

Chapter 2

Dementia and symbiosis in *Waiting for Godot* – Briege Casey

Vivian Mercier (1956 p6) described *Waiting for Godot* as a play which

has achieved a theoretical impossibility—a play in which nothing happens, that yet keeps audiences glued to their seats. What's more, since the second act is a subtly different reprise of the first, he has written a play in which nothing happens, twice.

The play, like much of Beckett's work, disorients our perceptions of time, place and person. We observe the 'canters' of two elderly tramps in passing time as they wait for an illusion; delivery from an inhospitable, empty physical and psychological landscape. We have little sense of who these characters are, their pasts or futures, time is immeasurable and location and context is unknowable. One could say that straight away the audience of *Waiting for Godot* is launched into a vicarious experience of some of the disorientation and uncertainty of dementia.

On a wider philosophical level, Beckett is suggesting that we try to achieve meaning in a chaotic world through imposing our own formulated patterns and habitual behaviour and that we cling to these diversions as a means of avoiding the reality that our situation is hopelessly incomprehensible. However, this patterning of existence requires memory and a sense of time. In *Waiting for Godot* three out of the four characters have memory impairment and their interchanges challenge the meaning making processes of the only potentially narratively and temporarily competent agent, Vladimir. Much of Beckett's work is concerned with states of perception and the playing out of consciousness in the world through language. Many of Beckett's characters are word saturated; constantly wrestling with articulation, narration, repetition and memory. Beckett's academic (study of neurological textbooks) and observational learning concerning mental processes and illnesses is well documented (Barry et al 2016). Like many other writers, he visited the asylum at Bethlem Royal hospital for creative inspiration; "I went down to Bedlam this day week, and went round the wards for the first time, with scarcely any sense of horror, though I saw everything, from mild depression to profound dementia" (Beckett 2009 pxx). Though Beckett never specifically identifies

Estragon's cognitive impairment, his depiction of early to mid-stage Alzheimer's disease is accurate, revealing advanced knowledge and understanding on his part. Beckett's incisive observations concerning Estragon's deteriorating mental state also extend to his evocative portrayal of the deteriorating relationship between the couple at the heart of the play.

In this chapter, Estragon's cognitive decline will be explored in the context of his relationship with Vladimir who is positioned in the play as the navigator, the sense maker, the carer. Thus, the chapter will take an equal interest in the dynamics of a long term relationship in the context of mental disintegration, attendant stagnation and waiting for deliverance.

In the early to middle stages of dementia (which Estragon seems to manifest in the play) people with dementia experience difficulty in carrying out activities of daily living (for example personal hygiene) without help. Disturbed sleep can also be a feature (often napping in the daytime, up at night). Invariably there are difficulties in learning new information, people experience increasing disorientation and confusion even in familiar surroundings. Observers and carers may notice behaviour disorders: paranoid delusions, aggressiveness, agitation, hallucinations, confabulation (in conversation, filling in memory gaps with false information), inattention, poor concentration, loss of interest in the outside world and possible mood changes, for example anxiety or depression) (Torpy, and Lynn, 2010). Estragon manifests many of these features which become more pronounced as the play progresses. For example, he has difficulty in remembering meeting Godot and the subsequent instruction to wait for Godot (Vladimir reminds him ten times in the play) and his recollection of more recent meetings with Pozzo and Lucky is absent. Similarly, Estragon's orientation to his albeit bleak surroundings and context is deficient; he has difficulty remembering having recently been in certain locations and fails to notice changes in the environment e.g. the changing tree, changing physical appearance of Pozzo and Lucky, the location/colour of his boots. Disorientation in time is also apparent regarding recent events, however this phenomenon also affects Vladimir as it is difficult to mark time in an undifferentiated landscape where there are few new events to make periods of time distinctive. Features of hallucinatory experiences and paranoid behaviour are expressed in his conviction concerning his nightly beatings for which there is no physical or contextual evidence. We observe his increasing tiredness and despondency as the play progresses, indicative of the taxing effects of maintaining concentration and connection with his intellectually demanding partner and he becomes more self-protective and withdrawn. These features and behaviours are common to many people in the early to mid-stages of dementia.

Although I have described Estragon's 'symptoms' in somewhat rudimentary and categorical terms above, Beckett's portrayal of Estragon does conform to any such one dimensional or case study format. Estragon's cognitive deficits are continually juxtaposed with his strengths; his pragmatism and his retained capacity for humour, wit and sarcasm. Additionally, in the play Estragon's mental capacities, like many people with dementia, ebb and flow depending on such factors as boredom, tiredness, pain, mood, intellectual demand and stimulation as well as relationship dynamics. Thus a rich, complex and compelling accurate portrayal of a human being navigating the experience of cognitive decline is offered. The effects of this decline on his mental processes and his relationship with Vladimir is played out in the opening scene:

VLADIMIR: (*hurt, coldly*). May one inquire where His Highness spent the night?

ESTRAGON: In a ditch.

VLADIMIR: (*admiringly*). A ditch! Where?

ESTRAGON: (*without gesture*). Over there.

VLADIMIR: And they didn't beat you?

ESTRAGON: Beat me? Certainly they beat me.

VLADIMIR: The same lot as usual?

ESTRAGON: The same? I don't know.

VLADIMIR: When I think of it . . . all these years . . . but for me . . . where would you be . . . (*Decisively*.) You'd be nothing more than a little heap of bones at the present minute, no doubt about it.

ESTRAGON: And what of it?

VLADIMIR: (*gloomily*). It's too much for one man. (*Pause. Cheerfully.*) On the other hand, what's the good of losing heart now, that's what I say. We should have thought of it a million years ago, in the nineties.

ESTRAGON: Ah stop blathering and help me off with this bloody thing
(Beckett 2006 p1)

From the beginning, Estragon's mental vulnerability and Vladimir's love labour are presented and this continues throughout. Alvarez (1992 p89) comments that "perhaps Estragon's forgetfulness is the cement binding their relationship together. He continually forgets, Vladimir continually reminds him; between them they pass the time." And indeed according to Knowlson (2004 p376), Beckett has said of the play; "It's all symbiosis." The term symbiosis comes from the Greek word meaning "living together" and originated in the field of biology where organisms co-exist and depend upon each other in ways that either mutually beneficial, beneficial to one organism yet not harming the other, or parasitic; where one organism benefits and in doing so harms or kills the other. The concept has been developed in psychological (Ruppert 2012) and psychodynamic theories (Mahler and Furer 1968) which

have explored the multidimensional nature of symbiosis in the context of interpersonal relationships. Ruppert (2012) proposes that human relationships are positioned in a constant struggle between symbiosis and autonomy; dependence and independence. He further adds that this struggle represents “a permanent challenge of how we get along with other humans and other creatures and all life on the planet, and how these intertwined life-concerns are reflected emotionally in each one of us” (Ruppert (2012 p43). The situation and experiences encountered by Estragon and Vladimir in the play, namely a disorientating environment and Estragon’s cognitive decline profoundly affect this balance of dependence and autonomy. Estragon, in his weakened and vulnerable condition needs Vladimir to orientate and comfort him, yet he abhors this passive state and attempts to distance Vladimir through his use of sarcasm and eventual withdrawal. Vladimir needs Estragon as audience and for personal validation, he depends on Estragon being able to engage in the ‘canters’ and habits that enable survival in this barren landscape, however Vladimir, recognising his friend’s mental decline and the futility of their situation, berates his companion and longs for deliverance and freedom through the prospect of Godot. The nature of this co-dependency can be seen in the interactions between the pair. Like many carers of people with dementia, Vladimir invariably takes responsibility for maintaining conversation (Shakespeare and Clare 2005); constantly trying to stimulate linguistic connection and responses that will sustain him.

ESTRAGON: All the dead voices.

VLADIMIR: They make a noise like wings.

ESTRAGON: Like leaves.

VLADIMIR: Like sand.

ESTRAGON: Like leaves.

(Silence)

VLADIMIR: They all speak at once.

ESTRAGON: Each one to itself.

VLADIMIR: Rather they whisper.

ESTRAGON: They rustle.

VLADIMIR: They murmur.

ESTRAGON: They rustle.

...

VLADIMIR: They make a noise like feathers.

ESTRAGON: Like leaves.

VLADIMIR: Like ashes.

ESTRAGON: Like leaves.

(Long silence.)

VLADIMIR: Say something!

ESTRAGON: I’m seeking.

(Long silence.)

VLADIMIR: (In anguish) Say anything at all!

ESTRAGON: What do we do now?
VLADIMIR: We wait for Godot
ESTRAGON: Ah
(Silence.)
VLADIMIR: This is awful!
(Beckett 2006 p54)

In this extract Beckett masterfully juxtaposes the linguistic richness and variety of Vladimir's contributions with Estragon's repetitive and truncated responses. Salisbury and Code (2016 p219 -220) observe that

Beckett seems to find a language that beggars the putative power of knowledge and intentional capacity, while retaining a sense of an affective life that hopes for expression and to speak for itself even amidst its decomposition. ... He offers us the opportunity both to comprehend and to feel how language drives the torsions and vicissitudes of our psychosomatic lives.

Here is a palpable sense of the effort required by Estragon to summon novel responses to match those of Vladimir. However, much to the latter's disappointment, these efforts invariably produce repetitive, formulaic responses or prolonged silences. According to Wray (2010) in dementia, the capacity to produce novel language gradually diminishes. This results in repetition and the use of semantically empty filler phrases. Thus, easily retrieved, familiar expressions stored in longer term memory are used to carry meaning that is otherwise difficult to convey. These formulaic expressions maintain and protect some of the most important functions of communication, particularly the process of turn taking in interaction as well as engaging in conversation in a socially appropriate way. However, Vladimir seems to have little awareness of, or tolerance for, the linguistic impasses experienced by his partner, he perceives Estragon's pauses, which Davis and MacLagan (2009) would describe as serving word seeking functions, as intolerable silences echoing a void that which must be filled with continued language. Elsewhere he pleads "Come on, Gogo, return the ball, can't you, once in a way?" (Beckett 2006 p5). It is interesting to note in this regard, Orange's (2001 p241) warning that carers should "beware that fatigue may make communication more difficult and less rewarding." The language in the play is constantly punctuated with painful silences reflecting the degeneration of communication; Beckett himself has commented that "silence is pouring into this play like water into a sinking ship" (Haynes and Knowlson 2003 p145). Thus the pair are trapped in a barren physical, linguistic and psychological landscape.

For Estragon, having no consciousness of an alternative, the only deliverance from this miserable situation is death, however Vladimir grasps two devices as bulwark against the horror of meaningless existence; his (increasingly vain) hope for deliverance in the form of Godot and the activities used to pass time while they wait. One of the most frequent questions asked of the play is who or what is Godot?

He stands for what keeps us chained – to and in – existence. He is the unknowable that represents hope in an age when there is no hope, he is whatever fiction we want him to be – as long as he justifies our life-as-waiting’ (Worton 1994 p71)

In a seemingly hopeless situation, Vladimir waits, just as carers and people with dementia wait, for unknowable and unpredictable external agents to grant impalpable desires. Oonagh et al (2007) carried out a qualitative study with three people who were being medically assessed for dementia. Here tentative and vague hope are common to both contexts:

. . . If I’m going to see somebody, that might give you just that little bit of hope that there might be something they can do for you, but I’m not going to make myself upset and disappointed if there isn’t. I think this is the way I’m going to think about things, I am thinking about things, and hoping that’s what’s going to happen. No, deep down I don’t think they can do anything, but it would be lovely if they could (Evelyn in Oonagh et al 2007 p201).

ESTRAGON: What exactly did we ask him for?

VLADIMIR: Were you not there?

ESTRAGON: I can't have been listening.

VLADIMIR: Oh . . . Nothing very definite.

ESTRAGON: A kind of prayer.

VLADIMIR: Precisely.

ESTRAGON: A vague supplication

VLADIMIR: Exactly.

ESTRAGON: And what did he reply?

VLADIMIR: That he'd see.

(Beckett 2006 p10/11)

People with dementia and their carers spend a long time waiting; waiting for a vague, possibly forgotten something in the context of seemingly endless, ungrasped time; but still waiting nonetheless. Waiting for moments of clarity, connection, love, a flash of former selves. Not to mention the waiting for help, respite, deliverance, death, meaning, cure. In these contexts, waiting and stagnation is inevitable therefore the prospect of Godot/hope make the waiting bearable and give a justification for the waiting. Vladimir holds onto this possibility with great tenacity for most of the play. Mitchell et al (2005) carried out a qualitative research study among older people in long term care exploring the lived

experience of waiting. Many of the participants' experiences and perceptions have resonance with the those of Estragon and Vladimir. Mitchell et al (2005 p166) found that some participants adopted a stoical attitude wherein they accommodated themselves to the reality of having to wait. For example, participants spoke of "bearing up," "learning to be still," "learning patience," "grinning and bearing it," "accepting it," and "going along."

You have to have patience today. If you don't have patience, you are not going to make it. Over the years, I have learned that you have to wait and just let it go at that. You learn patience. (Participant statement Mitchell et al 2005 p166)

You make out. I'm a pretty patient [person]. Well, you have patience, you know. You tell yourself, well, they can't get here. They'll be here when they get here, or when they can make it. So, you've got to kind of grin and bear it. (Participant statement Mitchell et al 2005 p166)

ESTRAGON: So long as one knows.

VLADIMIR: One can bide one's time.

ESTRAGON: One knows what to expect.

VLADIMIR: No further need to worry.

ESTRAGON: Simply wait.

VLADIMIR: We're used to it.

(Beckett 2006 p31)

This brings us to the second fortifying device employed by Vladimir to attempt to fill the existential void; the distractions used to pass time while they wait. He instigates a series of games and routines involving their old vaudeville singing and dancing act. Through the re-enactment of these familiar and formulaic rituals, Estragon can achieve a mastery and competence not possible in other exchanges and the pair achieve some level of connection. Contemporary research concerning procedural memory in dementia also claims that 'hard wired' activities learnt in the more distant past such as songs, dances poems can be remembered and articulated even in the later stages of dementia (Wray 2010). This often provides comfort and connection among people with dementia and carers.

ESTRAGON: That wasn't such a bad little canter.

VLADIMIR: Yes, but now we'll have to find something else.

(Beckett 2006 p56)

VLADIMIR: That passed the time.

ESTRAGON: It would have passed in any case.

VLADIMIR: Yes, but not so rapidly.

(Pause.)

ESTRAGON: What do we do now?

VLADIMIR: I don't know.
ESTRAGON: Let's go.
VLADIMIR: We can't.
ESTRAGON: Why not?
VLADIMIR: We're waiting for Godot.
ESTRAGON: (*despairingly*). Ah!
(*Pause.*)
(Beckett 2006 p41)

In the play, habit and routine are important devices used to impose meaning on seemingly endless waiting time just as continuous repetitive behaviour is often observed in people with dementia who have lost the ability to process or mark time. Vladimir and Estragon revisit the same location each day to wait for Godot; the structure of the play echoes this repetition with many similar events/phases occurring in both Acts. Habit and routine are important to not only people with dementia but also carers, in order to stave off uncertainty and preserve control over events in a shifting and unstable landscape. However, for some participants in the study by Mitchell et al (2005), having to wait meant that staff did not care, that they (participants) were forgotten about or forsaken, or that they were being punished or taught a lesson. As a result, these study participants felt that they had lost control of their lives and that their sense of self value was compromised.

Well, I get upset when I have to wait too long for things, especially when I expect them to come. I find the help here—they never tell you the truth: 'I'll be here in a minute,' and it's 20 minutes later [that] they show up. If a person tells me they're going to be here in a minute, that's a minute, not 5 minutes, 10 minutes, or 20 minutes. But they don't think nothing of it.....It's irritating that they don't keep their word. (Mitchell et al 2005 p166)

Mitchell et al (2005) propose that waiting can be seen as a power game in healthcare settings, where rules of waiting make it clear who is in control. Dictating how others spend their time is a powerful form of domination, because one's time can never be replaced. Similarly, in *Waiting for Godot*, Estragon cries "Nothing happens, nobody comes, nobody goes, It's awful" (Beckett 2006 p34). The play also enables us to consider the geography of care. (Egdell et al 2010) claim that contemporary restructuring/relocation of care provision has resulted in greater academic interest in the geographical and situated experiences of being cared for and caring for someone in the community. The barren landscape in *Waiting for Godot* wherein the pair wait for some intervention or deliverance has commonalities with many care environments for people with dementia who also often wait in places they don't want to be; sitting around the walls in communal sitting rooms with a TV or radio blaring to fill the silence. Like Estragon; nothing to do and nothing to be done. They want to go, often

wandering and trying to open doors but they too must behave and wait and not move (Jaaniste 2011). Similarly, in a study by Daly et al 2013 p504) carers describe the seemingly endless waiting and wandering through a range of disconnected services, never seeing the same professional twice. This gives them a sense of “living on the fringes,” not able to find a “sustaining place.”

There's no central place where you can... I don't know... a central office or something where you can ring and say can you give me all this information for these things ... so you've got to track around the different organisations yourself whereas, if you don't know them that's very difficult... (Carer 5 Daly et al 2013 p506/507).

By the end of the second act Vladimir is tired of tracking around and his protective devices are failing him. He is forced to contemplate that Godot will never come and that Estragon's capacities to support distraction or any meaningful communication are degenerating. He realises that he is trapped; he can't go on yet he must go on. Such is the existential plight for many of Beckett's characters and for many people with dementia and their carers who pass time waiting in unknowable and interminable life situations. A study by O'Shaughnessy et al (2010) concerning changes in the couple relationship in dementia care and examining spouse carers' experiences found that spouse carers oscillated between acceptance and realism about what the future might bring, and fear and uncertainty about the future. In tandem with an acceptance of the lack of power to change the future, and an awareness of the inevitable progress of cognitive decline, spouses carers simultaneously experienced a high level of uncertainty around how long this process would take and fear concerning the reality of having to live through it:

I know the anxiety is there but I don't often fetch it out and have a look at it because I would rather not (laughing) you know. It's umm, there's not much point is there (quiet voice)? I have to do that . . . I've always been the same. I've always got to think of something . . . to look forward to. . . . to to keep going, to keep you going... People say to me 'how on earth do you cope?' people say to me 'you cope so well'. I don't know whether I sort of push it down, and . . . try not to think of what is coming, the future And trying hard not to look too much at what happened in the past. And just cope with day-to-day things and not look too far ahead (O'Shaughnessy et al 2010 p250 -251).

Vladimir has also been pushing the anxiety down, constantly trying to think of something to look forward to (Godot) to keep him going. Nevertheless, in Vladimir as in other carers, psychic pain breaks through as he questions the uncertain and apparently meaningless nature of this existence. Here, Vladimir's poignant speech questions the nature of reality, truth and

time in his life with Estragon. He contemplates the meaning of suffering and the deadening effects of habit that he has used to alleviate his misery:

Was I sleeping, while the others suffered? Am I sleeping now? Tomorrow, when I wake, or think I do, what shall I say of today? That with Estragon my friend, at this place, until the fall of night, I waited for Godot? That Pozzo passed, with his carrier, and that he spoke to us? Probably. But in all that what truth will there be? (*Estragon, having struggled with his boots in vain, is dozing off again. Vladimir looks at him.*) He'll know nothing. He'll tell me about the blows he received and I'll give him a carrot. (*Pause.*) Astride of a grave and a difficult birth. Down in the hole, lingeringly, the grave digger puts on the forceps. We have time to grow old. The air is full of our cries. (*He listens.*) But habit is a great deadener. (*He looks again at Estragon.*) At me too someone is looking, of me too someone is saying, He is sleeping, he knows nothing, let him sleep on. (*Pause.*) I can't go on! (*Pause.*) What have I said?
(*He goes feverishly to and fro, halts finally at extreme left, broods.*)
(Beckett 2006 p83)

These plangent ruminations have deep resonance for carers of people with dementia, who are compelled to traverse challenging and uncharted psychological terrain, much like the inhospitable physical landscape of this play, as well as vicariously experience the confusion and disorientation of their loved one. Svanström and Dahlberg (2004), posit that as the effects of the illness progress, people with dementia, along with their partners, increasingly experience feelings of being lost, being strangers in their own world. Life events previously taken for granted can no longer be planned in advance. Like the pair in *Waiting for Godot*, the meaning of the couples' lives is to be able to cope with each day as it comes:

VLADIMIR: What do you do when you fall far from help?
POZZO: We wait till we can get up. Then we go on. On!
(Beckett 2006 p82)

In their lost existence, the couples in Svanström's and Dahlberg's (2004) also felt that they must go on, however they also knew that they could not manage this situation forever. They felt that they had no real influence on their situations and this resulted in a sense of disorientation and powerlessness which increased interdependence. The person with dementia becomes more dependent upon the partner who eventually becomes a carer. The carer feels a moral responsibility for the "weaker" partner and is unable to be independent. Thus the carer is controlled by the person with dementia and if protective strengths in the relationship or psychological resources in the carer have dwindled, the relationship invariably moves into parasitic symbiosis. For Vladimir and Estragon, such a situation leads to the feelings of futility, perplexity, ambivalence and frustration:

VLADIMIR: We can still part, if you think it would be better.

ESTRAGON: It's not worthwhile now.

(Silence.)

VLADIMIR: No, it's not worthwhile now.

(Silence.)

ESTRAGON: Well, shall we go?

VLADIMIR: Yes, let's go.

They do not move.

(Beckett 2006 p47)

VLADIMIR: You again! *(Estragon halts but does not raise his head. Vladimir goes towards him.)* Come here till I embrace you.

ESTRAGON: Don't touch me!

(Vladimir holds back, pained.)

VLADIMIR: Do you want me to go away? *(Pause.)* Gogo! *(Pause. Vladimir observes him attentively.)* Did they beat you? *(Pause.)* Gogo! *(Estragon remains silent, head bowed.)* Where did you spend the night?

ESTRAGON: Don't touch me! Don't question me! Don't speak to me! Stay with me!

VLADIMIR: Did I ever leave you?

ESTRAGON: You let me go.

VLADIMIR: Look at me. *(Estragon does not raise his head. Violently.)* Will you look at me!

Estragon raises his head. They look long at each other, then suddenly embrace, clapping each other on the back. End of the embrace. Estragon, no longer supported, almost falls)

(Beckett 2006 p49/50)

The dynamics involved in these states of supporting and abandoning are complex. Ambivalence plays a key role with the pair seeking seemingly contradictory and irreconcilable responses from each other. Similarly, carers and people with dementia navigate these conflicting and conflicted situations in their relationships with self and the other. Yeates (2007 p435) contends that support for carers and people with dementia “need(s) to address the ambivalence at the heart of the caring experience” and that despite a focus on the economic and social costs, there is reluctance to uncover and acknowledge the “darker side;” that is the anger, resentment, and exhaustion that are inherent in the caring endeavour:

Both carers and service users struggle with issues such as dependency versus independence, freedom versus obligation, hope versus bitter despair, symbiosis versus oppositional interests. (Yeates 2007 p435)

Just as Vladimir is frustrated by his friend's inability to address his need for corroboration, Estragon, in declining cognition, is in the impossible position of being forced to constantly

respond to the intellectual and conversational demands of his more able companion who now exposes and berates him for his shortcomings:

VLADIMIR: And where were we yesterday evening according to you?

ESTRAGON: How do I know? In another compartment. (*Gestures towards the audience.*) There's no lack of void.

.....

VLADIMIR: (*Starts to approach Estragon*) You don't remember any fact, any circumstance?

ESTRAGON: (*Weary*) Don't torment me, Didi.

(page 57/58)

Estragon, beaten into a defenceless position withdraws deeper into himself, thus extracting further bitterness from Vladimir "No one ever suffers but you. I don't count" (Beckett 2006 p2). Abusive behaviour from partners and family members towards people with dementia is a common occurrence. In a study by Cooper et al (2010) over half of family carers reported some psychologically or physically abusive behaviour, frequently precipitated by exhaustion, frustration, resentment, distress and anxiety. In *Waiting for Godot* it could be suggested that Lucky and Pozzo, who also enjoyed a sustaining relationship in the past, exemplify the eventual mutually disabling sequelae of such symbiosis. The cruelty of the master/slave relationship represents possible future versions of Estragon and Vladimir which simultaneously fascinates and horrifies Vladimir. "You want to get rid of him?" (Beckett 2006 p24) he constantly asks and calls to our attention the potential for revulsion, repulsion and rejection of the weaker loved one who has estranged themselves from shared history and can no longer play with us and distract us from the void. Biggs and Haapala (2010 p182) observe that in relationships between carers and people with dementia mistreatment is seen principally as "an interpersonal phenomenon, embedded in as an amalgam of personal, relational, social and historical factors." Lucky and Pozzo represent another degenerating double act; Pozzo becomes blind and Lucky dumb. Their presence causes us to ask of this play and of these symbiotic relationships "who is on the end of who's rope?"

Yet that is not the whole story of the relationship between Vladimir and Estragon, just as a detached observation of symbiosis does not account for the moments of love and compassion that keep all of us going in the bleakest of situations:

ESTRAGON: You'll help me?

VLADIMIR: I will of course.

ESTRAGON: We don't manage too badly, eh Didi, between the two of us?

VLADIMIR: Yes yes. Come on, we'll try the left first.

ESTRAGON: We always find something, eh Didi, to give us the impression we exist?

VLADIMIR: (*impatiently*). Yes yes, we're magicians. But let us persevere in what we have resolved, before we forget. (*He picks up a boot.*) Come on, give me your foot. (*Estragon raises his foot.*) The other, hog! (*Estragon raises the other foot.*) Higher! (*Wreathed together they stagger about the stage.*)

(Beckett 2006 p61)

Estragon sleeps. Vladimir gets up softly, takes off his coat and lays it across Estragon's shoulders, then starts walking up and down, swinging his arms to keep himself warm. Estragon wakes with a start, jumps up, casts about wildly. Vladimir runs to him, puts his arms around him.) There . . . there . . . Didi is here . . . don't be afraid . . .

ESTRAGON: Ah!

VLADIMIR: There . . . there . . . it's all over.

ESTRAGON: I was falling—

VLADIMIR: It's all over, it's all over.

(Beckett 2006 p62)

And perhaps that is how these relationships survive, people are magicians, always working to find something, through perseverance, habit or resolve, to sustain meaning in existence. Gates' (2000 p55) phenomenological study describes the caring experience as consisting of several abstractions: "poignant remembering, while doggedly continuing with nurturant giving and confirmatory receiving, as swells of enjoyment merge with tides of sorrow amid uplifting togetherness and valleys of aloneness." These "paradoxical rhythm(s) lived by all human beings" (Parse 1997 p80) also seem to resonate with the experiences of the pair in *Waiting for Godot*. Post (2013 p365) offers an interesting viewpoint regarding these apparently contradictory states; "In the paradox of loss and continuity nothing is absolutely determined, and as there is reason to fear there is also reason to hope. Post observes from his practice, various sources of hope among people with dementia and carers. Among these are: faith and spirituality, love and the presence of the enduring self. He advocates moving beyond "hyper-cognitive values;" (ibid p358) the privileging of the rational and intellectual accomplishment that marginalise and split people. Post urges recognising and valuing the enduring self; "the emotional, relational, aesthetic, creative, and spiritual values that give worth to the lives of the deeply forgetful" (ibid p358). In this, he follows the seminal work of Kitwood (1997) who also upholds the notion of these essential qualities that endure through mental and physical decline. Post (2013) defines the main psychological needs of people with dementia as being care or love; involving comfort in the original sense of tenderness, closeness, the calming of anxiety, and bonding. Whether Beckett would embrace the life

affirming positions of these thinkers is debateable, though interestingly he did concur with the rejection of the hyper-cognitive. “It’s not even possible to talk about the truth,” he commented, “that’s part of the anguish” (Juliet, 1989, p. 17). Lest we confine ourselves to interpreting the play purely in the context of the experiences of living with dementia, we should remember that for Beckett, states of incoherence, uncertainty, chaos and bleakness are inherent in all human experience and these conditions permeate his entire works. He described his characters as “falling to bits” as they try to fend off the silence of an impending and foreboding nothingness (Gontarski, 1985, p14) and claimed that “anyone nowadays, anybody who pays the slightest attention to his own experience, finds it the experience of the non-knower” (Shenker, 1974 p198). He saw his own work as emerging out of impotence and ignorance, failure and intuitive despair and had a deep distrust of rational efforts to shape, explain and dispel the chaos of human affairs.

Conclusion

Waiting for Godot offers audiences opportunities to ponder the incomprehensible and unfathomable nature of human existence and the contrivances we employ to manage our distress in the face of the uncertain. In addition to the depiction of this existential angst, Beckett skilfully and profoundly evokes the ambivalence and complexity at the heart of experiencing dementia and caring for someone with dementia.

Like scratches on a pane of glass, Beckett’s articulations of disorder and disease work to denude experience of its occulting clarity, as they render grittily explicit the uncomfortable disjunctions between idea and expression, mind and body, free will and automaticity, continuity and rupture, endurance and senescence that are as much a part of human experience as the evenness of wellbeing. (Barry et al 2016 p128).

In considering this disjointedness, we might also reflect upon how healthcare professionals manage their own therapeutic uncertainties while working with this group of people who have unique needs. For, given the incomplete state of scientific/medical knowledge regarding progression, treatment and cure of dementia, we too are unknowing. So do we respond, like Vladimir, by defaulting to habitus, using unquestioned traditions and ‘canters’ to alleviate our anxiety? In healthcare practice this is translated into routinized, automatic, homogenous practices, risk aversion and bureaucracy (we can’t do it, we’re waiting for ...the requisition? the policy, the doctor/dentist/chiropractist, funding?). Recognising the limits of our knowing and acknowledging the uncomfortable disjunctions between wellness and disorder as part of the human condition might help us to regard those with dementia as co-travellers rather than

as disease inscribed and defective (Sabat and Harre´1992), Doyle and Rubinstein 2014). As Vladimir proclaims; “at this place, at this moment of time, all mankind is in us” (Beckett 2006 p72). This recognition might also help us to resist practices of “othering;” sending those whose difference threatens us into “symbolic exile” (Hall 1997). We can remind ourselves that despite fear, frustration and apparent futility, Vladimir never gives up on Estragon; he doggedly expects and prompts him to “pass the ball.” While this may put excessive pressure on Estragon; he is constantly invited to participate in an adult human relationship and never relegated or patronised. Do we hold similar expectations and do we provide similar encouragement to those in our care? There have been calls (Galvin et al 2005, Lowenstein 2010) for greater exploration and understanding of the phenomenological experience of dementia among people living with this disease and their carers. Narrative research and arts-informed approaches (literature, music, dance, visual art) are powerful methods of developing knowledge and empathy in this regard (Casey et al 2016) and move us to engage with the complexities of these experiences and relationships.

In this play we are brought painfully close to the experience of disintegration of mental and physical capacities, of relationships and of hope. We can more fully appreciate the disorientation and the desperation, the clutching at devices that lessen the pain as well as the bitter disappointments, the loneliness and the cruelty that so often accompany the caring journey in dementia. However, what is also evident are the moments of connection, of tenderness, of loyalty and shared history that keep people enduring and going on. As Mercer (1956) observes this is a play where nothing happens twice yet, like the two protagonists, we too are immobilised, implicated, sharing the waiting in the void, also hoping for the deliverance of a Godot.

References

- Alvarez, A. (1992) *Beckett* 2nd Edition. London: Fontana Press
- Barry, E., Maude, U. & Salisbury, L. (2016) Introduction – Beckett, Medicine and the Brain. *Journal of Medical Humanities*, 37 pp127 -135
- Beckett, S. (2009) *The letters of Samuel Beckett. Vol. 1, 1929-1940* Dow Fehsenfeld, M. & More Overbeck, L.(eds). Cambridge: Cambridge University Press
- Beckett, S. (2006) *Waiting for Godot*. London: Faber and Faber

- Biggs, S. & Haapala, I. (2010) Theoretical Development and Elder Mistreatment: Spreading Awareness and Conceptual Complexity in Examining the Management of Socio-Emotional Boundaries. *Ageing International*, 35 pp171–184
- Davis, B. H. & MacLagan, M. (2009) Examining Pauses in Alzheimer's Discourse. *American Journal of Alzheimer's Disease & Other Dementias*, 24(2) pp141-154
- Casey, B. Proudfoot, D. & Corbally, M. (2016) Narrative in nursing research: an overview of three approaches. *Journal of Advanced Nursing*, 72(5), pp1203-1215.
- Cooper, C., Selwood, A., Blanchard, M., Walker, Z., Blizard, R., & Livingston, G. (2010) The determinants of family carers' abusive behaviour to people with dementia: Results of the CARD study. *Journal of Affective Disorders*, 121 pp136–142
- Daly, L., McCarron, M., Higgins, A., & McCallion, P. (2013) 'Sustaining Place' – a grounded theory of how informal carers of people with dementia manage alterations to relationships within their social worlds. *Journal of Clinical Nursing*, 22(3-4) pp501–512
- Doyle, P. & Rubinstein, R. L (2014) Person-Centered Dementia Care and the Cultural Matrix of Othering. *The Gerontologist*, 54(6) pp952-963
- Egdell, V., Bond, J., Brittain, K., & Jarvis, H. (2010) Disparate routes through support: Negotiating the sites, stages and support of informal dementia care. *Health & Place*, 16(1), pp101–107
- Galvin, K, Todres, L. & Richardson, M. (2005) The intimate mediator: a carer's experience of Alzheimer's. *Scandinavian Journal of Caring Science*, 19, pp2–11
- Gates, K. (2000) The experience of caring for a loved one: a phenomenological study. *Nursing Science Quarterly*, 13 pp54–59.
- Gontarski, S. E. (1985). *The intent of undoing in Samuel Beckett's dramatic texts*. Bloomington: Indiana University Press.
- Hall, S. (1997) The work of representation. In: Hall S. (ed) *Representation: Cultural Representations and Signifying Practices*, London: Sage
- Haynes J. & Knowlson, J (2003) *Images of Beckett*. Cambridge: Cambridge University Press
- Jaaniste, J. (2011) Dramatherapy and spirituality in dementia care. *Dramatherapy*, 33(1), pp16-27
- Juliet, C. (1989). Meeting Beckett. *TriQuarterly*, 77, pp9–30.
- Kitwood, T. (1997) *Dementia Reconsidered: The Person Comes First*. Buckingham: Open University Press.
- Knowlson, J. (2004) *Damned to Fame: The Life of Samuel Beckett*. New York: Grove Press

Lowenstein A (2010) Caregiving and Elder Abuse and Neglect—Developing a New Conceptual Perspective. *Ageing International*, 35(3) pp215–227

Mahler, M.S. & Furer, M. (1968) *Human Symbiosis and the Vicissitudes of Individuation*. New York: International Universities Press.

Mercier, V. (1956) The Uneventful Event. *Irish Times*

Mitchell, G.J., Pilkington, F.B., Jonas-Simpson, C., Aiken, F., Carson M.G., Fisher, A. & Lyon, P. (2005) Exploring the Lived Experience of Waiting for Persons in Long-Term Care. *Nursing Science Quarterly*, 18 pp163-170

Oonagh, S., Koppel, B. & Dallos, R. (2007) The development of memory difficulties: A journey into the unknown. *Dementia*, 6, pp193 -213

Orange, J. B. (2001) Family caregivers, communication, and Alzheimer's disease. In: Hummert, M. E. and Nussbaum, J. F. (eds), *Aging, Communication and Health. Linking Research and Practice for Successful Aging*. New Jersey: Lawrence Erlbaum Associates, Mahwah, pp225–48.

O'Shaughnessy, M., Lee, K. & Lintern, T. (2010) Changes in the couple relationship in dementia care: Spouse carers' experiences. *Dementia*, 9(2) pp237-258

Parse, R.R. (1997) Joy-sorrow: A study using the Parse research method. *Nursing Science Quarterly*, 10, pp80-87.

Post, S.G. (2013) Hope in caring for the deeply forgetful: Enduring selfhood and being open to surprises. . *Bulletin of the Menninger Clinic*, 77(4), pp349-368.

Ruppert, F. (2012) *Symbiosis and Autonomy: Symbiotic Trauma and Love Beyond Entanglements*. Sussex: Green Balloon Publishing.

Sabat, S. & Harre', R. (1992). The construction and deconstruction of self in Alzheimer's disease. *Ageing and Society*, 12, pp443–461.

Salisbury, L. & Code, C. (2016) Jackson's Parrot: Samuel Beckett, Aphasic Speech Automatism, and Psychosomatic Language. *Journal of Medical Humanities*, 37, pp205–222

Shakespeare, P. & Clare, L. (2005) Focusing on task-oriented talk as a way of exploring the interaction between people with early-onset dementia and their carers. *Qualitative Research in Psychology*, 2(4), pp327-340

Shenker, I. (1974). *Words and their masters*. New York: Doubleday

Svanstrom, R. & Dahlberg K. (2004) Living with Dementia Yields a Heteronomous and Lost Existence. *Western Journal of Nursing Research*, 26(6), pp671 – 677

Torpy, J. M. & Lynn, C. (2010) Dementia. *The Journal of the American Medical Association*, 304(17)

Worton, M. (1994) *Waiting for Godot and Endgame: Theatre as Text*. In: Pilling, J (ed). *The Cambridge Companion to Beckett (Cambridge Companions to Literature)*. Cambridge: Cambridge University Press, pp67-88

Wray, A. (2010) 'We've had a wonderful, wonderful thing': Formulaic interaction when an expert has dementia. *Dementia*, 9(4) pp517–534

Yeates, V. (2007) Ambivalence, contradiction and Symbiosis: Carers and Mental Health Users Rights. *Law & Policy*, 29(4), pp435-459.