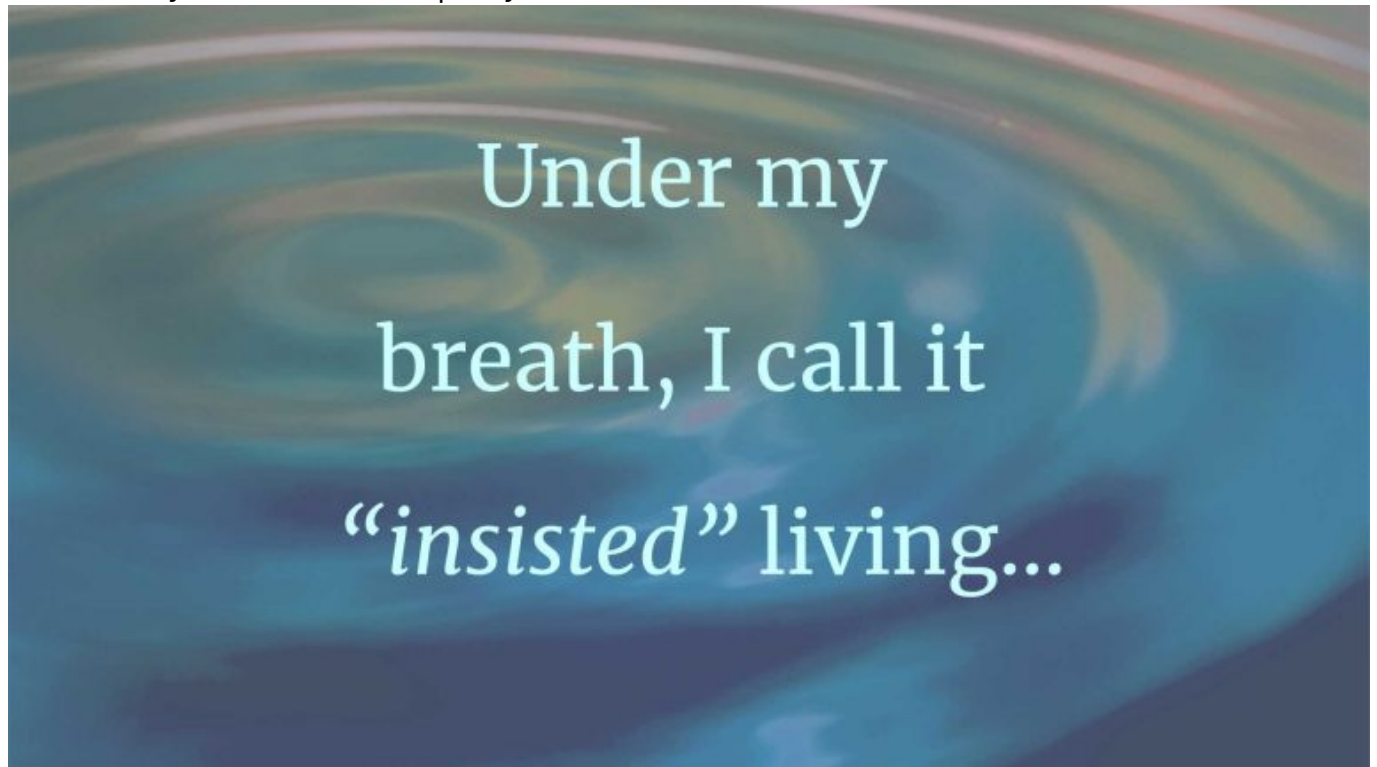


My Demography of Grief

Category: Stories

written by Howard Stein | May 2, 2025



Sometimes life hands me stories I never could have imagined—yet, once they occur, I realize that I should have expected them all along. This story from my life in an old folks' home is one such instance.

A little over two years ago, my family placed me in an assisted-living facility for elderly people. (Under my breath, I call it "*insisted*" living.)

Parkinson's, peripheral neuropathy, loss of white matter, frequent falls, short-term memory loss, confusion, loss of judgment, vulnerability to scams; their list of my infirmities was more persuasive than my wish to hold onto my previous life: forty-five years of sitting on my porch or walking, immersed in a forest of scrub oak and blackjack; of feeling a sense of belonging in my neighborhood, my community—a sense of place in the world.

The risk of my utter loss of life's meaning and of a sense of place did not strike my family as a priority. I was simply too unsafe to be left alone, and they couldn't bear the burden of my care. They claimed necessity and compassion; I felt put out on the curb, thrown under a bus.

The Wonderland they imagined for me—a vigilantly watched, supervised, medicalized life—far outweighed any flimsy notion of "meaning." That I might waste away from meaninglessness, and die, did not occur to them.

"What if I lived a few years feeling fully alive, then fell and died—wouldn't that be worth the risk?" I wanted to ask. But this was impossible.

My family's accounts of how badly off I was, and how much medical care I required, often differed considerably from my healthcare providers'. In the end, my family's narrative prevailed, and I moved into a 400-square-foot apartment, where I look out my window at asphalt parking lots and crew-cut patches of grass, but am presumably safe and medically cared for.

The change, the discontinuity, felt like a rupture. That I was in deep grief and mourning went unnoticed. My family, the medical staff and the administrators all tried to persuade me to think of this facility as "home" and to feel "settled."

I found the medical care (provided by a meager, overworked and perhaps underpaid staff) inconsistent; the food, institutional. My soul was starving. Nonetheless, I quickly became friends with my fellow residents (not "patients") and with the nurses, nurses' aides and some of the administrators and Catholic clergy.

All my life, I have cared about people. I've listened to them and their stories. I've never wanted people to feel abandoned or alone. In this medical old folks' home, I've retained this part of myself.

I quickly acquired a reputation as a safe person to talk with. I let people in. Many of them let me into their worlds, and I bore witness to their overlooked humanness. We trusted each other. Though I continued to feel exiled from my own home, I connected emotionally with many people in the facility; I was not entirely lost in space or time.

All too quickly, I also grew aware of the proximity of death—the temporariness of so many of my close relationships. Friendships and intimacies were so tenuous, so fragile, so often interrupted by diseases, deadly falls or disappearance. Occasionally news of a resident's death came via an official announcement, but mostly it arrived by word of mouth. If the person were alive, but had left for a hospital procedure or a skilled-nursing facility, the nurses were forbidden to tell where they went, or what their condition was. They just disappeared. We lived in a void.

For me, these losses were followed by weeks of feeling utter, wrenching grief over the absent person. In its midst, a new resident would appear at the dining-room table, sitting in the ghostly predecessor's chair. And the cycle would begin again.

These cycles engulfed me. For many residents, it's too painful to remember those who are no longer with us. We rarely speak of them. They simply vanish without a trace.

So many deaths in the more than two years I've lived here. A dozen or more. I refuse to count any more. I'd come to know each person over many months—around dining-room tables, during hallway walks with our walkers or wheelchairs and, for some, even visits in their tiny rooms.

One by one, we became friends. Though limited in mobility, many of them were not limited mentally or emotionally. They had stories—if someone would take

time to *listen*.

One woman, sometimes confused, would wheel herself into my open-door room and stay for a while. I would invite her to sit in my recliner, which she accepted. She felt welcome. Sometimes we talked. Most of the time she listened to my classical music.

I realized that in an overworked, understaffed facility, an unspoken assembly-line approach rules. Still, some aides take the time to visit briefly with a person, not just to perform a task. For me, every person here is a "who," not just some diagnostic "what." So far, I remember every bygone person's name; I see every face. They are past, but still present. I dread the moment they become mere memory.

Years ago, an old friend, a doctor who works with patients in assisted-living and nursing homes, told me: "You expect that people in assisted living will die at a faster rate than the general population. The facts are inevitable." I didn't doubt this: Frequent deaths among people of this age group make complete sense.

My friend was right, as far as the numbers go. He missed, though, my epidemiology of loss. Though our numbers add up to the same total, my demography of grief has accumulated one by one—far too many losses, far too soon. Grief and despair exhaust me.

For more than two years, I have dwelt in an eerie world where it feels like nothing is lost and everything is replaced. A person dies, and the room is immediately cleared, sanitized and made to look like new—as if no one had ever lived there, let alone died.

Grief has been banished; it's an open secret that everyone knows, but that rarely can be said aloud. I violate that rule in writing this—in bearing witness to the fact that Some-One has died, that Some-One had lived, that their death and their life matter, and that I've been blessed with the gift of their friendship and their stories. For me, they have *not* just disappeared.

Even in the face of so many personal losses and so much snowballing grief in my old-folks' community, I keep coming back, so to speak, when a new resident appears in the dining room or elsewhere in the building.

I cannot steel myself against newcomers just because they too might die within months. I know loneliness far too well. And I know that the clock is ticking—not only for them, but for me. So I try to help newcomers to feel less abandoned; I try to be present for and with people. I think they sense it, and we gravitate toward each other.

My relationships with my fellow residents, and with the members of the staff and administration, give me life, help me to feel alive.

How can I turn away?