himself, still sore after an accident at home a few days ago. He’d gone to the letterbox, without his walker, and stumbled as he reached in to feel around for the mail. As he lurched forward, he clung to the letterbox to keep from falling, tearing a large patch of skin on the back of his hand. He was surprised at how much it bled. Even so, he was grateful, the outcome could have been much worse.

As he makes his way slowly up the ramp, Charlene is close by, keeping her eye on other shoppers and their trolleys. “C’mon, Dad, keep to the left,” she barks. When they enter the shopping centre, Jack tells himself that he’ll take out three hundred dollars for Sandra. A bit outrageous, he thinks, but so what? He’s pleased to have even remembered her birthday, given that Kathleen was the one for that sort of thing. Nearing the bank doors, Charlene glances at her watch.

“God, you’ve gotta to be an Amazon to get in here,” she groans as she shoulders open the bank’s heavy doors.

As Jack pushes his walker towards the back of the queue, a middle-aged customer smiles and makes a space for him. Jack is delighted to see that his favourite teller Cheryl is on duty. Cheryl has been at the Village Gardens Commonwealth Bank for more than ten years and knew his wife. She knew what to do about the bank account when Kathleen died, organising his wife’s money to be joined to his, not that he needed it. As a smart investor, he had plenty in several bank accounts, not only in an account here but in another bank his daughters don’t even know about. While he waits, his mind wanders to the evening ahead. He feels cheered at the prospect of seeing his beautiful Sandra, her husband, Amando, and their two youngsters. Even when he’s feeling weary, eight-year-old Tino and six-year-old Emily look



after him. He's certain they'll never turn into the sullen teenagers that Charlene's three boys have become.

Jack reaches the front of the queue. Cheryl greets him from behind her security screen: "Giddy, Mr Clarke. How are you?"

"Hi, Honey, I'm good thanks and how are you?"

"I'm good, too. What have you been up to?" she asks.

"Not much, but it's my Sandra's birthday today. Can you believe it? Another year older. I'm going there for dinner tonight," he says, smiling.

"That's terrific. And, you're looking good, too! How's that flash wheelie going? It could do with some decoration, some colour, don't you think?"

Charlene stands to one side of the queue listening to her father and Cheryl converse. On the one hand, convivial chatter, gooey-eyed talk infuriate her but, on the other, she is disappointed with herself, surprised she finds such benign behaviour so loathsome. She wishes she felt more charitable towards people who make bright, yet meaningless, pleasantries. If only she could be more pleasant herself, but she is just too busy to be nice, too busy looking after people, her husband (when he's here), her boys, the dog and now her father. Her lack of charm was a problem when she and Sandra were children. Sandra was full of gush and warmth and, even now, it's painful for Charlene to remember how popular Sandra was, the Valentine's baby, pretty like her mother, a celebrity with a million friends. Now, at least when the two of them get together, Charlene tries to make Sandra laugh with stories about Jack's mistakes, like his blowing up an egg in the microwave. But, then Sandra will go one better and produce a zany story about Marie: about her new Italian lover or her recent holiday to Morocco.

The banking transaction complete, they make their way to the car. Charlene grabs the walker off Jack, parks it to one side and pulls open the car door. Romeo wakes up and wags his tail, pleased to see them. She backs Jack in and plonks him clumsily onto the front seat.

"Now, swing your legs round," she demands.

"Steady on, will you, please. I'm not a piece of meat, you know. What is it with you today?"

"Oh . . .," Charlene laments. "Sorry, Dad. I've just had so much on my plate lately. James has just started high-school and is not coping, Marcus is a bit off the rails and Jakey is

supposed to be doing his TEE at the end of the year. Greg's been away in Beijing on some renewable energy project, he's not back for another two weeks. I've been dealing with the boys, the dog and everything else on my own for a month."

"Well, I'm on my own all the time, Charlene. In my experience, you just have to get on with it. But you need to take it easy. You're wound up like a clock."

They do the eight-kilometre trip home in silence. All Jack can think of is getting back to his ground-floor retirement villa for a lie-down before the enjoyable evening ahead. As they pull up in his driveway, Charlene looks across at Jack. "Dad, I am so sorry. I do feel bad that I get so uptight with you but I just can't help it. There's too much happening," she says.

"That's alright, Charlene. I understand. I'm a big boy. But, you need to calm down a bit. As I said, you're wound up like a clock. You need a holiday."

"Yes, you're right. Funny you should mention holidays because I've been emailing Greg about us perhaps having a week in Noosa next July school holidays. There are some fantastic Queensland winter deals. We just have to find someone to look after Romeo. Maybe Sandra could look after him. I'll ask her tonight. I could really do with the break as you say but, to tell you the truth, I'm worried about leaving you."

"Charlene, a trip like that'll be great! You need to go. Sandra will be around if I need her. What's more, you worry about me too much. I'm actually fine."

"Really? I'll keep you posted on our travel plans. Oh, . . . and I'll pick you up at six tonight."

\* \* \* \*

The two of them arrive at Sandra's at six-twenty. Romeo stays in the car, sleeping, contented anywhere. Charlene gets out of the car to retrieve the walker from the boot for the second time today. Once Jack is on his feet, the two of them make their way slowly towards the house. Sandra, wearing a bright, beach-scene apron, comes to the front door to greet them. Tino and Emily are right behind her. "Heh, it's Grandad, woo-hoo!" the two chime in unison. Emily rushes at her grandfather and latches onto one of his legs.

"Hi, you gorgeous kids," he says, ruffling the hair on his granddaughter's head. "It's great to see you both!"

"Come inside, Grandad. Come out the back with us!" Tino calls.

“Happy Birthday, Sandra,” Charlene says quietly, handing over a potted violet. “And, Happy Val’s Day, Sis.”

“Thanks very much. Come in,” Sandra says, putting the pot down and wrapping her arms around Jack, giving him a big bear hug.

“It’s so great to see you, Dad. How are you? I haven’t seen you in such a long while. We’ve been so busy,” she says, stroking his back.

“I’m fine. Happy Birthday, Sweetie.” Jack loves the way Sandra hugs: it intoxicates him. It’s just a pity he sees her so infrequently. He thrusts an envelope into Sandra’s hand and she opens it immediately. Charlene looks the other way.

“Three hundred dollars, Dad! Oh, you shouldn’t have,” Sandra says, caressing his arm.

“You’re worth it,” he says. “Here’s another two envelopes, one for each of the kids. You can give them to them later.”

“Dad, you’re so good to us. Come on in. I’ve cooked you one of Mum’s roasts.”

Charlene is in disbelief at her father’s generosity, but she takes Jack by the elbow and guides him into the house. Jack pushes his walker out into the open family-dining room to join the grandkids. He finds Sandra and Amando’s spacious Italian home easy to get around, so much easier than navigating his way around Charlene and Greg’s house. The other adults head through to the kitchen. Tino and Emily bounce up to Jack singing “Happy Birthday.” They cuddle his legs and he tries to smile even though he’s in some discomfort. Emily rings the bell on the walker and Tino squeezes the hooter, the three of them giggling at the noise.

“At least someone’s getting pleasure out of this funny old toy,” he says, laughing.

The kids shadow him as he eases himself into a chair at the dining table, and Tino parks the walker in a corner of the room, making engine noises as he goes.

“This is the cake we made this afternoon, Grandad,” Emily says, pointing at the chocolate mud-cake in the centre of the table. “Look at all the colours, blue, orange, pink, green, oh . . . and the big red candle.”

“It’s beautiful,” Jack tells Emily. “I hope I get a piece of it!”

"I'll make sure you do, Grandad," she whispers.

Jack can hear Charlene and Sandra talking in the kitchen. Their discussion sounds fraught. Amando emerges from the laundry with a Crown Lager.

"Dinner'll be ready in a minute, matey," he says, before launching into a monologue about Mark Harvey, the Dockers' coach. The dialogue in the kitchen stops and Jack hears the clanking of plates as the meals are being served.

"Sorry, Jack, matey. I didn't get you a drink, did I? Glass of something?"

"Yes, please. My usual, thanks."

"What's that again?" asks Amando.

"You know, a red vino."

"Ah, that's right. I hadn't really forgotten," he laughs.

Amando brings out a glass of red. Without speaking, Sandra and Charlene bring the dinners through from the kitchen. Everyone sits down, Sandra at the head and Charlene in a chair as far away from her sister as possible.

"Dig in," Sandra says, avoiding eye contact with Charlene. "Enjoy!"

The six of them commence eating. After a few minutes, Amando breaks the silence. "Did you hear the news this afternoon, Bella?" he asks. "Another bomb's gone off at the Australian Embassy in Indonesia. Didn't kill anyone this time!"

"Ah, we don't need to worry about that," Sandra says. "You get that in those places. That won't put us off. It could happen anywhere."

"I don't know," says Charlene. "Muslims are a bit too bomb-happy for my liking. You wouldn't get me up there."

"Oh, come on, Charlene! Don't be ridiculous," says Sandra. "Why would you worry about that? There's more chance of you being bitten in half by a shark at Rottneest, or Noosa for that matter." Amando and Jack laugh. "Dad, I was telling Charlene in the kitchen, Amando and the kids and I are off to Bali for a week in July."

“Really? Brilliant,” Jack says. “Your mother and I never got to Bali, but we loved Singapore. I’d go overseas again at the drop of a hat. Now, I want to toast your birthday, Sandra. Happy Birthday, Honey! Happy Valentine’s Day, and Bon Voyage in advance!”

“Thanks, Dad,” Sandra says, smiling at her father. “You’re a great dad.”

Charlene can’t believe it. As soon as she suggested that Sandra might keep an eye on Jack in July if she and Greg went to Noosa, Sandra announced she and her family would be away at the same time. It was typical. Now, there’d be no Sandra stepping in to look after Jack, or even the dog, so that she can have a break. No, of course not, because she’s Charlene, the daughter, who never gets a look-in. They all resume eating, everyone enjoying the lamb and golden roast potatoes, everyone, except Charlene. Nobody talks.

After a couple more minutes, Jack looks up and sees that he’s the only one still eating. The others look at him. He turns his knife and fork upside-down and waits. Tino leans across Jack and starts to pick Smarties off the cake. “Stop that,” says Charlene, glowering.

Tino continues as though he hasn’t heard his aunt. Now that everyone is watching him, he starts to sing “Happy Birthday.” Amando lights the red candle and everyone joins in the celebratory song. At the end, both kids reach across the table to blow out the candle.

“Please don’t spit on the cake,” says Charlene, but nobody is taking any notice of her.

Amando hands a sharp knife to Sandra and then, as he usually does at family birthdays, sings a solo of “Per Lei e un Bravo Regazzo” and then the children sing “For She’s a Jolly Good Fellow.” Sandra cuts into the cake firmly. The kids scoff a piece each, and then return to their toys on the floor.

Amando and Sandra start talking about Bali again.

“Well, there’s the Nusa Dua Beach Resort—that’s a five-star. So’s the Westin. All of them are bloody good. Doesn’t really matter which one we pick,” says Amando.

“I think I’d rather a resort up at Seminyak, Darl. Seminyak’s closer to Legian and Kuta for shopping and then there’s Johnny’s DVD bar for the best DVDs in Bali! The beaches are fab too, fewer people than Kuta. What about a resort like, say, the Samaya or The Oberoi, both of them five-star. There’s the Ku De Ta up that way as well. My friend Lola says the cocktails at KDT are to-die-for.”

“That’s just the sort of place they’d bomb, isn’t it?” suggests Charlene.

Ignoring his sister-in-law, Amando jokes: "Did you hear the one about the Garuda Airline pilot who landed on the wrong runway at Perth Airport? One too many Bintango beers, they reckon," Amando laughs, as he gets up from the table to fetch another Crown Lager.

Jack is remembering the week he and Kathleen had in Singapore. They'd gone with three other couples and stayed at the Shangri-la. The buffet breakfast had been brilliant, with every freshly-squeezed fruit juice imaginable and lots of delicious hot food like omelettes, bacon, hash browns, tomatoes, mushrooms and even fish cakes and fried rice. When they'd toured around, they'd been amazed at all those people living such high-density lives. Everything was so different.

Jack thinks ahead and begins to wonder about travelling with his walker. He remembers seeing a man in a wheelchair being loaded into a plane with a lift when they boarded at Singapore. It must have taken a bit of organising but it seems it can be done.

"Dad. I think it's time for me to get you home," says Charlene. "I'll put your left-over dinner in a container for tomorrow night."

"It's only eight pm, Charlene. You can hang on a little longer, can't you?"

Charlene frowns, and commences to scrape the unfinished food into a small Tupperware container. She wraps a piece of cake for Jack.

"Will we use the travel agent at the shops, like we did for the Gold Coast?" Sandra asks Amando.

"Nah, we'll book online, Bella," he says. "It's much cheaper that way."

Gosh, that's clever, Jack thinks. He and Kathleen had used a nice woman from Security Travel, the daughter of one of Jack's retired colleagues.

"Dad, we've been thinking. Would you like to come with us?" asks Sandra.

"Geez, are you serious? Really? That'd be great, Honey. Do you think you could manage me, and the walker?"

"Of course, we can. Amando and I have talked about it. We think it's a fabulous idea."

“This is such a coincidence. I’ve only just been thinking about how I’d like to go overseas again. I can just see myself, perched on the seat of the walker, Bintang in one hand, watching over Tino and Emily while they swim in the pool. I could stay at the resort during the day, look after the kids while you and Amando go shopping, or even at night when you head off to the beach cocktail place you’re talking about.”

Charlene glares. “Oh, Sandra. You and I haven’t discussed this yet but, if you want my honest opinion, I think it’s a bad idea. Dad hasn’t been a hundred per cent lately and, what with the walker, I can’t see it working.”

“You’re such a spoilsport,” Sandra sneers. “Of course, Dad’ll be fine.”

“You have no idea, Sandra. In any case, I doubt an airline will let him fly and, if we’re all away at the same time, he’ll be on his own and that can’t happen. Greg and I will just have to delay our holiday.”

“No, you won’t. That’s silly. As usual, you’re worrying too much, Charlene. I’m fine to go. It’ll do me good, it will do us all good,” Jack says.

“Yeah, you do worry excessively, Charlene. You really need to lighten up a bit,” declares Sandra. “Of course, we’ll manage. You think we’re incapable and that you’re the only one who knows how to do things. Naturally, Amando and I will keep an eye on Dad: we’re not negligent or stupid, you know, and the kids will wheel him around.”

Charlene has an image in her mind of two young children accidentally pushing their grandfather into a pool. “Your kids? You’ve got to be joking! Don’t be ridiculous. They’re five years of age, or whatever.”

A hush settles over the room. Even the kids stop playing and look at Charlene.

“You know what, Charlene?” says Jack. “I’m going. Wild horses wouldn’t stop me. And, I’ve seen those airlines—they let people who are half-dead fly these days. It’s because they have to sell seats! What’s more, I’m going to pay for the trip.”

“But, what about me, about us and our holiday?” Charlene pleads.

“Look, as best I remember, there are two weeks to the school holidays. Right?” asks Jack. “Why don’t we go one week and you and Greg the other. You wait for me to get back and I look after Romeo while you have a holiday. That way, you won’t miss out. You’ll get your break.”

As the smart one, Charlene wonders why this suggestion doesn’t make her feel better.

## ***Neighbourhood Watch***

*“Don’t know what it is that makes me love you so, I only know I never want to let you go.”*

Dave sings along to one of Georgia’s favourite songs. Grinning across at her, he turns the car radio volume up, and continues tapping his fingers to the racy tempo.

*That ever since we met, you’ve had a hold on me  
No matter what you do, I only want to be with you.*

After the next chorus, he reaches across from the driver’s seat to touch Georgia on the knee.

“The weekend was a cracker, Darl, wasn’t it?”

“It was, Honey. It was. I feel like a new person!”

This is an overstatement on Georgia’s part, although she concedes, silently, that at least she feels better than when they set off. For the most part of their overnight stay at the B & B in Perth’s hills, she managed, with Dave’s encouragement, to keep her anxiety about leaving young Rosie and Ben down to a dull roar. With good effect, she employed her tried-and-tested mind game. Even though Georgia thought the psych who suggested the remedy was a bit of a dip-stick, she still found it helpful to picture herself clutching a bunch of purple helium balloons, the words *Worry* and *Guilt* emblazoned on each in glitzy, silver lettering. She imagined letting the lot of them go, watching the weightless bundle skip skywards, balloons separating out, heading off willy-nilly to far-away places.

Nearly back home, Georgia’s misgivings niggle again. She dare not mention them to Dave. As they pass through the dull flatness of one of Perth’s light-industrial areas, she nibbles at her nails, first one thumbnail, then the other, and then chews on the skin around the edges.

“They’re going to be just fine, Georgia. Just you wait and see. We’re nearly there, Darl.”

“Yeah, I know, Honey,” she says, resigned to being a worrywart.

Georgia had initiated the spring weekend away. It was not only a break from the kids, but also an attempt to quell her fear that, in the hurly-burly of family life, she and Dave were losing their grip on being a couple. It was some kind of nostalgic effort—she hadn’t wanted to think it desperate—to hang onto being a twosome, to reclaim the good old BC days, “Before Children.” With a bit of luck, she thought it might even fan her desire for Dave, which had all



but gone missing in action, dissipated by duty and responsibility, particularly to two young children.

Indeed, things had been frostier than usual between the two of them lately and, in the context of the coolness that had enveloped them both, the idea of a weekend away was a bit of a gamble. For Georgia, the problem was that Dave had been away with work more than usual. She'd missed him but, not only that, when he was absent, she sometimes felt overwhelmed by domestic tasks—mealtimes with Rosie and Ben, the gutters needing to be cleaned, Ben's peanut allergy, the new puppy's training, and checking that long-time neighbour Bill Grantham was okay. Thankfully, though, there were benefits to keeping an eye on Bill, for he was also her good friend and confidant, just like he'd been for her mother. Now in his late seventies, he was the wise elder on Solomon Street: a salt-of-the-earth Aussie always good for steadying advice which left Georgia feeling whole, and knowing exactly what to do. If she'd had the time, she would have discussed her apprehension about the weekend with him, and Bill would have calmed her by saying something sensible like: "Good on yer, girl. You do have to look after each other," or "Georgia, that's great. Of course you're doing the right thing."

Georgia always made it her business to let Bill know when they were going away but, on this occasion, she ran out of time. "Gosh, I'm hopeless. I didn't tell Bill we're heading off!" she exclaimed, as they hurried out of the house on the Saturday morning, not before explaining two pages of instructions and the list of contacts to the babysitter. Dave said she was being silly. "God, Darl, we're gone five minutes. I really wouldn't agonise. Bill will be all right," he said.

"It's not okay, Honey" she'd chided him. "What if he needs us?" But, upon thinking about it logically, Dave was right, as always. She knew, as well as he did, that not a lot could happen in twenty-four hours.

Once the weekend got underway, Georgia's feeling of unease about their spending time together melted away. On Saturday, they ate lunch in the local pub, walked in the bush in the afternoon and had dinner at the Phi Pho restaurant. On Sunday, they didn't get out of bed until eleven, their love-making slow and luxurious. They ate french toast and drank lattes, and even climbed back into bed to read the weekend newspapers. Georgia read some more of Alice Munro's *Progress of Love* which she'd started more than a year ago, and neither of them mentioned Bill.

Now, five minutes from home, Georgia resumes chewing, this time the nails of her index fingers.

“Grr . . . Stop that, Darl,” Dave says, with the pretend-gruff he reserves for the kids. “It’s all okay. No news is good news.”

At last, they turn onto Solomon Street, dropping speed and driving past Bill’s house, diagonally opposite their own. Georgia peers in through the two cottage windows. It’s easy to see in because Bill’s curtains are surprisingly open, letting in the mid-afternoon sun. His blue Toyota Camry is in the driveway, and his two sons, Craig and Jeff, are visiting, their cars parked at odd angles on the front lawn. As Dave pulls into their own driveway, Georgia puzzles: “Why do you think Craig and Jeff are there?”

“I dunno, Darl, ’cos they’re visiting their father? What do you think? C’mon, Georgia, for Christ’s sake, stop it. Our kids will be okay. Bill will be okay. You read way too much into stuff.”

Georgia is annoyed with herself for being a killjoy and spoiling everything. She wonders how Dave puts up with her. She also tries to figure out why she’s like she is and, with a freshness brought about by the night away, she makes a mental note to maybe catch up with the psych again. Even so, the situation at Bill’s home is perplexing. His sons are like most adult offspring, generally economical with their visits, and she knows it isn’t Bill’s birthday. His eightieth is not for six months. Dave toots the horn for the kids, and Rosie races out the front door and down the steps, excited to see both her parents. Ben’s face is beaming, as he strolls towards the car holding the babysitter’s hand. Georgia is relieved—the kids *are* absolutely fine.

\* \* \* \*

Since Bill was widowed three years ago, Georgia has felt it necessary to keep a close eye on him. Neighbourhood watch, she sometimes calls it, a high ideal, something her mother did so well. But Georgia knows that, in spite of having the good-neighbour gene, activating it consistently is easier said than done. Each day, she tries to remember to scan Bill’s front lawn to see if his paper has been collected or to check whether or not his curtains have moved. She sometimes spies on him through her own curtains, watching him make his way to his letterbox, stopping halfway to rest on a seat in his garden for ten minutes. And she worries if more than a couple of days pass by without her seeing him. Then she drops in, plagued by guilt about how she will feel if he is lying on his floor with a broken hip. She’s read newspaper reports about old people being found dead and no one noticing for weeks or months. If that ever happened to Bill, she would know it was her fault. But, on a good day, she makes time to chat to her old friend, often about her parents Reggie and Ellie Merrick, even though Reggie doesn’t live across the road from Bill any more and Georgia’s mother is no longer alive.

Bill and Georgia's father first met when they were building their two houses in the fifties. Right from the start, their relationship was tight. Later, when there were kids, Bill and Reggie spent weekends together, working on projects around their homes, like building sheds and fences, or fixing cars and lawnmowers. Blokes from nearby also stopped in to see what Reggie and Bill were up to, and to ask for Reggie's help, since no job was too difficult for him, no situation too demanding.

Back then, Solomon Street was full of kids, dogs and cats, and never-divorced mothers and fathers. Adults and children traipsed over each others' lawns without a care. Kids rode their bikes without helmets, played front-yard cricket and tennis on the street or walked to the corner-shop to cash in empty cool drink bottles to buy lollies. The women on the street were all homemakers although, some of them, like Georgia's mother, were interested in other things, like current affairs and volunteering in the school canteen. Ellie and Bill chatted for hours, sharing stories, like how Ellie's mother died when Ellie was fourteen, and how Bill's father used a stock-whip on him when he was ten years old. While Ellie and Bill talked, Reggie was nearby, simply getting on with the job. On weekends when families got together at each other's houses in the evenings, more often than not most would retire early. It would be just Bill, Reggie and Ellie enjoying a drink late into the night, arguing and laughing about Menzies and Whitlam, work and the war. Bill would say his friendship with Ellie and Reggie Merrick was pure gold.

Georgia was twenty-four when she left Solomon Street. Three months into a year of finding herself overseas, the idyllic life she'd lived on Solomon Street came to a halt. What a shock, everyone thought, Georgia waking in London to a phone call that her mother had cancer and her father had left home. Sure, everyone had seen that Ellie and Reggie's marriage was rocky, but people knew most marriages were. They also knew that illness could wreak havoc, they'd seen that too. But, unfortunately for Bill, he was more tied to the Merricks' family disaster than anyone, compelled to step in and help, as friends do. Less than a year later, the tragedy had played out in full and catastrophe had changed everything. Georgia's mother was dead, her father was living with Delilah, a rich woman much closer to Georgia's age than his own, and Bill was assisting Georgia to sort out her mother's will.

As sole beneficiary, Georgia was back on Solomon Street a year later, but not on her own. Years earlier, she'd met Dave, a curly-haired, rugby player in the same English class at university. They'd eyed each other off for a couple of weeks until Georgia found herself sitting just one table over from him at lunchtime, her eyes transfixed on him eating an orange. Holding the fruit in both hands, Dave had made an opening in the skin of the orange and wrapped his generous lips around it. He slowly massaged the orange with his hands and his lips, methodically drawing out its juice. Watching this had been an intense experience for

Georgia, so much so, that it gave her the courage to speak to Dave after class that same day. Three weeks later, they went to the Arts Ball together and, overnight, they became an item. Now, years later, fate provided them the perfect opportunity to see whether or not they could make a go of living together.

“You are very lucky, you two, inheriting a house like this. You know Reggie and I did it really tough. It wasn’t easy clearing these quarter-acre blocks, laying concrete floors, and carting bricks, mortar and window frames through the bush,” Bill insists on telling Georgia one Saturday afternoon, yet again.

A few months later, Georgia blurts their news: “We’re having a baby.”

“That’s fantastic,” Bill says. “You’ll love it. I remember the day you were born. Your mother would have loved to have seen you with a baby. Your dad will be thrilled, too. Have you told him?”

“Yes, we have. Reggie’s happy, too. But, you know, I’m not so sure myself. Do you think I’ll make a good mother?” Georgia asks

“Of course you will. You’ll be terrific, just like your own mother was. But remember, though, one’s plenty. Kids will suck you dry if you let them.”

With a baby Rosie on the way, Bill recalls the day little Georgia was born. Her birth had been a sweet celebration on Solomon Street, and he remembers Reggie being so excited that, when he went to Bill’s for dinner, he tipped potatoes and gravy down the front of his shirt.

Eighteen months later, Georgia is talking to Bill on his front lawn under his flowering flame tree. She tells him they’re having a second. “What the hell are you doing having another? Don’t you know what causes it?”

“Of course we do,” she says, disappointed in his reaction.

“The red is so beautiful,” Georgia enthuses, changing the topic, plentiful blood-red flowers carpeting Bill’s lawn. She can’t wait to get home to tell Dave that Bill thinks they’re nuts for having a second baby. As Georgia takes Rosie’s hand and turns to pick up her plastic beachside bucket, the new neighbours pull up. Thuy and Binh have just moved next door, and both wave. Bill turns his back on them.

“Bloody Asians. They’re everywhere. They’ll take over this country in the next ten years. Not that it’ll worry me. My heart will have given out by then.”

Georgia feels like she's been hit in the stomach: "Oh, Bill, please don't say that."

"Don't you go on with that 'foreigners-are-lovely' rubbish like your mother did," he laughs, enjoying her discomfort. "When you've had two heart attacks like me, you can say whatever you like!"

After his first heart attack, Bill insisted that Georgia have a key to his house. Her not having one had been a real problem when the chest pain first hit. Bill had called an ambulance before he phoned Georgia. She then scrambled over to his house as fast as she could, twelve-month-old Rosie on her hip. Short of breath, Bill had crawled on all fours up the hallway to unlock the door and let them in. Georgia had asked Rosie to stay in the lounge room and then she shepherded Bill back to his bed, clutching his chest. At one point, Rosie tottered into the bedroom, stared at proceedings and began to cry. With a few terse words, Georgia commanded her to go back to the lounge room—and was relieved she complied. Bill was a frightening, clammy grey. She held his hand. Although her own heart was racing, she felt detached, like she was watching a movie. "This is it, Georgia. The pain's sh . . . shocking," he'd stammered.

"You'll be fine," Georgia had said, not believing herself for a second. She wanted to say something profound, something loving and reassuring to match the gravity of what was happening, but nothing came. What could she say? Everything and nothing. He asked her to phone the boys, and she fumbled through the phone index by the bed to find a number. She wondered what else she could do or say to fill the dreadful silence. Sensibly, she dialed triple-zero to check that an ambulance was actually coming. Later that night, Dave told her that Rosie should not have been there, watching ambulance men trying to save Bill's life.

The evening after Bill was discharged from hospital, Georgia told Dave she was popping over to see him.

"Tonight, Honey? Why? Has he phoned? Is there a problem or something?" Dave had asked, confused.

"Dave, I want to see that he's okay. He's only been home a day. He's been seriously ill, you know," she spouted, shocked by his disinterest. "You need to help me on this, you know."

"Me?" Dave had said, equally surprised by her demand for his assistance, his hands in the kitchen sink washing the dinner dishes. "What am I supposed to do? I've got my own parents to think about."

“Since when did you worry about them? They’re in Sydney,” she spat back, striding off, leaving him standing, open-mouthed, soapy hands in the air.

Georgia found Bill dozing in his lounge room.

“Well, I gave us a scare, didn’t I?” he smiled.

“Well, it was a bit frightening, but look at you now. You are so much better,” Georgia said.

“Yeah, but I’m not sure I’m long for this world, you know.”

“Don’t talk like that Bill. You could be fine for a long time now.”

“Yes, that’s what I’m worried about. I wish I’d gone. It’d be a whole lot easier if I had. Remember Fred Maranti? He’s Reggie’s and my age. I’ve just heard he’s gone into a nursing home. He’s got dementia, you know, that thing that turns your brain to mush. But, instead of him becoming docile, like a baby, it’s sent him crazy. He’s become a monster, screaming at his wife. I suppose at least I’ve not got that. Take it from me, Georgia, I’m telling you, I won’t be going to any bloody nursing home. By the way, how’s Reggie? You know, I thought he might have visited me in hospital.”

“Reggie’s doing well enough,” Georgia said, glossing over the fact that her father had not seen Bill for months. “Well, I should be getting back.”

“Georgia, how’s Dave? I haven’t seen him for a while either.”

“He’s got his hands full putting up with me, I think.”

\* \* \* \*

The novelty of reuniting with the kids after Georgia and Dave’s night away wears off quickly. Rosie stipulates she won’t go to school tomorrow because she will be sick, and Ben refuses point-blank to have his bath. Georgia struggles to retain even a smattering of the good feeling that came with the weekend.

Back only an hour, Bill’s son Craig knocks at their front door.

“Craig!” Georgia says, unnerved by his arrival—it had been weeks since she’d spoken to one of Bill’s sons.

"Hi ya, Georgia. Have you a moment?"

"Yeah, sure. Come in. This is a lovely surprise," she says.

"No, thanks, I won't." Having grown up together, Georgia always enjoys seeing the boys. She steps outside. "I've got some bad news," he says. "Dad's dead."

"What? Ah, no! no!" Georgia lets out a wail. She bends over. A couple of strangled sobs follow. Dave appears. He wraps his arms around her. Tender, but strong, he holds her, as if to stop her from falling. Georgia takes a moment before she can look up at Craig. Now with some semblance of control, she ventures:

"I'm so sorry. I'll get myself together. What happened?"

"Georgia, I'm sorry to be telling you this. Jeff found him. He came around to see Dad this morning, and there he was, on his bed. It looks like he felt unwell yesterday afternoon, so went and lay down. When Jeff came this morning, the house and the car were wide open and yesterday's shopping was still in the car."

"Oh, God, we've been away," Georgia confesses. "I wonder if he tried to call us."

As guilt and grief swirl through Georgia, guilt about being away, grief about not being there, Craig says, "You've been such a good friend to Dad, Georgia. You really have."

"No I haven't. I should have done more. Can I come across and see him?" Georgia asks.

"Sure, please do, when you're ready. We're just waiting for the undertaker. He's coming in an hour."

With Craig heading back to his father's home, Georgia gives over to her grief. "We should have told him we were going away. We should have told him!" she cries, tears streaming down her cheeks. "Now look what's happened. Now look what we've done. Maybe, maybe, he tried to call us!" Georgia wails.

"Now, Georgia. There is no need for this. It doesn't sound like there was anything we could have done. The babysitter didn't mention any phone call. And, you know, this is how Bill would have wanted it. No nursing home, just like you told me he said."

Dave leads Georgia back inside the house, coaxing her towards the safety of the sofa in their lounge room. He eases her onto their leather lounge and sits beside her. He cradles her some more, kissing her wet cheeks. "Now, there, Darling. Can I get you a tea?"

"Dave this is our fault. It's so, so horrible. I should have done more for Bill. We didn't do enough. That's all there is to it." She wails some more, only louder. The kids appear in the lounge-room looking aghast at their mother.

"Kids, please go to your room. Your mother is very upset. I will come and explain in a few minutes." The kids sidle off. Georgia is now shrieking in a way that looks uncontrollable to Dave. He grabs her by the shoulders and looks into her eyes. Her eyes have glazed over, she looks like a mad-woman. There's nothing for it, he thinks. He grabs her by the shoulders and shakes her hard. "Now, stop it. Please! Don't do this to yourself, you need to stop. Get a grip."

Georgia's' eyes are wide-open. She is suddenly silent, staring. She holds her left shoulder for a few seconds.

"My God. Why did you do that?"

"I'm sorry, Darl. I had to. You were hysterical."

"Don't you ever do that to me again."

"You need help, Georgia. You need to go back and see that psych. Do you want me to phone Reggie, and let him know about Bill?"

"Yes, please."

Thirty minutes later, Georgia goes to Bill's, making the short walk to his house on her own. As she passes by next door, Binh is watering his garden in the early evening light. He waves. She manages a hello back and moves on. She knocks and goes in, making her way down the hallway into Bill's bedroom. His body is sprawled out on his bed, covered by his doona except for a purple leg, hanging out over the edge of the bed. Georgia goes to him and caresses his shiny forehead. It's like wax. Cold wax. She sits on the chair by the bed, staring at the leg. The purple is like nothing she's seen before. It's all so hideously final. She leans forward and kisses his forehead.

"Forgive me, dear friend," she whispers.



\* \* \* \*

The small crematorium is filled. Reggie ambles in after everyone is seated, late as usual, and squeezes in beside Georgia and Dave. The four of them are directly behind Craig and Jeff.

“Giddy, mate,” Dave leans across to Reggie, and shakes his hand. “How you doin’? Good to see you.”

Georgia wonders how Dave can be so cheerful. She reaches over and touches her father’s big hand, and Reggie smiles back at her. “Giddy, you. How you doin’, Sweetie?” he whispers. Georgia at least expects him to show some remorse about not having seen Bill in the months before his death, but there is none. She is surprised to see Thuy and Binh sitting in the third row.

In the days that follow, Georgia keeps Bill’s house under close surveillance. She goes over twice a day, as though doing some kind of caretaker’s ritual, checking that his home is secure, clearing the letterbox of junk mail. But these acts of service don’t shift the big, black boulder. She feels unable to get past it. She tries the helium-balloon trick although she knows this is way too big for that.

“Georgia, you need to move on,” Dave says, tired of her sounding like a broken record. “Can you please make an appointment to see that psych, for all our sakes?”

“Yes, I will,” she says, knowing he is right, as always.

The boys clear Bill’s home within three months, passing a couple of keepsakes to Georgia: a bronze statue of a horse she has always admired and a small jarrah bookcase. Georgia is also surprised to be given a shoebox of unread cards and notes written to Bill by her mother. The boys repaint the house and, a month later, it goes on the market and is sold to Veronica Lee, a vivacious, Chinese woman in her early sixties. Veronica drives a Jaguar, and Craig says she’s made her money on the stock market. Georgia is unimpressed by any of it—the money, the woman’s short, spiky hair and her over-sized, red drop-earrings.

“Well, well. Hello, then. I’m Veronica. I just love this area. Are you new too?”

“Hi, I’m Georgia. Dave and I live across the street and, no, we’ve been here quite a while.”

"I hate this flame-tree—it's the first thing that's got to go. Did you have much to do with the old man who used to live in my house?"

"Yes, a little," Georgia replies.

"I'm getting rid of his carpet, too. It's shocking."

Georgia turns her back on Veronica. Bloody Asians, she thinks.

She knows that the next old man she needs to have something to do with is her father, and it's likely that she won't be able to do enough for him either.

## ***Between the Scylla and Charybdis***

A row of dark-brown, government townhouses stamp their claim on the unkempt Fremantle street, standing high above a hotchpotch of neglected brick and fibro homes. Together, they make up First Avenue where Georgia's dear old dad Reggie lives. He's in one of its faded asbestos dwellings, brown paint peeling off its tin roof and beige fibro battens hanging from its eaves. An assortment of goods fills his front and back yards—rusted bits and pieces of scrap-metal, a surf-cat on a broken trailer, a caravan wreck, an old beach buggy and a limestone birdbath leaning, he says, like a Tower of Pizza.

This Saturday afternoon, Georgia heads home after a squeezed-in visit to her father. Duty done, she stops at her old school friend Linda's place for a quick cuppa and debrief. Lately, she and Linda have drunk a lot of tea, large quantities of wine as well, while ruminating on the troublesome vagaries of their elderly parents. Dave is at home with the kids, so Georgia is free. As always, a laugh with Linda will ease the strain, the burden that keeping an eye on her father has become. It hasn't been much fun these past two years watching him teeter on the edge of disaster—a power tool in one hand and, as the GP describes it, a growing self-care deficit in the other. Georgia greets Linda with a hug and a groan as she strides into her Fremantle cottage, down its tidy hallway, past the bookshelves and into Linda's kitchen. Georgia fills the kettle and begins.

"I've just come from Reggie's, and it's a bloody nightmare as usual. There he is, leaning on the front fence, doddering as ever, chatting away to Paddy, the neighbour from up the street. He's wearing his brown corduroy daks, floral braces and Dockers beanie, wielding the latest gizmo, someone's hand-me-down whipper-snipper. What a sight, ya gotta love 'im. 'I'm just doing a bit of cleanin' up, Luv.' Cleaning up—like hell. Reggie doesn't know the meaning of the words. And, Linda, you wouldn't believe the Golden Dream Home Help Service. After such a long wait, they came last week. It's taken me months to get him to agree to them coming. And I meet the assessor, only to find she's a witch. She's Cruella de Vil from *A Hundred and One Dalmatians*, prancing around in a puffed-up, purple uniform, a gaudy badge announcing 'Even As You Dream, We Care.'"

"Go on!" exclaims Linda.

"And the visit was really something, I gotta tell you. I get there and Reggie's sink is piled high with dirty dishes, there's a couple of smelly dog bones under the kitchen table and midgie things flying out of his fruit bowl. Can't you just see it? And there's Citrus-lips Cruella, standing there, her judgment made before he or I have said a word. I tried to explain a few things, but I knew she was wondering how a daughter, a social worker of all people, could let her father's house get so bad? For some reason, call me mad, I thought she'd understand.

Presumably she never had a father! But oh no. She's head of some occupational safety health thing, OSH she called it. There she is, her tangerine nails pointing, stick arms waving and OSH this, OSH that. 'I can't send my home-help staff in here. This house doesn't meet OSH standards. You'll need to get your hubby to move these electric cords, they're against OSH rules. Those power tools should be outside, and the carpet in the hallway must be nailed down. And you'll need to shift that fly spray—it's not allowed near food.'

Linda interrupts Georgia's rant. "She sounds like a right bitch. But, she could have a point, don't you think?"

"What do you mean? If it's such a death trap, how come he's still alive? *OSH*, how dare she use such jargon and be more interested in all that rubbish about risk than in helping him? And the home-help staff won't come until it's all cleaned up. Can you believe that?"

"Hmm, she does sound like a cow," Linda agrees.

"Yeah, she should have Cow Don't Care on her outfit. And now, of course, he doesn't want her, or the service. After she went, he said, 'Fuck 'em. I don't need 'em.' I said, 'Reggie, you've got to play the game. These people have funding for war veterans like you. But we have to clean up, get rid of some stuff!' Linda, you're not going to believe what happened next. Two days later, Reggie phones me about another piece of junk he wants help to move. This time it's a second-hand bed. 'Can you come and shift Paddy's bed into my place? He's getting a new one and giving me his old one. It's a Dunlop!'"

They both guffaw.

"Cleaning up—it's just a joke," Georgia continues. "What he isn't gunna do is no one's business. 'I'm gunna fix this, tidy that, sell that, get that going, I'll keep that 'cos it'll be good for . . . , I'm a gunna.' It's classic Reggie. And the trouble is, Dave and I have no idea where to start."

"Georgia, you know I'll give you both a hand. Reggie's always lived in a mess, you know that, collecting anything and everything. Come to think of it. You've not always been that tidy yourself! You do remember when we shared a flat, don't you?" Linda laughs.

"Oh, I wasn't that bad, was I? Come on!" Georgia says, defensively, recalling a major dust-up the two of them had over who cleaned the bathroom more often. "Anyway, I'll give you a ring about a clean-up date, Linda, okay? As always, really appreciate your help."

On her way home to Dave and the kids, Georgia can't get the image of Reggie's kitchen table out of her head—bits of mouldy bread, rotting bananas, a smelly pipe and ashtray, a packet of old biscuits, three cans of insect spray and his canvas medication bag. She remembers how, when Reggie headed off on his caravan holiday around Australia, she and Dave were left with her father's rental property to clean up, full of possessions and garbage. So, she and Dave had gotten in an industrial-sized bin and thrown out a lot of rubbish. Reggie had been indignant.

“Just because I left a few things behind, you bring in a bloody big skip and have a big chuck-out! Some of those things I'd had for years. You and Dave are neat freaks—you're just like your bloody mother, Georgia! And anyway, why can't you leave it until I'm gone?”

Georgia—a neat freak? Hardly, she thinks. Back when she and Linda shared a flat, Georgia's sloppy housekeeping saw Linda reach boiling point on several occasions. And, even now, Dave has a crack at her about being untidy. “You're just like your old man, Georgia.” She hates it when he says that, but he's right. She and her old man are kindred spirits, of sorts. At least that's what Georgia thought up until a month ago when she discovered a partially-completed survey in his kitchen, “Social Connections and Health in the Aged.” She read some of his circled answers: “Yes, I see a neighbour every two days. Yes, my daughter phones me once a week.” To the question about his preferred choice of confidant, he'd marked “non-related helper.” Shocked, Georgia thought he was probably referring to Paddy, the neighbour with the bed. But, then again, she wasn't sure exactly who was in her father's life. People were drawn to Reggie, although she'd started to wonder if the number of likeable souls dropping in on him was dwindling. But to think he might opt to be closer to a neighbour than his own daughter was disturbing. Surely, she was there for more than just conversations about cleaning up and organising home-help.

That evening, Georgia sounds off to Dave: “People must be asking ‘How often does that daughter come? Is she doing anything? Why is that man's house such a tip?’ You remember, even Pierre, Reggie's old workmate, phoning me, telling me that I had to do something about his house!”

“Darl, you're doing the best you can, we're both doing the best we can. It's hell-difficult. We'll just have to sort it when he's gone.”

“I feel like putting up a sign that says: ‘Yes, I phone him; yes, I take him meals; yes, I see his doctor; yes, I know what squalor is, and OSH, too!’” Georgia laments. “We'll be lucky if that house is never condemned! Three times I've found maggots feasting on food he's left on a tray in the oven.” Georgia shudders as she recollects each occasion dry-retching as she sprayed the putrid mess and buried the evidence in the backyard.

\* \* \* \*

Georgia phones her father the following week.

“How are you, Reggie? Just ringing to say we’ll be down next weekend to start the clean-up, if that’s okay? If you like, we can shift Paddy’s bed while we’re there.”

“Great, Luv. The bed’s in great condition, it’s on the front verandah, ready for you both. I’m good, too, although I did have a bit of a fall in Freo yesterday. I was down there paying a bill and, thwack, I’m on the pavement. Two nice fellas got me up, got me to my car and drove me home.”

“Oh, no! Did you bleed much?”

“Nah, it was fine, Luv. Just a few scratches.”

Warfarin supposedly stops strokes but it also makes the blood flow freely, so the day her father went down amongst Georgia and Dave’s roses, there was blood everywhere. Reggie was playing in the front garden with Rosie and Ben. He reached up to catch a tennis ball and lost his balance, falling like a baby into the thorny bushes. The kids froze. Georgia screamed, and it took her and Dave ten minutes to get him up on all fours and onto his feet. As Georgia tried to stop the bleeding with a towel, Reggie said: “Don’t you worry, Luv. I’m fine. You worry too much.”

Georgia worries alright. She knows Reggie’s brain’s still good, but his legs are swollen, puffy, and he shuffles around the house. He won’t take his fluid tablets, because they make him pee, and there’s sometimes a wet patch on the front of his pants. And she’s sure there’ll be a catastrophe one day, but what shape it will take is anyone’s guess. Hopefully, it won’t be an undignified power-tool tragedy or, if it is, that he won’t lay there for long. The ignominy of a parent dead on the floor for days—blood all over the place—doesn’t bear thinking about.

“Well, you right for the clean-up next weekend, then?” Georgia asks, again.

“What clean-up?”

“Now, Reggie, don’t tell me you’ve forgotten the lovely Cruella? Remember the woman who waved her arms around, saying you and I needed to tidy up? She’s coming back in two weeks to check on us, to see how we went.”

"You mean the tart who came here the other day?" he snorts.

"Yes, I do. Look, if you are going to stay here in this house, you're going to need some outside help. And Cruella and her team won't lift a finger until we make it safe for them. We don't want helpers impaling themselves on screwdrivers, do we? The good news is that Linda's coming to give us a hand."

Reggie brightens. "Oh, Linda! She's one of me favourites. I'm sure she won't throw anything out. Okay, when are ya comin' then?"

"How does next Saturday arvo sound?"

"Great, you're on. I'll make macaroni and cheese for us."

Georgia blanches. The maggots still haunt her. "Thanks, Reggie, but don't worry. We'll come after lunch, if that's alright?"

Saturday, they head down to her father's house. Dave is driving, silent. Nobody is looking forward to the visit. The kids start to whine: "Why do we have to go?"

"Cos you do," Georgia says firmly, not wishing to entertain questions. "It could be worse. We could be having lunch there."

"Oooh! Vomit," shrieks Rosie. "He's such an old grot."

"Don't speak about your grandfather like that. He can't help it."

"Yes, he can, Georgia. He just chooses not to," Dave says in a quiet, measured tone.

"We won't be there long," says Georgia. "Auntie Linda's going to be there, too."

Having successfully rankled their parents, the two kids are tittering. Both of them know a visit to Granddad's is never that bad. There's always something new to check out, and they can slink off and amuse themselves on the dinosaur computer or the old Hammond organ with its missing keys.

Reggie and Linda are on the front verandah when they arrive at the First Avenue property. What Georgia assumes is Paddy's "new" bed stands up against the front of the house.

“Give me a hug, you two,” Reggie says to Linda and Georgia. The three of them embrace affectionately. “Remember, when you’re hugging, don’t be the first to let go!” This comment always gets a giggle, except Georgia’s heard it a hundred times, probably more. As the kids scurry off, the adults move into the kitchen, Reggie burbling on to Dave about the battery charger he’s just got working again.

“Lucky you didn’t pitch this little beauty out when you did your clean-up, Dave,” he laughs. Dave glares. In the kitchen, Georgia waits for inspiration, unsure about where to start.

“Why don’t we start in the bedroom where the ‘new’ bed is going?” Linda asks. “How about we tidy that room first so we can shift out the old bed?”

“Good idea,” says Georgia, relieved someone other than she is directing proceedings.

Leaving Dave with Reggie to potter in the spare room together, Georgia and Linda go into the bedroom. They peek under Reggie’s bed. Two rats stop in their tracks. “Shit! Shit!” the two women scream. Georgia can see that the rats have been living on wheat from a broken heat-bag. There are also some old apple-cores, odd shoes and socks, a green crust and scrunched-up *Reader’s Digests*. Linda freezes.

“God, Georgia, this *is* disgusting. He can’t go on like this. You’ve really got to do something.”

“I know that,” snaps Georgia.

In silence, they spend the next half-hour clearing out old newspapers, shirts from the Salvos, a pile of music records and a decommissioned juice extractor. Finally, the room is ready for the “new” bed. All of them go out onto the front verandah. “I can’t believe you agreed to this bed,” Linda sneers at Georgia, her eyes fixed on the mattress stains.

“Just go with it, Linda. Be thankful we don’t have to sleep on it.”

“That’s hardly the point,” says Linda. “One phone call and this place would be condemned.”

“You wouldn’t dare.”

\* \* \* \*

Once the bed is in situ, Georgia looks at her watch. She can’t wait to get away, even though only one room has been tidied. She can see her father is thrilled with his acquisition and



oblivious to the fact that there's a lot more to be done. Not only that, in terms of meeting Cruella's OSH standards, they're a mile off completing the task.

The kids emerge from another part of the house. "I thought you said we wouldn't be here long. When are we going?" Ben whinges.

"I'll come back next weekend," Georgia says. The kids moan. Linda and Dave look skywards. "But I'll come on my own. I'll phone Cruella and delay her. Give Granddad a hug, kids. We're off! Next weekend, Reggie, you and I will get stuck into the kitchen together."

"Nah, look, Luv. Katherine says she'll give me a hand with the kitchen. You've got enough on your plate, and she says she wants to," says Reggie.

"Who's Katherine?" Georgia inquires.

"She's a skimpy, a barmaid girlfriend of Paddy's. She'll have the joint tidied in no time."

Georgia is taken aback. Surely, trawling through her father's kitchen rubbish is *her* job, not some 'non-related' helper's.

"Maybe you two can work something out. She says she'd like to speak to you," says Reggie. He proffers Katherine's phone number scribbled on an old electricity bill. "Why don't you give her a call?"

As their car pulls out of Reggie's driveway, the kids wave enthusiastically. Heading out of First Avenue, Georgia gets on her mobile.

"Hi, Katherine. It's Georgia. I'm Reggie's daughter."

"Oh, so, you're Georgia. I wondered when we'd talk. Honey, you probably think you've got an impossible job on your hands, but why don't you come down next weekend when I'm there? I'll show you how it's done—I'm used to old people. He's lovely, your dad, a real nice bloke. He needs a few new things though. I think he's cold in those spotty, pink pajamas with no buttons. Why don't you take him shopping, spoil him a bit?"

"I might do. And, I'm sorry, I can't make next weekend," Georgia says abruptly, and presses a button to end the call. Georgia's jaw muscle tightens.

"Who was that, Darl?" Dave asks.

“Can you believe it? Another woman!” Georgia is furious. “First Cruella, and now this Katherine monster. What do I do? Let them both take over? It seems to be what they want, but *I’m* his daughter, his *only* daughter.

“It should be me!”

## ***Lucky***

*And the length of time produces the same result; parents love their children as soon as they are born, but children love their parents only after time has elapsed and they have acquired understanding or the power of discrimination by the senses*

Aristotle, *The Nicomachean Ethics* (Book 8 Section 12)

Elsie put up very little fight when she'd had to leave the old family home. She and her husband Morrie had lived in their sprawling South Perth bungalow one block back from the Swan River for fifty years. In fact, Elsie hardly appeared to notice the transition at all, though her grown-up children, Diana and Brian, had protested at the time. But, as soon as their mother was gone, there was only a rare mention of her leaving.

Morrie had retired from his second-in-charge dentist position with the Dental Health Service of Western Australia ten years before and was enjoying a weekly game of bowls. He thought of his marriage as long and successful—not wildly exciting, but reassuringly predictable. When the couple first met, Morrie had viewed the cheerful, diminutive Elsie as a good find. He'd thought of himself as lucky in love because he knew other dentist colleagues who hadn't fared so well—they'd been forced to put up with carping, miserable women from day one who had, from what Morrie could see, dedicated themselves to emptying their husbands' sizeable bank accounts. For the early part of Morrie's marriage, there'd been only a few small points of difference. The major sticking point had come later—about having children. Morrie, unlike Elsie, had wanted a big family. As soon as Diana was born, he was talking about a second but Elsie wouldn't have a bar of it. As a new mother, she struggled to fit baby Diana into her rigid domestic routine. When Elsie did agree to try for a second, conceiving had been difficult. It had taken four years for Brian to materialise and, instead of bringing happiness, the little chap brought mostly disappointment. He was an aloof baby and Elsie was quick to drop the idea of further baby-making.

Banker Stan and wife Beryl had lived two doors away from Elsie and Morrie for most of the couples' married lives—well, at least up until Stan was diagnosed with a brain tumour a year ago. Beryl had pushed out four uncomplicated children with ease, who were now grown up, married with children of their own and living in different parts of the world. Thank goodness, as Morrie used to say, their daughter Diana was in Perth, although Diana's recent separation from Kevin appeared to have unsettled her so much that she saw far less of her parents once Kevin left. When Stan died a week after surgery, life for the two neighbourly couples was altered dramatically. Surprisingly, the most affected was Elsie. It was as though a switch turned off in her the day Stan died. Always presented impeccably, she astonished everyone by giving way to slovenliness overnight. When she stopped wearing make-up and doing her hair, and started wearing bright but ill-matching tracksuit pants and sunhats, Morrie's clinician-mind suspected something was wrong.

“Sweetheart, what’s happening?” Morrie asked Elsie often. “I think we need to see a doctor.”

“Don’t be ridiculous,” she’d tell Morrie. “I’m perfectly fine.”

As Elsie’s odd behaviour became more erratic, so did her refusal to accept that there was any cause for concern. Beryl, the couple’s close neighbour, would have bugged in and supported her friend during such a difficult time, but she had her hands full making a careful distribution of some of Stan’s considerable estate to her cranky children: Simon in China, Julie in far-north Queensland, Robert in Cambodia and Jane in Karratha. Morrie had wished that Diana might come to his aid, but it was plain to see that she was focused on matters she found more pressing. For one, the cash flow from Kevin’s car yards was drying up and she was skint.

“Dad, I need money, and quickly,” she pleaded during one of her surprise visits. “Kevin’s left me high and dry, you know. I’m really struggling.”

Morrie had never gotten over his disappointment with Diana’s choice of husband. To his mind, Kevin was a shifty, sleazy car salesman and their two sons were lay-about no-hopers. Ryan, the older of the two boys, had even crashed the motor bike his mother had gone guarantor for and, as a result, Diana had been left with a three-thousand dollar debt. Secretly, Morrie was relieved unlikeable Kevin was gone but it was problematic that he appeared to have left his wife with insufficient resources. Morrie’s soft-hearted nature meant that he felt there was no option but to tide his daughter over financially. Even after three gifts of several hundred dollars, it was only a couple of months before Diana announced she could no longer afford her two-storey, four-bedroom home. “There’s nothing for it,” she complained during one of her infrequent visits to her parents. “I’ll just have to get an awful, cheap two-bedroom rental somewhere. I don’t know how I’ll cope.”

“It might be a bit of a come-down, but at least you’ll still have a roof over your head. Maybe you could look for a job,” her father suggested.

“Yeah, I suppose. But if I got a job, I’d have to give up my work at the Dog Rescue Shelter.”

“The Dog Shelter is not a job, Diana. You don’t get paid. You need a proper job so you can set yourself up.”

“I know, Dad, but I love it. And dogs are so much nicer than humans.”

“They might be nicer, Diana, but right now your mother and I could do with some attention too.”

Morrie understood Diana’s dedication to dogs. He’d felt the same about little Jed when he was part of the family, but his daughter’s lack of empathy for her mother’s situation was perplexing. What was it about kids, even grown-up ones? You gave them everything, and it was like there was nothing in return. Worse still, Diana seemed to be nothing but frustrated by her mother’s situation. One day, during one of her random visits, her feelings bubbled over: “Mum, this has got to stop. I don’t have time to deal with this. You know what’s going on in my life? Bloody Kevin has left me with a crummy little bit of spousal maintenance, and I am really battling. And, what would Brian say? You getting around like some hobo? You just have to lift your game. What’s more, where is Brian?”

“Diana, please don’t speak like this,” Morrie answered.

Diana waited until her mother was out of earshot. “Well, where is Brian when we need him?” she demanded of her father. “Making buckets of money in that dirty, little gay-boy bookshop of his. He’s rolling in it, Dad. He could be helping you, me included.”

Morrie was not inclined to discuss Brian. His boy, with the best private school education money could buy, had left home at seventeen and, as best Morrie knew, now lived in Surry Hills with a man he and Elsie had not met.

Diana continued: “I know Mum’s not well, Dad, but I wonder why she can’t just perk up? Is she sad about Stan, maybe?”

“Diana, she’s sick. It’s likely to be some kind of dementia. Can’t you see that? What I know is that you visiting her more often might be good for her—you might be able to lift her spirits. I know she needs to be assessed, but I’ve been putting it off because I know there’s little they can do.”

“Dementia? That’s ridiculous, Dad,” Diana had screeched.

Without reacting, he said, “And please ring me before you come next time. It can be bedlam here.”

As the months went on, Morrie found himself having to deal with more and more difficulties. Although the scientist in him knew his wife’s behaviour was beyond her control, on a bad day he became irrational and wondered if there was something intentional about it, that his wife was somehow trying to goad him, to make his life as difficult as possible. Morrie was finding

slices of mouldy bread in the letterbox, nighties folded and put away in bookshelves in the lounge room. He even came across pairs of undies jammed in the toilet-brush holder. Elsie had been an extraordinary homemaker, but now Morrie was the one painstakingly putting things back where they belonged and hovering around Elsie to minimise the mayhem. Sometimes, Elsie was especially uncooperative, aggressive even. Then he had to be really firm with her to get her into the shower and dressed in something vaguely sensible.

It was Stan's widow, Beryl, who came to his rescue. Once she'd finalised the handover of a proportion of Stan's money to the children, each according to their need, she began to cook Elsie and Morrie meals during the week. She called in most days and bustled around their home tidying up and sitting with Elsie while Morrie went out with a few mates for a game of bowls. Morrie had always liked Beryl, and he was especially grateful for how she restored some of the equilibrium of old. When he and Elsie argued about things, Beryl could calm the situation with gentle coaxing: "Come on, Sweetie. Let's get your teeth freshened up, shall we? It'll make you feel better," she'd say. She was able to get Elsie to do other things, like take that last mouthful of soup and even get into the car to go for a drive through Kings Park Botanic Gardens.

One afternoon, Diana stood at her parent's security-screen door waiting to be let in. As Beryl came to unlock the door, Elsie rushed past her and shouted at Diana: "I'm an Anglican. I have my own religion! We're not interested in you Jehovahs."

Diana stood, her mouth wide open: "But Mum, it's me. Diana! God, Dad, what is going on?"

"I asked you to phone before you came. Now you know why."

Elsie had started to leave food out for Jed although the little dog had died two years before. Thinking it was easier, Morrie went along with Elsie's feeding regime for Jed but it made him feel like he was going mad. He sometimes wondered if living with someone with dementia could actually make you unhinged yourself. Often exhausted, he would fall asleep on the leather sofa and, it was during a lapse of this kind one night that Elsie slipped out an unlocked door. When Morrie found her, she was lying on the pavement and, because of her distress, he suspected she had broken her hip. In between the crying, she told Morrie she had only been taking little Jed for a walk, an idea that Morrie chose not to explain to the hospital staff.

As Morrie expected, the hospitalisation sparked a merry-go-round of interactions with health professionals about the high probability that Elsie had Alzheimer's. While the doctors conducted a myriad of tests, others like the occupational therapist and the social worker asked Morrie about the level of his family's support. None of it was any surprise to him.

Alzheimer's was what Hazel Hawke had and, the way it was being talked about in newspapers and on television, everyone was going to get it. He'd just been hoping to put off involvement with the health care world for a little longer. In his experience, it wasn't always helpful, especially when there was no cure for dementia.

Without asking, it was clear to Morrie that the hospital staff assumed he would take Elsie home. The po-faced social worker offered him a list of services, and he found himself being encouraged to accept fancy new "community-care" arrangements. Even if he could have imagined how the arrangements might work, the concept itself was deeply unattractive. A bunch of well-meaning strangers streaming in and out to check on them sounded hideous. On the other hand, Diana was very impressed with the new services and let it be known.

"With real help like you're offering, Mum will definitely improve," she told the social worker. "You know, I don't actually believe she's that sick or has that Alzheimer's thing. I think she's just gotten confused with having Beryl in and out of her home every day."

Later the same day, and in front of Diana, Morrie laid it on the line to a nurse: "I'm not doing it anymore. Beryl and I can't keep going on like this for another year."

"And just what's Beryl got to do with this? I see. I'm getting the picture. Mum's too much for you, is she? Dad, what are you saying? Are you suggesting Mum go to a nursing home? Is that it? Well, I'm telling you: no! That social worker person even says you can get all this new stuff. You have to try it. God, I expected you two to last forever, besides it's in sickness and in health, till death do us part, isn't it? You can't do this to her!"

Morrie had wanted to slap Diana. His feeling of aggression towards her frightened him since he'd never wanted to slap anyone, except for Elsie once or twice when she was at her most difficult. "There's always you, Diana. You could take her home."

"Dad, don't be ridiculous. You know I'm just getting back on my feet," she said.

With that, Diana stomped out of the hospital, and the social worker told Morrie she would assist him to find a nursing home.

As soon as Diana got home, she tracked down Brian in Sydney and had no compunction in phoning him: "Where are you when we need you?"

"I've my own hands full caring for Greg actually. Not that you would understand. All I know is that no-one should go to nursing home. I imagine Dad's getting on, so it's down to you,

Diana. You need to stop being a princess and get your hands dirty, just like I'm doing," he'd told her in a three-minute phone call.

Weeks later, the Tranquillity Nursing Home offered Morrie a bed for Elsie and he accepted. It was just fifteen minutes' drive from his home. He was relieved and just hoped that Diana would visit her mother more than she had done so far.

\* \* \* \*

As a weekly ritual, Morrie visits Elsie on Sundays at lunchtime. Once through the double-locked gate and into Tranquillity, he takes a moment to adjust to the pungent smell. It's always there, the familiar mix of bleach and urine. First, he says hello to the other residents whose beds are up Elsie's end of the building before he moves to his wife's bedside. These days, she is asleep when he arrives. Her deterioration has been marked since she moved to the nursing home two months before. A care aide rouses Elsie and transfers her out of bed to sit upright for her lunch. But, it is always Beryl who feeds Elsie the mush. When Morrie looks at the bowl of beige sludge, all he can think of is pureed mouse. Even though Elsie swallows most of it without complaint, Morrie can't even bring himself to spoon one mouthful into her. Morrie is told that Elsie sleeps most of the day, curled up like a baby. Fortunately, her night-time wanderings are long gone and so have the frightening outbursts which he remembers so vividly. From what he observes, she seems to be receiving a flow of well-documented care, although he doesn't believe anyone should have to suffer like this. Each time he visits, he thinks that, if Elsie were a dog, she'd be put down.

Diana drops in to her father's home every few weeks to try and explain: "Dad, I've been to visit Mum but I just can't stand it. It's so distressing. How do you cope? I'm not sure I'm going to be able to go again. I know you must be angry with me but I just can't stand it. Has bloody Brian been in touch?"

"Well, Diana, we all do what we do, don't we?"

"But, Mum doesn't even know I'm there. No, I just don't think I can go anymore."

Beryl takes evening meals over to Morrie's three times a week—chicken cacciatore, spaghetti marinara, sometimes a roast, and they dine together. As a way of compensating Beryl for her wonderful cooking, Morrie pays for them to go to the pictures or a concert or eat at the local Nan Ling Restaurant once a week. Morrie finds it all exceedingly pleasant.

When Jack Walker from the local bowling club dies, Morrie offers to take in Jack's elderly cocker spaniel who is seventeen years old, deaf, and has diabetes and a heart murmur. He



and Beryl prepare special diabetic meals for Lucky, give him his medication and, together, take him on small walks most evenings. Morrie and Beryl enjoy his company, and caring for the little fellow reminds Morrie of Jed. One late Saturday afternoon, Diana finds her father home alone, sitting in his recliner rocker with Lucky curled up on his lap, watching the television.

“Dad, I’ve been thinking. Maybe it would be a good idea for me to move in with you. That way I’ll be able to look after you as well as save some money. It would give me a real leg-up financially. The boys can take over the lease of my house—it might teach those hopeless hooligans some responsibility.”

“Don’t be ridiculous, Diana. I don’t need any looking after. Beryl and I are doing just fine. We look after each other.”

“Beryl’s got family of her own, Dad. What are they doing for her? It’s not your job to look after her. Anyway, I’m all you’ve got because heaven knows what Brian’s up to. Well, we do know but let’s not go there. Anyway, I’ve thought your place could do with a bit of a spruce-up. It’s not as neat as when Mum was here. If I move in, I’d have it sorted in no time. Anyway, I really need the money, Dad,” she says smiling. She reaches across and pats Lucky. “Gosh, you’re enjoying this little dog, aren’t you? He’s not too much for you, is he?”

“No, he’s just perfect. Now, if you’ll excuse me, Diana, I need to get ready. I’m going out to the pictures shortly. Beryl and I are off to see the Canadian movie *Away from Her* this evening.”

“Well, what do you think?”

“About what?”

“About me moving in here?”

“It’s not going to happen, Diana. Well, not for the time being. I want to tell you that Beryl and I are now working as volunteers with the Dog Rescue Shelter. We’ve both met with the boss and she’s a very nice woman. Lucky came from there, you know. This is the nub of it, Diana. Beryl and I have decided to leave a good part of our estates to the Shelter and, with putting our two lots of savings together, it’s quite a sum. We’re very pleased. The Shelter does such wonderful work and it’s a pleasure to give to such an organisation. The paper work’s all done. We signed yesterday.”

“My God, Dad. What are you two doing?”

“Well, we are both getting on, and there are some important decisions to be made.”

“Never mind you two. What about me?”

“Diana, you will be taken care of. Beryl’s leaving her home to be shared appropriately between her four children and I am doing the same. When the time comes, you and Brian will need to work it out, whether you live in it together or sell the property and split the proceeds—that will be entirely up to you.”

## ***The Need to Know***

*The love of money proves to be a root of all kinds of evil when it causes a family to fight over an inheritance.*

Barbara Correa, "Living Trusts Can Have Advantages."

"Look, Andy, your Mum's a tough old girl," geriatrician Dr Harry Hardigan told his golfing mate as they walked along the hospital corridor. "Let's sit down for a minute. I've got a few things to tell you." Harry put his hand on Andy's shoulder and the two men sat down together on a visitors' sofa.

"I know this mightn't be what you want to hear, but I'm afraid your mother's way too fit and healthy to warrant institutional care. Basically, there's not much wrong with her. She's continent, not confused—just has trouble staying vertical. As soon as you get an alarm device for her to wear and perhaps a bit more home-help, I think she'll be as right as rain—at least for a while. But, in the interim, I reckon it's best if she goes to you and Jane for a few days. She's actually ready for discharge this afternoon."

"God! Coming home to our place? Are you serious? Jane will be lousy about that," Andy groaned.

He was relieved he could talk to Hardigan so freely. They were mates of sorts, living near each other in one of Perth's leafy-green professional suburbs, their two daughters finishing at the same private school five years ago and the two men playing golf regularly at the Royal Western Suburbs Golf Club. And there was also the connection with Hardigan's dogs. Andy McCance was a vet, and he looked after Harry's pure-bred Dalmatians, Patsy and Kelvin.

"Jane's now the Head of some bloody university Centre for Ageing Well," Andy told Harry. "And her workload's crazy. She's also helping Katie, our daughter, who has a new bub—her husband works in Indonesia. So, I'm telling you, Jane won't be keen on my mother coming to our place." He knew that asking his wife to do anything extra would be like a red-rag to a bull.

"Well, it's not for long, Andy. I'm sure you and Jane can work it out. It's the same-same in every household. It's been like that for us, too. My mother's got Alzheimer's and I had to put her into care when she got too difficult for my wife to manage. So, I know what it's like, buddy." Andy was envious. He'd give anything to have his mother tucked away out of sight, out of mind. But eighty-five-year-old Ailsa McCance still had all her marbles and there was no way she was going anywhere.

“There’s a few things you need to do, Andy,” Harry said. “The occupational therapist’s ordered an alarm pendant that you’ll need to set up. Then there’s the extra hours of home-help that will need organising. Oh, and here’s a checklist for someone to do a risk assessment of your mother’s house,” said Harry, handing over a pamphlet. “You know, get rid of rugs and cords, install a night-light and a few hand-rails, that kind of thing. So far, your mother’s okay with these arrangements, which is good, although I know it’s one step at a time with a woman like her. She’s quite a character, isn’t she?”

“Quite frankly, she’s a right pain in the arse,” Andy said. That was putting it mildly, he thought. His mother, having lived alone since his psychiatrist-father took off with a nurse, had grown feistier and irrepressibly more independent with every year. An Australian Bridge champion in her later years, she now bore no resemblance to the kind, indulgent mother he remembered from his childhood. All that started to change when his father left. Indeed, for the last forty years, Ailsa McCance had flourished as a self-sufficient solo-operator, more latterly becoming the perfect model for what it is to age successfully, if not gracefully. When the young home-help, a university student working for People Who Care, found Andy’s mother sprawled on the kitchen floor a week ago, Mrs McCance had been unable to get her stick-legs out from under her so as to right herself. Dutifully following agency procedure, the home-help phoned for an ambulance, and a reluctant Ailsa McCance allowed the two paramedics to charm her onto a stretcher. Of course, they had inquired as to what the lead-up to the incident had been. Ailsa explained how she’d been bending over to feed fifteen-year-old Nelson a handful of cat biscuits when she lost her balance, toppling forward onto the linoleum floor. In the resulting melee, Nelson, whom the worker found squatting beside Ailsa, was bulging, having polished off the entire box of tuna-and-prawn bites.

“Anyway, what’s the alarm for, again?” Andy asked Harry.

“Well, it’s in case she falls—she presses the button and someone on the list comes to help. I warn you, she’s going to do a bit of falling. You probably know that she has cataracts, one eye worse than the other, and it means she’s got a perception-deficit problem. That affects her spatial awareness and, bang, over she goes. Then, at her age, she has trouble getting up.”

Andy didn’t let on he had no idea about the cataracts. Harry continued, “Poor vision is especially problematic in active women like your mother. She’s the sort of person who wants to be up and about doing things, and this means she’s always challenging her postural control system. But the good news is it’s the only thing I can find wrong with her—as I said, her brain, heart, waterworks and virtually everything else are in perfect working order. We did a thorough assessment and she passed every test we threw at her. I’m afraid she could

go on for years.” Harry patted Andy on the back as if to offer his commiserations. Andy was already worried that his mother might make it to a hundred, meaning accessing his share of her estate, one that he understood to be substantial, would be a long way off. “Now, the only hitch with the alarm, Andy, is you need three people. When your mother presses the button, a call-centre girl will work her way through the names to see who’s available. So, I’m guessing one will be you, Jane if she’s not too busy, and maybe a neighbour or someone like that. But, as I said, after her week in hospital, I really think it’s best if she goes home to you for a bit. You’re not serious about Jane minding that she comes to you, are you?”

“Yes, I bloody well am. Jane’s career is powering at the minute, Harry. You’d know that, she’s in the gerontology game like you. I hardly see her. She’s got research grants on dementia coming out her ears. She’s even had a job feeler from some Canadian university.”

It was true. Over the last five years, Professor Jane Harrison’s success had grown out of all proportion. The big excitement was her four-million dollar grant from the National Health and Medical Institute on lifestyle factors in the primary and secondary prevention of dementia. Overnight, Andy’s wife was an academic superstar, on first-name terms with the Vice-Chancellor and, two or three times a year, she was gifted first-class airline tickets to give keynote addresses at conferences offshore. After the first two meetings in Madrid and Rio, Andy had stopped joining Jane on her trips. She’d had sycophants hanging off her at every turn, and he’d felt like her handbag. Be buggered, he thought, if he was going to keep putting himself through that.

Andy was also perplexed by all the fuss about dementia. It seemed to him that preventing cognitive decline wasn’t rocket surgery—just a matter of doing a few crosswords, walking around the block and playing the odd game of Bridge. Those straightforward strategies had worked for his mother, maybe too well, he thought. So why the universe was waging a war on dementia was a mystery. As a vet, if a dog got confused, it was one shot of pentobarbital and that was it—everyone was out of their misery.

“Yes, Jane’s very successful. Great, isn’t it!” said Harry. “I caught up with her in Paris at the International Gerontological Society Conference last July. Fascinating work she’s doing. Why weren’t you there? They took us to the Golf de Fontainebleau—a champion course. It would have been a perfect trip for you, old lad. We could have had nine holes. Look, I really don’t think there’s any need to worry about your mother too much. My guess is that in three days she’ll be back in her own place with that troublesome cat. And, while we’re on the subject, if you could get rid of the cat, that’d be one less hazard!”

“God, perish the thought. She’d kill me if I got rid of the cat. Anyway, enough of this. More importantly, I’ve sold my practice—I’m getting my retirement plans in order! Tell me. Have you given yours any thought, Harry?”

“Yeah, a bit. I’ve started to think about it. You and I have got to do that trout-fishing trip we’ve been promising for years. So what are your plans?” Harry enquired.

“Well, not full-on retirement exactly, and I haven’t chatted too much to Jane about it yet, so it’s still pretty confidential. But right now I’m showing Sophie Woodstock the ropes. She’ll be taking over the practice—she’s a fresh, young graduate and absolutely gorgeous. Her father’s some rich bastard, and he’s bought it for her—he worked out all the costings, you know, income and expenditure, all those sorts of things. I’m staying on for three months to help her get established, and then I’m semi-retired. Woohoo! I’ll probably do a day or three each week with her just to keep my hand in! We’ve signed all the paperwork so next time you bring the dogs in I’ll introduce you. I know you’ll like her.”

“I’m sure I’ll like her, Andy. Nudge, nudge, wink, wink!” Harry roared. “She’s a lucky girl, isn’t she, getting into a successful practice at her age. You must have big plans for her,” he said, slapping Andy on the back. Andy did have plans for Sophie but it was best to keep them to himself for now. Gosh, it was five pm, and he’d better get his mother out of here.

As expected, when they arrived at Andy’s house, Jane was still at work. He sighed, made a mental note to let her know what Hardigan had said, and walked around the car to open the door for his mother.

“Thank you, Andrew, but I can cope on my own. You forget. I live alone, I can manage,” she told him, testily.

“Well, at least let me take your bag, Mum. Don’t be so bloody difficult.”

“There isn’t a bag, Son. It’s not like I had time to pack one when that silly child called an ambulance.”

With that, Jane drove up in an aluminium-grey Peugeot, parking beside them.

“Hello, it’s us.” Andy waved to her, his exuberance phony in the circumstances.

“I can see it’s us,” Jane snapped, as she stepped out of her car. “I’ve come home to change. You know I’ve got a research meeting this evening.”

“Sorry, I’d forgotten. Oh, and Mum’s staying with us for a couple of days,” he said.

“What? Andrew, you and I need to talk!” Jane, aware that her mother-in-law had perfect hearing, then spoke out of the corner of her mouth, “Just get her inside,” she snarled in a low tone.

Andy escorted his mother into the house, taking her to Katie’s old bedroom. The room was always made-up, just in case. Not that visitors were especially welcome, but Professors of Ageing sometimes stayed when their overseas jaunts brought them to Perth. It was also the room that Andy’s only sister Stephanie occasionally used when she visited from Melbourne and wasn’t staying with her mother. Stephanie, her husband Larry and their four children lived on the south-east coast of Victoria. They’d lived there for twenty years, and it really annoyed Andy that, in spite of Stephanie being miles away, somehow she managed to finesse her filial obligations with aplomb. According to his mother, Stephanie was the perfect daughter, in frequent phone contact with her and even arranging for her old school friends to check in on her mother.

“You’re in here, Mum, Katie’s old room. Why don’t you have a little rest? You’ll be whacked after a week in hospital. I’ll go and see what the boss wants.”

He thought about preparing for the impending conversation with Jane, but couldn’t be bothered. He sidled out of Katie’s bedroom and headed to the kitchen.

“Right, Andrew. You needn’t think I’m going to be looking after your mother. Let’s just get that straight,” Jane announced. “You didn’t even have the decency to let me know you were bringing her here.”

“Jane, just back up your cart a minute, will you? Hardigan said we *had* to have her. I know your work’s frantic but you need to know I’ve also got a few issues at work myself right now. The new graduate only started last week, and I need to settle her in. When I cut back my hours, I’ll have more time for stupid problems like this,” he said, conscious he was straying into territory that the two of them had yet to discuss.

“Andrew, you might be planning your retirement with some new graduate in mind, but I’m certainly not planning mine.”

“No, of course you wouldn’t be. You’re too famous for that. Geriatrics throughout the world need you, Jane.” Then he said even more stupidly, “I know you have a pile of leave you could take if you wanted to.”

"I might have, Andrew, but let me make it perfectly clear I'm not using it for your mother. Right now, Katie's my priority. With a three-weeks-on-one-week-off husband, Katie's needs are miles greater than your mother's. If I take leave for anyone, it'll be for her. As for you, *you* need to look after your own mother."

"Give me a break, Jane. I'm in the private sector, the real world, so I don't have the generous leave entitlements you do at the University of Cushy Life. Anyhow, who knows how long Mum will be around?"

"Andrew, your mother's extremely well at present and could live forever. But, if she ever needs care and *you* can't manage it, then perhaps she can purchase her own care. She'd be worth two-and-a-half million. I'm sure you know that—a million in the bank and a house worth a million-and-a-half—so she could easily buy more of that sensible uni student who got her to hospital. I pay for care myself—I give Katie fifty dollars to get a babysitter whenever I can't get there."

At first blush, the idea of asking his mother to purchase her own care services sounded just like the government's latest brainwave—forcing old people to subsidise their own aged-care. He didn't know whether to be more angry with the government or his bitch of a wife. Elderly parents shelling out money just meant diminishing inheritances but, if Ailsa McCance were to pay her way, it could mean him doing less for her—a more attractive proposition than getting his hands dirty, so-to-speak. As he stood there, unable to think of anything further to edify the discussion, Ailsa McCance appeared in the doorway of the kitchen. "I've been listening to you two on about your busy lives and who has, or hasn't, got the time or money. Now it's my turn to have a say. Neither of you needs to retire nor take leave to care for me. I get by very well on my own and, for the record, I didn't want to come here in the first place. I work on a need-to-know basis—all you need to know is that I have sufficient resources. So, I'm going home to Nelson. Now. Andrew, take me home, please, or I'll call a taxi."

"But, Mum, Hardigan says you need to wait for us to tee up the alarm and the home help."

"I'm sure we can fix all that tomorrow," his mother declared.

"I'm sorry, Mrs McCance," said Jane. "You've caught us at a bad time."

"I can see that. I always do. Shall I wait in the car, Andrew, or am I calling a taxi?"

"Nah, I'll be right with you," he said, keen for an escape. He followed his mother out of the house and, almost to the car, said under his breath, "Maybe I'll come and live with you and Jane can go screw herself." But a more radical, more enticing, thought was percolating:



maybe, he would give Sophie a ring, to catch up with her. She'd be someone he could talk to about all of this, about alarms, the cost of care and his retirement, whatever. He knew she lived in her own little cottage in South Perth, probably very close to his mother's.

As they drove away, his mother announced: "You'll need to stop and pick up some cat food. Maggie and Bert fed Nelson last week, and he'll be out of food."

"Who's Maggie and Bert?" Andy asked. Was he supposed to know them, he wondered? His mother only lived twenty minutes from him but he only stopped by when Nelson required his annual vaccination. To get to his mother's, Andy needed to go over the Narrows Bridge to cross the River and that usually presented too big a challenge.

"They live opposite me, Andrew. They've been there for ten years. Stephanie knows them. They're very decent people and help me out if I need. They bring over a meal occasionally, a roast wrapped in Alfoil or a dish of cauliflower gratin. It's interesting you haven't met them."

"Well, I'm not over your way much. I do work, you know."

"Yes, I know you do. Now, one thing. When I get home, I need you to check Nelson over for me. I just want to make sure he's alright after my week away. He's been a bit sluggish lately."

As they crossed the Narrows Bridge, Andy recalled how his mother had always hooked him in on her pets. He remembered how, after he and Jane married, any time his mother had a problem with the Labrador, she phoned him. And, when Benson the Lab got too decrepit, she demanded that he come to the house and put the dog down. Worse still, although he could have disposed of the body at his work, his mother had insisted he dig a huge hole in the backyard and bury Benson. He was at it for hours.

"Sure I can check him out, but I've a better idea! I'll give young Sophie a call," he said, in an upbeat manner. "She's my new vet. I'd like to introduce you to her."

"That'd be nice. Is she good with cats?"

"Yes, of course, and once she's met Nelson perhaps she can keep an eye on him for you. She just lives nearby. I'll give her a call."

Andy was surprised his mother was willing to meet Sophie. It was as though, once they crossed the Bridge and were south of the river, Ailsa McCance became more human, her customary curtness softening. Not that he cared much, but it did make life easier. Perhaps

her extra terseness tonight had something to do with Jane. After all, both women were peas in a pod. Andy stopped for cat food at his mother's local supermarket and then pulled up outside his mother's immaculate home. He marvelled at her tidy garden but thought better of asking her how, at her age, she maintained it so well. Maybe it was something to do with Maggie and Bert or, more likely, she had a hired gardener he didn't know about.

"You go on in, Mum. Reunite with Nelson. I'll phone Sophie," he said, keen to get his mother out of the car.

Excitedly, he trawled through his phone contact-list for Sophie's number. He'd not called her out-of-hours before, and knew that what he was doing was iffy—she might have a live-in boyfriend or, God forbid, a girlfriend. But what the hell? He could feel the adrenalin kick in, like it did the time he cracked onto the young vet nurse who'd been doing work experience with him. You only live once, and who knew when insidious old age might encroach? "Use it or lose it" was the motto he'd come to live by.

Sophie's phone rang. "Sophie? Hi. It's me, Andy. I've got a bit of a problem that you might be able to help me with. Are you doing anything right now?"

"No, I'm not. What's up?" she asked, chirpily.

He was pleased she responded in such a friendly tone. "Well, I'm at my mother's. I've just dropped her home after she's been in hospital for the week. Nelson, her cat, needs a quick once-over. Apparently, he's been a bit lethargic. I thought maybe you'd like to come over and examine him. And after that, perhaps we could go for a meal?" He was pleased at how his invitation just tumbled out so naturally, its implications too exciting to ponder. If this little friendship got underway, he might have to hide his mobile, or get a second one. His heart beat fast.

For Sophie, it seemed, needed no encouragement. "Love to," she said. "I'll be there!"

"Great," he said, thrilled. "It's 3 Jacaranda Avenue, South Perth. Know the street?"

"Sure do, it's literally two blocks from me. I'll just throw on my clothes and walk to you. The Lush Garden is nearby. It's a really nice restaurant and just around the corner. How about we go there afterwards?"

"Throw on my clothes!" He couldn't believe it. What had been a bit of a gamble had paid off beautifully. He was very pleased with himself—he had just asked his very attractive twenty-three-year-old colleague out for dinner and, what's more, she had accepted. He got out of

the car and went inside. His mother's house was stuffy, airless so, to freshen it up for Sophie, he threw open the two front windows and looked across at the neighbours'.

"Which house is what's-her-name's and Bert's?" Andy asked.

"They're on the other side, Andrew. And it's Maggie and Bert. They're not home now, but I shall let them know I'm back. Is the vet girl coming?"

"Yep, she's on her way. We won't stay long, though," he said. "We've got things we need to do." And, not wanting to engage in any conversation about Sophie, he started to ramble on about the cat. "Gosh, look at Nelson. He's doing well in the world, isn't he? Better than all of us put together! He's a bit of a lump though. He just needs a diet, I'd say. Are his annual vaccinations up-to-date?"

"Yes, Andrew, you did them seven months ago. Remember?"

With that, Sophie knocked on the front door. Andy let her in. She was wearing tight denim shorts and a mauve top with a cute ruffle across the front. Probably shouldn't be seen staring, but then what the hell. She was just so gorgeous that he might as well let her know his thoughts.

"Sophie, this is my mother, Ailsa McCance. Mum, this is Dr Sophie Woodstock."

"Hello, Doctor. Thanks for coming. Would you like a cup of tea?"

"No, thanks, I won't, Mrs McCance. Please call me Sophie. I'll just have a quick look at Nelson if I may. Oh, he's so magnificent," Sophie said, kneeling to stroke the cat.

"Yes, Dear, he's very special. I'm very fond of him. He just rolled up one day years ago, looking for a feed, and he's been with me since."

Nelson purred loudly and let Sophie pat under his neck before she opened his mouth to check his teeth and gums. Then she looked into his ears before taking out a stethoscope from her leather shoulder bag. She pressed it to Nelson's chest and listened for a minute before smiling up at Andy.

"He's in great shape for his age," she pronounced. "Maybe a little heavy, that's all."

"Funny, that's exactly what I said," Andy said, smirking. "He just needs a weight-loss program. Mum, Sophie and I need to go. Work things to discuss. Oh, and I'll set you up with

that alarm soon. Sophie might even be able to give me some ideas about that mightn't you, Soph?"

"Yes, sure," she said, obligingly. "Really nice to meet you, Mrs McCance."

The two of them left the house, and Sophie got into Andy's car as though she'd done so a hundred times. He'd only ever had two young women in his car, but neither was quite this confident. He tingled all over as he gazed at her long, silky legs while she buckled her belt. Hmm, the evening looked promising, Andy thought.

"Show me the way to The Lush Garden," he crooned. "Great name!"

"I go there all the time," she said. "It's really cool."

Andy and Sophie sat opposite each other at one of the outside tables in the garden, sipping a semillon sauvignon blanc. Within minutes, Andy could feel the alcohol relax him. They both ordered pasta dishes and, while they waited for their food, he prattled on about the vet practice.

"So are you enjoying it, Sophie? What do you like most?"

"I'm just loving meeting the patients, all those pedigree animals with their cutesy names. And I'm learning so much from watching you work, Andy. It's a great opportunity. I'm soo . . . soo . . . lucky," she cooed. Andy beamed at her.

The waitress brought over the vegetarian linguine for Sophie and the spaghetti marinara for Andy, smiling as she offered them both ground black pepper and shaved parmesan cheese. As soon as they started eating, Andy began to talk. "Sophie, I need your advice. I've got several things to do for my mother—get an alarm system up and running and order her some more home-help. Apparently, she's already got two hours but needs more. And then there's something about checking her house for things she might fall over. I'm not sure what to do first. Any ideas?"

"She's so lovely, your Mum."

"Ugh, I'm not so sure about that."

"Oh, yes, she is, Andy! If I were you, I'd phone the alarm company first. I arranged an alarm for my Gran recently—it was as easy as. Just have all your mum's details and the list of

people to call. Family's first, but neighbours are good to have on the list as well 'cos if something goes wrong they're right there. That's what we did."

"What a good idea. There are some neighbours around. I haven't met them yet," he said, impressed that Sophie was so knowledgeable and confident about what to do.

"As for the home-help, maybe just stick with the one you've got," she said. "See if she's available for the extra time." Andy was amazed that Sophie made it sound so simple, so much so that he decided to start on it first thing in the morning.

"Now, apart from looking after your Mum, what will you do when you are not working so much, Andy? I'll try not to call you in for too many sessions!"

"Well, I will have to keep an eye on my mother, I suppose, but I'm hoping she won't need too much time. I'm planning on playing a lot of golf, doing some fishing, maybe getting to a few vet conferences. There's a lot I want to do, and I really want to keep my hand in at the practice."

"Golf, really? I love golf. I learnt it at school, I still play. It's so much fun! I've got a handicap of twenty-three. What about you?"

"Um, well, I haven't had a round for a while, but it's about the same, a . . . twenty-three or four, I think."

"Well, let's have a game some time," she laughed.

As they sat there, an imagined photographic image—a paparazzo photo—of the two of them enjoying their dinner conversation, flashed into his mind. It made him feel fantastic, it all felt so perfect. He so needed someone like Sophie to advise him, someone full of enthusiasm and light of spirit. After all, Jane had made it very clear she didn't want to be involved. Quite honestly, he'd be pleased if she stayed out of it. He'd had enough of her poncing around like a queen, preoccupied with herself, her head up someone's thesis with some moronic title like "Collaborative Blah, Blahs, with Dementing Blah, Blahs." Sweet Sophie—it was so refreshing to be with someone practical and fun.

When they finished the evening, Andy made a great to-do by insisting on paying, saying how wonderfully supportive Sophie had been. Not seeing anyone they knew had been a bonus. There was something to be said, he thought, for dining across the river. The evening had been so pleasurable, so comfortable. He'd even made his mother happy for a change by arranging for Sophie to give Nelson a clean bill of health. As he stopped outside Sophie's

home, he saw just how adorable her little house was, bordered by a welcoming bed of roses and petunias.

“Your home—it’s so lovely,” he said.

“Come in, why don’t you? Have a look inside. It’s very cute. I love it,” she said. “I’ll make you a coffee.” Her suggestion warmed him all over. He thought she was giving him a green light but there was no way of really knowing. Instead, for the time being, he decided to play it safe. He’d heard that—that these days, young women were very upfront about what they wanted—but, at this juncture, the last thing he wanted to do was make a fool of himself.

“No thanks, Soph. I’d better be getting home, but I will another time for sure. Thanks for a great night and I appreciate your good advice. I’ll see you in the morning.” He leaned over. Up close, she smelled deliciously bohemian. It was that delightful patchouli, he thought, as he kissed her on the cheek. When he got home, he found his step was so much lighter than it had been in a long while. Having gotten in before Jane, who was always late these days, he was quick to take himself off to bed and fantasise about getting to know Sophie better. Maybe the next time he and Sophie went out on the road doing home visits together, they could do lunch and who knows what might happen next, back to her place for coffee, and even more, perhaps!

The next morning he got into work early. Sophie was there also. He was in a cheerful mood and, before he started seeing patients, he made the two of them a cappuccino from the office coffee machine. He then phoned his mother to get Maggie’s number—his mother had spoken to her neighbours and, apparently, they were willing to be on her call-list. He then phoned the alarm company Be Safe or Sorry and gave them the three names: his, Jane’s and Maggie’s as well as all the necessary details. By now, he was brimming with joie de vivre. All he’d needed was a bit of quality-coaching from someone like Sophie. How uncomplicated it had been—this caring business was not the sacrifice, the financial nightmare that Jane had made it out to be.

\* \* \* \*

In the first week, Ailsa McCance pressed her alarm twice, once for cat food and once to advise that she had fallen over in her laundry. Andy responded to the first call by asking Sophie to drop in some cat food on her way home. To the second, he told Sophie that he needed to leave work immediately and that she’d have to manage on her own for the afternoon. That’s what alarms were for. Emergencies. He drove to his mother’s house in record-time. Sophie had suggested he make a copy of his mother’s key and, with it in his pocket, he was there and inside within twenty minutes, working out how to lift her up off the

floor. It was difficult, something he'd never done before, but both of them were grateful that an ambulance wasn't necessary. This time, his mother explained that the fall had been controlled, and not some chaotic, unplanned tumble, like the last one that had sent her to hospital. She was at pains to point out that she had taught herself to fall safely, cleverly so as to avoid killer household objects—in this case, the ironing board and the washing basket.

It was Tuesday in the second week of the alarm's operation, and Andy and Sophie were doing a half-day of emergency and routine vet call-outs. The day before, there'd been two calls from Ailsa, one about more cat food, the other about her hot-water system being on the blink.

The third call for the week came as he and Sophie were on their first luncheon date, enjoying toasted focacce in a western-suburbs café. "Christ! I'm starting to wish it was Mumbai calling. That bloody alarm. This time Nelson's stuck up a jacaranda tree. For God's sake. I've said I'm working and I'll get there in the afternoon. What's the urgency? Have you ever seen bleached cat bones up a tree?"

"Don't be like that, Andy. We can easily do a quick visit now," Sophie suggested. "It won't take long."

"No, I don't want to rush there. It's giving her all the wrong messages. This alarm is meant for emergencies, not hot-water dramas, and certainly not cat management. My mother's got me on a leash, and all I can say is it's lucky Jane's not involved. Her getting calls about Nelson would do her head in. It's sure doing mine in."

"But you can't make your mother wait, Andy. It's not right. Let's just go and see that she and Nelson are okay."

Sophie was acting like the boss already, he thought. "Hmm," he grumbled. "I guess you're right." The lunch had been nowhere near so exciting as he'd expected. Now it was dawning on him that his mother was becoming a massive disruption and he needed to take control of the situation. So far, he wasn't doing well—after everything he'd done for his mother, even Sophie was intimating that he was neglectful. As they finally made their way across the Bridge to South Perth, he was feeling very despondent.

As they stopped outside his mother's place, Andy saw that there were bystanders on the verge. Jane's Peugeot was in the driveway and three people were huddled around the jacaranda tree. A ladder lay on the ground nearby. Andy could hear a siren in the distance.

“You stay here, Sophie!” he commanded. Racing across the lawn, he found Jane and an elderly couple peering at his mother. Ailsa McCance was lying on the grass making unintelligible noises amongst the fallen purple-blue blooms of her jacaranda tree. To Andy, the scene was surreal.

“We should stand back,” Andy heard Jane say to the couple. “Perhaps she needs air.” Jane then spoke to Andy quietly. “This is serious. This woman says she’s called an ambulance. She’s a neighbour, apparently. What’s with the ladder? I thought this home was supposed to have been assessed for risks.”

“I’m not sure Hardigan got around to that,” Andy said, knowing it was he rather than Harry who was responsible for eliminating hazards.

“Because you didn’t respond to this alarm call, I had to leave my lunch-time work meeting. Where have you been for the last hour?”

“I was having lunch, as one does at this time of day.” Andy looked up, aghast to see Sophie coming to join them all.

“Yes, Andy and I were having lunch,” she told Jane. “We should have come, Andy. We really needed to have moved more quickly.”

“Who are you?” asked Jane, incredulously.

“I’m the new vet at Andy’s practice, I should say the soon-to-be boss,” Sophie laughed. “I have a St John’s First-Aid Certificate. I’ll see if I can be of assistance while we wait for the ambulance.” Sophie knelt beside Ailsa, taking Ailsa’s hand and asking her to squeeze hers. There was no response. Ailsa continued to make sounds as though she were trying to talk.

“She’s breathing, which is good,” said Sophie. “But she might have had a stroke. Do you know what height she fell from?”

“About two metres,” said the neighbour.

Andy was horrified at the way Sophie was taking charge with her first-aid, making him feel impotent, ordering him and Jane around and questioning the neighbours. Just who did she think she was? As the ambulance turned into Jacaranda Avenue, it cut its siren and pulled up on the front lawn, red lights flashing.

“Afternoon all. What’s happened here?” the paramedic asked. “We were here two weeks ago.”



“It’s the cat again,” said Andy, looking up at the tree to see a rotund Nelson gloating over proceedings. “It looks like my mother climbed a ladder to help her cat down and she’s ended up on the ground. The neighbour here, Maggie, you are Maggie? She saw it happen, is that right?”

Maggie nodded, the four of them remaining silent while the paramedics examined Ailsa.

“It looks like she might have had a stroke, and there may be other injuries,” the ambulance officer said. “We’ll need to get her to hospital quickly.”

“I’ll come in the ambulance,” Andy said. “Jane, can you follow me?”

“Yes. I want to talk to Hardigan myself this time. This kind of thing can’t keep happening.”

“Sophie, can you please take my car and drop it at the practice? Here are the keys.” Andy felt bolstered by taking back the lead.

Andy then phoned Harry from his mobile, “My mother’s fallen again. This time it’s bad, I think, and she might have had a stroke. I’m going in the ambulance to the hospital. Can you come in?”

“Sure. I’m just walking Patsy and Kelvin. Call me once triage is done. You’ll have a clearer picture then. But, from what you say, it sounds serious. If she’s fractured her neck-of-femur or had a stroke or something, this time you could be looking down the barrel at institutional care.”

Sitting in the back of the ambulance, unable to see out, Andy had no idea where he was. He stared at his mother, relieved she was showing no agitation and was only moaning softly through her oxygen mask. The thought crossed his mind that she might never be able to speak to him again. But, for now, knowing she was unable to respond, he found his thoughts drifting to her house and about becoming her legal guardian, or whatever it was called. He’d need to phone Stephanie in Melbourne as soon as they got to the hospital.

As Jane and Andy sat on the hard plastic chairs of the Accident and Emergency Department, Jane said she had some news. She then revealed that she had been offered a three-year post at one of Canada’s largest and best universities.

"I know you won't necessarily come, but this is a significant promotion for me, a once-in-a-lifetime opportunity that I can't refuse. It's a Foundational Professorial Chair in one of the most prestigious departments of gerontology in the world."

Andy was gobsmacked. Just when his mother was critically ill, his wife was thinking about the plum job she'd landed in some far-flung corner of the world. Typical, he thought. It had been clear to him for some time: Jane was nothing but an ambitious cow who didn't need him. Well, he didn't desire her either, nor any of her fat-cow money. No, Jane could take her monstrous salary—it must be way over two hundred thousand by now, including perks like a car and travel—and freeze her box off in Canada. For him, he'd stay here, revelling in his semi-retirement: catching up with Sophie, playing golf with her and Harry Hardigan, trout-fishing in Tasmania with Hardigan while managing his mother's affairs from a stipend he would create out of her savings. Naturally, he was best-placed to be Ailsa McCance's guardian, her only son and living in Perth. All he needed to do the things he wanted, and quote-unquote care for his mother, would be about fifty thousand dollars a year. It was bloody obvious—pleasurable paid sessional work with Sophie plus access to his mother's money would more than cover it—he'd easily make a hundred thousand a year. And he'd be seeing Sophie regularly, mentoring her and sharing his hard-won knowledge—things would surely develop. Who knows, he might even get to an international vet conference with her. Next April, the Australasian Veterinarian Conference was supposed to be in Bangkok.

"That's fine, Jane. You must be thrilled. I'm going to phone Stephanie." Andy walked across the scuffed vinyl floor of the Emergency area and headed outside for air. Everywhere, he passed signs saying, "Please don't assault the nursing staff", and "Please don't use mobile phones." God, hospitals were hideous. Give him his friendly, one-man-band vet surgery any day. But it was time to talk to his sister, let her know that her mother was seriously ill. It was probably time to talk powers of attorney or guardianship stuff as well.

Stephanie answered her phone quickly. She said she'd get a plane to Perth as soon as possible and that there were things she needed to discuss with Andy about their mother's future. "You know Mum's given me her Enduring Power of Attorney, don't you?"

"No, what does that mean?" he inquired, shocked.

"Well, we arranged it five years ago, after Mum took out a reverse mortgage on her house. It got Larry and me out of the financial trouble we were in."

"What the hell's a reverse mortgage?"

“It’s when you borrow on your house. You could take one out on yours if you wanted and spend your kids’ inheritance,” she laughed. “Mum borrowed a million dollars on hers so that we could keep a roof over our heads. You’ve never really called on her for financial help, have you? You’ve always been much more comfortable than us, Andy.”

“Well, as it happens, Stephanie, my financial situation has changed and I’d like to assume that a reasonable allocation of Mum’s estate is coming my way. I’ll be reducing my work-hours to look after her so, naturally, I’ve factored a fair share into my plans.”

“Well, you shouldn’t have.”

“What do you mean? At fifty-five-years-of-age, I’ve sold the practice and am looking forward to a well-earned semi-retirement. I’ve been caring for Mum for the last month. She’s been falling everywhere and has this alarm system in place which I’m in charge of. It’s actually very demanding here.”

“Yes, well, I’ll explain it all when I get there. Up until now, Mum has wanted these arrangements to be kept on a need-to-know basis and she didn’t think you needed to know. By the way, I’ll stay at Mum’s this time, so Sophie won’t need to continue looking after Nelson. I can do it while I’m there.”

“How do you know Sophie? What do you mean she’s been looking after the cat? I’ve always looked after Nelson.”

“Don’t you know? Mum’s been paying her to look after Nelson. Apparently, Sophie examined him and, since then, she’s been providing him with expensive dietary foods and check-ups. She seems very sweet and very talented.”

God, things were well and truly getting away from him. There was so much he didn’t know. He must call Sophie immediately and ask for his job back, shore up those sessions.

“Sophie, we need to talk. Things are a bit of a mess, and I need your help again. Looks like I’ll need to do two or four days with you.”

“I’m sorry, Andy. Dad’s done the sums—his business plan makes it clear that the purchase price only allows me to employ you for a day. But, if you want to drop by and give me more of your time pro bono, that would be great. You know how much work I do for free with the animal-rescue people. In fact, my boyfriend from vet school will be coming by to help, too. By the way, he’s just moved in with me.”

Yet another thing Andy needed to know. Unable to think of anything to say, he put the phone down.

## **To Paris and Back**

*"I feel married a bit to both of you," I report to my father one day when I'm twelve. I'm beginning to experiment with independence, and I shuttle, chameleon-like, between allegiances. My parents' roles solidify. She (mothersistertwin) defends me from discomfort, and he (fathermentorfriend) from suffocation. Depending on the day and the mood, I belong to him, to her, but rarely myself."*

Deborah Siegel, "Triangulation: A Love Story" (86)

Georgia and Linda had not had a holiday together in years. The last time was twenty-five years ago at the end of high school when the two friends had been allowed to go away alone, to stay for three nights at Caves House in the south-west corner of Western Australia. It had been bliss, their first taste of freedom, a symbolic start to their adult lives. Now, they were off to Paris for ten nights but, this time, the purpose was different. Of course, this holiday was about freedom too, but of another kind. It was a mid-life vacation, a holiday from duty and responsibility, respite from the pedestrian obligations of family and work. This time, the two women were taking a break from their adult lives.

On the home front, their two partners encouraged the sojourn. "It's well-deserved, you two," the men said, with amusement. Georgia and Linda joked that it was the two men who really needed the break. In particular, Dave said he was looking forward to Dad-only time with the kids, the chance to do parenting his own way with Ben, now eleven, and Rosie, fourteen. For Georgia, she was just pleased she felt comfortable about leaving the family. Two years ago, she would never have contemplated this length of time away in such a far-flung destination. Georgia knew that Dave could be credited with her getting past the separation anxiety which had plagued her when the kids were younger. She was also confident that Dave could easily meet the daily demands of family. He was well-practised, although this venture also included the much-less-fun part of the care-package—keeping a watchful eye on Georgia's eighty-two year old father Reggie. Georgia and Dave knew that their gentle surveillance of her father was best done by maintaining the pattern that they'd established over time—leaving their phone numbers with neighbours, phoning him every two or three days, and providing a couple of meals a week. With Dave prepared to do that as well, Georgia was more relaxed than ever about passing the baton.

Their first three days in Paris were perfect. The flight from Perth was like a holiday in itself, the staff of Singapore Airlines catering to their every need—the choice of hundreds of movies and a steady flow of wine with restaurant-quality meals. The two of them enjoyed being waited on and even chuckled about not getting off the plane—instead, just flying around the world for ten days, lapping up the five-star luxury. Having joked about being reluctant to disembark in Paris, they were relieved at easily making their way from Charles De Gaulle Airport to the City of Paris by train. They then located their charming, comfortable four-star hotel in the third arrondissement and settled in. They'd both visited Paris before,

long ago and separately, so there was a firm list of things they wanted to do. Indeed, Georgia felt like she was visiting Paris for her mother Ellie, who had fallen in love with the city the first time she went. Ellie had planned a second trip but illness intervened.

Georgia and Linda were also looking forward to practising the French phrases they'd learned in high school. Just to top it off, the weather was extraordinary—the sun was shining and it was uncharacteristically temperate for May. They felt fortunate there were few tourists around Paris, although they were shocked to see small groups of French Army soldiers, rifles slung over their shoulders, strolling casually around key tourist sites. “Imagine what it's like here in the middle of August! There'd be people and the Armée de Terre everywhere. We're lucky!” Georgia said, aware that they had specifically organised to be there three months before the height of peak season.

Day Three in Paris, they were still amusing themselves with their school-girl French. “Je suis très fatigué,” they told each other and fell about laughing at what their high school teacher, the horrible Madame Bouffant, would have said if she could have heard them. But they *were* fatigued, happily exhausted after climbing the seven-hundred steps to the second platform of La Tour Eiffel, then enjoying a ham and cheese galette for lunch before a walk down the magnificent Champs-Élysées. They had a loose plan for what they would do for the rest of their time: a day strolling through the Louvre, an evening pottering around Montmartre and a day-tour to Monet's Garden in Normandy.

But, rather than just the famous sights, what they were really enjoying was doing what they liked, when they liked: for example, the day before, they had made a late-afternoon decision to take in an evening at the Opéra National de Paris. As they made their way across to the Opéra station, they complained to each other about the constant sound of emergency police and ambulance sirens wailing in the Paris night-air. They took the Métro back to their hotel but, after getting off at Strasbourg St-Denis, a homeless couple, neither of them able to walk without the other's assistance, approached Georgia and Linda at the underground exit. Holding one another up, each of the crippled pair held out a hand for money. The woman grinned, showing crooked gaps in her yellow teeth. Georgia fumbled for coins in her bag but Linda was quick to proffer a couple of Euro. Georgia and Linda were astounded by the woman's graciousness: “Merci. Dieu vous bénisse, vous et votre famille,” she said quietly, smiling at them.

The next day, Georgia and Linda fancied they'd take one of the famous Bateaux Mouches trips on the Seine followed by an afternoon lounging in the hotel, drinking Champagne and reading novels they'd purchased at a nearby bookshop. They were enjoying walking everywhere because, somehow, life got in the way of exercising at home. They and women like them said exercise programs and riverside walks were the first thing to go whenever someone was sick or there were teachers and dentists to see, as there always were.

Day Four, at ten am, they set off to the Bateaux office near La Tour Eiffel, with day-packs and Paris maps. It was a pleasant, cool morning and, after getting off at Lena station, they broke their twenty-minute walk to scoff freshly-made citrus crêpes and to drink coffee. When they got to the Port de la Bourdonnais, the Seine was sparkling.

“I feel like I have to pinch myself,” said Linda. “I can’t believe I’m here. I so want to do this cruise again!” They bought their ferry tickets and clambered aboard, heading to the open deck. Joyful, they sat on two seats close to the edge, taking out their cameras to record every moment.

As the boat headed off in the direction of the Cathédrale Notre-Dame de Paris, the handsome, young university student welcomed everyone in four languages. The Cathédrale, the most-visited site in Paris, was also on Georgia and Linda’s to-do list for later in the week.

Georgia’s mobile rang. It was Dave.

“Georgia? Can you talk?”

“I’m actually on the Seine, Darl, as we speak, it’s soo . . . exciting,” she said, elated to hear his voice. She paused, “Is everything alright?”

“Well, not exactly. Gary, you know the bloke who visits Reggie to get a haircut, well, he phoned me to say that Reggie was unwell. Anyhow, the short version is that your father’s in hospital. He’s okay, which is the main thing.”

Dave wondered why he offered this last reassuring comment. It was empty of meaning, but there was little point in imparting the sketchy information that he did have. The detail that Gary had provided had been alarming, so Dave chose not to report what Gary had said—that Reggie was making strange noises and jerking his legs involuntarily. “I raced down there, Hon, and got there just as Reggie was being wheeled out of the house.” Dave spared Georgia his own observations that Reggie was, in fact, groaning, twitching and unable to speak. The ambos had asked Dave some difficult questions, like “When did you last see him? What was he like then? What drugs is he on? Do you know where they are?” and Dave had to admit that he had little idea.

“I coaxed his little dog back into the house and Paddy, the neighbour, is looking after him. I’ve been into the hospital and, basically, they’re still investigating.”

“My God,” Georgia managed to utter. “Dave, I’ll have to talk to Linda and ring you back as soon as we get off the boat.” She hesitated. “I guess I’ll have to come home.”

As they looked across to the Louvre, Georgia told Linda what little she knew. “Of course, we have to go home,” said Linda. “It’s a no-brainer, and I’m not staying on alone.”

“But I was hoping we could finish our trip—it’s only another six days.”

They didn’t talk for the remainder of the cruise. They barely noticed the boat turning around at the impressive Gothic Notre-Dame on the Île de la Cité. Neither of them took photos. Instead, Georgia began to cry. First, her mother and, now, her father. It was so unfair. This was the second time she had been overseas and had had to decide, if and when, to come home to deal with a parent-catastrophe. Had she other siblings, one of them would have done what was necessary. Good friend Linda had stood in as proxy-daughter for several months after Georgia’s mother was diagnosed with cancer. It was awful to remind herself of that saga. She still felt bad about not being there, about allowing Linda to do what she should have been doing herself. This time around, it wasn’t fair on Dave either, or anyone else for that matter, to be taking on her daughterly role.

When they got back to the hotel, the two of them sat down, opened a bottle of bubbly and began to think about the next step. In the first instance, it was a matter of speaking with the lovely Singapore Airlines people and also the insurance company.

Georgia spoke to Dave early afternoon Paris time, before it got too late in Perth.

“How is he? Any more news? I suppose we should come home.”

“Well, yes, I’ve spoken with the doctors and, yes, you probably need to be here, Honey. He may have had a stroke. I’m sorry.”

The next morning at nine, instead of queuing for tickets to the Louvre, they were in a taxi, travelling to Charles De Gaulle Airport for the flight home.

As the plane took off, Georgia felt a mix of emotions. It was one thing to be sad and upset about what had befallen her father, but quite another to be annoyed that her trip to Gay Paree had come to an abrupt halt. It was so unfortunate, Georgia thought, that Linda had been embroiled, yet again, in her parents’ ill health.

“I’ve wrecked our holiday.”



“Friends cope with these things, Georgia. At least you’ll be home straight away this time and you’ll be able to see for yourself. There’ll be some decisions that only you can make.”

“Yes, of course, you are right. God only knows what I’m going home to, though.”

“Oh, well, nothing we can do now. Let’s just enjoy the flight, a movie perhaps, the last of freedom for a while.”

They ordered two mini-bottles of Chardonnay each, downing them in quick succession. Rather than a movie, Georgia listened to some of her favourite music from the seventies, Cat Stevens and Neil Diamond. She began to doze, feeling a sense of impending déjà vu.

It had been March of 1985. Georgia was twenty-four, in the first part of a year away, and she’d just returned to London after a three-week ski trip to Austria. She was having the time of her life, enjoying the lovely Jens, the handsome German ski instructor, who had joined her in London on a break between ski seasons. The two of them were clubbing most nights, something they had started together in Kitzbuhel. There, Georgia had belted back the schnapps and, with Jens’ guiding hand, had found the bravado necessary to somersault forwards and backwards all over the dance floor. What Jens hadn’t known was that, up until now, Georgia had never had the courage to acrobat and twirl across any dance floor. For the first time in her life, she was feeling like she could do whatever she wanted, even belong to herself. It was her year to flex her muscles, an only child, now adult, away from the intensity of her mother’s gaze.

Georgia’s parents, whom she called by their first names (something she started in high school), had very different reactions to their daughter’s journeying to Europe. Her mother’s main concern was Georgia’s safety but, if the truth be known, Ellie was also apprehensive about herself, about how she would fare in her daughter’s absence. On the other hand, Georgia’s father was untroubled by the news that his daughter was going on an adventure of her own. Reggie’d been on plenty himself, so he hardly missed a beat when she explained her travel plans. Different again was the reaction of neighbour and family friend Bill Grantham. He encouraged her, emboldening Georgia to head off alone “to get out where the bull feeds,” in Bill’s words, and to find out who she was.

So, mastering the disco-somersault had been thoroughly empowering, all the more because Ellie would have been mortified had she witnessed her daughter’s dangerous après-ski antics. Up until now, Georgia’s life had been governed by her mother’s fear of disaster because Ellie was the sort of person who, if she couldn’t see a threat, would *know* there was one there. As stupid as it sounded, with her mother thousands of miles away, Georgia was enjoying a new version of herself—that is, up until later in the year when her mother was

threatening to come to London for a month's holiday with her friend Thelma. Even though it was planned that Ellie was to do day-tours for most of the time, Georgia was miffed about the intrusion. Sure, she was pleased to be seeing her mother—there was a special closeness between the two of them built through extensive time alone together. But, and perhaps it is the only child who particularly understands this, Georgia was concerned her new freedom would be curtailed.

As it was, every two weeks Georgia received an aerogram from her mother. Each letter was a reminder of her mother's constrained life—an update about an occasional lunch and theatre evening with Thelma, about how her travel plans were progressing and what had been happening with the neighbours on Solomon Street. In particular, Ellie spoke of long evening conversations with neighbour Bill Grantham. As far back as Georgia could remember, her mother and Bill spoke frequently on highfalutin topics like politics, war and euthanasia—name a controversy, they'd discuss it. Her mother's letters made Georgia feel warm and connected, but never homesick. Georgia also noted there was little news of her father. The omission gnawed at her—her worst fear was that some kind of family disequilibrium would result because of her being away. In Georgia's family, she was the fulcrum upon which everything turned and, in her absence, she was afraid the family would struggle, implode even.

In April one morning, just as London's cherry trees blossomed, a phone call from her father Reggie thrust Georgia back to mid-point of her family triangle. Rooted to the cold hallway floor of her West Kensington flat, she gripped the phone in disbelief at hearing her father speak: "Hello Georgia. It's Reggie. The news is not good. Your mother has cancer."

"My God," was all Georgia could manage.

"She's in hospital and will be having an operation this afternoon. But I'm sure she's going to be fine. For now, there's nothing any of us can do, it's best you just stay where you are," he said. "I'll keep you posted."

Georgia remembered feeling like one of those crisp apples her father snapped in two with his big, bare hands. Her father had explained there was a large tumour in her mother's abdomen. He also told her which hospital she was in so Georgia could call the next day after the operation. The other thing he repeated was that her mother would make a full recovery. It was a sentiment Georgia so wanted to believe, the only comforting statement her father had made in his short phone call. She grasped at the optimism since it fitted so perfectly with what she wanted to hear.

That evening, Georgia drank a bottle of cheap Sainsbury's wine all on her own. The next day, hung over, she put a call through to the hospital. Her mother's thin, wavery voice was

barely recognisable: "I'm okay, Darl. The doctor says I'm going to make a full recovery. I really don't want you to be worrying."

"I should come," Georgia said, between the tears.

"No, Darling. I'll be just fine. Remember, I'm seeing you in July."

Georgia knew she should return home immediately but something stopped her. It had been far easier to believe that Ellie would get better, to suppose that her mother's travel arrangements for July would remain on track. Ellie's arrival date for London was a whole three months away, giving her plenty of time to get well. Several days later, Reggie phoned to tell Georgia that Ellie had triumphed over the surgery and was back at home, recuperating well.

Ever since then, and with the benefit of hindsight, Georgia has known that staying put was wrong, that allowing herself to remain in London, mediating her misery in Kensington's pubs and nightclubs, was misguided. To salve her conscience, Georgia spent more than a hundred pounds phoning Ellie and also her school-friend Linda, who she knew was keeping an eye on her mother. She trusted Linda's advice and was grateful to have an independent assessment of the situation. To keep herself occupied, Georgia met up with her acquaintances in South Kensington wine bars, and there were always parties to go to and dancing to be done. Her brief fascination with somersaulting had passed, but she did manage to continue some travelling, squeezing in a short visit to Russia, a place she'd never dreamed of seeing. But the equanimity she had acquired in the early months of her year away, the sense that she might belong to herself, had changed in a sudden and cruel fashion. Now she was back in frequent contact with family and alive, for the first time, to the possibility that mothers do not live forever.

After Georgia's return from Russia, Linda intimated that Ellie's recuperation was unexpectedly slow. By the end of May, just six weeks before Ellie was due in London, Georgia learned that her mother had begun to feel awful pain in her back and legs, making it difficult for her walk and to sit. The earlier notion of a complete recovery was now crumbling, as were the plans that her mother would see her in July. Still, there was no news of Reggie, and when Georgia's guilt could no longer be assuaged by regular phone calls home, she booked her return-ticket. Linda was reporting that some neighbours and friends on Solomon Street were asking: "Where is Georgia?" Linda was also now saying she should come home.

It was nearly midnight in the grey Arrivals lounge of Perth Airport. Georgia took an anxious moment to locate her mother in the night-weary crowd. She held her mother gently, both of them crying—it was so obvious to Georgia that illness had diminished her mother's spirit.

She noticed Linda standing only metres away. Of course, Ellie had needed Linda to bring her to the airport—her mother hadn't driven one block since the operation, and Reggie was nowhere to be seen.

As they drove back to Solomon Street, the three of them were subdued. Georgia, herself, was now cognisant of the fact that she was on the edge of something big, the need to respond to her most demanding challenge yet. Georgia put her backpack down on her old single bed. Her shoulders slumped, her bedroom, unchanged, was much smaller than she remembered. As always, Pandy, the small black-and-white panda Georgia had been given as a baby, sat in his miniature cane chair. She wanted to sit and talk, to find out how her mother really was and to also have some time with Linda, to tell her about her trip, but Linda had needed to go. So, Ellie and Georgia were now alone for the first time in four months, sipping their cups of tea, each grateful the other was alive.

"Mum, I'm so glad to be home. How are you? Really." Georgia asked, holding one of her mother's thin, little hands.

"Well, Georgia, you can see that things are not the best—they could be better."

"Yes, I know."

"But it's wonderful to have you back, Darl. Tomorrow, will be a better day. I hope you will be able to do some shopping for us both. But right now, I really need to get to bed. I haven't been up this late in a while. Also, I have an appointment with the oncologist in two days. Hopefully, you will be able to take me to the clinic."

"Of course," said Georgia, now aware that remaining overseas meant she'd missed dozens of her mother's hospital appointments. "And, I do need to ask, just where is Reggie? I haven't heard from him myself for maybe a month."

"I want to tell you your father is not here. Apparently, he's living on a yacht at some club. He's been gone a couple of months now."

Georgia was savage. The bastard, she thought. She felt like she'd been punched in the stomach. With Ellie's illness like it was, she didn't understand why he'd chosen to be somewhere else. Georgia allowed some time for Ellie to get into bed and then went to her mother's room. The trappings of sickness were obvious: the sheepskin on the bed, the carton of Ensure, straws and several bottles of medication. Georgia had wanted to climb into bed beside Ellie. It was something she'd done as a child when she couldn't sleep. She'd crawl into her parents' cosy double-bed, breathe in the warm smells of her mother's body

and an instant calm would descend upon her. She wanted to do that right now but, somehow, it was no longer possible.

Georgia was quick to assume the role of carer. It was impossible to do otherwise with the endless list of jobs: doctor appointments, medical bills to be paid and domestic duties to be done, like washing and shopping. Georgia wondered how Ellie had gotten on without her. She guessed it was Linda who had done the work. How, she pondered, would she ever repay her?

As pieces of information about the last months trickled forth from her mother and Linda, Georgia realised how little she'd known of the truth. The tumour had been the size of an orange and, rather than successful, her mother's surgery had been an open-and-shut case. Georgia had heard of that before, doctors opening someone up, finding some monstrous growth and rushing to close the person up as quickly as possible. She'd also heard that opening people up let the air in and made the disease spread like wildfire.

Once a fortnight, Ellie and Georgia sat on uncomfortable, dark-blue chairs in the dreary Outpatient Department, waiting to see stylish oncologist, Dr Charbonneau. Ellie's physical decline, along with that of the other oncology patients, was so very visible. They all waited in embarrassing silence. After a few visits, Georgia was feeling frustrated by the lack of information about what might be happening, so next time, she asked without thinking: "What's my mother's prognosis?" Just as bluntly, Dr Charbonneau replied that Ellie had secondaries and that her outlook was poor. Suddenly, the optimism that she and her parents had shared at the outset was a nonsense—Ellie's prospects of recovery were non-existent.

As Georgia continued to look after her mother, running errands to the private health fund, the shops and the pharmacy and interacting with the nurses who now visited at home, she found she'd all but forgotten the exhilaration of life in London. Instead, she felt like she was hurtling on some amusement-park roller coaster, feeling too small and too terrified to survive the ride. The months in London seemed to have done little to prepare her for what she was now doing. She had never dreamed of being a nurse. Cleaning bodies and dealing with vomit or blood had never been her thing, and when she assisted her mother to shower and dress each morning, she felt her insides contract.

"Darl, can you please dry between my toes? I can't reach them this morning." Ellie, short of breath and exhausted, would be sitting in the bathroom on the white shower chair that one of the nurses had brought. Her mother would cover herself with a towel for reasons of modesty while continuing to pat herself dry with one end of it. Georgia would take a second towel and begin to dry her mother's feet with gentle dabbing movements. The sight of her mother's legs, white and enlarged, was disturbing, one leg more swollen than the other. And there

were small lesions on her legs which Ellie said had been there for weeks. Her mother's puffy legs were in caricature-contrast to her thin, bony arms and shoulders, and Georgia had been mystified and astonished to learn that cancer can make parts of you swell.

Ironically, amidst the awfulness, warm moments between Georgia and her mother unfolded from a nothing-start. "I'm so grateful to have a daughter, Georgia. How would I get by without you?" Ellie said one evening, as they lay together on Ellie's bed, the indignity of Ellie's dependence as well as the weight of Reggie's rarely-acknowledged absence hanging in the air.

"Well, you did get along without me for a time, Ellie—er . . . I'm sorry now that I didn't come sooner," Georgia stammered.

There was only one moment when the two of them mooted the spectre of Ellie's impending death. "Ah, you know, Georgia, I really thought I'd beat this thing," Ellie said.

"And I'm going to miss you, Mum," Georgia managed to say, between the tears.

And there were lighter moments of reminiscence as well. "Remember that day you did the high-jumping, Georgia?"

"How could I forget, Mum. Sooo embarrassing!"

And the two of them giggled about the anguish they'd both felt that day at the Commonwealth Athletics Stadium. Her parents and Bill Grantham had been there to watch her first-ever interschool athletics event. She was just fourteen. She did a dozen run-ups to the bar, baulked each time, and then suffered the horrible humiliation of disqualification in front of a thousand people.

But the hours the two women spent together weren't always filled with gentle reflection and intimacy. There were agonising moments, too, when Ellie let fly with her sharp tongue. It was as though Ellie's illness bubbled up inside her, erupting whenever Georgia's penchant for an off-hand remark got the better of her. One Saturday lunch, Georgia was preparing chicken and cucumber sandwiches for her mother and Thelma, Ellie's friend. Georgia made an attempt at what she thought was light-hearted humour.

"Surely you don't want me to empty the rubbish as well, do you?" she asked, hoping that her attempt at cheerfulness would allow some of the tension she felt to seep away. But Georgia was the only one who laughed. "How dare you find it funny. Please go away," Ellie shot back. Stung, Georgia's face reddened as she put the plates of sandwiches in front of the two

women and retreated. She was thankful that she needed to empty the bin, a perfect excuse to leave the room.

By this stage, Georgia had been home six months. It felt like forever. With Reggie gone from Solomon Street, so had the heart of the neighbourhood, and the support that once flourished on the street vanished. Surprisingly, most of the neighbours stayed away except, of course, for widower Bill Grantham. Linda and Thelma visited Ellie and Georgia, but Bill was the only neighbour on Solomon who dropped in every two or three days. He would sit with Ellie for an hour or two, sometimes the two of them were silent and, at other times, they talked. Georgia took little notice of what they spoke about and, instead, took the opportunity to leave the house, to go for a walk, to yell into the trees about the awfulness of their two lives and remind herself that the journey was of finite duration.

Through it all, her father remained silent. "Your father has been an utter, utter disappointment," Ellie spat on a couple of occasions. For Georgia, though, it was about the mystery of his actions as she struggled to understand his abandonment. She missed him terribly, and sometimes the hollowness she had inside led her to go in search of him, circling the yacht club, hoping to catch a glimpse. One early evening, she did meet up with him. They hugged briefly and talked a little about her trip. They spoke for fifteen minutes, and Georgia noted that he couldn't look her in the eye. Instead of asking her how her mother was, he mumbled something about Ellie hating him.

And Ellie's pain became more and more excruciating. Georgia felt helpless to ameliorate it. So did Dr Charbonneau who, without much discussion, passed her mother onto a friendly palliative care doctor. Phil Khristos took over immediately. He was refreshingly up-front, quite unlike the other doctors and nurses Georgia had met previously. Even so, Georgia was in shock when she put down the phone from him one evening. It was after her mother had gone to bed: "You know, your mother needs a hospice, I don't think she's got long to go." Georgia was unable to speak, his directness silencing her. After Georgia hung up, she crumpled in a heap on the floor, making loud guttural yelps. She'd cried on and off since the news of her mother's cancer, but never like this. She felt like she had been stabbed in the throat. It took minutes for her body to stop shaking.

The next day, Phil phoned to say he had a hospice bed for Ellie and he hoped she would come in so that he could sort out her pain. When he explained it to Ellie like that, she went willingly. She had been in the hospice a week when one of the nurses phoned Georgia at home at six am. It was a chilling call: "I think you need to come in as soon as you can." Georgia let Linda know and went in. Strangely enough, her last day with Ellie was probably the best of all. Coming away from her daily visits in the earlier part of the week, Georgia would worry through the night that her mother's death might happen without her.

Unbelievably, that last day lifted the fog of uncertainty. For once, Georgia knew what was about to happen.

When Georgia arrived, Ellie spoke: "I'm sorry for all the fuss, Darl. Do you know if Bill is coming?"

And that was it, Ellie didn't speak again. Georgia thought that Ellie asking about Bill was just some strong pain-relief talking. Georgia had assumed that neither Bill, nor her father, would come. So all Georgia could do now was hold her mother's porcelain-cold hand. Ellie drifted into unconsciousness, long rasping breaths coming irregularly.

Linda came to the hospital to sit with Georgia and, over a quick lunchtime sandwich out in the garden, the two of them talked of Ellie's previous conversations about living wills and not extending life. Georgia wished she had taken more notice, she might have known better what to say or to do in regard to what was happening right now.

"Let's talk to a nurse when we go back in," Linda suggested.

Georgia and Linda resumed their bedside-vigil and waited for a nurse to visit the room. Eventually, a middle-aged, surly woman appeared and asked if everything was alright. An odd question, Georgia thought.

"Isn't there something you can do?" Georgia had asked the nurse.

"What do you mean?" the nurse asked.

"Something to stop the pain," Georgia managed to say, trying not to tear-up in front of the stony-faced woman. "My mother said she wouldn't want this," she improvised.

"She's had morphine already today, so I think the answer's no, but I'll go and ask Dr Khristos."

A half an hour later, Phil came to the bedside. He touched Ellie's hand, and looked across to Georgia sympathetically.

"I think we'll give your mother another injection of morphine, Georgia, just to make sure she has no pain. But, I need to tell you, it may work very quickly. Is that okay with you?"

Five minutes later, the grumpy nurse returned with a syringe filled with a white mixture. She checked Ellie's hospital name-band, and then gave her the injection.



An hour later, Ellie coughed, a trickle of brown blood rolling from the corner of her mouth. Georgia knew at once what had happened, knew that without knowing it she had asked for it to happen. She fled the room—next door to the hospice was a grassy expanse beside an old, red-brick church. She flung herself onto the lawn, folding into the ground, oblivious to the fact that Linda was with her. Georgia's loud gut-wrenching grief, sounding grotesque across the quiet hospital grounds.

\* \* \* \*

With that, a Singapore Airlines steward interrupted Georgia to offer her a choice of dinners: pan-fried fish or chicken rendang. She was relieved to come out of her reverie. "I'll have the fish thanks," she said. "How's the movie?" she asked Linda.

Linda took off her headset. "I'm part way through it, it's *Two Weeks* with Sally Field. Yeah, it's a bit heavy-going, but brilliant. It's the story of a family coming together in the last two weeks of their mother's life. I'm happy to have a break from it, though."

"Oh, God! Isn't there something more cheerful you could watch? It's time for more wine!"

"Yes, it is a bit dour. I need more wine, too. The woman is dying of cancer, but you can't run away from these things."

"No, of course not. I'm not running. Home we go!" Georgia said, feeling tipsy.

"The good thing about the *Two Weeks* family is that there are four children, not one. As an only, you're it, Georgia. Four can spread the load, but only if they get on. Take my family for example. I might as well be on my own."

"Well, I've learnt some things from Ellie's death. You never know, they may come in handy."

As they landed in Perth, Georgia hoped she would manage her father's illness better than she had her mother's. She suddenly felt alone, soon-to-be orphaned, a reluctant recruit to the position of family-elder. Dave, there to pick them up, took Georgia and Linda directly to the hospital. He would bring the kids in that evening since they had yet to see their grandfather.

Having worked as a hospital social worker after her mother died, Georgia knew how to negotiate her way around these strange institutions. She wished she had been better-equipped in this regard when her mother had needed her. A young resident doctor explained the latest about Reggie's medical story. As expected, the scenario was bleak. Her father had

misjudged his warfarin, for whatever reason, and one of its more dangerous side-effects had trumped the benefits—a stroke affecting the brainstem. He was unresponsive, unlikely to regain his speech or movement. The best of it, or the worst of it, depending on which way you looked at it, was that he would remain in a vegetative state and need to see out his time in a nursing home.

“He’s not for resus,” Georgia told the staff, knowing they might well think she wanted him dead. And, in some ways she did. She only wished she could have been decisive like this at the end for her mother. She knew Ellie and Bill had talked euthanasia and living wills but she hadn’t felt grown-up enough to know how to handle it. And Bill, who might have known more about what Ellie wanted, had been absent as well.

Within three days, Reggie developed pneumonia and the doctors were seeking Georgia’s instructions about whether or not to treat. Georgia and her father had at least talked this kind of thing over, much more than she had with her own mother. “If something happens, just let me go,” he’d said. It was a straightforward directive but, now that the moment had arrived, seeing it through to its conclusion made her feel like she was playing God. It was much harder than anticipated. Days and nights rolled into one as Georgia sat in a recliner-rocker beside her father waiting for him to die. It was a long time, sitting, observing her father. Such a relaxed, peaceful man, not afraid of anything or anyone, never a thought for yesterday or a worry about tomorrow. It was never too late to learn from him. Dave stayed overnight with Georgia a couple of times and brought the kids into the hospital each day. Linda also came in on most days.

Georgia was amazed at how many of her father’s friends and acquaintances stopped by to pay their last respects—many of them people she didn’t know. Georgia hadn’t realised the degree to which Reggie had rebuilt his life—without her!—in the rental property he’d lived in alone after he got back from his trip around Australia. His ex-lover Delilah had died of breast cancer and, in some ways, Georgia found it easier that she was no longer around to complicate matters. Georgia was astonished to learn that her father had continued to care for Delilah after she’d dumped him. He had remained in touch, helping her when she moved house, and even going onto an overnight care roster with her friends and family so that she could die at home. And, now it was her father’s turn to be on the receiving end of a bedside vigil. Second time around, with Dave by her side, Georgia was relieved to see her father take his last breath, to see him go so perfectly, textbook-tranquil, and then to sit with his dead body in a state of calm herself.

The next day, Georgia rang her father’s relatives in the eastern states as well as friends and ex-Air Force mates to tell them he was gone. Dave informed Cruella, the boss of the Golden Dream Home-Help Service, aka the witch from *One Hundred and One Dalmatians*. Georgia

contacted her father's neighbours and told the news to a few people whom she knew relied on Reggie for their haircuts. Gary, who came for a cut regularly and the one who had found Reggie after his stroke, insisted that Reggie's birdbath leaning over in the front garden was his. Georgia told him to take it.

"What about my haircut?" Gary asked.

"You'll have to get that somewhere else, now," Georgia said.

Georgia, Dave and Linda made the first of many visits to Reggie's house to begin the tidy-up. As her father had hoped, the vast majority of the cleaning up had been left until he was gone. The dog was re-homed with one of his also-elderly friends. And neighbours came by. "You know, I left a recipe book at Reggie's and I'd like it back," said Paddy, the man from two doors down who'd kept a neighbourly eye on Reggie.

Another asked: "Did you know my glass chess table is at your father's? We often had games together and it was easier to leave it at his place. If you find it, I'd really like it back."

"I've got a little telescope of Reggie's," said a woman. "I'd like to keep it, if you don't mind?"

"Reggie was fixing a little vase for me," barmaid Katherine said. "It's a family keepsake. I doubt he finished fixing it, but if you find the pieces, I'd appreciate it if you could give them back to me."

Finding a home for her father's things was easier and more pleasurable than Georgia expected. It was extraordinary what people wanted and why. Georgia, Dave and Linda trawled through the rooms of his house. There were things they fancied as well: Dave wanted the battery charger, Linda a guitar, and Georgia took a liking to the brass barometer and the government certificate of gratitude for fighting in World War II. Rosie and Ben wanted a toy camera and a medallion of their grandfather's. Over the next two months, more people came and took the things they wanted and made offers on the bigger bits. It was like a street-party, something that never would have happened around her mother. Slowly, the stockpile of assorted, disparate goods, which Reggie had accumulated throughout his life was sorted and moved. Nothing was thrown away. Instead, Reggie's possessions were begged, borrowed and stolen and plenty of them, including a wad of scrappy paperwork found on top of his fridge, did the full-circle back to Georgia and Dave's home.

What none of this resolved was the question of Bill and Ellie. After Reggie's stroke, he never spoke again so, even if Georgia had wanted to ask him, she was unable to. When Georgia had travelled across northern Australia with her father, he had hinted that there was

something between Ellie and Bill. Perhaps the shoebox of cards and notes that Bill's sons had given her was important. Up until now, Georgia hadn't bothered to read them, instead finding room for the box in her mother's old, teak glory-box.

Georgia rarely opened the glory-box, which stood in one corner of their large bedroom. Every now and then, Dave poked fun at the heirloom, at the hardly-ever-used, sentimental piece of furniture. Georgia, like him, struggled to understand why any woman would have one. But Ellie had used the box for its intended purpose, that is, to store precious dowry items, the sacred trousseau that she'd so carefully put together for her marriage to Reggie. The contents of the box still smelled comfortingly of Georgia's mother, of her face powder and the Chanel perfume she loved. The box had once contained precious home-sewn table linen, doilies, crystal platters and handkerchiefs but, now, Georgia used it to store those things of her mother's she couldn't bear to part with—like a black, Austrian petit-point purse, a vintage, gold Glomesh bag, a mink stole and the small, lace Christening dress that she wore as a baby at her own Baptism. When there was something that Georgia didn't know what to do with, like the shoebox, she opened the chest, found a space and shut the lid.

Inside the shoebox, there were several postcards, a dozen birthday cards and a letter—all of them addressed to Bill in her mother's handwriting. One of the postcards was from Paris. "I don't want to come home!" it had said. "Am missing you all." The date indicated that her mother had sent it when she was doing her first and only overseas trip, an organised tour of Europe with Thelma. It was 1974, when Georgia was still at school. While her mother was away, she had stayed at home with her father and, during the school holidays, the two of them went to a seaside town three hundred kilometres up the coast of Western Australia for a few days. The birthday cards were also for Bill. Every year for the last twelve years of Ellie's life, she had sent a card for Bill's birthday—the twenty-first of April.

The letter, however, was more recent, September nineteen-eighty-five, written to Bill by Ellie a couple of months after Georgia came home from London. It said: "Dear Bill, as you and I know I am not getting any better. You remember I asked that when I could no longer make important decisions for my future that you might direct the doctor to allow me to die. But in recent months I have come to understand that this is not what I want. Since Georgia has been back it is clear to me that life is sacrosanct. I must see it through in full, regardless of what happens, for her sake if nobody else's. And I also wouldn't want to burden Georgia or you for that matter with the final, final wishes of another. I want to tell you also that had it been another time and place things would have been different between us. I will miss you. Love always, Ellie."

Having forgotten about the shoebox until now, Georgia thought it was important that she take the lackey band off the small bundle of papers she'd found when cleaning her father's fridge,

to see if, like those in the shoebox, they held any particular messages for her. She was also uncertain as to whether or not her father had left a will—they'd never talked about things of that kind.

In the bundle, she found several unpaid bills: gas, power and home-help accounts—she would need to attend to those sooner rather than later. And, there were several names and phone numbers she didn't recognise, jotted down on the backs of old shopping receipts. Maybe she should call those people and let them know what had happened? There was also a sheet of lined paper with hand-written note: "This will is made by me Reginald Kenneth Merrick of Western Australia. I appoint my only daughter Georgia Ellie Merrick of Western Australia my executor. I give all my estate to her except for a sum of eight thousand dollars which is to be given to Linda Jane Gardiner. This is in recognition of Linda's care of both my wife and I."

The will was signed and dated, the 15<sup>th</sup> January, 2003, with an addendum which said: "Life's too short. Georgia and Linda, have some fun. Go and do an overseas trip together!"