

## Something About Mary

There was a lot to notice about Mary. She was tiny, the top of her head barely reaching my shoulder. Curly wisps of pale pink hair escaped from beneath a silky floral scarf tied under her chin. Her face was almost entirely covered by a pair of large sunglasses, an unusual accessory given we were sitting in her dimly lit kitchen. "I'm allergic to the west wind" remarked Mary curiously, as if this single statement explained everything. But it was Mary's hands that struck me the most. Though her body was small, her hands were huge, her grip strong despite the nobbled and twisted fingers. As she wrapped them around my own the promise of a warm greeting was quickly dispelled by an icy touch. "Excuse my cold hands" she remarked in a girlish voice. "Cold hands, warm heart."

I'd gone to see Mary at the request of her neighbour. Accusations of banging on doors in the early hours of the morning, harassment and threatening behaviour. The first signs of possible cognitive decline? I checked myself. Many years in community nursing had taught me not to diagnose. I'd managed people like Mary countless times. Assess the need, develop a plan and implement strategies according to priority. Mary ended up challenging me in ways I could never have imagined.

The house was a worn California bungalow with wrap-around verandah and peeling casement windows. Two frangipani

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trees lined the broken concrete path, their bare branches just starting to bud. With no family or friends to call upon and no previous history to guide me I stood alone before her front door. Mary invited me in. It always surprises me how willingly people let strangers into their home. As I followed her up the hallway I glanced into almost empty rooms. The plain but functional interior was relatively clean and tidy, if a little shabby. A few scattered ornaments revealed nothing about the personality of the woman who inhabited the space. No photographs, no memories from the past to tell tales.

We sat at the kitchen table exchanging the usual pleasantries, the chit-chat adopted by health professionals designed to gain trust and blunt the impact of difficult conversations. I mentally ticked off the checklist for the at-risk client; environment clean and uncluttered, a reasonable body weight, no agitation or signs of acute delirium. Her fridge contained the basics although the bathroom was too dry and orderly to have been recently used. Immediate action would not be required but I would have to dig deeper if I wanted to learn more about the woman sitting opposite me.

“Are you friendly with your neighbours, Mary?”

“Yes, but I don’t see much of them. I’m too busy.”

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“Oh, what are you busy with?”

“Christopher.”

“Who is Christopher?” I asked, hopeful I’d found a lead into her life.

“My baby.”

“You have a baby,” I exclaimed, trying to dampen the scepticism in my voice. “Where is he?”

“In the bedroom. He’s asleep.”

Mary led me into her room. Her bed was carefully made with a white chenille quilt, the side table holding a discoloured lamp and a black Bakelite alarm clock. I looked for what I assumed was a dog or cat, anything that deserved the title of *baby*. But the room appeared empty. Mary offered no explanation and then I saw it; a small photograph propped against a pillow snugly wrapped in a lemon rug with just the face peeping out. It was a snapshot of a baby. I hesitated, searching for an appropriate response that was respectful of her reality when I wasn’t yet sure what that reality was.

“Is this Christopher?” I asked cautiously but somehow I already knew the answer.

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Our brains are hard wired to create stories, to recognise and complete patterns that allow us to make sense of our world. We sift through the data, order it into a logical sequence and come up with a suitable explanation for our experience. When the brain is damaged the data is scrambled, the patterns confused but the story must be completed so the brain fills in the gaps as best it can. It tells a story that clears up the ambiguity and helps us understand our world even if that explanation is wrong. Certainty gives us comfort. I could only imagine the untidy floor of Mary's mind, the scattered scraps of memory that she'd subconsciously cobbled together. In medical terms Christopher was a delusion. To Mary he was her child and it was her story I needed to enter.

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*Mary didn't remember much about that day other than pain and fear. The contractions started at about 1am. At first they were only uncomfortable but as the night wore on they increased in frequency and intensity. By morning Mary's waters had broken. The dark colour meant nothing to her. By the time the midwife arrived the pain never seemed to end. It felt like she'd been in labour for days. Her room, her bed, the encouraging words of the midwife, all that was familiar to her was swallowed up, consumed in wave after wave of relentless pain. Her body was being torn apart and there*

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*was no escape. Was it meant to be this bad? Surely God didn't mean for her to suffer like this. She wasn't even allowed to have Tom hold her hand to give her courage. He'd been ordered from the room such a long time ago. It would have helped just to be able to hold Tom's hand.*

*Engaged in her own internal war, Mary didn't notice the concerned look on the midwife's face, the opening and closing of doors as people entered the room, the arrival of the doctor or the desperate efforts to unwrap the cord from around her son's neck. It was the silence that dragged Mary back. She'd imagined joyful congratulations, maybe the first wailing cries of a newborn, not suffocating silence. Just a few furtive whispers, pity and empty platitudes. No warm, sweet-smelling body as reward. Her baby boy never took a breath.*

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Over the next few months I visited Mary regularly. Sometimes she didn't answer the door but I suspected she was home. She didn't own a phone. She was always dressed the same, silk scarf tied around her head, sunglasses in place. I wondered if the glasses were less about protection from the spring weather and more a deliberate ploy to prevent me looking into her eyes and reading her thoughts. It left me relying on questions that gently

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probed her mind, sensitive to any signs of repetitive speech, anxiety or agitation, suspiciousness, paranoia, anything that would help me to understand. Mary would talk of her childhood in Yorkshire, the farm she grew up on, the snow in winter. She had immigrated to Australia with her husband, Tom, in the 60s. She'd been a dressmaker with a shop in Oxford Street. Tom had died many years ago. An accident with a lorry, Mary said. There didn't seem to be any adult children. Sometimes the details would vary, her memory unreliable or was she just cagey about her past, reluctant to let me get too close? Of course I asked about Christopher. The photograph was faded, slightly wrinkled. Who was this baby in a pale blue matinee jacket? I was curious, I wanted to know so I searched for clues. Was there a lost child somewhere in Mary's past, the grief too painful to acknowledge? But there was nothing for Mary to tell. He simply existed, always asleep wrapped in his blanket on her bed.

I wondered how Mary filled her days. She rarely went out, she said, and only to shop. She couldn't leave the baby for too long. He needed feeding. Time and companionship must have brought a level of trust for Mary eventually confided in me that sometimes she worried she didn't have enough milk for Christopher. In her private moments did she actually try to breast feed her baby? I

could only imagine the intensity of her delusion, the struggle to make sense of her fragmented thoughts, her aching need. As her cognitive capacity diminished, so had her world. It was just her and Christopher. It's all her mind could deal with. But she couldn't hide from the outside forever and she was fragile. It wouldn't be long before Mary's reality would start to unravel.

I arrived at work on a Monday morning to an urgent message on my voicemail. It was Mary's neighbour.

"I've had a terrible night. No sleep since 3am when Mary started banging on my door screaming. She went away and an hour later she was back. She made no sense at all, raving about someone breaking in, just like last time when I rang you. What are you going to do about it? She's sick and needs to be in hospital."

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*Last night they came back. Mary was asleep with Christopher beside her when she woke to the sound of tapping on the window. At first she tried to ignore it but it got louder, more insistent. They were cunning. Every time she looked out to catch them they managed to hide, ducking down behind the bushes only to continue tormenting her the minute she wasn't looking. Fortunately, Christopher slept on beside her. She tried to ignore them but she became frightened. They wouldn't go away. Why*

*couldn't they leave her alone? Mary knew it wouldn't be long before they found the crack in her wall. They could get through that crack into her room or maybe the light on the ceiling. What did they want? They must be after Christopher. "They want to hurt my baby." She needed to protect him. She had to do something. Mary started to panic. She went to the only place she could think of. With Christopher in her arms she cowered on the bathroom floor. Holding Christopher close so he wouldn't wake she listened to them rummaging around in her room until dawn, leaving when they couldn't find what they wanted. But she knew they would be back. They always came back. Maybe not tonight, or even the next but they would be back. She would never feel safe.*

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Mary came to the door. I could never tell if she remembered me. She was a practiced concealer of her memory loss but this morning she was unable to hide that she was distracted and anxious. She appeared to have folded in on herself. She'd lost weight, grubby clothes hanging on her tiny frame, hair faded to grey.

"Last night they came back, they came back for Christopher. We had to hide in the bathroom."

"Who came back, Mary? Who are they?"



Mary couldn't explain but she showed me where *they* came through the crack in the wall. I offered the usual reassurance and discussed options for making her home more secure. She politely listened, but I know she didn't believe a word. *They* were clever and would find a way in. There was nothing to be gained from pointing out the absurdity of her fears. I found little food in her kitchen. She couldn't remember the last time she'd gone shopping. I made her a cup of tea and some toast, sat with her while she ate.

"Do you want to move away from here, Mary, go someplace else to live?" I asked

"Oh no," she replied without hesitation, "I couldn't leave my home". I'd put this question to Mary several times before and the answer was always the same. But this time the decision was no longer Mary's to make.

I consulted with the necessary people, looked at the various options, made all the arrangements, conscious that we were making plans for Mary that would affect the rest of her life. For weeks I'd waited and watched, walked the line between respecting Mary's right to stay in her home, despite her impairment, and my duty of care to keep her safe. Inevitably there comes a point when the line is crossed.

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“Mary, I’ve brought doctor to see you. I want him to examine Christopher. We need to make sure he is healthy.” Mary agreed. I led the doctor into her room where he played his role, pulling out his stethoscope and listening to Christopher’s breathing.

“Mary, Christopher is well but you aren’t safe in this house. *They* will keep coming back. Eventually *they* will get in and *they* may harm you. *They* may even take Christopher. The only way to protect him is to leave. We have somewhere safe for you to go, where you can look after him properly.”

I helped her pack a few items into a plastic shopping bag; some clothes, toiletries. There was a chance she might never return.

“You go with doctor and I’ll bring Christopher.” Mary was uncharacteristically meek. Perhaps some fleeting connection in her damaged mind told her it was the right thing to do.

I carefully picked Christopher up in his rug and cradled him in my arms. We walked out onto the path, down past the frangipani trees now covered in waxy flowers. Mary sat in the car, her arms outstretched. I handed the baby over, her face softening as her glazed grey eyes looked lovingly down at him. She wasn’t wearing her sunglasses.

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“Are you sure we will be safe now?” Mary asked.

“Yes, Mary, you’re safe now.”

As I watched the car drive away and disappear around the corner I reflected on my time with Mary. Some would call my actions deception, others a bald-faced lie. In dementia care we call it a creative strategy, walking-in-her-shoes. To act when a person is incapable of acting for themselves. I prefer to believe that for Mary, I’d told her the truth. She never did return home but settled well with support and care, eventually moving to a residential facility with Christopher, of course. I would never learn her history. I would never know the identity of the child in the photograph. Like many times before I was a little saddened by the lost narrative of a whole life lived. So Mary, this story is for you.