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The ‘Dys-Appearing’ Body in Doris Lessing’s *The Diary of a Good Neighbour* and Margaret Forster’s *Have the Men Had Enough?*

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Abstract: If the old body is usually read as a synonym of fragility and upcoming illness, even though not the case for most elderly citizens, the reality is that the longer we live, the increased probability of being affected by different illnesses cannot be eluded or denied. In Doris Lessing’s *The Diary of a Good Neighbour* and Margaret Forster’s *Have the Men Had Enough?* the reader is invited to participate in the day-to-day routines of two aged female protagonists, as well as to empathize with their inner feelings as they go through their last life stage. In fact, their ‘dys-appearing’ bodies, marked by their respective terminal illnesses, force these characters to grow closer to those around them and to accept the help of their families and friends, despite their desire to keep their free will and independence until the very end. The analysis of the two novels within the framework of ageing studies aims to show the contradictions existing between a growing ageing society and the negative cultural connotations of old age in Western society and the need to revise them.

Keywords: disappearing body; illness; ageing process; contemporary fiction

1. An Ageing Society and the Ageing Body

Despite the evidence that the population is ageing at a worldwide level, old age is still related to words such as lack of productivity and loss. The body is indeed the first thing that comes to our sight when we meet someone for the first time. Especially in Western society, the external body has been and still is read as the representative of the soul; thus, a body that looks attractive and healthy is perceived as belonging to a person who has to be praised. On the other hand, a body that looks

unhealthy and not well cared for is read as a clear sign of carelessness and, even, vice. In *The Body and Society* [1], Bryan S. Turner revises the different meanings attached to the body in Western society from the Greek tradition up until contemporary society led by a capitalist economy based on consumerism. The growing distancing of the body from its basic functions attached to the survival of the species, in other words, nutrition and reproduction, has turned the human body into a “self project” ([1], p. 5) within which individuals express their own selves. In Turner’s words, “given the emphasis on selfhood in contemporary consumer culture, the body is regarded as a changeable form of existence which can be shaped and which is malleable to individual needs and desires” ([1], p. 5).

The dichotomy between virtue and vice given the appearance of the external body becomes more poignant when applying it to the elderly. As sociologists Mike Hepworth [2–5], Mike Featherstone [2,3,6], Andrew Wernick [6] and Bryan S. Turner [1] have argued in several studies, those old citizens who have been successful in keeping the signs of ageing at bay are seen as having reached some kind of social success and, consequently, they are admired and praised. Those who clearly show the signs of ageing on their bodies are perceived as somehow careless. Advances in the medical terrain as well as a wide range of products and services that help disguise the signs of ageing from the external body have contributed to reinforce the above-mentioned dichotomy. In that sense, Featherstone and Hepworth’s article on the study of positive representations present in the media concludes that “within the vast array of images daily produced by consumer culture which we encounter in the media, we are often encouraged to carefully scrutinize physical appearance and home in on the age characteristics of the human bodies presented” ([7], p. 29). For Margaret Moganroth Gullette, the negative cultural implications attached to the signs of ageing on the body has brought her to the conclusion that we are indeed “aged by culture” as she thoroughly argues in her book with the same title [8]. However, the reality is that the longer we live, the higher the probability of being affected by different illnesses; as Gullette argues, “decline is the truth of ageing”¹ ([8], p. 11).

An even stronger dichotomy arises at this point since the ageing body with signs of illness is increasingly displaced from everyday life in advanced societies, as Norbert Elias argues in *The Loneliness of the Dying* [9]. Thus, despite the fact that society is ageing, old age, the old and ill body, is increasingly erased from our everyday life despite the fact that Western society is ageing exponentially. Such a dichotomy is present and questioned in contemporary fiction. Since the beginning of the 1990s, fiction has been considered a valuable source to understand and question images of ageing constructed in a given society in a specific moment. Researchers Kathleen Woodward [10] and Barbara Frey Waxman [11] have published studies in which novels are analyzed from the prism of the ageing process as lived and experienced by ageing and old characters. Throughout their analysis, they agree on the fact that, despite living in an increasingly ageing society, “in the West our representations of old age reflect a dominant gerontophobia” ([10], p. 7). By analyzing the negative stereotyping present in literary texts, Woodward and Waxman denounce to

¹ For Margaret Moganroth Gullette, decline is the natural consequence of ageing, but her work, *Aged by Culture*, far from implies that the individual should be made invisible and should be separated from the everyday reality of his or her community. In that sense, Gullette refers to “the economics of the life course, the cult of youth and other forces of middle-ageism” ([8], p. 20) as elements, which, based on economic interests, are leading to a growing ageism, especially in the Western world.

what extent old age is seen as a threatening life stage. Literature contributes to presenting the ageing process as a multiple one and as being humane through different points of view and discourses that conform a literary text. In 2000, Mike Hepworth's *Stories of Ageing* [4] was published. In Hepworth's work, a good number of contemporary novels are taken as data to understand the conceptions of old age within contemporary society. As his study shows, literature is "a valuable asset to anyone who wishes to understand the interplay between the personal and social aspects of the ageing process" ([4], p. 18). Doris Lessing's *The Diary of a Good Neighbour* [12] and Margaret Forster's *Have the Men Had Enough?* [13], the two novels that are analyzed in this paper in the light of the literature related to the ageing process from the fields of sociology and social sciences, are a case in point that prove fiction to be a valuable source to reflect on the limiting social meanings and connotations attached to the ageing body, particularly when related to illness and infirmity.

2. The 'Dys-Appearing' Body

The 'dys-appearing' body defines, according to Drew Leder,² the process by which the self increasingly disassociates itself from the body due to pain, illness or dysfunction. As Leder explains, "[i]nsofar as the body seizes our awareness particularly at times of disturbance, it can come to appear 'Other' and opposed to the self" ([14], p. 70). Even though Leder does not associate illness with old age, he does acknowledge that "[t]he aging person must adjust to a multitude of physical changes" ([14], p. 90). Mike Hepworth draws on Leder's concept in *Stories of Ageing* in which he explores fiction as an imaginative resource that is helpful to understand "variations in the meaning of the experience of ageing in society" ([4], p. 1). Following Drew Leder's tenets, Hepworth recognizes that in the fiction he analyzes there is a moment in the life of some of the protagonists, just as there is in the life of present-day English citizens, when an intense pain, a mild dysfunction, or even a life-threatening illness, brings the individual to full awareness that he or she is in old age. As he explains, "[b]ecause a great deal of the complex and variable process of physical ageing does not take place on the visible surfaces of the body it is not surprising that we may 'suddenly' become aware that we are ageing" ([4], p. 47).

As, following instances of pain or bouts of illness, ageing bodies cause their owners to become increasingly aware of their weaknesses so that elderly persons tend to believe that the body that is failing them is not really theirs; in other words, their increasingly dysfunctional bodies are masking their true selves, that is, selves that are still eager to go on. In this sense, the ageing characters present in the English novels analyzed here realize, in a single flash of awareness deriving from the 're-appearance' of their bodies following an experience of pain or illness, that they are in a stage of

² In *The Absent Body*, Drew Leder bases his argument on the tenet that, even though "[h]uman experience is incarnated" ([14], p. 1) since we both receive and respond to the surrounding world through our body, the body is "essentially characterized by absence" ([14], p. 1) in the society in which we live where basic physical needs are satisfied. In other words, in most of the activities in which we are absorbed in our day-to-day lives, our attention is set on those activities rather than on our embodiment. Drew Leder understands the term "dys-appearance," with the Greek prefix 'dys' implying illness or disease. Thus, he considers "dys-appearance" and "disappearance" as "antonymic" at the same time as they are "mutually implicatory" since "[i]t is precisely because the normal and healthy body largely disappears that direct experience of the body is skewed toward times of dysfunction" ([14], p. 86).

advanced ageing. Thus, these characters live their process of advanced ageing as a growing disembodiment of their physical corporealities. Failing senses and limbs, bad odors, pain and ultimately illness make ageing protagonists disengage from their bodies and, in some cases, from the societies that judge them by external appearance only.

Thus, it is not only the ageing person who dissociates him- or herself from his or her body. Those people around old persons also tend to perceive them as different because they look old or ill, or both. It is in this respect that Drew Leder defines “social dys-appearance.” According to Leder, we “most easily forget [our] body when it looks and acts just like everyone else’s” ([14], p. 97); thus, as both old age and death become distant to civilized societies, they are viewed as disrupting. This tendency is what Norbert Elias has called, in his book with the same title, “the loneliness of the dying,” a phenomenon which he recognizes as being characteristic of advanced civilized societies. In Elias’ words, “[t]oday in industrialized societies the state protects the aged or dying person, like every other citizen, from obvious physical violence. But at the same time, people, as they grow older and weaker, are isolated more and more from society and so from the circle of their family and acquaintances” ([9], p. 74). As a consequence, the processes of advanced ageing and dying “tend to be dimmed by repression in later societies” ([9], p. 90), whereas in the past, death was part of the ordinary aspects of a life and, thus, “the participation of others in an individual death was more normal” ([9], p. 16).

In post-industrialized societies, due to the close association of old bodies with death, the aged corporeality is approached as ‘dys-appearing,’ that is, as if it was becoming increasingly foreign and unrelated to the individual’s self, and also as ‘dis-appearing,’ that is, turning more and more invisible in social terms. In contemporary fiction, we find depictions of the attitudinal and behavioral variations that characters experiencing their advanced ageing or dying processes adopt towards their ‘dys-appearing’ bodies, their selves, which are still very much alive, and the prejudiced society in which they live. Those characters whose bodies draw attention to themselves by causing pain or failing bio-medically, usually interpret this re-appearance of the body as part of their own process of disappearance, that is, of dying. Once those around them realize that the bodies of their ageing and older relatives and friends have started to ‘dys-appear,’ they usually advise them to go into hospital or into a residential institution so that their bodies can be kept under control. In this way, aged bodies are made to disappear from the normal social world.

One characteristic of civilized communities is that they are increasingly influenced by consumer culture. In such communities, the body becomes the reflection of the true self so that, as Mike Featherstone and Mike Hepworth [2] argue, the body has to be constantly ‘serviced’ in order to look youthful and healthy. In the event that the body is not cared for in this way, there are serious consequences; as Elizabeth Hallam *et al.* have pointed out, “those whose bodies fail to live up to consumerist imagery, ageing, unkempt or disabled individuals can become socially dispossessed, if not ‘dead’” ([15], p. 4). Illness or disability are perceived as trapping the individual in a space in which his or her independence is forfeited and, with that, his or her status as a social being. As Mike Hepworth contends, “[t]he aging body is therefore increasingly the focus of social surveillance in the search of signs of competent agency. Essentially the social surveillance of later life is a matter of scrutinizing processes of interaction between the body, self and society as they relate to the ability to act independently as a person in a highly individualized society” ([5], p. 127).

Even though ageing does not necessarily imply one or another immediate impairment of the physical body, the look of age is translated into weakness and frailty in Western society. Thus, old age has been closely attached to illness and infirmity, even though a person may enjoy good health right up to his or her death. As Simons Biggs explains, “most people are healthy and active for most of the adult life course and then decline very quickly before death, a phenomenon described as a compression of morbidity” ([16], p. 142). Despite the fact that the physical decline of the body through the ageing process cannot be negated, a number of researchers within different disciplines point out the need of revising and redefining cultural and social constructions of old age centered on the decaying body.

Haim Hazan identifies the role of “patient” among the few roles³ left to those in old age in contemporary Western societies. According to Hazan, “the pathology of the body is transformed into social pathology that finds its symbolic expression in the attribution of diseases and physical malfunctioning to old people” ([17], p. 44). Even though Hazan argues that old age may bring a weakening of the body and even chronic illness, this does not seem to be the norm in modern society. However, by adopting the role of the patient, older citizens are separated from their environments, “since illness is construed as a temporary or permanent suspension of other social roles and identities” ([17], p. 44). Similarly, Margaret Cruikshank attributes an overemphasis on the state of the physical body to the materialistic nature of present-day society. As she explains, it is in this context that “[t]he meaning of old age [...] becomes physical loss,” and “when the old are reduced to deteriorating bodies (which change in infinitely varied ways), they can easily be marginalized” ([18], p. 35).

This distancing of the old and presumably ill citizens from their communities is the main trait by which different sociologists and gerontologists indicate the social construction of old age within post-industrial nations. Processes such as the overmedicalization and infantilization of the older population have been detected and described as contributing to the marginalization of elderly citizens. Overmedicalization is a direct consequence of the attribution and acceptance of the role of the sick individual by both the older person and those around him or her. In *Learning to be Old. Gender, Culture and Aging*, Margaret Cruikshank expresses her concern about the implied abuse of drugs among the older American population as induced by the medico-sanitary community as well as by the whole society. Cruikshank explains that “[a] typical reaction to statistics showing extremely heavy drug use by people over sixty-five is that the old need more drugs *because* they are old.” However, she considers that “someone who steps outside the circle of medicalized aging has to wonder whether this is really so, whether drugs on the scale they are now being used are benign, health-inducing agents or instruments of social control” ([18], p. 52).

The concept of infantilization accounts for the traditional association between old age and childhood which causes those people around the older person to treat him or her as if the individual was a child, with the result that he or she ceases to play out his or her role as an adult human being. According to Jenny Hockey and Alison James, far from being questioned by extensive research on the

³ Other roles attributed to older citizens according to Haim Hazan are the role of retiree or pensioner, which “primarily consists of the mastery of leisure” ([17], p. 42), the role of grandparent—which has been commented on in previous chapters—and the role of volunteer, in which “[i]nvolvement in the affairs of the community is seen to substitute for eroded social status and provide a semblance of integration and inclusion” ([17], p. 44).

topic, infantilization is being perpetuated through the metaphoric use of language, especially by carers and family members, but also by the entire society, since the elderly person who shows signs of decline or decadence through his or her appearance is treated as entering a “second childhood.” As Jenny Hockey and Alison James explain,

[d]eriving from particularized conceptions of children and childhood, these work to sustain a whole range of cultural stereotypes of aging as ‘second childhood.’ Images of physical decline and social marginality are invoked and, whilst rarely having ‘validity as accounts of how people see themselves’, nonetheless act as powerful symbolic markers of identity which are used to attribute characteristics to others. [...] Within stereotypical images of old age as ‘childlike’ are embedded, therefore, the metaphoric strategies which create social distance between the worlds of adulthood and old age. By linking old age with childhood, the hegemony of adulthood remains unchallenged. ([19], p. 137)

It could be argued that the societal exercise of overmedicalization and infantilization reinforces and propagates the widely-held belief that old age leads naturally to senility, a state in which the loss of physical as well as mental faculties brings about the need to commit the older person to an institution so that he or she is well-cared for while, at the same time, his or her decaying body is kept under control and out of sight. Haim Hazan actually recognizes “senility”⁴ as a rooted stereotype within contemporary society with the mirror image of the “supernaturally wise” old person, someone “possessed of a perspective on reality of an entirely different order to that of ordinary persons” ([17], p. 30). In any case, images of old age are distorted in one way or another in a society centered on productivity and consumption that enhances the look of youth and health. Thus, in order to justify the deep-rooted image of the sick person, Hazan explains that those older citizens who “do not conform to this standard criterion of ageing as a pathology” are usually viewed as “freaks of nature” and even become part of folklore ([17], p. 20). However, even though senility, that second childhood, is closely intertwined with the Western image of old age, researchers such as Margaret Cruikshank and Haim Hazan both point out that a common brain pathology such as Alzheimer’s disease affects around ten per cent of the population.

The inevitability of the declining body and death within the human condition has been read as probably the ultimate terrain that has not been conquered by an advanced society in which science and technology can solve almost any inconvenience a human being may have to face. In this respect, Mike Hepworth states that “age as biological decline has [...] not finally been deconstructed, merely delayed in an extended phase of postmodern agency” and, half-humorously, he suggests that “[p]erhaps it is necessary to wait for science to conquer biological aging, frailty, illness and death” ([5], p. 129). Hepworth expresses a generalized opinion among sociologists and gerontologists who conduct research on images of ageing and old age and who point to the need to approach old age and death from an enriched cultural perspective instead of trying to socially avoid them through the marginalization and final invisibility of the decaying body. As Hepworth concludes, using some of Norbert Elias’ words, “[t]o establish that people are ‘happy to age but not be aged is a necessary step

⁴ As Haim Hazan explains, “[f]ailure to distinguish genuine physiological senility from imputed social senility reinforces the notion that gradual biological deterioration (resulting in mental erosion) is inevitable, uncontrollable and irreversible” ([17], p. 30).

in establishing a cultural and political agenda to combat ageism' and yet this is a kind of 'personal aesthetic' with an 'inherent contradiction...namely that one day we must fail'" ([5], p. 129). Fiction contributes to approach the reality of old and ill citizens from the point of view of the ageing as well as their communities and bring to the surface the deep contradiction that exists between an ageing society and a growing ageism.

3. The 'Dys-Appearing' Body in Two Fictionalized Characters

In Doris Lessing's *The Diary of a Good Neighbour* and Margaret Forster's *Have the Men Had Enough?*, the present-day problematic relationships that exist between the deteriorating body, infirmity and death are not only brought to the surface, but are also approached from different perspectives and points of view which vary according to each protagonist and his or her community. Fiction allows the reader to witness how each ageing character perceives his or her own 'dys-appearing' body and how their bodies are described by those around the ageing person. Moreover, Western society's fear of the inherent connectivity between decline and death is depicted through the double-sided thoughts and actions of those who are in old age and of those who will be one day. Fictionalized characters who look old and frail or ill are the victims of social stereotyping by which they are automatically considered to have entered a 'second childhood' and, consequently, are advised to move into residential care in order to be looked after and 'properly' medicated. The fear of becoming a nobody, a non-person, of being erased from their community's consciousness before their actual death, makes fictionalized characters oppose residential care so that their lives go on within their homes where they can perform their usual tasks and find quotidian comfort in following their habits. Most of them denounce infantilization and overmedicalization as practices that humiliate them to the point that they pro-actively hide their increasing frailty, even pain, from those around them for fear of being 'disposed of.' Fiction provides readers with opportunities to gain an insight into and to empathize with the feelings, beliefs, emotions and prejudices of individuals whose bodies are in the process of 'dys-appearing' in biological terms and 'disappearing' in social terms.

In Doris Lessing's and Margaret Forster's above-mentioned novels, the reader is invited to participate in the day-to-day routines of two aged female protagonists, as well as to empathize with their inner feelings as they drag their infirm bodies slowly through life towards the end of consciousness. In fact, their 'dys-appearing' bodies, marked by their respective terminal illnesses, force these characters to grow closer to those around them and to accept the help of their families and friends, despite their desire to keep their free will and independence. In both novels, body, self and society both converge and diverge as the older characters and those around them struggle to make sense of the dying process in a society in which old age and death are made increasingly invisible and silenced. Whereas Maudie Fowler, the protagonist of Lessing's *The Diary of a Good Neighbour*, suffers from a terminal cancer which is literally corroding the "prim respectable old body" ([12], p. 135) in which she has lived for over three decades, Grandma, the main character in Forster's *Have the Men Had Enough?*, is diagnosed as suffering from senile dementia which will slowly deprive her of performing the most basic functions on her own.

The first appearance of Maudie Fowler in the narrator Janna Somer's life—the first time she appears in the novel—Maudie's angry profile, together with her convictions, bring Janna to the

conclusion she is a “witch.” Behind Maudie’s fragile, aged appearance, Janna can glimpse a strong self that is fighting constantly to come to the surface and be heard. Their first encounter takes place at the chemist’s, where Maudie demands impolitely that Janna read her prescription:

“The prescription is for a sedative,” I said.

She said, “I know that,” and jabbed her fingers down on to the paper where I had spread it against my handbag. “But it’s not aspirin, is it?”

I said, “It’s something called Valium.”

“That’s what I thought. It’s not a pain-killer, it’s a stupifier,” she said.

I said, “I’ve been taking it myself.”

She said, “I said to the doctor, aspirin—that’s what I asked for. But they’re no good either, doctors.” ([12], p. 135)

After this first meeting, Janna starts visiting Maudie with a certain frequency and, on each occasion, she becomes aware that Maudie’s skin-coloring is turning yellower and that she is looking more tired. Together with the worsening of Maudie’s external appearance, Janna has the impression that she manages the fluids of her body less efficiently, just as she seems increasingly unable to take care of her home. This gradual deteriorating of Maudie’s body is expressed in the novel through Janna’s constant reference to the ever-growing, strong smell that she notices when visiting Maudie’s home. The first time Janna enters Maudie’s house, her heart and her stomach feel “sick because of the smell. Which was, that day, of over-boiled fish” ([12], p. 21). And every time Janna seems to get used to Maudie’s smell, it then gets a bit worse, a further sign of Maudie’s disintegrating body. On one occasion when Maudie suffers a relapse after which she is diagnosed with stomach cancer, Janna notices “the *smell*” and explains: “It is no good me telling myself I shouldn’t care about such details. I care terribly. The smell...awful, a sour, sweet-sharp reek. But I could see she was only just able to stand there” ([12], p. 55). In this respect, Janna’s reaction can be considered recurrent in citizens within advanced, civilized societies which, according to Elias, “inculcate[s] to their members a rather high sensitivity to strong smells,” a sensitivity that becomes especially acute in the presence of an old person since “[t]he decay of the human organism, the process that we call dying is often anything but odourless” ([9], p. 89).

It is on this occasion, too, that Maudie is visited by the doctor to whom she expresses her reluctance either to go into a residence or into hospital. However, for the doctor, institutionalization and medicalization are the only resources he can offer Maudie’s ‘dys-appearing’ body. In fact, having Maudie’s body controlled in the confines of a residential home is the best solution he can think of in order to secure a certain ‘decency’ for the older character’s last weeks:

The doctor looked at me, scarlet with anger and the heat of the place, and then shrugged. “You ought to be in a Home,” he said. “I keep telling you so.”

“You can’t force me.”

He exclaimed angrily and went into the passage, summoning me to follow. “Tell her,” he said.

“I think she should be in hospital,” I said, “but why should she be in a Home?”

He was quite at the end of his tether with exasperation and—I could see—tiredness. “Look at it all,” he said.

“Look at it. Well, I’ll ring up the Services.” And off he went.

When I got back, she said, “I suppose you’ve been arranging with him.” ([12], p. 45)

As exemplified by this quotation, aware of the depersonalizing effects of overmedicalization and infantilization that are usually present in institutions, Maudie firmly refuses to be enclosed in one of them; she explains, “they fill you with pills and pills” and “they treat you like a child” ([12], p. 51). Maudie prefers to live surrounded by dirt and strong smells—though Janna notices that “Maudie hate[d] being dirty” ([12], p. 215)—and to manage her rapidly deteriorating body as best she can, rather than be deprived of her senses and her independence. In the event, despite being aware that her body is disappearing, Maudie confesses to Janna that “[t]his is the best time of [her] life” ([12], p. 134) because, after years and years of living on her own, she has at last found a younger person who has become a true friend who does not judge her merely by her external appearance.

Despite feeling great admiration for Maudie’s strong character and the extraordinary energy, which palpitates within her physical body, Janna finds difficulty in physically transmitting her affection for the old lady to Maudie herself. Even though this awkwardness may be due to a behavioral trait of the English—citizens of a culture in which an individual’s spatial dimension is granted more respect than is the case in other cultures where physical touch occurs more frequently—Norbert Elias attributes this inability to get closer to an ill, old person as characteristic of all advanced societies in which there is a generalized tendency to remove the ‘dying’ process from the societal field of vision. As Elias explains, “[a]t present, those close to the dying often lack the ability to give them support and comfort by proof of affection and tenderness. They find it difficult to press dying people’s hands or to caress them; give them a feeling of undiminished protection and belonging” ([9], p. 28).

Even though Janna seems unable to hug and kiss Maudie, she is the one who washes her body and her clothes as Maudie’s body grows weaker. Janna actually feels herself to be in Maudie’s skin in one episode in which she is bedridden with lumbago. During these two weeks, Janna experiences the “helplessness” that is becoming part of Maudie’s day-to-day life and which is brought about by her fear of becoming a nuisance, incapable of controlling her bodily requirements. As Janna explains, “[f]or two weeks, I was exactly like Maudie, exactly like all these old people, anxiously obsessively wondering, am I going to hold out, no, don’t have a cup of tea, the nurse might not come, I might wet the bed” ([12], p. 139). In fact, it is shortly before this episode that Janna tries to imagine herself living through one of Maudie’s days in order to understand her needs and fears. She imagines Maudie getting up with great difficulty and gathering up each particle of energy in her body in order to perform such basic tasks as going to the toilet or emptying the commode. The great effort she makes to prove that she still has control over her body responds to her fear of being judged by the dirt on her body and in her surroundings, a lack of personal hygiene and cleanliness which may scandalize other people and signal to those around her that she cannot manage on her own. As Janna writes in her diary:

A general planning for a campaign could not use more cleverness than Maudie does, as she outwits her weakness and her terrible tiredness. She is already at the back door: the toilet is five steps away; if she goes now it will save a journey later...Maudie gets herself to the toilet, uses it, remembers there is the commode full of dirt and smell in her room, somehow gets herself along the passage to her room, somehow gets the pot out from under the round top, somehow gets herself and the pot to the toilet. She splashes a bit as she empties it, and, looking, smelling, her mind has to acknowledge that there is something wrong. But she thinks, as long as *she* (meaning Janna) does not see what I am making, no one will know. *And they won’t put me away...* ([12], p. 124)

Maudie and Janna are not only aware of the ‘dys-appearing’ condition of Maudie’s body, but also of the connotations a body of such characteristics entails in a Western society such as the English. Maudie’s silent suffering both to control her body and to hide its uncontrollability from the social services and from her friend makes her ‘dying’ experience essentially a lonely one. Although in the universe of the novel Janna’s personal affection for Maudie in addition to her own personal problems draw her closer to Maudie’s experience, Janna feels impotent when faced with her inability to offer the old lady solutions that would effectively improve her physical and emotional well-being. Nevertheless, Janna stays with her friend until her death, thereby breaking advanced society’s tendency to abandon the dying; a tendency that Janna herself had given in previous to Maudie’s passing away, on the occasions of her husband’s and her mother’s deaths.

In Doris Lessing’s *The Diary of a Good Neighbour*, the format of the diary itself contributes to breaking the boundaries between body, self and society as it juxtaposes Maudie’s dying process with the narrator Janna’s passage into old age. Apart from describing their day-to-day experiences, Janna’s narration of her fears and expectations, alongside those of Maudie, turns the ostracized experiences of dying and ageing into normal, ordinary ones, limited largely by cultural and social constraints. As Zoe Brennan explains, “Lessing’s novel emphasizes that it is not particularly wrinkles that challenge the malleability of the body, but the effort required to deal with cancer and other diseases of the inner body, such as strokes, arthritis and dementia” ([20], p. 54). In this respect, Lessing’s narrative reinforces the perception of decay and death as just other facets of the human condition.

Maudie is driven by her essentially vital, strong, pragmatic character so that in her last days she resorts neither to spirituality nor to sentimentalism. Instead, Maudie constantly shows her anger at having been taken to hospital, despite being unable to walk and, increasingly, to talk. Moreover, she is also angry and deeply frustrated because she is aware that her life is ending while there is still so much energy inside her quickly-deteriorating body. As Janna queries, is it the usual reaction that “[a]n over-ninety-year-old woman finds it *unjust* that she is dying?” ([12], p. 227). In spite of the emotional pain Janna feels while witnessing Maudie’s last days, the experience makes her self-conscious of a degree of maturity that she had not been aware even existed in her. By considering herself a “child-daughter, child-wife” ([12], p. 18), Janna mirrors herself in the profound integrity with which Maudie lives through her last days, an integrity she has shown throughout her life. As Janna explains, “Maudie makes such a claim on one, well or sick; such a statement does she make about herself, about life, the nature of what she has experienced; so strongly does Maudie come over that I cannot believe she could dissolve like vapour when the air warms up” ([12], p. 242). It is precisely this kind of passion that appears inexistent in Janna’s world. In that sense, Norbert Elias ([9], p. 7) identifies the taming of the emotions and no externalization of feelings as one of the characteristics of advanced societies; two characteristics which are clearly stated in Lessing’s novel as traits that contribute to the separation of the dying from those who are far away from their old age.

Having been surrounded by security, comfort—even luxury—and by healthy and attractive people up until this time, it is through her acquaintance with Maudie Fowler that Janna becomes conscious of the fact that Western society resorts to invisibility and silence when coming close to old age, illness and death. Following this revelation, Janna begins to include terms such as pain, suffering and illness in her vocabulary. As she writes in her diary, “[d]o not go gentle into the night! Indeed. What wet, slobbery, self-pitying rubbish! What self-indulgence! And how like *us*, spoiled brats, with our

demands, and our “it isn’t fair,” and our *I haven’t been given enough*” ([12], p. 238). Her intimate proximity to an aged corporeality, the dying process and death not only makes Janna feel that she has been until then, and still is, living in an unreal world, a world of “spoiled brats,” but her deep empathy with the old, dying lady also allows her to approach death without fear, inheriting the ‘business as usual’ attitude with which Maudie handled all aspects of her life—“paradoxically, watching Maudie die, I fear it even less” ([12], p. 242). In this respect, Janna conforms to Norbert Elias’ contention that “[t]he sight of the dying person shakes the defensive fantasies that people are apt to build like a wall against the idea of their own death. Self-love whispers that they are immortal: too-close contact with the dying threatens a wish-dream” ([9], p. 10). In the case of Janna, the threatening of her wish-dreams for eternal youth and immortality turns into an open path that allows her to face her own old age and death from the mature perspective of infinite possibilities. However, Janna is just a representative of her society; a society that is ageing but which is separating itself from the ageing and dying processes.

Witnessing their Grandma’s dying process has a similar impact on the various members of the McKay family in Margaret Forster’s novel *Have the Men Had Enough?* The novel narrates how a middle-class English family manages to take care of their oldest member, Grandma, who suffers from senile dementia. As in Doris Lessing’s *The Diary of a Good Neighbour*, which is written in the format of Janna’s diary, the narration in *Have the Men Had Enough?* is undertaken in turn by two members of the McKay family, Grandma’s daughter-in-law Jenny and her seventeen-year-old granddaughter, Hannah. By alternating the voices of the two narrators, the reader can interpret not only their particular concerns and subtleties present in their respective accounts of the episodes that take place in Grandma’s day-to-day existence, but also their own perception of such episodes that are clearly differentiated by their roles within the family and their biological ages. Moreover, the personalized written form of each narrator reveals the emotions, fears and expectations of these two characters and, frequently, of other family members, too, particularly in respect of topics such as illness, old age and death, topics that they would not have even considered were it not for Grandma’s presence.

In *Have the Men Had Enough?* Margaret Forster presents the ‘dys-appearing’ body—a body affected by a terminal illness—within the context of a family. In this way, the reader becomes a witness of the interaction between Grandma and each member of the family and the effects of the old lady’s senile dementia on the quality of the lives of the younger family members. Moreover, the role a family should play when confronted with such a situation is questioned, and ways in which family member attitudes may help to improve or contribute to a deterioration in the quality of life of the elderly person are suggested. In this respect, Jenny Hockey and Allison James argue that the family can actually be considered “a key site through which aged identities are brought into being,” and they argue that “familial identities are founded within the context of ideas of independence and dependency” ([19], p. 165). In this situation, family members—and carers in residential homes—may resource to infantilization in order to approach “decline and loss of independence towards the end of the life course” as “conceptually less problematic and disturbing” ([19], p. 165).

The novel opens with the McKay family members seated together at their weekly Sunday lunch. From the first moment, divergent reactions towards Grandma are given voice. Whereas her daughter Bridget fights to keep a sense of normalcy in Grandma’s life and that of her own family, Paula, the wife of one of Grandma’s sons, represents that part of the family which feels repulsion towards Grandma’s childish behavior and silently believes that she should be looked after in a qualified institution:

Have the men had enough?
 Never mind the men.
 Which men?
 Hurry up, the potatoes will be cold.
 I'd love a potato.
 Then take one, Grandma.
 Have the men had enough?

Always the same. Every week, every Sunday. All of us crowded round the table, Grandma wedged in between Bridget and Paula, Bridget of course laughing at everything Grandma says and Paula not even smiling, and moving away, ever so slightly, when Grandma plonks a hand flat in the gravy as she searches for her fork ([13], p. 7).

As Hannah, Mrs Kay's granddaughter and narrator of this passage keeps on pointing out during the course of the novel, it is difficult to discern what is the most sensible and sensitive way to approach Grandma since she looks like an adult and sometimes behaves like one, but she is increasingly becoming a dependent person. Contradictory feelings constantly assault Hannah, as they do Jenny, Hannah's mother, in respect of what is best for Grandma. Likewise, similar contradictory feelings arouse anxiety in respect of what kind of person Grandma is turning out to be and, principally, how to cope with this figure within their inner selves and within the family as a whole. In one episode in which Bridget, Jenny and Hannah are looking after Mrs McKay, Hannah observes her grandmother who she considers "looks so sweet. Bridget washed her hair last night, before Mildred arrived, and it looks startlingly white and beautiful. She is wearing her blue dress, the one Mum bought her for Christmas, the one that she feels important in. She preens herself a little, smoothing down the fabric with admiring, tentative hands." It is on occasions like these when Hannah believes Grandma "knows something is up" ([13], p. 55).

Shortly after this episode, Grandma adopts the habit of taking out her new tracksuit and opening wide the doors of her apartment no matter what the weather is like. On these occasions, her daughter-in-law Jenny feels despair at "this sudden wilful making herself cold," and she wonders "[w]hatever her state of mind, is there no automatic animal response to cold? When she opens that door on those raw, wet autumn days we have had recently, does she not feel the blast of cold and want to close it instinctively? No—she opens the door wider, shivers and then takes her clothes off. Yet cold makes her miserable" ([13], p. 149). In fact, it is in this Grandma's recently-acquired habit that Jenny discerns Grandma's stubbornness of character, proof that even an illness like senile dementia never erases totally the elderly patient's inner self: "She would never heat her home properly [...]. That kind of obstinacy has just got worse, that's all, but it was always there, always part of her, moaning about the terrible cold yet too mean to have even one fire" ([13], p. 149).

The debate revolving around the degree of 'aliveness' of those citizens who suffer from illnesses such as senile dementia or Alzheimer's disease has been on-going since the first detection of such diseases which give rise to dysfunctions between body and mind. In *Beyond the Body. Death and Social Identity*, Elizabeth Hallam *et al.* expatiate on the divergent opinions and beliefs in respect of the 'alive' and 'dead' status of those who cannot consciously control either their external appearance or the demands of their internal organs. In the section entitled "Bodies without selves," they

define “social death” as a “social process through which people who are disadvantaged become marginalised” ([15], p. 48). Backing up their arguments with the research findings of sociologists such as Mike Featherstone, Mike Hepworth, and Bryan S. Turner, Hallam *et al.* argue that a large number of bodily functions essential for active participation within a community are socially determined. Hallam *et al.* refer to “the privileging of rational verbal interaction” as a competency which is usually kept only with difficulty by those patients who suffer from senile dementia or Alzheimer’s disease, whereas “other personal attributes such as a sense of rhythm and a feeling for touch and music carry less weight in terms of the maintenance of social identity,” even though “these are faculties which may well endure in the person with Alzheimer’s disease, someone often positioned as socially dead and grieved for long in advance of their bodily death” ([15], p. 47).

Grandma’s grandson Adrian is the character who usually laughs at his grandmother’s inconsistent speech. In one episode, when Adrian is telling his family about the trip to Australia he is planning for the summer, Grandma suggests he “[t]ake[s] plenty of tea,” and Adrian goes on with the conversation in order to amuse himself:

Don’t they have tea, Grandma?

Not what we’d call tea. And TCP.

TCP? To put in the tea?

Adrian!

For the bites, they midges is terrible.

Did you get bitten?

Bitten alive, bites galore, lumps like hens’ eggs.

So it was very hot?

Roasting.

How did you get there, Grandma?

Bus.

Bus to Australia?

Well, we took a ship to Canada then a bus to Australia.

I think you mean America, Grandma.

Australia.

I think you mean that trip you went up, to New York, remember?

I remember it fine, it was Australia, and we should’ve taken plenty of tea. ([13], p. 136)

Norbert Elias acknowledges “mockery of helpless old people” ([9], p. 71) as one of the resources through which those who are young and aware of their superiority in terms of physical strength and position in society deal with the view of death. For Elias, such attitudes towards the old are related to a change in interpersonal relations when people grow older since “as they grow older they grow potentially or actually less powerful in relation to younger people” ([9], p. 71). In that sense, making fun of the vulnerability of old people actually responds to a defense technique by which the younger person, in that case Adrian, Mrs McKay’s grandson, draw a line between their youth and the older person’s dying process. However, although in some episodes Grandma’s loss of memory and loss of bodily control are presented as comic, Margaret Forster’s *Have the Men Had Enough?* highlights not the incongruity of the effects of senile dementia but, rather, the aliveness of spirit that some members

in Grandma's family—her daughter Bridget, her granddaughter Hannah and her daughter-in-law Jenny—can discern behind her disease. After observing how a nurse takes care of her mother when she is at work, Hannah concludes that the professional carer “is competent, even skilled, in the management of Grandma, but there is no warmth, she does not really connect with what's left of Grandma's mind” ([13], p. 70). And when Jenny leaves Grandma in a residential home for a week, in order to test whether it would be a good option for her, she realizes, alarmed by Grandma's medicalized eyes, that institutional care would keep Grandma clean and quiet at the expense of silencing that part of her Self that was still alive and that only manifested itself when she felt loved and comfortable. As Jenny, Mrs McKay's daughter-in-law explains, “[h]our by hour Grandma was retreating into utter dejection and I was driven mad by the evidence of her suffering. I took one look at her today, an abandoned lost heap of years” ([13], p. 185). Still, Jenny cannot help feeling the need to protect the members of her own family from Grandma's “bitter end” ([13], p. 60), in other words, from the chaotic situation that a completely impaired older person can represent for a family. At another level, Jenny wants to protect her family from becoming witnesses of Grandma's dying process, a phase of life that is still considered taboo in Western society. In that sense, the presence of different characters in Forster's *Have the Men Had Enough?* in relation to Mrs McKay's dying process is interesting to observe the different reactions with which contemporary society deals with the dying process. Whereas Bridget and Hannah, Mrs McKay's daughter and granddaughter, respectively, are convinced that Grandma needs the warmth of her family until the very end, Jenny does not want her son and daughter to witness Grandma's dying process and prefers that she be taken into an institution. By his part, Adrian makes fun of the whole situation acknowledging his superior position as a young person. Thus, following Elias' arguments, neither ageing nor dying are considered natural processes within a human life in society nowadays and, thus, there exists much confusion of how to deal with them.

Grandma's final stage is marked by a fall, which causes her ankle to swell. After the fall, Grandma is taken into hospital, and although the doctor assures her that she can get better, she retreats into a state in which she walks clumsily, cannot express herself clearly and is unable to eat and drink on her own, a state that requires the constant help and attendance of a carer. Grandma's ‘dys-appearing’ condition gets worse when she has a slight stroke, following which she is committed to a hospital. Although various members of her family visit her regularly, her daughter Bridget is the only one who persists in addressing Grandma's self. As Hannah explains, “she talks to her, entirely uninhibited by the surrounding old women. Grandma won't open her eyes. Bridget pats her hands, which she is holding, both of them, in her own. She keeps saying, ‘Mother, heh, Mother it's me’” ([13], p. 221).

Notwithstanding her disease—despite the fact it seems she cannot recall the identity of either her family members nor even of herself—Grandma holds onto her life more than ever during her last days. As she observes her dying mother-in-law in hospital, Jenny reflects:

Dying was proving so hard. I thought of the natural childbirth exercises I had conscientiously done. Where are the natural death ones? Grandma did not know how to die and she did not want to die. There was no giving up, no surrender. She worked hard at staying alive all that long day, she laboured devotedly as she had done all her poor life, and nobody helped her, nobody even *tried* to help her. Nature had its evil way and was brutally cruel. Kind science never got a look in. ([13], p. 237)

Grandma's long dying process makes each one of the members of her family reflect on their own, personal conceptions of illness, old age and death. Whereas for Grandma's granddaughter Hannah, the youngest member of the family, "it's all a mess" ([13], p. 225), for Hannah's brother Adrian, it is incomprehensible that Grandma is allowed to suffer from her illness for so long; his close proximity to his grandmother during her extended suffering leads him to believe that people with such a condition should be helped to die. For their part, Bridget and Jenny are aware that beneath the skin of Grandma's 'dys-appearing' body there still remain feeling and sensitivity. However, after her own experience of her mother-in-law's suffering, Jenny concludes that looking after a person with senile dementia inhibits the lives of those around that person, as Grandma's daughter Bridget's has been for a long time. For this reason, faced with an increasingly aged society, Jenny believes that other solutions must be considered.

4. Conclusions

In both Doris Lessing's *The Diary of a Good Neighbour* and Margaret Forster's *Have the Men Had Enough?* it is suggested that the significance granted to the process of dying is both narrow and narrowing. As Elizabeth Hallam *et al.* argue, dying in today's society can be described "as the failure of the body project, the point 'where human control ends in a world which is orientated to the successful achievement of control'" ([15], p. 46). After their close association with dying processes, the younger protagonists who remain with the dying characters during their final hours reach the conclusion that a sense of self, whether expressed through anger and obstinacy as in Maudie Fowler's case or read between the lines as in the case of Grandma, may survive the 'dys-appearing,' physical body right up until the moment death overwhelms both body and mind. It is in this sense that the younger characters in both novels question the validity of the concept of 'social death' and, together with this doubt, they are made to revise their own attitudes towards illness and death.

Such attitudes are unquestionably specific to society and culture, a specificity that Norbert Elias defines as deriving from "this relative security and predictability of individual life and the correspondingly increased life expectancy. Life grows longer, death is further postponed. The sight of dying and dead people is no longer commonplace" ([9], p. 8). Yet, in *The Diary of a Good Neighbour* and *Have the Men Had Enough?*, Elias' contention that culturally-specific attitudes are concealing the dying process from the public gaze is challenged by the fact that neither Maudie Fowler nor Grandma McKay die alone; both dying women are constantly accompanied and supported by other persons, Maudie by Janna Somers and Grandma by members of the different generations of the McKay family. At the end of the day, the younger characters who accompany their friend and family member come to realize the increasing disappearance of concepts such as old age, illness and death in their respective social circles and the need to deal with them openly since they are indeed a part of life.

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