

# Elderly care in william carlos williams' last words



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Far from the elegiac or lamenting tone the reader may approach a poem with the premise of death implied in the “ last words” of the title, Williams delivers an uncompromising picture of the mental and physiological effects of aging. The extent of these highlight some of the moral dilemmas that occur in elderly care, also demonstrating how it impacts family members by imposing difficult or impossible choices on them. This includes the conflict between a responsibility to minimize suffering but also a primal compulsion to keep vulnerable family members alive.

Williams opens the first stanza with imagery of squalor (“ there were some dirty plates” l. 1) that indicates a low quality of life. The Grandmother is given a distinct lack of dignity, with olfactory language of a “ rank” (l. 4) smell and a “ glass of milk” (l. 2) which has likely gone off given its surroundings. As well as these instances of decay mirroring her own aging process in which she is experiencing physical deterioration at the end of her life span, they also contribute to an underlying sense of stasis in the opening sections. The objects exist in an untouched state, with the accumulation of “ dirty plates” and “ disheveled bed” (l. 4) indicating that this has been the case for some time. Formal elements support this, with a lack of rhyme, rhythm and punctuation reflecting the unstructured inertia of her existence. The Grandmother’s verbal action, or inaction, is also decidedly passive in the second stanza. Other than the inherent stillness of “ lay” (l. 6) , her movements of “ snoring” (l. 6) and “ rousing” (l. 7) are involuntary. The latter, though implying a sudden jolt, is not a conscious action in the context of sleep. The only exception to this inactivity, her “ cry for food” (l. 8), highlights a lack of self sufficiency as the purpose of “ cry[ing]” to bring

about a response by another party. The connotations of infancy with this verb, especially when it applies to food, also shows how age induced dependency effects family structures. Unable to fulfil the traditional feminine roles of domestic upkeep, preparing food or looking after younger family members, she is reliant on these around her in the same way a child is. Following her appeal for food, she then demands it rudely with an informal contraction “ gimme something to eat” (l. 9), signposting a change of tone that is mirrored by the initial trochee. The flowing enjambement that had earlier induced stasis also becomes fragmented, with short three and four word sentences disrupting and accelerating the rhythm as the Grandmother becomes increasingly confused and paranoid. This evidenced through contradictions that emerge in her speech, simultaneously “ all-right” (l. 11) and “ starv[ed]” (l. 10), with the latter claim undermined by the evidence that she is provided food but chooses not to eat it (“ dirty plates” “ glass of milk”). The identity of who she refers to as “ they” is also conspicuously ambiguous. Williams does not specify if she is in a residential facility with nurses, or even if the speaker acts as a carer, achieving a disorientating that gives an insight into the muddled brain of the subject. It is even feasible that these people are a figment of her senile imagination, seeing as the Grandmother’s has displayed paranoia and lack of independent capability symptomatic of Alzheimers, which is more or less confirmed later by “ her mind was now clear” (l. 26).

Deprived of physical and mental faculty, the subject loses autonomy of her life as Williams demonstrates the balance of power within the exchange. Despite making her position clear that she “ won’t go to hospital”, the

Grandmother finds herself being “ lifted...on to the stretcher” (l. 22) by “ ambulance men”. The image of multiple, physically capable men working in unison to take her somewhere she does not want to go is a poignant reminder of her lack of self-determination and the assonance and metric correspondence between “ oh, oh, oh” (l. 21) and “ no, no, no” (l. 12) emphasize that she is being subjected to pain despite these initial objections. Overriding the subject’s wants touches on the moral quandary mentioned in the introduction to this analysis, with the speaker’s decision to hospitalize his Grandmother for the benefit of her health causing significant discomfort. In doing so, this encroaches on another commitment to alleviate pain that the Grandmother asserts in “ is this what you call // making me comfortable?” (l. 25), with the spanning of this question between two stanzas making it seem like the it is being asked as she is being hoisted up on the stretcher, causing her distress. In a broader sense, it also alludes to the perceived duty of younger generations to look after their elderly relatives, seeing as they would likely have had an instrumental role in their upbringing. The Grandmother’s “ tired[ness]” (l. 39) in the final stanza is easy to empathize with: stripped of authority regarding her own life (“ you do what you please first/ then I can do what I please”(l. 20)), mental state of confused paranoia and sense of alienation is increasingly worsening (“ you think your so smart/ you young people” (l. 27)) and a very limited sensory engagement of the world (“ nearly blind”(l. 5)). With the nexus between life and the natural world being consistently reinforced throughout literary and cultural history (Hooke, 59), “ roll[ing] her head away (l. 40)” from trees can be seen as a rejection of life itself. Her only exhibition of concerted movement, it is a

final and defiant action that fully evidences the extent to which she is suffering.

In conclusion, through vivid descriptions supported by formal techniques, Williams shows how age ravages the human mind and body, presenting some of the ethical challenges that occur in elderly care. Often, attempts to improve physiological health through treatment leads to extreme distress and goes against the wishes of the subject. Equally, especially in the case of Alzheimers, reduced mental capabilities mean that they are not fully able to make these decisions on their own and adds to the pressure of younger generations who are already subject to social norms that dictate elderly family members should be cared for. Tellingly, Williams forms no concrete conclusion with regard to the right way to go about these choices, illustrating how age also has devastating effects on family members by implicating them in impossible decisions.