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The long known benefits and Science of reading aloud to seniors

In addition to compiling the two read-aloud anthologies, Carolyn Banks is the author of four suspense novels, a collection of short stories, and a five-book comic mystery series set in the Isl equestrian world. Her first novel, *Mr. Right*, originally published by Viking in 1979, was released in a new hardcover edition by Permanent Press in 1999. She is currently at work on a new novel which involves a restorative friendship between an aging, fear-ridden woman and a young teenager whom she hires to help care for two horses. Banks also does publicity for the Nursing Home Advocacy Project, a Texas-based toll-free hotline that gives free legal advice to nursing-home residents and/or their loved ones.

A writer's financial life is very up and down. Mine was down in the early 1980s when I applied for a job at an adult day-care centre in Austin, Texas. The job was to plan and direct activities for the elderly clients, for which I had no experience.

I remember the way the woman who interviewed me, the head of the centre, looked at my résumé “Why do you ... Why are you ... ?” she tried. “I like old people”, I said, interrupting before she could tell me that I wasn't even remotely right for the job. I started working there the very next day. But these weren't the old people I was used to. These weren't wise and with-it folks. These were the people who could no longer fend for themselves. Their children, for the most part, worked and therefore couldn't stay with them at home during the day. Old age, I've decided, gradually boils us down to whatever is our essence. Happy people who came to the day-care centre would be happy all the time. Grumpy people would snarl. Some were in places along the continuum: suspicious, perhaps, or weepy. One man—I can almost see him as a boy—sat muttering dirty words through much of the day. Two of the women had early Alzheimer's disease—a stage that is the best the disease provides; which is to say, each day they delighted in meeting each other anew. One of the women had a long Hispanic name, Maldonado, I think

it was, and sometimes when she tried to say it, she'd get caught somewhere in the middle, Maldona ... The other woman would give her a little shove and that would stop it. Others with the disease were already beyond that. They'd give me a stare more vacant than I would have thought possible—so vacant, in fact, that at first I feared I might be sucked inside and trapped there, as they were. One of my charges was a man who'd had a stroke. He was lucid, but had enormous trouble forming his words. The hardest part about learning to understand what he was saying was waiting for his tongue and jaw to somehow combine. It was worth the wait. He was cynical and wry. But you can see how difficult it would be to think about providing activities that would entertain this widely diverse group of people. Sometimes I would try the games that the centre had on hand: ring toss, say, or bingo. It doesn't sound like much, but to engender even a modicum of interest among my charges, I would have to work myself into a wildly exaggerated version of the game. The ones who participated with enthusiasm were, I now think, trying not to hurt my feelings. The rest remained resolutely uncommunicative. And the artificiality of it! I see this often among caregivers. It doesn't matter that it's well intentioned it's too loud, too bright, too desperate. Something else was needed. Something real. I had already learned that the people I watched over loved to be touched—missed it, I suppose—and any activity that involved touching—applying hand lotion or trimming nails or brushing hair—was valued and cherished. What else, I wondered, might they miss? What would I miss in my own life? Reading, I thought. Stories. I called nursing homes in the area and began asking activity directors whether they read to the people there. If the directors said “yes”, I asked what they read. The answer was always the same: children's books. You know the kind—picture books with very few words. I was stunned by this. The men and women I saw every day had a wider range of experience than is encompassed by a book for 8-year-olds or even one for 12-year-olds or 14-year-olds. Wasn't there anything out there, easy to read and easy to follow, that would reflect the lives they had known? Off-duty I began searching for stories that might have some appeal. What I learned as I began to bring readings to the center was that, to most of the people, the act of reading itself had a soothing effect. The man who muttered obscenities, for instance. He still kept his hands clasped in his lap, still stared down at his hands. But the constant undercurrent of perverse litany would slow, would sometimes even stop. The people I had described as vacant were different too. Some of them altered their facial expression from time to time—something I'd come not to expect. One man, who in the months I was at the

center hadn't said a word, began to talk disconnectedly about water and about a brother, about a summer in some very distant past. In some strange way, the story itself or just the fact of my voice in the room had reached him. I remember puzzling over these experiences with the woman who had hired me. Of course it would have an effect, she said. Hadn't we all been read to as children, if not by a parent, then by a teacher, or a librarian? Meanwhile, in another corner of my life, I met a man whose mother was in a nursing home. As he and I became involved, he told me what his visits to the home were like. They were torture, he said. He dreaded them. He went because he felt duty-bound to go. His mother was physically debilitated, but mentally quite quick. She would volunteer almost nothing. He would ask how she was and get a one-word answer: Fine. And so he would begin a carefully censored monologue. He'd talk about the people they knew in common, he'd talk about himself. But in less than half an hour, he'd run out of things to say. Granted, he held back, didn't want to regale her with anything that would highlight the starkness of her life when compared with his. He wouldn't tell her of his vacation plans, or of films he and I had seen, restaurants we'd gone to. And there it would be, he told me, coming out of his own mouth: the false voice I had told him about—louder, singsong, trying to engender enthusiasm by desperately feigning it. As soon as he would adopt the voice, he said, his mother would get resentful. Sometimes she'd even turn to face the wall. “Remember that Molly Ivins column you read me the other day?” I asked him. “Try reading it to your morn.” He did, and after that he never went to the nursing home without something funny that he could read. And the best thing was, it prompted his mother to share with him. “That reminds me ...” she would say about something he was reading. Frequently she would interrupt. A real exchange had begun to take place. I would often go to the nursing home with him, hovering, usually, in the background. Sometimes I would walk the halls and peer into the rooms. I saw bored people in wheelchairs and beds, I saw visitors stymied, looking for meaningful ways to fill the time. That was how the books of read-aloud stories that I gathered together for the elderly were conceived—as a way that caregivers could attempt a real connection with the people they loved. The road to publication wasn't easy. The same agent who had sold my fiction didn't know what to do with the idea. She told me that as soon as she mentioned that the proposed book would contain short stories, she would be shunted to a fiction editor who wanted literary efforts only. Stories for the average person? Who would want those? The only thing to do, I decided, was to put the book together—

actually find stories and offer to purchase them— and then try to sell the idea to a publisher. Still, I felt vaguely sleazy about doing this. I remembered all too well my own disappointments when a story I had allegedly sold never appeared. I had to keep reminding myself that my intentions were good. A few of the students in a writing class that I had taught at the Bastrop Senior Center had stories that would work. I also enlisted the help of a co-editor, a woman whose father had died of a brain tumour. She well remembered those hours at his bedside with little to do besides watch. She wished she'd had such a book, she said. But gathering the remainder of the stories was itself a revelation. She and I placed an advertisement in a writers' magazine asking for submissions. We received a flood of them, but almost all dealt with illness and death. As if these were the only subjects the elderly might want to hear about! Not that we pretended illness and death didn't exist. We just didn't want to concentrate on them. Hadn't the people who would be hearing the stories raised children, mowed lawns, gone fishing, gone shopping, gone to war? We tried again, with a more explicit advertisement: we wanted evocative stories, stories full of description, stories that didn't have much dialogue. We didn't want stories that were subtle. We wanted excess. We wanted schmaltz. We wanted sentimentality. The Ninny thing is that, when I was teaching, I would usually urge fledgling authors to write just the opposite. I would take some of these stories to a nearby nursing home and try them out. Any response, to my mind, was a good response. I didn't know the people to whom I was reading the way I had known the people at the adult day-care centre. I didn't know how the activities directors at the home had managed to gather the audience together. If there was any spark that came from the story, as far as I was concerned, it was a keeper. Spark, of course, was very loosely defined. Spark might mean a few sentences of conversation. In some company, it might be the hint of a smile. One story that I read included a lot of description of snow. I considered it a hit when a woman who was slumped in a wheelchair raised her head and then her eyes as if expecting snow to begin to fall. Invariably, stories involving animals were well received. And why not? Haven't we all had a dog or a cat or a canary? Reading stories about a pet can bring the listener's memory of a beloved pet to the fore. What does it matter if it's only briefly? There was never any way to predict whether a story would be a hit or a miss. And a miss with one audience, I found, would be a hit with another and vice versa. Sometimes I wondered how much the enthusiasm of the reader came into play. I think the answer is quite a lot. I so loved reading one story, "The Battle of the Bees",

that people listening would laugh just because I—in a “wait-’til-you-hear-this” sort of way—would be laughing just at the thought of reading it. The thing is, reading aloud is a good and natural thing for me, a reader, to be doing when I’m with the elderly, or with anyone. I can’t read a newspaper or a novel without running into the other room to find my husband, saying, “Listen to this!” Reading aloud might not be a great activity for someone who does not ordinarily read. Being read to, on the other hand, seems to be as welcome as a touch, whether or not the listeners had been readers or the words have literal meaning any longer. The first of the two books, *A Loving Voice*, was published in 1992, and in 1994 the second volume, *A Loving Voice II*, came out. I had found our publisher, The Charles Press, by going through eldercare sections in bookstores. It was their book *Longevity Therapy*, which is about activities to share with the elderly, that had caught my eye. The books are marketed to activities directors at nursing homes, but they are also bought by individuals. They are used, too, in hospices and adult day-care centers—in short, in all those places where the sound of the human voice—indeed, a loving voice—is needed most.

References

- 1 Banks C, Rizzo J, ed. *A loving voice: a caregiver's book of read-aloud stories for the elderly*. Philadelphia: Charles Press.
- 2 Banks C, Rizzo J, ed. *A loving voice II: a caregiver's book of more read-aloud stories for the elderly*. Philadelphia: Charles Press.
- 3 Graubarth-Szyller BR, Padgett JD, Weiss J. *Longevity therapy: an innovative approach to nursing home care of the elderly*. Philadelphia: Charles Press.