

# Literature and medicine

## Isolation in time: a cause of suffering in the elderly. Lessons from *Krapp's last tape*

This column explores the links and synergies between medicine and literature. What roles can literature play in reflecting and influencing good practice, and what sorts of images of doctoring are to be found in drama, poetry, fiction, biography, electronic fora and film? The editors would be pleased to receive short papers, ranging from 500–1,000 words, on relevant topics. Those interested in contributing should email [brian.hurwitz@kcl.ac.uk](mailto:brian.hurwitz@kcl.ac.uk) or [neil.vickers@kcl.ac.uk](mailto:neil.vickers@kcl.ac.uk)

Samuel Beckett's play *Krapp's last tape* provides valuable insights in to the isolation experienced by many elderly patients and highlights the potential contribution of the passage of time.

Isolation is a common experience for older people.<sup>1</sup> Despite its recognised impact on wellbeing, morbidity and mortality,<sup>2–11</sup> standard medical textbooks in contrast to the arts and literature<sup>12</sup> pay little attention to it. This paper draws on my experience of Samuel Beckett's play *Krapp's last tape* to identify an aspect of isolation related to the passage of time. The suffering which may arise as a result is agonisingly portrayed by an old man isolated between a past he wishes to forget and a future which is unthinkable.

The only character in the one-act play is Krapp himself, an unkempt, decrepit and

failed author of 69 years, who has sold only 17 copies of his magnum opus. For most of the play he sits at a table with a tape recorder in a circle of strong white light surrounded by darkness in which, it is said that, one famous actor playing the role felt the presence of death standing behind him.

Each year of his adult life, Krapp has recorded his impressions of the past year's events and in the play listens to his younger voice recorded 30 years earlier. The intensity of the play is such that the audience cannot help but share Krapp's experiences and be confronted with their own existential isolation. Krapp's isolation is far more than physical or social. The passage of time vividly highlights the results of lifelong, emotional, psychological and physical incapacity aggravated by consequent loss of social contact.

Krapp's physical isolation on a near empty stage is intensified by long silences, the longest of which is nearly 10 minutes, and emphasised by desperate bursts of rewinding the tape. Sadly, replaying his one happy but brief recollection of an episode of romance is overshadowed by despair and disillusionment resulting from the failed social and artistic aspirations of his younger self who is not only a stranger to him but that '...stupid bastard I took myself for 30 years ago'.

Krapp makes considerable use of habit and ritual to help pass the time and create an impression of purpose for his existence. These range from the adoption of a mother–child relationship with his tape recorder to eating bananas, opening bottles, going through ledgers of his tapes, linguistic iterations and, of course, repeatedly rewinding and replaying selected passages from his recorded soliloquies.

For patients, the importance of personal rituals and the heightened sense of isolation and lack of purpose, which may

result from their enforced discontinuation through disability or admission to hospital, needs to be recognised by carers. What to others may seem like trivial personal articles may, as movingly described in Solzhenitsyn's *Cancer ward*, be critical in maintaining identity in an unfamiliar environment.

Krapp's obsession with his bowels, not uncommon in older people, can be interpreted in a number of ways including an introspective response to isolation, unwillingness to let go or, as complementing his ritualistic attempts to control the world around him, by controlling his own bodily functions.

The linear concept of time and its erosive effects contribute further to Krapp's isolation. For the younger man it means moving forwards towards a specific goal but for Krapp, the relentless passage of time only leads downwards towards extinction, the most extreme isolation of all. He is effectively distanced from his youthful past, memories of which he had rejected 30 years earlier ('not with the fire in me now. No I wouldn't want them back') and a future he dare not contemplate.

Confronted with doubts about his identity and the meaning of his existence, he tries desperately to counter his isolation by establishing an identity through his relationship with the tape recorder, his only companion. Unable to control the future, he tries in vain to control the past by editing his tapes. Ultimately, however, the tape recorder, like habit and ritual, fails to meet his needs and becomes instead a source of irritation by reminding him of his failed aspirations.

I have found that the experience of this play and its emotional impact has prompted me to identify patients who share Krapp's isolation in time. While his attempts to overcome it fail they nevertheless do offer ideas for options for clinicians and carers. These include

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listening to accounts of elderly persons' pasts and, where appropriate, encouraging them, like Krapp, to edit their own 'memory tapes' on the one hand and on the other addressing future perceived threats, both real and imaginary. The listening conducive to this must be undertaken at an appropriate pace to allow for the slowed physical and mental reactions associated with aging and the complexity of many of the issues being confronted.

The insights into isolation in time provided by Krapp's last tape reinforce the relevance of the arts, particularly drama, to the practice of clinical medicine.<sup>12</sup>

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