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Heidi Woofenden

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# A Joyful Soul: A Case History of a Bridgewater Nursing Home Resident

**HEIDI WOOFENDEN**

Heidi is a first year undeclared student leaning toward Psychology as a possible major. She wrote this case history as a summation of her ten-week "service learning project" in Honors Introductory Psychology under the mentorship of Dr. Teresa King, and presented it at the 2007 Mid-Year Symposium. The project involved visiting a resident of Bridgewater Nursing Home for an hour every week and reflecting on and applying psychological concepts to each visit in a journal, later to be incorporated into the following piece.

**W**hen I stepped into the Bridgewater Nursing Home at 2 o'clock on Monday September 17<sup>th</sup> I had no idea what was in store for me the next ten weeks. I had no idea that I would befriend and ultimately come to love a spunky, quirky and sweet elderly woman, and not only learn about *her* interesting life and views, but about life in general. And I had no idea that I would miss that weekly hour away from the real world so very much.

Volunteering for an hour a week at the nursing home was part of my service learning project for honors introductory psychology, and in a weekly journal I was required to relate my experience with the psychological concepts we were learning in class. I was expecting to visit a very elderly bedridden man, but upon arrival was informed that he had recently had an operation and was sound asleep, so I was invited to assist in Bingo and seated next to a woman who needed help reading her card. I was worried because I knew for my assignment I needed to talk to a resident, but fortunately, Bingo didn't stop her from talking! She had trouble hearing me at times, which was somewhat disturbing to the others in the room because I had to repeat myself very loudly. Yet it didn't really faze me because everyone there was very pleasant and seemed interested in the new young person in the room. At the end of this first session, I had been reassigned to the woman, and was glad because I had already begun to like her a great deal.

It seems most appropriate to begin with simple biological functioning, because this is what creates the human body and mind, and is always one of the first topics discussed in introductory psychology. It is not, in fact, simple at all, but more complex and awe inspiring than anything material—or even theoretical—the mind could possibly fathom. Each of the four lobes of the brain work to control very different functions, but work together flawlessly. Every second we employ most if not all of the parts of our brain for even the tiniest actions and thoughts, and our limbic system and brainstem, controlling all basic maintenance and automatic functioning, are constantly hard at work. (Meyers, 2007). My resident is no exception to this, but has some obvious failures of certain biological functions. I learned last Sunday at the nursing home's Christmas party that she had suffered a stroke. This was new but unsurprising, because of the nature of her mental failures. Her senses of sight and hearing are failing. This suggests that either her visual cortex contained in the occipital lobe is having trouble

itself, or that the rods and cones in her eyes are failing, or that her optic nerve is having trouble carrying the neural impulses *created* by the rods and cones to the visual cortex for processing. And either her auditory cortex contained in the temporal lobe is failing itself, or it is having trouble receiving signals from the inner ear. (Meyers, 2007). Amazingly—considering that she is 95 years old—all other physical functioning is almost perfectly intact. She walks incredibly well with only the assistance of a cane and has very good coordination. Now, knowing that she has suffered and recovered from a stroke, I admire her all the more.

Her other unfortunate biological weakness is short-term memory. Because she seems to forget everything recent within a couple of minutes, prolonged conversation is very difficult, and I often found us going around in circles of the same questions and stories. She may be having trouble with her hippocampus, the memory center located in the temporal lobe. She often experiences retrieval failures, in which she has encoded and stored the memory, but is unable to quite extract it and put it into words. (Meyers, 2007). This definitely put a barrier between us because we would begin talking about a very interesting topic and I would learn a little bit about her past and her beliefs, but she would soon move on to other things. But I viewed it as an adventure, a challenge: I began to ponder how memories shape us and create our identity, which we carry with us until death, and how the loss of such memory could take this identity away from us. I wondered if this woman would be consistent in her reiteration of the fond memories she shared with me during later visits, and whether her identity and the identities of the loved ones she mentioned would remain exactly the same, seeing as she had already changed them slightly with each retelling. I was curious as to which details she would firmly stand by and which would be altered. I decided at the end of my first visit to make it my goal to extract as much new information about things she had already told me, or even new things, as possible with each successive visit. Her long-term memory seemed reasonably intact, so I firmly believed that she could overcome more and more of her retrieval failure as our visits progressed. This proved to be correct.

It seems suitable to first examine my resident against fundamental psychological criteria to give an easily understandable initial picture of her character. The Big 5 Personality Test measures *openness*, *extroversion*, *agreeableness*, *conscientiousness* and *neuroticism* (mental stability) (McCrae & Costa, 1986). Each trait is very apparent in her personality, so she would most likely score high on all of them if taking the test. She always listened to me intently (when she could hear!) and considered what I said with an open mind. She was also very open about her own experiences and opinions, perhaps a bit *too* open at times! She is known for telling it like it is, sparing no curse words, sexual references and the like. I guess when you're elderly and in a

nursing home, you tend not to care what others think of you. But I love her even more for it. Unfortunately her hearing loss created a disconnect between us because I was never exactly sure how much of what I said was actually comprehended. But when we could communicate she was quick and intelligent, and often very creative and wise. Her frequent sagacious statements amazed me, and served as a continual reminder that her mind is indeed still working, and very well at that. She is generally very extroverted because she greatly enjoys others and never hesitates to talk and tell you what's on her mind. She is often the center of attention simply because she talks louder than everyone else—not, I believe, because she really means to be. However, she does not rely solely on outside stimulation, because she cannot always perceive it and has learned to seek internal pleasure when her external senses fail her, a characteristic of an introvert. My resident is empathetic and considerate (i.e. agreeable), never intentionally offending anyone. However, her open and joking nature sometimes causes her to say things that could be perceived as offensive, but no one really minds because of the context. Despite her physical and mental limitations she is conscientious, usually reflecting with detail and precision to the best of her ability. I found that throughout our time together she basically stuck to all of her original stories and the identities of the characters within them, something I had initially doubted. She is extremely emotionally stable—she's always got a smile on her face or is giggling away. This contented mood generally stayed the same while I observed her, with the occasional “I don't know what the hell is going on here!” the expression of her stress and irritation. Apparently, my resident behaves as a normal, well-adjusted individual should.

I made an abundance of additional yet very noteworthy observations about my resident during my visits at the nursing home, and have attempted to analyze them. First and foremost, she was always happy when I saw her, something that intrigues me because of her past and current situations. Being in a nursing home is obviously not an ideal situation, especially when one could *almost* function alone. It saddened me to hear, when asked if she liked Bingo, “I don't care, I do whatever they want me to do.” This was not however, in a gloomy tone, suggesting that she has accepted her dependence and limitations and is trying to make the best of them. She frequently talked about family, but only mentioned a few members: her deceased only son, her nephew (who I assumed was actually a grandnephew based on the fact that he was “graduating college this year to become a great actor”), her niece and her mother. There was never any mention of a partner figure, which was perplexing, and I was never able to learn the reason for her son's death, but comments she made led me to believe it was either as a result of some kind of accident or in a war. She once advised me to live well, because “you never know what could happen...an accident...” And as we were discussing Thanksgiving one week she observed, “This will

be a sad Thanksgiving for many families—so many boys in the war.” However, such somber moments were a great rarity during our time together.

My resident often discussed children and young adults, and the vast differences between them now and in her day. “Back then, kids were kids,” she would often say. They didn’t try to grow up so fast and take all the risks that modern young people do. They didn’t make such impulsive decisions without considering their outcomes. Much of this was a result of the strictness of parents. She often related how “parents were boss, not kids”: children followed the rules and obeyed, no ifs ands or buts. My resident often cooed enviously that my “locks were so beautiful,” saying that her mother forbade her to have long hair but she had always wanted it. It was surprising to learn that parents so firmly controlled their children’s appearance.

Her other favorite topic of discussion was school. She regularly asked me how it was going and what year I was in and made it a point to tell me to “stick with it” every visit, something I at first laughed at because I’m not one to quit school, but a welcome message when I was later feeling stressed and directionless. I often sensed an uncanny understanding between us; she seemed to know what was in my heart and exactly what to say. One day when I was feeling particularly lost, she said, “At your age, you want to do everything. But it’s good that you can’t do everything at once,” implying that the purpose of life would be defeated if everything one wished to do was already accomplished by adulthood. This was incredibly pertinent to me because lately I’ve been struggling with precisely that: there are endless things I would like to explore and experience and I’m unsure how to translate them into a profession. This thoughtful remark, especially coming from someone 77 years older than me, helped me to put my life in perspective and realize that I’m very young and have ample time to do what I love and accomplish my goals. However, I am a firm believer in living for the moment and assuming that time is infinite is false and potentially detrimental. If I die tomorrow, I want to feel that I lived my life to the fullest and that it was not in vain. And so the inner conflict remains. She often related that she had worked in the office at Bridgewater State College and constantly inquired as to the current state and size of it. She said that so many students simply wanted to “raise hell” and cared only about having a good time and escaping reality instead of focusing on what truly matters and maybe even contemplating the complexities and ills of life and our world. I readily agreed, assuring her that I did not belong in that category. I often wondered why she was so interested in school since she hadn’t attended herself, but began to think that this might be precisely the reason. She often talked about how lucky young people—especially girls—are nowadays because we have so many more options and opportunities open to us. She then went on to

say that she thought life must be easier, which I find very untrue! It is no doubt more interesting than choosing between a couple of archetypal careers, but having to choose a single one out of hundreds makes for stress and extreme existential questioning and conflict—at least in my case.

Not only is my resident wise, but as previously mentioned she’s a “wise guy”! She was constantly cracking little jokes or making quirky remarks, which made visits very enjoyable. When asked how her Halloween was, she replied, “Oh, same as usual; I just look in the mirror!” She constantly came up with goofy remarks about herself like this that I didn’t know how to respond to; I usually told her that she was wrong and that she’s looking and doing great, which is the truth. During one visit a professionally-dressed man carrying a brief case walked through the door, and there was a buzz of residents trying to figure out who he was. The general consensus seemed to be that he was a doctor. But being oblivious to this, my resident stated: “If you carry a briefcase you can be anything you want.” I found this statement funny but true. I feel extremely lucky to have visited such an intelligent, insightful and expressive individual.

My resident is obviously in the final stage of Erikson’s (1950) psychosocial development model: late adulthood. She has accepted past tragedies and her current situation and limitations and looks over her life with fond nostalgia. I recall her affirming during one of our final visits that she had had a good life. She has come out on top of this stage’s signature battle of “integrity vs. despair” (Erikson, 1950) and continues to live each day with a rosy outlook. Just before sorrowfully leaving my last visit, she took my hand in hers and said, “Thank you for visiting and putting up with me. I’ve enjoyed our time together.” Tears came to my eyes and I assured her that I had enjoyed it equally as much, would continue to visit her whenever possible, and that the thought of “putting up with her” had never once crossed my mind. I deeply respect and admire this amazing individual. She has shown me firsthand that joy, no matter how seemingly bad one’s past or current circumstances, is a possibility. And to maintain sanity in a largely insane world, this is an important philosophy.

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