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ABSTRACT. This article presents a pilot project with physically impaired members of four reminiscence groups in an assisted living residence. The members had already attended literary discussion groups which primed them for the project. First, they selected authors or characters described as living "once removed from their body." Then, participants filled this space with a homonym term associated with their physical condition. Finally, they reflected on their conditions from the perspective of the other homonym term. Bemused detachment replaced obsessiveness about their health and eased the interaction and candidness among group members. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.]

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For the past five years I have facilitated reminiscence groups in an assisted living facility. The groups, composed of seven members, meet for ten, ninety-minute sessions. Any resident can sign up, on a first-come...
basis. Typically, two members drop out before the ten sessions are completed, either because of health emergencies or because they were not alert enough to participate. In every group, however, several members have had physical conditions that prevented them from sharing reminiscences at length and reaching out and receiving the ready support of their colleagues. Residuals of strokes muffled speech. Parkinson's masked emotions. Hearing impairments raised invisible barriers. Diminished visual acuity appeared as indifference. Sclerotic back pain restricted time for sitting. Drug interactions often confused memory recall.

Residents, moreover, frequently reacted to their conditions in a manner that precluded managing them effectively and that complicated the group process all the more. Some saw their latest physical diminishment as minimizing the worthiness of their very existence. Those who had identified their value with recognition for competent role performance were now without salient roles and the health to carry them out. They unwittingly made physical decrements an abiding threat to their self-esteem, and even withheld empathy from others coping with comparable diagnoses.

**A PARADOXICAL PILOT PROJECT**

In an effort to empower members to transcend these self-perceptions and thus manage their conditions more productively, I introduced the following pilot project as the agenda for our last four reminiscence groups. First, I invited participants to share emotionally charged family themes arising in their life review, such as addiction, autonomy, health, religion, sexuality, wealth, and work. Invariably those who were obsessing about their physical condition selected health as a primary theme. The challenge, then, was to design a paradoxical project that would enable them to integrate their physical self-image rather than continuing to view themselves through the lens of their beleaguered self-esteem.

It is my good fortune that the reminiscence groups at the assisted living facility are part of a large, varied program of continuing education. Many members in the life review groups have already attended discussion groups about best selling fiction and non-fiction, seen several theatrical productions, or completed courses in art and music appreciation. I, in turn, conduct annual workshops with the facilitators of these groups to review texts relevant to their incorporating life review into
their own programs. Three sources particularly pertinent are Haight and Webster, 1995; Kotre, 1995; and Price, 1995. These activities enabled me to draw upon the residents' interest in reading to select the paradoxical project. I asked them to select any literary passage which describes a character as "once removed from his body" and bring it to the following meeting. A week later, one participant reported about Mr. Duffy who, according to James Joyce, "lived at a little distance from his body, regarding his own acts with doubtful side-glances" (1926). Another cited James Welch's observation that "I was as distant from myself as a hawk from the moon" (1974).

I explained that they were noting how authors created a space between "the self" and "the self-observed" that, in turn, would help them to review their personal history with a modicum of objectivity. Moreover, the exercise had three additional benefits. First, it modeled, without preaching, the purpose of the project, i.e., that participants finally "own" their body by embracing it with bemused detachment. Second, it arrested the torturous rumination with which more shame-driven members responded to their physical conditions. Finally, it substituted puzzlement for analytical thinking, creating modest openings for reinterpreting memories and poising participants to work through the following paradoxical prescription.

I instructed group members to "fill this distance" with their choice of homonyms, i.e., terms having the same sound but differing in spelling and meaning—so long as they could associate one of the terms with their body or physical condition. Then, however, they were to review family themes through the lens of the other term. Although these instructions sound arbitrary, they sustained the experience of puzzlement and adventure and evoked reflection upon matters of health without the usual obsessing involved. Associations with this other term, of course, are not random, but flow from the reviewer's own subconscious. One participant offered this example:

For decades I have literally been crying in my beer about losing a professional soccer career to multiple sclerosis. Now I'm also remembering how I cried in the bier when my father died from the same illness. My mother approached the open coffin for the last time, pushed back a curl of my father's hair, and kissed his forehead. It was the first time I witnessed a kiss between my contentious parents.
His self-disclosure prompted a colleague to ask him how his father’s illness had affected his own attitude toward the progress of his multiple sclerosis. Another wondered about the impact of ethnicity upon the expression of affection in the family. A third observed how the group had been responding more with understanding than with judgment, and asked to present next.

**PARADOX AT WORK**

Three excerpts from our group sessions show how paradox facilitated the group process and enhanced members’ self-esteem. Arnold was a retired landscape gardener who, unknown to his colleagues, was living with cirrhosis of the liver. He asked to be the first group member for the project, and recovered the following description about one of Jane Smiley’s characters, “She grows a second, cooler exterior, a skin separated from herself by a quarter-inch of airspace, a storm window skin” (1989). Then he continued,

That’s true for me too. I’ve been keeping you all out as though you are so much bad weather. My ex-wife divorced me because I did the same with her. All my life I’ve felt I needed to detach myself from others before they saw I am not worth much. I have been without a taproot of trust deep enough to anchor me when life storms embattled me. Instead of trusting others’ good will, their empathy, my only tap route was the road to a bar. I’m sick with cirrhosis, and I want you to know this. I trust we will respect and hear each other out. I want to give and receive in this group, to be a part.

Arnold’s self-disclosure rippled through the group. It moved a colleague to extend an invitation to join her at the A.A. sessions she had been quietly attending. A second member then told the group that for the first time at the residence she felt she could reveal, without dreading that her neighbors would dismiss her as “crazy,” that she had been recently hospitalized for manic-depression.

Eighty-one year old Rachel was a member of a different reminiscence group. Until she entered the assisted living residence, she had lived in a terminal city of the Erie Canal. Driving home from her retirement dinner ten years ago, she was scarred and crippled in an accident. She dressed beautifully at all times with long sleeve blouses, high collars, and a fall of auburn hair enhancing a wig of the same color. She had, however, re-
cently begun to cut locks from her fall, and played with them throughout our sessions. She offered a description that Jonathan Franzen used for a character, “Chip, detached from his body, trailed after it and wondered what it was going to do” (2001). Then she continued,

I’ve wanted to be like Chip, detached from my present body and alive in the body I had before the accident. I was raised to look my best, and my hair, late to gray, crowned my appearance. I still finger a fraying lock I made from my adolescent curls. But this longing distracts me from really hearing your own reminiscences, and I am gradually ruining my fall. Each of you shows so much courage in building on your past that I want to move on with my life too. If only I could see my surgeries and scars so many gates raising the courage level in the life lock I am passing through. Let them enable me to travel beyond the rivers and canals of my life before to the “Great Lakes” of my life now.

One colleague responded by asking her to identify how her life now can reflect the majesty and tumultuousness of the Great Lakes, another how the lake experience both continues the flow of the canal and transcends it in its openness. A third spoke up, “And if you don’t wear the fall, I have a gown I’d love to wear it with!”

The final example concerns seventy-nine year old Gladys, hemiplegic since her stroke seven years before. She was not able to speak clearly enough to express herself, so she had made copies of these lines from Christopher Fry’s *The Lady’s Not for Burning* (1950),

I travel light; as light,
That is, as a man can travel who will
Still carry his body around because
Of its sentimental value.

Then she cryptically added, “Carrying my body is traveling without distance; stopping is arriving.”

Gladys then distributed this homonym to the group:

“Silence means assent,” and I hope that my halted voice somehow expresses acceptance of my condition. You are looking at a woman who is graced in her infirmities. Over the last seven years I have had many dips emotionally, but now I am in ascent. The very limits the stroke imposed are vantage points that give the grandest perspective
on my life. I am going to quote from two others who say it better than I. From Thomas Fuller’s seventeenth century *Life of Monica*, “Drawing near her death, her soul saw a glimpse of happiness through the chinks of her sickness-broken body.” And from Edmund Waller’s *Old Age*, “The soul’s dark cottage, battered and decayed, Lets in new light through chinks that Time hath made.”

Her self-disclosure catalyzed the group’s process. Her homonyms released a play of puns among the members. Colleagues celebrated the effort she made and acknowledged that none of them could “top” her research.

**CONCLUSION**

This pilot project had older adults in reminiscence groups use literature paradoxically to transcend an obsessive focus upon their physical limitations. It measured success by tracking the reading members did each week and anecdotaly recording the spontaneity, humor, and candidness with which members responded to the homonyms their colleagues applied to sensitive topics concerning body image. It noted how participants, initially worn with shame at their “deterioration,” were able to accept, and even build upon, these limitations. In particular, it showed how they began to share with one another a new ease with self.

The exploratory nature of this project, of course, points to more elegant designs that need to be pursued. Such designs would test the feasibility of using this model with participants with fewer literary interests and the feasibility of adapting it to ameliorate obsessive concern with personal issues other than health. They would replace anecdotal observations about improvement in self-esteem with pretest and posttest measures, such as the Adult Form of the Coopersmith Self-Esteem Inventory, while noting the effect of this testing upon the willingness of older adults to participate in the groups.

**REFERENCES**

