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An Analysis of the
Narrative Strategies
in Alzheimer's Novels

Supervisor

Ch. Prof. Pia Masiero

Assistant supervisor

Ch. Prof. Christoph Houswitschka

Graduand

Simona Adinolfi
841528

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1. Introduction

In 1930, in her essay “On Being Ill”, Virginia Woolf wrote that “literature does its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear, and, save for one or two passions such as desire and greed, is null, and negligible, and non-existent” (Woolf 195), thus lamenting a lack of narratives dealing with the body. She further claimed that “English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache” (Woolf 196), denouncing a deficiency in the English language to describe physical sensations and, more specifically, illnesses. Woolf’s desire for a literature which could express the body, for words that could describe medical symptoms is increasingly being fulfilled in contemporary literature.

Indeed, narrative studies have recently entered the realm of medicine, proving that “understanding what patients tell doctors *as stories* can shed important light on medical issues; that understanding medical narrative better is a key to understanding some aspects of medical knowledge” (Brody 12). Furthermore, the genre of autobiographies has developed a specific sub-genre dealing with illnesses which has been controversially defined by Anne Hunsaker Hawkins as “pathography.” According to Hawkins, a pathography is “a form of autobiography or biography that describes a personal experience of illness, treatment and sometimes death” (1). Typical illnesses tackled by authors of pathographies are cancer, heart attacks or AIDS. Narratives concerning illnesses demonstrate how, even in the most unspeakable circumstances, the need of human beings to tell stories survives and, in many case, thrives. As Howard Brody states: “Humans are thinking animals, animals that act in and on the world, language-using animals, and storytelling animals” (24).

There is however, one specific illness which hinders the very basic process of telling a story. It undermines the essential tools of narration, above all memory and language, thus depriving the patient of one of his/her most instinctual and human traits. Alzheimer's disease, "a progressive, degenerative disease characterized by death of nerve cells in several areas of the brain" (Turkington 14), affects around 35.6 million people in the world today and this number is expected to "double by 2030 and triple by 2050." (Hartung 174).

The discovery of Alzheimer's disease is attributed to the German physician Alois Alzheimer who, in 1906, published an account of one of his cases concerning a fifty-one-year-old woman, Auguste Deter, who seemed to be affected by pre-senile dementia. Her symptoms were memory loss and disorientation at first, followed by hallucinations and depression, and eventually dementia and death (Fox 61). During the post-mortem examination, Alzheimer found plaques and tangles in the brain of the patient. His discoveries were not taken into high regard until Emil Kraepelin, the German psychiatrist, named Alzheimer's findings after him in his *Textbook of Psychiatry* (Hartung 173). From then on, the debate and the research on the illness progressed consistently.

At the beginning, one of the main definitional issues concerning Alzheimer's disease consisted of whether or not to consider it separate from senile dementia. For years, the term Alzheimer's Disease has labelled rare cases of early onset dementia, until the 1960s, when medical research started claiming that Alzheimer's also influenced later stages of dementia (Hartung 173). Today, early onset Alzheimer labels the illness affecting patients from forty to sixty years of age and is genetically transmitted. The term senile dementia, instead, is used to describe patients from sixty/sixty-five years of age onwards but generally, the distinction between the terms "dementia" and "Alzheimer's disease" has been eliminated (Fox 64). Despite

the raising public awareness and the ongoing medical research, no cure for Alzheimer's has been discovered yet. The main preoccupation with this illness in society is memory loss, although several and likewise worrisome symptoms emerge in initial stages of the disease (Simon 7). The fear to lose the ability to recall facts, names, and, above all, the faces of family members automatically triggers the fear of losing the ability to communicate, to narrate.

Nevertheless, despite the challenges that this illness poses to the narrative process, many accounts of Alzheimer's Disease are being published today. Hawkins reports only 14 pathographies on Alzheimer's, but if we extend the research to memoirs and essays written by the patients' relatives and to fiction, the number increases dramatically. Authors of contemporary fiction, in particular, are trying to give voice to the ineffable minds of Alzheimer's patients in their novels, exploring new narrative strategies and tackling issues such as identity, alienation and loneliness.

Thus, if one looks back at Woolf's claim in her 1930 essay, it can be said that Alzheimer's narratives manage to go beyond the simple need for the body and its illnesses to be represented: they deal with mind and body together because the illness itself affects both unlike any other illness. Indeed, in his essay on his father's Alzheimer's disease, Johnathan Franzen writes

[t]he human brain is a web of a hundred billion neurons, maybe as many as two hundred billion, with trillions of axons and dendrites exchanging quadrillions of messages by way of at least fifty different chemical transmitters. The organ with which we observe and make sense of the universe is, by a comfortable margin, the most complex object we know of in that universe. And yet it's also a lump of meat." (10)

The brain is the place where our thoughts reside, where we make sense of the world, but it is as mortal and tangible as any other part of our body and is not exempt from disease and

disintegration. Therefore, writing and reading about Alzheimer's, apart from being a source of comfort and solace for those directly or closely affected by the illness, allows every human being to come to terms with their fears of loss, fragmentation, and disorientation.

Interestingly, Alzheimer's Disease exposes some of the most prominent contemporary fears which also emerge as key features of Postmodernism¹ such as paranoia, unreliability, and temporal distortion. Indeed, the protagonist or, in some cases, also the first-person narrator affected by Alzheimer's inevitably has to rely on the people around him/her to make sense of the world surrounding them. Hence, questions regarding both the trust that the patient has to give to his/her caregivers, alongside with the trust that the reader has to give to the patient narrating the story emerge in many works dealing with Alzheimer's. Moreover, especially in novels where the narrator is affected by Alzheimer's, the question of reliability becomes particularly striking: how can someone who experiences constant memory losses be in charge of narrating past events? Memory loss implies no sense of the passing of time; added to the symptoms of hallucinations, it makes the mind juxtapose elements of the past – dead relatives, previous houses – to those of the present, living in what can be considered as an eternal present.

Nevertheless, if it is true that Alzheimer's disease challenges literature to reach new and unexplored territories, it is also true that literature is perhaps the only means through which a reader can come the closest to understanding what living with Alzheimer's Disease actually means. As Stefan Merrill Block states in his essay, *A Place Beyond Words: The Literature of Alzheimer's*, "internal experience of Alzheimer's is an account that fiction alone can deliver" (Block, "Place", n.p.). Indeed, many times, fiction has even proved to be of great interest for

¹ For the main characteristics of Postmodernism in fiction I relied on Berry Lewis's essay "Postmodernism and Fiction" in *The Routledge Companion to Postmodernism*.

medical research, as in the case of Alice LaPlante's novel *Turn of Mind*, the first work of fiction to ever win the Wellcome Trust Prize for medical writing. Further, *Still Alice*, a novel by the neuroscientist Lisa Genova, which was recently adapted for the screen in the Academy Award winning homonymous film, helped direct the public attention on Alzheimer's worldwide.

This research will examine both *Still Alice* and *Turn of Mind*, alongside two other significant debut novels: Stefan Merrill Block's, *The Story of Forgetting*, and Emma Healey's mystery novel *Elisabeth is Missing*². The aim of this research is to explore the ways in which AD is portrayed in contemporary works of fiction. Through the analysis of the four aforementioned novels, common features of Alzheimer's novels will emerge. For instance, some of the typically recognizable patterns are the abundance of highly detailed descriptive passages, the importance given to physical objects and the homes of the characters affected by Alzheimer's and the role of written sources – notes, diary entries, emails. However, this research will mainly focus on investigating the strategies employed by the narrators to both build a realistic narrative and convey the experience of living with Alzheimer's. As Arthur Frank states in his book *The Wounded Storyteller*, "The problem of being seriously ill becomes the problem of finding a voice" (133). Thus, in this research, I will analyze each of the four novels singularly to identify the voices that have been used to narrate these illness stories: moving from the third person narrator in *Still Alice*, to the multiple first-person narrators of *The Story of Forgetting*, passing from the first-person narrator in *Elisabeth Is Missing*, I will finish by examining the astounding third, second, and first-person narrators of *Turn of Mind*. Finally, significant importance will also be given to the reader's experience, focusing on how the reader can

² To discover more about the authors and their novels I relied on their official websites which I included in the sitography, alongside other fundamental websites on Alzheimer's to which I am indebted for this research.

empathize with the characters affected by the illness and how the presence of Alzheimer's in a novel can hinder or enhance the reading experience.

The first two novels – *Still Alice* and *The Story of Forgetting* – deal with two cases of early onset Alzheimer's. They share similar patterns in that they both focus on the illness “from without”, and give center stage to how the family dynamics are altered by the illness. Moreover, in both novels, particular attention is given to the research and understanding of the illness, to preserving the dignity and humanity of the character affected by Alzheimer's, to accepting the illness.

Conversely, the final two novels – *Elisabeth is Missing* and *Turn of Mind* – deal with Alzheimer's in older patients. They both employ the illness in the context of the mystery genre. Both novels deal with the illness “from within” and present apparently similar patterns in the plot. Moreover, the reading experiences are significantly more challenging in that they aim to convey the altered time perception, and the sense of disorientation caused by Alzheimer's such as disorientation and paranoia.

Still Alice follows successful Harvard professor Alice Howland from the diagnosis of a particularly aggressive form of Alzheimer's Disease, through the acceptance of the illness and the consequent coexistence with it. Alice is only fifty when she starts experiencing the first symptoms of Alzheimer's and incredulity is the first reaction to the discovery. The illness is genetically transmittable and might have been passed on to her three children, too. Nothing or very little can be done to slow down the advancement of the illness but Alice refuses to lose herself within Alzheimer's. Every relationship in Alice's life, her marriage, her working life, will experience drastic changes, without necessarily meaning that they will be undermined by Alzheimer's.

In the analysis of the novel, I will look at the ways in which the reader can witness the strategies Alice employs for the survival of her dignity, her identity, her life, in spite of her awareness of the worsening of the illness. Firstly, I will look at how the novel manages to establish an empathic bond with the reader by relying on Susan Keen's work, *Empathy and the Novel*, and on a study by van Lissa et al. Then I will move on to examine how the third person narrator conveys Alice's deterioration by increasing its control of the narrative. It can be argued that the narrator's control of the narrative mirrors the protagonist's effort to maintain control on her life despite Alzheimer's. Finally, I will try to situate *Still Alice* into the frame of illness narratives. Indeed, among the various kinds of illness narratives, Arthur W. Frank identifies three specific kinds of narrative, namely "The Restitution Narrative", "The Chaos Narrative", and the "Quest Narrative". I will argue that *Still Alice* belongs to the category of the Chaos Narrative.

The Story of Forgetting, instead, proves to be a challenging Alzheimer's novel which tackles the illness from a totally different perspective. It progresses on four different narrative paths, through the alternate account of the two protagonists who initially seem to have nothing in common. Seth is a young boy whose mother is affected by early onset Alzheimer's: being passionate about sciences, he decides to start a research on the illness, specifically looking at the diffusion of the gene responsible for his mother's Alzheimer's and interviewing other people affected by it. Abel, instead is an old man who recollects events of his youth: a tormented story of love, an apparently inexplicable illness which affected his twin brother. Eventually, the missing link between the two will indeed turn out to be Alzheimer's. The novel can be defined as a sort of backward journey through the family tree of the protagonists and to the origins of the gene causing the disease. Further, Seth's and Abel's accounts intertwine with two opposite

forms of narration: on the one hand, there are the chapters on the fable of Isidora, a mysterious and legendary land in which all the inhabitants live without memory; on the other hand, we read chapters of what can arguably be defined a scientific treaty called “Genetic History”.

It can be argued that, in *The Story of Forgetting*, the portrayal of Alzheimer’s is romanticized to the point of almost casting a positive light on the illness: this can be seen in the importance given to the story of Isidora. I will examine its function in the novel and question who is in charge of its narration. Moreover, I will look at how the multiperspectivity present in the novel mirrors the sense of fragmentation caused by Alzheimer’s. Finally, I will analyze how, in the novel, Alzheimer’s patients are often compared to children by Seth and Abel and in which ways they employ these childhood images differently.

With *Elisabeth Is Missing* we move on to the genre of the mystery novel. The novel is told in the first person by Maud, the eighty-two-year-old lady affected by Alzheimer’s. From the very first chapter, Maud claims that her best friend Elisabeth has disappeared. What is more disquieting is that nobody among her family members, her caretaker, or Elisabeth’s relatives seems to acknowledge this disappearance. Despite her illness, Maud begins a solitary investigation on the case, helping herself with post-it notes and very few clues. Meanwhile, her investigation triggers memories of her youth and, more specifically, of the disappearance of her older sister Sukey. Present events alternate with the recollection of an ancient traumatic event and memories surface with vividness and rich details.

For this novel, I will focus on three issues in particular. Firstly, I will tackle the topic of unreliability by drawing from recent theories by Monika Fludernik, Greta Olson, and Per Krogh Hansen: is Maud really unaware of what happened to her friend or is she omitting some vital details? Can a narrator affected by an illness which undermines its memory and its ability to tell

a story be considered as unreliable? Moreover, drawing from Irmtraud Huber's work *Present-Tense Narration in Contemporary Fiction*, I will look at the use of the present-tense narration and how it manages to convey the problematic time perception of a person affected by Alzheimer's. Finally, I will argue that the novel can be read as an anti-detective fiction and in this regard, explore how Alzheimer's presence can alter this kind of fiction. For this final analysis, I will rely on Stefano Tani's work *The Doomed Detective*.

Finally, in *Turn of Mind*, as far as the plot of the novel is concerned, everything seems to be extremely straightforward and to contain all the canonical elements of a thriller: Jennifer, a previous hand surgeon and current Alzheimer's patient is being accused of having killed her best friend. The main reason for having her as a suspect is that the corpse was found with four missing fingers perfectly cut off. Jennifer has to constantly relive the shock of finding out about her best friend's murder every time she is brought to the police to be questioned. As the investigation proceeds, Jennifer's guilt seems to be increasingly more evident; her memories of the night of the murder, however, seem to be irretrievable.

Nevertheless, following the development of the plot through Jennifer's perspective proves to be particularly challenging. First of all, the very way the novel is printed is the true only clue given to readers to find their bearings in what is happening on the page. Indeed, apart from the large spaces left between one paragraph and the next, passages in italics signal when someone who is not Jennifer is talking. Secondly, she relies on a diary to which also her son and daughter, and her caregiver have access, and where often the entries contradict one another. Furthermore, despite being all narrated in the present tense, the narrator changes twice. The first two parts of the novel are narrated in the first person; the third part of the novel shifts to the second person narrative; the fourth and final part shifts to the third person.

The analysis of *Turn of Mind*, will be conducted mainly by focusing on the change of narrator: my aim is to examine the effects that this change may have on the reading process and to identify the possible reasons for it. Finally, I will explore the function of the diary entries reported in the novel. The contradicting statements made by the various characters who write in the diary contribute to the reader's disorientation in the reading process. In particular, the image of Jennifer's daughter, Fiona, is altered and often misleading in the diary entries, thus delaying the solution for the reader. For this final analysis, I will mainly rely on the idea of "primacy effect" as employed by Menakhem Perry in his essay "Literary Dynamics".

Through the analysis of these four novels, this research aims to highlight how literature can prove to be an essential means to explore even the most complex and unspeakable parts of human life, and how it has the ability to raise awareness about medical conditions which, albeit being acknowledged in society, are still obscure to the majority. It is again Virginia Woolf who claims that "incomprehensibility has an enormous power over us in illness (197)", and that is why "it is to the poets that we turn" (197).

2. *Still Alice*

In an article on *Time* magazine, Matthew Thomas, author of the Alzheimer's novel, *We Are Not Ourselves*, wrote that:

[m]odern life is all about making us forget we're capable of dying. We love to feel in control of our mortality, even if we understand that that control is only an illusion. Alzheimer's disease is the opposite of modern life. It's the ascendancy of entropy and chaos. (Thomas "Test", n.p.)

Indeed, the diffusion of Alzheimer's disease in our age seems to present itself as a sort of retaliation against the modern life we lead. The more we seek immortality and control – the more we work with our minds, the more Alzheimer's seems to wash every certainty away. This proves especially true for cases of early onset AD, where the illness affects forty- and fifty-year-olds who are still active members of society. Indeed, the frightful perspective on the disease described by Thomas mirrors Alice's story in *Still Alice*.

At the beginning of the novel, the protagonist of the 2009 bestseller by Lisa Genova appears as leading a life of tight schedules and utmost control. There is a dark, almost Kafkaesque, irony in the fact that she is a successful Harvard professor of cognitive psychology and that she is known in her work environment for possessing an exceptional memory. Her husband John, too, is in the academic environment and together, they walk to class every day. They have three grown children: the older, Anna is trying to have her first child with her husband Charlie; Tom is pursuing a medical career at Harvard; Lydia, the youngest daughter, is based in Los Angeles and is trying to become an actress, against Alice's will. When Alice starts experiencing her first symptoms of Alzheimer's, she immediately files them as belonging to the beginning of menopause, and decides to avoid informing her family about it. As the symptoms

increase and become more worrying, she decides to see a doctor who suggests the possibility of a brain tumour. When the slow process of diagnosis finally comes to Alzheimer's Disease, Alice's disbelief leads her to postpone her announcement to the family. Indeed, when she finally decides to tell her family what is happening to her, no one can really make sense of her diagnosis: in the beginning, especially her husband John is shocked and contests the doctors' suggestions to Alice for a possible cure. However, gradually, both Alice and John will have to accept the illness and learn to cope with it. Obviously, Alice's life will undergo drastic changes: she will have to abandon her academic career, she will not be able to leave the house on her own and will constantly have to be supervised by a family member. However, Alice will also develop her own system to live with Alzheimer's, frequently testing her memory, creating her own support group for early-onset Alzheimer's patients. Alzheimer's will also give her the opportunity to create a new bond with her youngest daughter Lydia, who will take on the role of caregiver for Alice. Among Alice's three children, Lydia is the only one who, when Alice informs them of her condition, focuses on her, recalling some of her mother's odd behaviours, asking her to describe the illness, deciding to spend more time with her, and shooting a series of short films in which Alice's family members tell anecdotes about her, thus arguably helping Alice and the whole family to cope with the illness. Indeed, as Zimmermann notices in her work *The Poetics and Politics of Alzheimer's Disease Life-Writing*, "the sharing of their experiences by itself – their writing, drawing, photographing – is central to the caregivers' coping strategies" (25).

The structure of the novel is quite linear: every chapter corresponds to a specific month in Alice's life in which the reader can witness Alice's progressive deterioration. In between some of the chapters, brief paragraphs in italics signal what happens in Alice's brain from a

scientific viewpoint. Another way for the reader to keep track of Alice's illness is through her test: Alice elaborates a set of five simple questions regarding her life she has to answer every day in order to monitor her deterioration. Once she will not be able to answer these questions anymore, she will have to go to a file on her computer and execute the orders she has planned for herself, namely swallow a whole box of sleeping pills and commit suicide. At the end of most of the chapters, her answers are reported and the reader can compare the answers given in the previous pages and understand what is Alice's condition at that moment.

Still Alice relies on a third-person narrator focalized on Alice exclusively which is also in charge of maintaining a coherent narrative while simultaneously conveying Alice's experience with Alzheimer's to the reader. The analysis of this novel will start from examining how *Still Alice* fosters empathy in the reader, relying on the works of Susan Keen and van Lissa et al. Secondly, I will look at the various functions the third-person narrator fulfills in the novel and how it signals Alice's progressive deterioration. Finally, I will argue that *Still Alice* can be considered as a "chaos narrative" as theorized by Arthur Frank in his study on illness narratives, *The Wounded Storyteller*.

2.1. Empathy in *Still Alice*

In an article about the contemporary literature on Alzheimer's Disease, Stefan Merrill Block, author of *The Story of Forgetting*, defined *Still Alice* as "an empathetic evocation of the internal experience of dementia" as well as "a guidebook for those confronting a similar diagnosis" ("Place", n.p.). Indeed, Alice's story triggers empathy even in those readers whose life has never been affected by Alzheimer's. One cannot help but be concerned, surprised, disoriented, embarrassed, and hurt just like Alice while reading about her story.

In her extensive work on empathy, *Empathy and the Novel*, Susan Keen examines how literature can be considered a source for empathy, how it can affect people's behaviors, namely how "reading certain novels is good for people" (ix). Keen defines empathy as "a vicarious, spontaneous sharing of affect" which "can be provoked by witnessing another's emotional state, by hearing about another's condition, or even by reading" (4). Furthermore, Keen underlines how in psychological studies empathy is distinguished by sympathy along these lines:

Empathy:

I feel what you feel.

I feel your pain.

Sympathy:

I feel a supportive emotion about your feelings.

I feel pity for your pain. (5)

Hence, empathy in fiction refers to the possibility for the reader to actually feel what the character of the novel is feeling. Thus, Block's statement that *Still Alice* is an "empathetic evocation of the internal experience of dementia" means that the reader of this novel may arguably experience how living with Alzheimer's disease feels like.

Nevertheless, despite being recognized as the novel that has breached through the stigma of Alzheimer's and encouraged a world-wide discourse on the illness, *Still Alice*'s seems to be targeting a female audience specifically. This may firstly be due to the fact that Alzheimer's is more likely to affect women than men. Indeed, "women have a 1 in 6 chances of developing Alzheimer's, compared to a 1 in 11 chances for men" (Sauer, "Women", n.p.) and the reason for this tendency has not been discovered yet. The prominence of Alzheimer's cases among women is also hinted at in the novel itself: the first time is when Alice's older daughter Anna finds out she has the gene mutation responsible for Alzheimer's (Genova 124), and the second when Alice goes to visit an institutionalized house:

The room was populated with elderly people eating lunch at round tables. Upon taking a closer look, Alice realized that the room was filled with elderly women. "There are only

three men?” “Actually, only two of the thirty-two residents are men. Harold comes every day to eat meals with his wife.” (130)

At the beginning of this chapter, Alice is considering the option of moving into an institutionalized house in which she would not have to burden her family once her illness will have become unmanageable. Here, she is walking through a common hall with a member of the staff at the nursing centre, when she notices the lack of male patients among the residents.

Moreover, as far as empathy is concerned, Keen reports how “popular culture represents empathy as a human and often also as a typical female trait” (6), while also supporting this claim with Simon Baron-Cohen’s study on female and male brains in which he states that “the female brain is predominantly hard-wired for empathy” (qtd. in Keen, 6). Further, Keen draws from neuroscientific studies which demonstrate how “some aspects of emotional response are lateralized differently in men and women, and some brain areas involved in emotion differ in relative size between the sexes” (7).

Hence, it may be argued that *Still Alice* addresses mainly a female audience and works towards the establishment of an empathic bond between Alice and the female reader.

Further on in her work, Keen tries to give an overview of the possible ways in which empathy is invoked during the reading process. In particular, she focuses on Character Identification and Narrative Situation as responsible for triggering empathy in the reader. Drawing from previous studies on the subject by Hogan (95), Keen reports that it is more likely for a reader to empathize with characters whose identity is similar to theirs (categorical empathy), than to do it with characters placed in a determined situation which might be far from the reader’s personal experience (situational empathy) and, although situational empathy is desirable, it is far more difficult to achieve (95).

This does not concern *Still Alice*, where the female reader maintains a close bond with the main character right from the beginning where Alice is presented in more commonly relatable situations up until when Alzheimer's symptoms become gradually more prominent. A reader unfamiliar with Alzheimer's establishes a first bond with Alice in the first pages of the book, in which Alzheimer's has not been mentioned yet, and keeps it through the development of the story: it may be thus argued that *Still Alice* invites the reader to move from a categorical empathy to a situational one. One of the moments in which a bond is created between Alice and the female reader revolves around her concern for her first daughter Anna, and her decision to have a child. Here, the reader is presented with a narrated monologue (Keen 96) in which Alice reflects on how her professional life has been affected by her motherhood, and how this might happen to Anna, too:

Time and again she'd watched with dread as the most promising careers of her reproductively active female colleagues slowed to a crawl or simply jumped the track entirely. Watching John, her male counterpart and intellectual equal, accelerate past her had been tough. She often wondered whether his career would have survived three episiotomies, breast-feeding, potty training, mind-numbingly days of singing "The wheels on the bus go round and round," and even more nights of getting only two or three hours of uninterrupted sleep. She seriously doubted it. (Genova 36)

In this passage, Alice's awareness of the hardships that a woman has to endure in order to keep progressing in her career as well as fulfilling her wish for motherhood is exposed. The work environment for women is to Alice a Darwinian fight for survival as can be noticed through the use of terms, such as "reproductively active female colleagues" or "intellectual equal." The question of women and work and the gap between women's and men's careers is quite lively in contemporary debates about equality and gender issues. Presenting the reader with this kind of

pressing issue helps establishing a first level of bond for a much wider audience. Any female reader struggling between work and wish for motherhood can relate to Alice and feel her worries.

Another moment in which empathy may be established between Alice and the female reader is when Alice googles “menopause symptoms” in order to confront her symptoms to those naturally experienced by women at her age:

An appalling list filled the screen [...] Disorientation, mental confusion, memory lapses. Check, check and check. She leaned back in her chair and raked her fingers through her curly black hair. [...] She returned to the list on her computer screen. This was just the natural, next phase in her life as a woman. Millions of women coped with it every day. Nothing life-threatening. Nothing abnormal. (29)

Apart from the very common action of googling illnesses, here Alice compares herself to “millions of women”, thus further associating her situation to a common female reader who is, will, or has experienced menopause.

As Keen states, another way of triggering empathy is by placing the character in a “suspenseful situation”, thus provoking “physiological responses of arousal in readers” (94). In *Still Alice*, this happens when Alice has already been plunged in the chaos of Alzheimer’s for months. As has been already mentioned, after having been diagnosed, Alice comes up with a plan to end her life, putting to test her memory every day through five simple questions concerning her personal life. She decides that, once she will not be able to answer those questions anymore, she will have to turn to a file on her computer, named “Butterfly” giving her instructions to kill herself by taking strong sleeping pills (138). As the months pass, she gradually forgets about answering the questions until one day, thirteen months later, she finds the “Butterfly” file (310). It is a pivotal moment in the book: it is here that the reader can witness

Alice's final chance to fight against Alzheimer's. At this point Alice is willing to follow her own instructions but the illness makes her forget her task and she has to repeat her actions all over again:

Her words made her feel sad and proud, powerful and relieved. She took a deep breath, exhaled, and went upstairs. She got on top of the stairs and forgot what she had gone up there to do. It carried a sense of importance and urgency, but nothing else. She went back downstairs and looked for evidence of where she'd just been. She found the computer on with a letter to her displayed on the screen. She read it and went back upstairs. (314)

These continuous interruptions create suspense for the reader who, unlike Alice, has not forgotten her planned suicide. Alice knows she has got something to do, that she was on the verge of doing something but she cannot reach the thought of what it is. Alice's plan is disrupted by John's arrival who gives her daily pills to her and unconsciously prevents his wife from committing suicide. In this case, it is not a matter of character identification, but rather a narrative situation which triggers empathy.

Furthermore, the novel's structure also contributes to invoking empathy with the character. A 2016 experimental study by van Lissa et al. explores the narrative strategies employed to trigger empathy in the reader. This study makes use of a novel written in first-person narration where the narrator is also plausibly unreliable (van Lissa et al. 44). A passage of the novel is presented to a group of readers who are asked to answer questions with regard to their attitude towards the character. Another group of reader is presented with the same text in a manipulated third-person version and asked to answer the same questions (49). The results showed that "narrative perspective was the only significant predictor of trust for the character. Specifically, reading the text in third-person perspective significantly increased trust for the character compared to the first-person perspective" (van Lissa et al. 53).

Similarly, if one were to manipulate *Still Alice* into a text narrated in first person, empathy towards Alice may be compromised: indeed, as we shall see in the next novels, first-person Alzheimer's narratives (see 4.1 and 5.1.1.) aim to disorientate the reader, to create suspense and to foster unreliability because they foreground the disorientation and fragmentation experienced by the narrator and Alzheimer's patient. Hence, *Still Alice*'s third-person narrator may also be considered a decisive factor for the construction of empathy in the novel.

Thus, it may be concluded that *Still Alice* establishes an empathic connection between the main character and the female reader through the use of a third-person narrator, by presenting Alice in contexts familiar to the female reader and by creating situations of suspense which keep the reader engaged to the story.

2.2 Strategies for Narrating Alzheimer's

As has been previously mentioned, Alice's illness narrative is entrusted to a third-person narrator focalized on Alice exclusively, which is in charge of both recreating the chaos in Alice's life and of controlling it. Just like Alice is constantly looking for strategies to hinder her illness, the third-person narrator creates a coherent and linear narrative for the readers while at the same time allowing them to experience Alice's situation. The narration also takes into account Alice's slow and progressive deterioration. As will be seen in this section, Alice's deterioration corresponds to an increased narratorial presence and to a progressive detachment from Alice's internal thoughts.

At the beginning of the novel, Alice's thoughts are often reported in the narrative through the technique which Dorrit Cohn, in her work *Transparent Mind*, defines as "narrated

monologue”³ (100). A narrated monologue is “a transformation of figural thought-language into the narrative language of third-person fiction” (100). Many are the examples of narrated monologue present in the first chapters of the novel: Alice’s preoccupation with Anna’s career – previously mentioned with regards to empathy (2.2) is one of them. Another moment in which the narrated monologue is particularly effective is when Alice is diagnosed with Alzheimer’s. Beside suicidal thoughts (89), she makes a gruesome reflection on her condition:

She wished she had cancer instead. She’d trade Alzheimer’s for cancer in a heartbeat. She felt ashamed for wishing this, and it was certainly a pointless bargaining, but she permitted the fantasy anyway. With cancer, she’d have something that she could fight. There was surgery, radiation, and chemotherapy. There was the chance that she could win. Her family and the community at Harvard would rally behind her battle and consider it noble [...] Alzheimer’s disease was an entirely different kind of beast. There were no weapons that could slay it. (135)

In this passage, the narrator foregrounds Alice’s thoughts of fear and hopelessness. Alice is wishing for another illness while simultaneously wishing for another narrative which might have allowed her to have a space where she could have hoped for a healing. She wishes for a battle to fight, thus making use of the most common metaphor employed for cancer, as noticed by Susan Sontag in her essential work *Illness as A Metaphor* (65). She considers a battle against cancer “noble” and imagines support from the people around her, something she cannot figure

³ Cohn differentiates between three ways of narrating consciousness through third-person narration. Together with the narrated monologue, she identifies “psychonarration” and “quoted monologue”. The difference between the three types of narration are thus simplified:
“*quoted monologue*: (He thought) Am I late?
narrated monologue: Was he late?
psycho-narration: He wondered if he was late.” (Cohn 105).

for her current situation, also given the fact that she feels responsible for passing her Alzheimer's gene to her children.

As the novel progresses, along with Alice's illness, the narrator's presence becomes overt and audible, especially in passages where Alice experiences disorientation and hallucinations. The following excerpt concerns the episode where Alice enters her neighbor's house thinking it is hers. This passage proves to be particularly interesting because the narrator's presence is inferable by the choice of narrating Alice's disorientation through a descriptive passage which focuses on the objects and the setting surrounding Alice, rather than on Alice's inner experience. Alice has just come back from work running and she decides to make herself some tea. This very simple and daily chain of action is interrupted when Alice notices that objects in her kitchen are not where they are supposed to be:

She went to get a tea bag. The tin container where she kept the tea bags wasn't anywhere on the counter. She opened the cabinet where she kept the coffee mugs. She stared instead at three shelves of plates. She opened the cabinet to the right of that, where she expected to see rows glasses, but instead it housed bowls and mugs. She took the bowls and mugs out of the cabinet and put them on the counter. Then, she removed the plates and placed them next to the bowls and mugs. She opened the next cabinet. Nothing right in there either. The counter was soon stacked high with plates, bowls, mugs, juice glasses, water glasses, wineglasses, pots, pans, Tupperware, pot holders, dish towels, and silverware. The entire kitchen was inside out. *Now, where did I have it all before?* The teakettle shrilled, and she couldn't think. She turned the burner knob to Off. (225)

In this passage, the narrator presents the scene by focusing on Alice's actions rather than describing her thoughts, with the exception of the italicized question which can be defined as a "quoted monologue" (see note 1). Alice's confusion and disorientation is portrayed through

Alice's frantic actions and through the narrative rhythm which becomes faster to the point where it just consists in the enumeration of the objects present in one of the cabinet. Symbolically, chaos here is both physically recreated by Alice in taking out all the objects from the cabinets to rearrange them, and in her mind as "she couldn't think". When her neighbor arrives in the kitchen and asks her for an explanation, the reader is as startled as Alice when reading that that, in fact, is not Alice's kitchen (226). Once again, the narrator provides us with a description of the kitchen, combining objects that Alice associates with her kitchen, to those belonging to her neighbor's:

She looked around the room – black granite countertops, birch cabinets, white tile floor, window over the sink, dishwasher to the right of the sink, double oven. Wait, she didn't have a double oven, did she? Then, for the first time, she noticed the refrigerator. The smoking gun. The collage of pictures stuck with magnets to its door were of Lauren and Lauren's husband and Lauren's cat and babies Alice didn't recognize. "Oh, Lauren, look what I did to your kitchen. I'll help you put everything back." (226)

The pictures on the fridge, defined as "the smoking gun", the overwhelming evidence of the mistake, makes Alice definitively realize that the kitchen is not hers. The realization catches by surprise both Alice and the reader but the narration remains coherent, also supported by Alice's words to Lauren.

Another similar domestic moment of chaos is contained in the chapter "November 2004". Alice decides to go out but as soon as she reaches her house's entrance she notices something: "It was the strangest thing. There was a large hole in the floor just in front of the door. It spanned the width of the hallway and was about eight or nine feet in length, with nothing but the dark basement below it. It was impassable" (239). This black hole in the floor disconcerts

the reader because, as much as it sounds an unlikely situation, it is presented by the narrator by adopting Alice's point of view who sees the object on the floor as a black hole. Only a few pages later, when Alice's daughter is actually "standing on the hole" (243), she realizes that it is simply the hallway rug:

Alice walked over to her and crouched down. She put her hand on the hole. Only it wasn't an empty space she felt. She ran her fingers over the looped wool of black rug. Her black hallway rug. It'd been there for years. She smacked it with her open hand so hard the sound she made echoed. (244)

Thus, once again, the reader is provided with a structured narration of the event and at the same time becomes uneasy about the information acquired. Just like Alice, the reader first accepts the situation he/she is presented with, and then experiences the shock of finding an explanation to his/her uneasiness.

Finally, it is worth examining the last scene of the novel in which Alice is plausibly in the last stage of Alzheimer's. She is with Lydia who asks her to listen to a monologue she is rehearsing for a class and to tell her how it makes her feel:

Alice nodded, and the actress begun. Alice watched and listened and focused beyond the words the actress spoke. She saw her eyes become desperate, searching, pleading for truth. She saw them land softly and gratefully on it. Her voice felt at first tentative and scared. Slowly, and without getting louder, it grew more confident and then joyful, playing sometimes like a song. [...] Her voice and body created an energy that filled Alice and moved her to tears. (336)

At this point in the novel, Lydia is here referred to as "the actress" to signal that Alice cannot recognize her by name anymore. Her monologue is not reported, nor are Alice's thoughts about

it. The narrative has become highly descriptive and it tends to focus on Alice's perceptions of Lydia's movements and voice. There is however one moment in the last pages of the book where Alice's internal thought is still reported. In the chapter "Summer 2005", Alice is sitting with her husband in her summer house when she picks up a book that happens to be the one she wrote with John. Suddenly, by looking at it she remembers her career and her accomplishments:

I used to know how the mind handled language, and I could communicate what I knew. I used to be someone who knew a lot. No one asks for my opinion or advice anymore. I miss that. I used to be curious and independent and confident. I miss being sure of things [...]

She wanted to tell him everything she remembered and thought, but she couldn't send all those memories and thoughts, composed of so many words, phrases, and sentences, past the choking weeds and sludge into audible sound. She boiled it down and put all her effort into what was most essential. The rest would have to remain in the pristine place, hanging on.

"I miss myself," (328)

Alice's thoughts are directly reported in italics through a quoted monologue (Cohn 58). The employment of the quoted monologue at this point of the novel foregrounds Alice's now rare moments of awareness in which her memories resurface. Then, the narrator abruptly regains control of the narration and highlights Alice's inability to translate her complex thoughts into words by describing them as trapped into a sort of swamp ("past the choking weeds and sludge"). The only "essential" sentence she manages to utter is reported in direct speech.

Therefore, in *Still Alice*, the third-person narrator allows the reader to witness the progression of the illness by reducing the presence of the narrated monologues and increasing the descriptive passages. Simultaneously, the presence of quoted monologues in the final parts of the novel, highlights Alice's fleeting moments of awareness.

2.3 Alzheimer's Narratives as Chaos Narratives

As has been mentioned in the introduction, illness narratives are becoming increasingly popular in contemporary literature. In his work, *The Wounded Storyteller*, Arthur Frank systematizes illness narratives in three distinct categories, namely the Restitution Narrative, the Chaos Narrative, and the Quest Narrative. Alzheimer's Disease illness stories are difficult to associate to either the Restitution Narrative or the Quest Narrative. Indeed, in Frank's words, "the plot of the restitution has the basic storyline: "Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again" (77). This statement cannot be applied to AD patients since their condition is irreversible, they know – and soon will not even know anymore – that there is no cure to their illness.

The same process is valid for the Quest Narrative, which is based on the idea of the illness as a journey (116). Here too, a "happy ending", a healing is part of the plot. Frank divides the Quest narrative in three parts: *departure* – the symptoms of the illness begin to show, *initiation* – the transformation that the illness brings, and finally *return* – "the teller returns as one who is no longer ill but remains marked by illness" (118). The problem with Alzheimer's narratives is, again, that once the departure begins, there is no return.

However, the category of Chaos Narrative may help the reader reconsider the illness. First of all, as Frank states "Chaos is the opposite of restitution: its plot imagines life never getting better... In these stories the modernist bulwark of remedy, progress and professionalism cracks to reveal vulnerability, futility, and impotence" (97). Further, Frank underlines how these stories are the hardest to read and hear because they generate anxiety and that, in fact, chaos stories are anti-narratives and hence can only be experienced and not narrated. However, Frank claims that "if the chaotic story cannot be told, the voice of chaos can be identified and a story

reconstructed” (99). *Still Alice* entrusts the “chaotic story” to an extra-diegetic voice in order to reconstruct Alice’s narrative. Hence, it may be argued that *Still Alice* mirrors the characteristics of the Chaos Narrative in that it is a novel that imagines no healing for the illness and tries to convey the sense of helplessness derived by it. Once the reader arrives to the point where the diagnosis is given (82), they know that there is going to be no happy ending, no healing process, and arguably no enrichment for the protagonist who is going to lose herself in the illness.

Chaos in *Still Alice* appears firstly through Alice’s changing relationship with her body. As Frank notices “the chaotic body can be described in terms of the dimensions of control, body- and other-relatedness...” (102). Indeed, Alice, first experiences *dissociation* (Frank 103) from her body, such as when she discovers she has AD, she also loses control over it:

She waited. She became strangely aware of her hands clenching the cold metal arms of the chair she sat in. Her hands. She hadn’t become an ethereal collection of molecules hovering in the corner of the room. She, Alice Howland, was sitting in a cold, hard chair next to an empty chair in a neurologist’s office in the Memory Disorders Unit on the eighth floor of Massachusetts General Hospital. And she’d just been diagnosed with Alzheimer’s disease. (Genova 82)

Alice has just been provided with a name for the multiple episodes of disorientation, memory loss, and bursts of anger which had been tormenting her for the previous four months. At the beginning, her thoughts had immediately drifted towards menopause: having just turned 50, menopause seemed the most logical cause for her uneasiness. Then the fear of a brain tumor started to hover over her until her doctor gave her a totally unexpected answer. The final – and correct – diagnosis, makes her, a Linguistics professor, suddenly conscious of her body, the body she had been taking care of by leading a healthy life, running every day.

Another moment of dissociation happens in the chapter “July 2004”, where Alice is with John, her husband, at their house on the seaside. John asks her to go for a walk. He has to repeat that twice, as the first time Alice forgets and starts reading a book. At the second attempt, she tells John she has to use the bathroom before they go. In looking for the bathroom in their own house, Alice gets lost. In the following passage, Alice experiences both dissociation for her body and loss of control:

She was unable to hold it any longer. She had an ethereal sense of observing herself, this poor, unfamiliar woman crying in the hallway it didn't sound like the somewhat guarded cry of an adult woman. It was the scared, defeated, and unrestrained crying of a small child. Her tears weren't all she wasn't able to contain any longer. John burst through the front door just in time to witness the urine streaming down her right leg, soaking her sweatpants, sock, and sneaker. “Don't look at me!” (173).

Here, Alice is described as if having an extra-corporeal experience, looking at herself from the outside, hearing her cries from afar. She has not been able to control her body and what is more tragic for her right now, is having to confront her husband, letting him acknowledge her situation. Indeed, as Erving Goffman stated, “the work of the stigmatized person is not only to avoid embarrassing himself by being out of control in situations where control is expected. The person must also avoid embarrassing others, who should be protected from the lost body control” (qtd. in Frank, 31). Throughout the novel, Alice becomes increasingly aware of her presence as a cause for embarrassment, such as when she compares herself to a “*candy pink elephant in the room*” which makes “*everyone uncomfortable*” (253).

2.3.1 Alzheimer's as Interruption

As Arthur Frank writes, “[d]isease interrupts a life, and illness then means living with perpetual interruption” (56). Indeed, Alzheimer's Disease, in its progression, constantly

interrupts Alice's daily actions. One of the first episodes in which Alzheimer's interrupts Alice's routine happens to her while jogging, a ritual habit executed on the same route, at the same hour every day and which she never misses. One day, right in the middle of this ritual, she finds herself lost on the track she used to cover with confidence: "She wanted to continue walking but stood frozen instead. She didn't know where she was. She looked back across the street [...] but she didn't know which way was home" (Genova 25).

Moreover, Alzheimer's interrupts her even during her favorite and satisfying task as an academic: public speeches. The very first signal of the disease occurs in the first few pages of the novel, while she is giving one of her speeches. Ironically, the theme of her talk concerns "the conceptual and neural organization of language" (Genova 10). Unlike many people in her environment, Alice loves giving talks:

She enjoyed all of the concatenated moments of presenting in front of a listening audience – teaching, performing, telling a story, teeing up a heated debate. She also loved the adrenaline rush. The bigger the stakes the more sophisticated or hostile the audience, the more the whole experience thrilled her (11).

Here, Alice's traits of self-confidence, strengths, and passion for her job are highlighted for the reader, only to be disintegrated a few lines later when, right in the middle of her speech. Alice cannot find an essential word for her lecture and remains silent for seconds, thus experiencing a new and unexpected discomfort: "She simply couldn't find the word. She had a loose sense for what she wanted to say, but the word itself eluded her. She didn't know the first letter or what the word sounded like or how many syllables it had. It wasn't on the tip of her tongue" (11). Thus, after a few minutes of hesitancy, she continues her speech which had been interrupted.

As Frank states, “[t]he interruption that illness is, and the further interruptions that it brings, are disruptions of memory” (59). And indeed, this proves to be particularly true for Alice, whose most striking interruption she is bound to experience, concerns her memory. In December, during a party, she is introduced to a woman, only to forget moments later who she is and then asking her again. As has been highlighted before, the third-person narrator focalizes exclusively on Alice throughout the whole novel. This specific episode turns out to be the model by which many other scenes of forgetfulness and hallucination are presented. Firstly, the reader is introduced to a very ordinary situation, in this case consisting in a party and the introduction of a new character, Dan’s wife, named Beth – “Dan introduced them to his new wife, Beth, and they offered hearty congratulations and exchanged handshakes” (58). Then, the scene shifts to another situation in which Alice goes to the bathroom and is described looking at the house, thinking. Finally, when the narrator brings us back to the previous situation, a new element is added. Alice notices “a young woman in a red dress” (59) and finds a moment to introduce herself to “the woman in red” (59). While the characters around Alice are described as embarrassed in acknowledging that Alice has completely forgotten about a person she has just met, the reader associates the woman in red to Beth when her name is pronounced again, but Alice does not seem to connect the name to the person she has previously met. The stream of information received in the time frame of a few minutes is interrupted by her illness and Alice has to acquire the piece of information previously obtained again from scratch. Indeed, as Frank notices “[t]he illness story faces a dual task. The narrative attempts to restore an order that the interruption fragmented, but it must also tell the truth that interruptions will continue” (59).

2.3.2 “I am someone living with Alzheimer’s”: Alice’s strategies For a Life with Alzheimer’s

As has been seen, the choice of a third-person narrator aims to convey the chaos brought by Alzheimer's while at the same time maintaining control over the narrative. It may be claimed that this structure mirrors Alice's attitude towards her illness: indeed, despite the presence of Alzheimer's in her life, Alice does not yield to her illness but starts to elaborate new methods for keeping her new life as close to her life without Alzheimer's as possible, for keeping Alzheimer's under control.

Right after she is diagnosed, and before telling any member of her family, Alice starts silent games with her illness consisting in tricks and day-by-day reminders. She realizes that "everything she did and loved, everything she was, required language" (84), and it is with language that she starts playing. Indeed, the first game consists in choosing random words from the dictionary and trying to remember them by writing them after fifteen minutes (71). This game gives her a reassurance which, however, is immediately swept away by the forgetting of a recipe she is used to making every Christmas (74).

The most striking strategy Alice finds to impose her control on the illness, consists in a plan for suicide. She knows she still wants to live to be a grandmother, to see her children succeed in their careers (136), but she is also aware of the fact that at some point, she will not be able to comprehend what goes on around her. As has been mentioned before, she creates a test with a series of simple questions she will have to answer every day to check the illness's progression. These questions, placed at the end of several chapters, dictate both the progression of the book and of the illness. Thus, the reader is led to answer the questions too, and keeps track of Alice's status. The five questions test related to the suicide plan create a mechanism of suspense which keeps the reader engaged to the story (see 1.1).

Another piece of evidence of Alice's resourcefulness and unyielding spirit consists in her contributions to the Alzheimer's community. Alice is outraged to find out that while there

is a support group for caretakers of AD patients, no support group is provided for early onset AD patients. (242-3). She reflects, “*What about support for the people with Alzheimer’s disease? Where are the other fifty-one-year-olds with dementia? Where are the other people who were in the middle of their careers when this diagnosis ripped their lives right out from under them?*” (242). Thus, she decides to create her own support group and this achievement is what brings her to feel normal again despite her illness and, consequently, to control it. It is by sharing her story and comparing it with similar ones that Alice feels human again and not simply a patient:

They shared stories of their earliest symptoms, their struggles to get a correct diagnosis, their strategies for coping and living with dementia. They nodded and laughed and cried over stories of lost keys, lost thoughts, and lost life dreams. Alice felt united and truly heard. She felt normal. (258)

The final, and most powerful example of the control Alice imposes over the illness, is doubtlessly her speech at the Annual Dementia Care Conference. In this occasion, she regains control over many aspects of her life: firstly, she delivers a speech in front of an audience again, thus re-experiencing one of the favorite rituals of her academic career – “Alice had given many talks to audiences that size and larger” (288); she reads from a paper she herself has written, hoping to have an effect on the people listening to her; she explains her strategies for a life with AD and outlines her aims in life, thus confining the illness,

I am a wife, mother, and friend, and soon to be grandmother. I still feel, understand, and am worthy of the love and joy in those relationships. I am still an active participant in society. My brain no longer works well, but I use my ears for unconditional listening, my shoulders for crying on, and my arms for hugging other with dementia [...] I am not someone dying. I am someone living with Alzheimer’s. I want to do that as well as I possibly can. (292)

In reclaiming her roles as a mother, wife and friend, Alice highlights that her life goes beyond her illness. At this point, she has even come to terms with her own body, not needing to dissociate herself from it any longer, but acknowledging its essential role in her life with AD.

Still Alice is a story of resilience against Alzheimer's. As illness narrative, it can be identified as a chaos narrative in its portrayal of Alice's shock at the diagnosis, her desperation, and then her resourcefulness and tireless spirit which are mirrored in the structure of the novel supported by a third-person narration. The choice of a third-person narrator also fulfills other two functions: it keeps control of the narration as the illness progresses and contributes to the establishment of empathy which is especially directed towards a female readership.

3. The Story of Forgetting

In his article “A Place Beyond Words” published on *The New Yorker*, Stefan Merrill Block analyzes a series of contemporary novels and short stories dealing with Alzheimer’s and concludes:

Who knows? Perhaps, after the horror of memory loss passes, there might really be some relief in relinquishing yourself and returning to the endless present in which an infant lives. Perhaps late-stage Alzheimer’s is simply unimaginable to those not afflicted with it. Perhaps it is incompatible with language, a place “beyond words.” (Block, “Place”, n.p.)

This statement contains all the main themes of his debut novel *The Story of Forgetting*, published in 2008. The novel moves from the tragic nature of the erasure of memory caused by Alzheimer’s to a sort of positive acceptance of the illness, highlighting how it can be considered as a return to childhood, to an endless present. Abel and Seth are the two narrators and protagonists of the novel, guiding the reader through their stories which initially result disconnected from one another. Abel is an old man spending his last days in his farm recalling his past life: he falls in love with his brother’s wife Mae and they have a daughter while his brother is fighting in the war. When his brother, Paul, comes back and Mae is pregnant, she decides to tell Paul that the child is his and to never tell Paul about her relationship with Abel. Abel has to pretend to be his daughter’s uncle for the rest of his life while witnessing his brother deterioration to a mysterious illness which has already been affecting his family for generations, and discovering his brother’s homosexuality. Seth is a fifteen-year-old boy whose mother has apparently always had a strange behavior which has always been neglected both by him and his father. Seth recalls more than once in his account that his mother has always refused to talk about her family and, in general, about her origins and her hometown. When Seth is in his

teenage years, after a terrible accident in which his mother risks her life, she is taken to the hospital where she is diagnosed with early onset Alzheimer's Disease. While he is growing up and going through his adolescence, facing difficulty in making friends, his first love interests, and his first sexual experiences, he has to learn to cope with Alzheimer's: at first, when his mother is institutionalized, he refuses to visit her, as if he refused to cope with the illness itself. Gradually then, he channels his pain and fear of possibly one day getting Alzheimer's too into science. His willingness to discover more about his and his mother's origins flows into a research he decides to carry out to find out the roots of the gene responsible for his mother's illness. This research helps Seth come to terms with Alzheimer's, and with the fact that he might one day have it too:

It was as if there had been a hollow, unfathomable dark place and their stories had held light to its walls, mapping its depths. The thought was this: maybe what I really wanted wasn't to disappear, or to understand the disease, or even to find answers to who my mom had been. Maybe the point of my so-called empirical investigation had been as simple as that, to hear their stories and, by imagining the shapes of their burdens, to begin to understand the shape of my own. (252).

And indeed, the people he interviews for his "empirical investigation" constitute examples of lives affected by Alzheimer's but nonetheless not devoid of meaning because of it. There is Mr. Hamner, whose strategy to live with AD is keeping files regarding his visitors (151). It is Mr. Hamner who tells Seth about the real story of the Dutch painter Willem De Kooning, whose art benefits from Alzheimer's (155). Mr. Hamner gives Seth an insight in his condition saying that he does not feel like he is losing his memory but rather that he is losing his present and re-living his past (157). There are Mr. and Mrs. Bennington, both affected by AD, who live in symbiosis

and cope with the illness stating that “at least, if we have to lose our minds, we’ll do it together” (214). And the three Llywelyn sisters who look like “the series of water lilies by Claude Monet: a study on the variations of beauty, each uniquely beautiful and also beautiful in the same way” (190), and are at different stages of the illness and look after each other. The sister at the earlier stage of AD tells Seth “Maybe I’m romanticizing. [...] At a certain point, the worse you get, the worse it is for everyone around you, but the better it is for you. Judith, for one, has never been happier or more agreeable” (195). All these people show Seth both awareness and acceptance of the Alzheimer’s through which they are going to be led towards the last stages of the illness, towards “a place beyond words.” Block recreates this place in the novel through the story of Isidora, a legendary land where its inhabitants have no memory and no verbal language and which constitutes the tread linking both Seth and Abel. Indeed, both characters have heard the stories set in the land of Isidora in the tales their respective mothers told them when they were children. Abel even asked his mother to write down all the stories which had been passed on in his family for generations in a notebook he still keeps in his house which is falling to pieces. Indeed, Abel does not take care of the family house and the surrounding land anymore, he lives in a situation of degradation and refuses to adapt to modern life. His house is drawing the attention of his neighbors and other potential buyers who pressure him to sell it and leave. Eventually, as Abel is about to sell his house, Seth manages to find him thanks to the story of Isidora which guides him back to the small town where his mother used to live and reunites his mother with her father.

This chapter will focus on three main features of the novel: it will analyze the presence of two narrators and how this affects the structure and the reading of the novel; it will look at the story of Isidora as a problematic element of the novel in order to define its role both from a

thematic and narratological point of view; finally it will look at the frequent metaphors of childhood employed to define Alzheimer's patients in the novel in order to understand how they affect the perception of the illness.

3.1. Multiperspectivity in *The Story of Forgetting*

The first, maybe most notable feature of Block's novel is the presence of two homodiegetic narrators with apparently no connection with each other. Their chapters intertwine each other and are spaced out by the story of Isidora – about which more will be said in the next section – and by Seth's research called Genetic History, divided in five parts. The presence of two narrators implies the use of Multiperspectivity, defined by Marcus Hartner as “a basic aspect of narration or as a mode of storytelling in which multiple and often discrepant viewpoints are employed for the presentation and evaluation of a story and its storyworld” (“Multiperspectivity”, par.1, n.p.).

Drawing from Nünning & Nünning, Hartner underlines how multiperspectivity “can serve as a means of creating suspense, as a self-reflective way of foregrounding the process of narration, or as a method of endorsing a thematic aspect or a moral within the narrative by, for example, presenting it repeatedly from different standpoints” (“Multiperspectivity”, par. 2, n.p.). He further states that “Multiperspective narrative structures are therefore never semantically empty, but always contribute to the overall meaning of the text” (“Multiperspectivity”, par. 2, n.p.). This section will focus on how Abel and Seth's accounts will come together to form a single story, thus creating suspense, and mirroring one the main thematic aspects of the novel, namely the fragmentation of a narrative undermined by Alzheimer's Disease.

One of the main interesting aspects of having two narrators in *The Story of Forgetting* is that it leaves the reader wondering for almost a good third of the book how the two stories are connected. Abel focuses on his past, and the first chapter entrusted to him concerns his love story with Mae, his brother's wife (5). Seth, instead, immediately focuses on his mother's condition which will be linked to Alzheimer's when she will fall from the balcony and hurt herself (22). However, although initially it is difficult for the reader to detect what exactly the two narrators have in common, some subtle stylistic and thematic hints are given. Firstly, the narrators' names are connected: according to the Bible, Abel is Cain's brother, the one committing the first fratricide; Seth is Abel and Cain's brother, born after Abel's death and thought by Adam and Eve to have been sent by God in substitution of Abel. Thus, in the novel, Seth and Abel are one the continuation of the other and complete each other.

Further, many times in the novel, Abel refers to an unspecified "everything", arguably everything he holds dear in life. Notice the titles given to the chapters narrated by him, such as "Once I fell in love with *everything*", "The Death of (Almost) *Everything*", "*Everything*" (italics mine). Instead, Seth regularly refers to "nothingness", an attitude towards life, arguably his desire to remain unnoticed by other people. He indeed claims he is a "Master of Nothingness": "By Nothingness, I mean this: I could find a place in a classroom that was perhaps not the farthest to the back but was simply the place where I was least likely to be noticed" (77).

However, their complementary perspectives on life change with the influence of Alzheimer's Disease. On the one hand, Abel shows a willingness to isolate himself, to recreate his personal Isidora in which he lives in total forgetfulness of the world around him, practicing silence (33), and refusing to adapt to the modern world, thus becoming, in his own words, a monster to be destroyed by the local community who refused to see his property rot and decay

(231). Moreover, because of Alzheimer's, he starts fragmenting his "everything" into pieces he looks at in detail – about fragmentation in Abel's account I talk more extensively in (3.4). On the other hand, Seth renounces to his practice of "nothingness" for his research, seeking contact with strangers in order to discover more about his mother's condition.

Abel and Seth's apparently parallel accounts constitute an element of suspense in the novel. Suspense is created when the reader experiences "uncertainty about how the story will develop" (Abbott 242) and one of the main ways of achieving it is through retardation or "the slowing down of the narrative discourse" (Abbott 116) which, in this novel, is obtained through the interruption of the chapters narrated by Abel and Seth and their narrative flow, with the story of Isidora and the chapters called Genetic History.

When the reader understands how Abel and Seth's accounts complement each other in the chapter "The Hermit King" where Abel states that his brother Paul wants to name his daughter Jamie, after his friend – and lover – Jamie Whitman who died during the war (71) – suspense, maintained until that moment because of the uncertainty of how the two narrators were connected – instead of decreasing, actually increases. This is mainly due to the fact that Seth is trying to find his mother's family and his search is about to lead him to Abel, while Abel is just about to give up on his wait for Jamie to come back and intends to sell his house. Moreover, suspense reaches its climax when the two characters are about to meet. It is at this point that the two characters' narrations merge. Seth describes his mother's familiarity with the place, and the way she immediately enters the house, while at the same time describing his disappointment for the vision of the Haggard property (290). From then on, Abel continues the account of their meeting, which leads him to discover that his daughter has Alzheimer's too, thus questioning his paternity: "Was it the fear that the doctor was wrong, that the disease has

its own cruel logic that no one can predict? Or had the fear been something else? That perhaps Mae's delivery had not been delayed but had occurred precisely on schedule, nine months after my brother return?" (301). Although a few lines later Abel underlines how the question of his paternity does not matter anyway, it will inevitably leave the reader in doubt, as part of the idea that what matters is that he kept his promise to Mae that he would wait for Jamie to come back (269). Thus, suspense is maintained throughout the whole novel and until the very last chapter by allowing the story to be told by two different perspectives which eventually come together in the narration of the moment when the two narrators physically meet.

3.1.1. Mirroring Alzheimer's

The structure employed in this novel can be defined as narrational parataxis. (Coste 174). In her work *Narrative as Communication*, Coste differentiates between narrational parataxis and hypotaxis⁴. Narrational parataxis is present in novels where the narration is carried on by parallel narrators placed on the same level of narration (173). In *The Story of Forgetting*, Seth and Abel can be considered as parallel narrators since they belong to the same storyworld and they are telling a single story, that of their family. Moreover, Coste identifies "three main models of relations between "parallel" narrators" (174): *sequential relay*, *concurrent or conflictive versions* and *narrational crossfire*. "Sequential relay" necessitates that "two or more narrators tell successive events and give successive information belonging to the same plot in 'linear' chronological order that is, in the order in which events are supposed to have occurred" (Coste 173). "Concurrent or conflictive versions" is a model primarily used in mystery novels, for

⁴ According to Coste, narrational hypotaxis happens when the level of embeddedness in a novel is so complex that it becomes increasingly difficult to identify the origin of the enunciation (169).

instance, where the same event is told multiple times by different narrators who present conflictive elements in their narration (173). “Narrational crossfire” happens when

“[t]here is some relaying in time [...] but it need not be precisely chronological: there may be a conflict or convergence of information [...] but this is not very important, since there is no central core of events to link the different partial narratives between them, or the core is a pretext that is progressively diluted almost out of sight by successive narrations with different centers of interest. [...] Narrational cross fire thus contributes less to narrative suspense than to the promotion of a lyrical mood, such that the object of the tale told, the object of the reader's quest, becomes ever more evanescent as its portraits are multiplied in a distorted space from which the hypothetical model is banned.

The Story of Forgetting may be said to employ “narrational crossfire.” Indeed, it is true that, in the novel, the two stories converge slowly: both Abel and Seth’s account present different centers of interest for the reader, such as Abel’s love for Mae and Seth’s research alongside with his troubled relationship with his father. At the beginning, the most difficult task for the reader is to find the link between the two narrators and to put together the various pieces of information scattered around the story they tell to identify the core of the novel. However, here, once the core of the novel is exposed, the succession of the two narrations raises the suspense and the expectations of the reader and the core, rather than being diluted, is strengthened.

This structure mirrors the difficulty in reconstructing and maintaining a coherence of events caused by Alzheimer’s Disease. How do you trace back the origins of a person whose willingness has always been that of erasing her past and is also losing her memory? Jaimie has always refused to talk to Seth about her origins and now that more information about Jaime’s family would be fundamental for Seth, she is not able to remember anymore. Hence, in order to

reconstruct Jamie's past, it takes more than one voice, different perspectives and, as Seth does, research. Indeed, the function of Seth's essay Genetic History may enhance the multi-faceted structure of the novel, as Hartner further highlights by stating that some novels

“interrupt and supplement their plot-lines with quotations, newspaper articles, posters, songs, or speeches. By enriching their narratives with such information, they succeed, among other effects, in creating a more multifaceted account of the figures, objects, or events portrayed” (“Multiperspectivity”, par. 9, n.p.).

Moreover, similarly to the Genetic History chapters, the story of Isidora too, besides contributing to the general multifaceted structure of the novel, employs multiple narrators, as we shall see in the following section.

3.2. Isidora

As has already been pointed out in the previous section, the story of the legendary land of Isidora, a sort of El Dorado where people have no memory and no language, and live in an eternal present, is one of the main clues for the reader to link Abel and Seth's account, as they both heard about it from their mothers. The story of Isidora proves to be a fundamental but problematic element in the structure of the novel. The main problem emerging from the presence of the story of Isidora is a narratological one. From a first global look at the novel, it can be said that it is present within Abel and Seth's story-world, in that they both know about it, and Seth asks about it to the people he interviews once he understands that it might lead him to discover his mother's origins (158). However, what does the story of Isidora represent? What relationship does it have with Seth's and Abel's story? Is it framed or does it frame their accounts? Or is it simply an example of story-within-a-story? In which way does it affect the narrative of the whole novel? The answer to these questions is complicated by the fact that it is difficult to

identify the narrative voice of the story: who is in charge of narrating the pages in *italics* intertwined with the chapters narrated by Abel and Seth and with Seth's research "Genetic History"?

3.2.1. Embedding Isidora

The Story of Forgetting tells many stories. It is primarily the story of Abel, an old man waiting for his daughter to come home, and of Seth, a young boy determined to discover the origins of his mother's illness. It is also the story of Jamie, who is determined to cancel her roots and start over with her husband and child, and the story of Paul, a soldier who hides his homosexuality and his love for his friend Jamie Whitman. All these stories are contained in Abel and Seth's accounts which constitute the primary narrative level of the story. The story of Isidora, instead, belongs to another level of the narrative. As Genette states in his work *Narrative Discourse Revisited*, "One narrative can scarcely "embed" another without indicating the operation and, therefore, without designating itself as the first narrative" (87). Seth and Abel's narrative indicate that the story of Isidora is embedded in their account many times in the novel, by defining it as the story their respective mothers told them over and over again during their youth. However, the first appearance of the story of Isidora is to be searched for in the paratext, namely in the epigraph preceding Abel's first chapter, "Once I Fell In Love With Everything": "Alongside this world there's another. There are places where you can cross.". These two lines will be found again in Seth's first chapter, "Abstract", in which he recalls when his mother first told him of the story (27), and at the end of the novel, in the final chapter of "Genetic History", where the two lines are intertwined with the conclusion of Seth's essay (308). Hence, the multiple reappearance of the incipit of the story unite the beginning and the end of the novel in a sort of *circular composition* and make the story of Isidora as the *leitmotif* of the novel.

Moreover, it may be argued that the presence of the story of Isidora in the epigraph, invests it with a fundamental role for the understanding of the events narrated by Abel and Seth. And indeed, if we refer back to Genette once again, and we look at the various kinds of relationships existing between the primary narrative and embedded ones, we can relate the story of Isidora to the *thematic* type, namely a relationship that “implies no spatio-temporal continuity between metadiegesis and diegesis: a relationship of [...] analogy” (*Essay* 233).

Furthermore, Genette underlines that “thematic relationship can, moreover, when it is perceived by the audience, exert an influence on the diegetic situation” (233). This happens many times in the novel as the fragments of the story of Isidora seem to be mirroring the chapters following them thematically. For instance, the fragment on page 38 revolves around love on Isidora which tells how “*In the gardens, two Isidorians will meet with no memory of each other, without realizing they have already fallen in love a thousand times over, and will simply fall in love once more. As long as they are near, they will live only to make each other happy*” (38). The chapters that follow contain Seth’s account of his mother and father story and how they decided to forget the past and rebuild their lives from scratch together: “More than anything, my parents never wanted to think about what was behind them. Because of this, they told me almost nothing about the time before they moved to New York” (41). Seth’s parents are like the lovers in Isidora in that they decide they only want to live in the present. Furthermore, the first chapter of Genetic History recounts of Lord Mapplethorpe (53), the first to have the gene responsible for Jamie’s early onset Alzheimer’s, who spread the gene having multiple lovers of which he did not have memory.

Let us consider the fragment on pages 137-8, which recounts the many difficulties of getting to Isidora, among which there seems to be the presence of infinite gates. The chapter

concludes: “[...] *the only way you can find Isidora is to be content with the gates themselves, to think of nothing beyond the next gate and remember nothing of the last, to live only for the riddle of the gate before you*” (138). This fragment can easily be recognized as an allegory for the acceptance of Alzheimer’s disease: if one is content with what every day offers, one needs not to look for peace anymore but gradually finds it and is able to reach with serenity the “place beyond words.” The theme of acceptance is however also present in the chapter immediately following where Abel has to accept living as the uncle to his daughter (141-2). In conclusion, it can be said that Isidora is embedded in the primary narrative and it has a thematic relationship with it, which enhances the significance of the story. What still problematizes the story of Isidora is identifying its narrator.

As far as their chapters – signaled by their name on the top of the page at every new chapter – are concerned, Abel and Seth are both homo- and intradiegetic narrators of the account they give. They tell the story of their family and of how eventually they come to meet one another. Moreover, as has been previously mentioned, Seth is the author of the chapters called Genetic History as he himself states in the novel (95). However, when we look at Isidora, it becomes extremely difficult to pinpoint a narrator.

First of all, it can be noticed how sometimes, Seth’s or Abel’s chapters end with the description of one of their relatives telling parts of the story, thus creating a link between their chapter and the chapters on Isidora. Let us consider the ending of Seth’s first chapter “She smiled, turned to me, and told me a story” (28), alongside the beginning of the chapter on Isidora marked by the italics: “*Typically, great monuments have marked the passageways to Isidora. People say that there’s one under the Sphinx, another beneath Stonehenge, another under the Acropolis in Greece, and yet another at the bottom of the basement of the Empire State Building*”

(29). Remarkably, here, the section on Isidora is linked to the conversation Seth was having to his mother about a drawing Seth has made of Isidora claiming that it is “the Texas part of Isidora” (28). Jamie then seems to draw from there, to tell Seth about the places where one can reach Isidora, thus arguably being the narrator of this section.

Two other similar examples happen with Abel’s account. The first one belongs to the chapter “What Still Lives.” At the end of the chapter, Abel is “struck by a memory” (120) of his mother. Again, instead of continuing the account in his chapter he leaves the narration directly to his mother by finishing the chapter with the following sentence: “She speaks:” (121). Here, Abel is basically reporting his mother’s speech, thus making her the narrator of this section on Isidora, similarly to what Seth does in the aforementioned excerpt. Moreover, when Abel narrates parts of the story of Isidora, he reports them within his chapters as in “Our Silence” (143) when he tells the story of little a girl discovering Isidora to Jamie. However, and this complicates the matter even more, immediately after his chapter finishes, the chapter in italics starts from where the account reported in his chapter had ceased (147).

One final example concerns Paul as a narrator. Again, as before, Abel recalls his brother’s story of Isidora, which he told Jamie many years before. He states that the story comes back to him “word after word:” (206) and once again he leaves the chapter suspended, only to be continued in the following page as a fragment of the Story of Isidora. Therefore, what these examples show is that there is no single narrator for the Story of Isidora but multiple ones, according to the moment the story is picked up again to be retold.

It is true that Abel is in possession of the journal containing all the stories of Isidora collected by his mother (114). However, they cannot include the ones told by Paul or Jamie, since she would have been already dead. It is also true that every narrator contributes to the main

“idea” of the place called Isidora by inventing their own stories about it. Hence, it may be correct to say that the story of Isidora too has multiple narrators. Therefore, it may be concluded that the story of Isidora is a *mise en abyme* contained in Seth’s and Abel’s story constituting the primary level of narration in *The Story of Forgetting*. It can be considered as the Haggard family’s attempt to make sense of the illness affecting them from generation to generation. It is an allegory for the illness, and for the Haggards’ tragic lives. Finally, it unifies Abel and Seth’s account, while at the same time mirroring the multiperspective present in the primary level of narration.

3.3. “As I grew up, my mom grew down”: Reverse Childhood and Other Ways of Understanding Alzheimer’s

In her work *The Poetic and Politics of Alzheimer’s Disease*, Martina Zimmermann points out how in accounts of sons and daughters of AD patients, the parent is often compared to a child of whom they must take care (27); this comparison, Zimmermann further suggests, hints at the fact that they perceive their identity of sons and daughters as threatened by their parent’s regression into childhood (28). Johnathan Franzen, in his essay “My Father’s Brain”, reports that the origin for this metaphor comes from actual scientific research: psychiatrist Barry Reisberg was the first to observe how “the decline of an Alzheimer’s patient mirrors in reverse the neurological development of a child” (23). Metaphors of childhood are present and very frequent in *The Story of Forgetting*. Zimmermann’s statement that metaphors of childhood are employed by sons and daughters of the patients affected by Alzheimer’s to foreground their fear of losing their filial identity might be true for Abel, since he never applies the child metaphor to anyone else in the family but to his mother exclusively. Seth’s case is different: I suggest that

Seth's use of the metaphor is connected to his willingness to support his scientific research on his mother's illness and to make sense of it.

Indeed, the first to use this metaphor is Seth, opening a section of the chapter "Background Research" thus: "As I grew up, my mom grew down. When I was little, I thought *forgetful* and *impulsive* were the ways my mum had always been. [...] always depending on others, specifically my dad, to take care of the day's thousand little needs" (44). Seth reports that his mother's constant need of care was how he perceived her mother to be even before the diagnosis. The adjectives "forgetful" and "impulsive" are italicized to underline their characteristics as symptoms of AD which were attributed by Seth to his mother as being pivotal traits of her character. Three pages later he reiterates that as he grew up, his mother "only got worse, forgot, acted more and more like a child" (47), only to underline later that if it hadn't been for the fall from the balcony, they would have never discovered her illness but would have kept on considering her behavior as a series of "eccentricities" (48).

Unlike Abel, who only employs the child metaphor in relation to his mother, Seth compares another character to a child. Judith Llywelyn, one of the three Llywelyn sisters, whose Alzheimer's stadium is the most advanced among the three. While he tries to interview them, he looks at Judith considering: "even though I knew that neurologically speaking, Judith was the equivalent of an eighteen-month-old, I couldn't help but think that somewhere deep within her frontal lobe there was one last island of untouched memory, the tip of a single word, tall and sturdy enough to rise just above a sea of plaque and tangles" (196). The adverb "neurologically" underlines how Seth's use of the child metaphor and others, including the "sea of plaque and tangles" is strongly linked to his research on the illness.

Moreover, Seth's report of his mother's behaviors, alongside his decision to start a research on his mother's (and his) Genetic History, can be considered as his own strategy to cope with the disease. Once again I turn to Zimmermann's work which, in the analysis of Annie Ernaux's memoir on her mother, *Une Femme*, underlines how Ernaux gives herself the role of "archivist" (29) in the attempt to reconstruct her mother's past which is gradually disappearing because of her illness, and to keep track of her mother's illness. Thus, she notices, "the image of the archivist features in other adult-child life-writing, conveying feelings of loss in relation to the parent's own memory and life history" (29). Seth's scientific ambitions and his empirical research make him an "archivist" and, at the same time, help him disclose his mother's past which had always been purposefully kept secret by Jamie.

Moreover, Abel too compares his mother to a child in a way very similar to Seth's: "By the time I was sixteen, Mama's only memories were of the already dead: her mother, her father, her life as child. For every one day we grew older, Mama regresses ten. It was as if we were observing a movie of her life, except with the reel of film playing backwards" (181). Like Seth, Abel compares his growth to his mother's regression into childhood, almost reminding the reader of Fitzgerald's short story "The Curious Case of Benjamin Button." However, unlike Seth, Abel also highlights his mother's slow death, few lines after this comparison:

Every reversal, every subtraction of memory, was a little death. The border between the existent and the nonexistent, so certain for most, was a thing that Mama would cross carelessly, constantly [...] We were nineteen when the disease commenced its final, irrevocable, backward march, death finally coming for all that life first brings. The death of speaking. The death of walking. The death of control over the bowels. The death of standing upright [...] When the final death came, that of the beating of the heart, so much of her had died so long before, that this death was no more than another, was simply the last. (181)

Here, Abel describes his mother's latest stage of Alzheimer's as if he had seen her dying in slow motion. Every ability she loses because of Alzheimer's is singled out as death, so that when she finally dies, he feels as if she had already died many other times. Zimmermann highlights how in Bayley's account of his wife's Alzheimer's Disease, *Iris*, he both compares his wife to a child as well as giving an image of a living dead (54), which is precisely what happens here with Abel's account, in which his mother's death is presented as slow and fragmented. It is also worth comparing this passage to David Shenk's work *The Forgetting* in which he compares Alzheimer's to a prism through which one can see life ending slowly under all its different aspects:

Why are so many people fascinated by Alzheimer's disease? Because it is not only a disease but also a prism through which we can view life in ways not normally available to us. Through the Alzheimer's prism, we can experience life's constituent parts and understand better its resonances and quirks. (Ch. 15, pos. 2962).

It is remarkable that this fragmented view of death is entrusted to Abel. Indeed, at the very beginning of the novel, in his first chapter "Once I Fell In Love With Everything", it is Abel who chooses to describe his falling in love with Mae in a way that fragments and singles out every detail of Mae's personality and body which form his love for her (7). It may thus be argued that Abel's exposition to the illness has shaped his perception of the world: Abel has seen both his mother and his brother succumb to Alzheimer's and is aware that his family is cursed by the illness. It is as if, through Alzheimer's, he had gained a more sensitive approach to life and he sees it in all its "resonance and quirks", he is able to fragment and analyze his feeling for Mae and to expand its meaning.

3.4. Conclusions: A Willingness to Forget, A Willingness to Remember

In her essay on Alzheimer's narrative, "Battling the Invincible Predator", Linda Simon points out that "although other terminal illnesses also lead to the obliteration of memory when the sufferer dies, AD memoirs especially emphasize the witness's yearning to retrieve a coherent sense of the past" (9). This is true for *The Story of Forgetting* where Abel and Seth are the only possible narrators for the story of their family because, apart from being the only two remaining members not suffering from Alzheimer's, they are the only ones who really want to remember (Abel) and to reconstruct (Seth) their family history. In particular, Seth shows already before his mother is diagnosed with Alzheimer's a need to trace back his origins, with almost no results. Seth recalls that when he asked his mother about his grandparents, for instance, or about the city where she came from, she would always answer "My life started when you were born" (42). Jamie decides to start her life over with Seth's father and to erase voluntarily her family history, thus preventing her son from reaching his.

Abel too experiences a similar situation with Mae. When Paul returns from the war, Mae cuts all ties with him, in the attempt of erasing the traces of their relationship. When Jamie is born, they only talk once about how Abel is acting too much like a father to Jamie and Mae asks him to swear he will never tell Jamie about his paternity (146). Abel's willingness to retain his family history is also underlined by the fact that he asks his mother to write down the story of Isidora into a journal he then keeps (300). The story of Isidora is the story narrated for generations in his family, the story of the illness of his family, and he wants to preserve it from the oblivion his mother's mind is destined to experience.

Alzheimer's narratives "are often acts of memorial reconstruction, attempts to retrieve and to salvage lost personal and familial histories in the face of their erosion in the mind of the individual with the disease" (Burke qtd. in Simon, 8), and this is what Abel and Seth are willing

to do. In narrating how their family has forgotten, they also narrate how they remember. Placed together, their accounts unify their familial history, which is united by the story of Isidora. Thus, *The Story of Forgetting* provides the reader with a coherent narrative on Alzheimer's in which the multiperspectivity present at both the primary level of narration and in the embedded story of Isidora portrays the fragmentation in Alzheimer's Disease.

4. *Elisabeth Is Missing*

So far we have seen how Alzheimer's Disease is portrayed in works of fiction from *without*: first with a heterodiegetic narrator focalized on the AD patient, who remains in control of the novel when the illness progresses and it becomes increasingly difficult to follow the narration (*Still Alice*); then, with two homodiegetic narrators who do not suffer from Alzheimer's but experience it as caretakers and/or relatives (*The Story of Forgetting*). Thanks to these two types of narration, the reader has access to a coherent narrative whose primary focus is Alzheimer's and how it affects both the patients and the people around them. The next two novels under scrutiny use Alzheimer's to narrate a mystery and to further challenge the reader's discovery of a solution. This challenge is mainly due to the fact that both novels present a homodiegetic narrator⁵ who is affected by Alzheimer's and is involved in the mystery.

Nine different publishing houses contended *Elisabeth is Missing*, Emma Healey's debut novel published in 2014, and its TV rights were sold even before its publication (Groskop, "Review", n.p.). Its protagonist and narrator Maud, an eighty-year-old woman affected by Alzheimer's, claims that her best friend Elisabeth is missing. More precisely, the notes she writes and then finds in her pockets and scattered around her house and in her bag tell her so. She therefore decides to start looking for Elisabeth on her own since the people around her do not believe her and do not credit her statements. She mainly relies on her notes, which however, very often do not make sense to her since her investigation is hindered by Alzheimer's which often erases both clues and the very fact that she is looking for Elisabeth. Moreover, her search triggers memories of her youth related to a specific traumatic event which has affected her whole

⁵ In *Turn of Mind* the narration is in first person for the majority of the novel, but eventually shifts to a second and finally a third person by the end of the novel. I will speak more extensively about it in the fourth chapter.

life: the disappearance of her older sister Sukey, who went missing when Maud was only fourteen, in post-war England. Sukey has never been found again and Maud narrates with vivid details the whole event, from the disappearance to the investigations, passing through the possible suspects for Sukey's alleged murder and her attempts to find out what happened to her sister. Maud's father suspects Frank, Sukey's husband, an alcoholic who is involved in dubious businesses; dubious is also Douglas, the American lodger in Maud's house who seemed to be very close to Sukey before her disappearance; finally, the mad woman haunting the neighborhood where both Maud and Sukey live, tormented Sukey more than any other person in the area, thus becoming also a possible suspect for Sukey's disappearance. Elisabeth's and Sukey's disappearance are narrated in parallel: in every chapter, Maud's investigation on Elisabeth's disappearance alternates with specific moments belonging to Sukey's disappearance. As the novel progresses, the reader also witnesses Maud's illness worsening through the narrative, which begins to collapse the two disappearances, thus collapsing past and present as well. Hence, it becomes increasingly more complicated for the reader to follow the progression of the two cases which tend to merge in Maud's narration as almost becoming one single case. One of the main clues given to the reader to follow Maud's novel is the use of tenses: Elisabeth's disappearance is narrated in the present tense, Sukey's case is set in the past and narrated in the past tense. Maud tells us the story of Elisabeth's disappearance as it happens while it evokes Sukey's disappearance in her memory, which is still extremely rich in detail as far as this particular event is concerned.

For the analysis of this novel, I will firstly look at the question of unreliability: I will consider to what extent a narrator affected by a mental impairment can be considered unreliable, and I will endeavor to identify a more suitable definition for this specific kind of unreliability.

Secondly, I will look at how the narrator affected by Alzheimer's perceives and conveys the passing of time. I will also focus on how present tense narration may be considered as particularly appropriate for a narrator affected by Alzheimer's Disease. Finally, I will look at the genre of the novel. *Elisabeth Is Missing* is classified as a mystery novel. However, it can be argued that a more proper definition for the novel is to be found in the Anti-Detective genre. For this final analysis, I will mainly rely on Stefano Tani's work, *The Doomed Detective*.

4.1. Maud as an Unreliable Narrator

When a reader encounters a homodiegetic narrator, a narrator who belongs to the storyworld he/she narrates, he/she has to consider the possibility that the narrator may be unreliable. In *Elisabeth Is Missing*, Maud is in charge of the entire narrative process: she narrates about her present in which she investigates on the disappearance of her friend Elisabeth, and about a specific event in her past, her sister's disappearance. A linear and coherent narration is obstructed by Alzheimer's, which, interestingly, is never mentioned in the novel, neither by her, nor by any other character. Nevertheless, Alzheimer's is very much present and cumbersome in Maud's account, so much so that it becomes increasingly difficult for the reader to follow Maud's narration. Indeed, because of Alzheimer's, Maud forgets events and her statements are often undermined by her daughter Helen, for instance, or by other characters in the novel. Let us consider the beginning of chapter three, in which Maud and Helen are talking to Maud's doctor:

'I am all right,' I say. 'What is the fuss?' He breathes out through his nose, an impatient sound, like a foraging animal. 'You called the surgery, Mrs. Horsham. You said you were in urgent need of a house call.' He looks at Helen, then sits down, holds my wrist in his hand and presses it, looking at his watch. 'Can you remember what it was about?' he says.

‘You have been ringing fairly frequently of late. And people don’t usually ask for house calls when they are *all right*.’ Helen shakes her head at me behind him. ‘I haven’t been calling frequently,’ I say, still looking at Helen. ‘That’s not quite true, is it?’ he says, scribbling something on a notepad. ‘In fact you’ve phoned us twelve times in the last fortnight.’ (29)

In this passage, Maud’s claims are denied by the doctor’s affirmation. Even if, in the previous page, Maud has told the reader that she feels like she is ill and needs to call the doctor (28), which she does, she does not mention calling him continuously, as the doctor states. Albeit not being vital for the plot, this passage may alert an attentive reader for Maud’s potential future unreliable claims.

Ever since Wayne Booth defined unreliability – a narrator is *reliable* if he “speaks for or acts in accordance with the norms of the work” and *unreliable* when he “does not” (qtd. in Shen, “Unreliability”, par. 2, n.p.) – many have been the attempts of redefining the concept of unreliability and examining specific cases in detail. Monika Fludernik, in her essay “Defining Insanity: The Narrator of *The Yellow Wallpaper* And The Question of Unreliability”, laments that among all the most prominent studies on unreliability none

covers what is perhaps the most typical case of narratorial unreliability: the narrator who is obviously in the grip of an overwhelming obsession but blithely unaware of the fact, and who suffers from a patent epistemological distortion regarding the fictional world, what is actually happening, what he or she is doing and how this should be explained. (77)

This definition applies perfectly well to Maud and her condition since her narrative is an attempt to bring back to the surface – and finally solve – the mystery of her sister’s disappearance but is simultaneously hindered in her endeavor by Alzheimer’s which alters her storyworld for her.

Moreover, so far, no study has been published on the unreliability of narrators affected by Alzheimer's, except Maria Vaccarella's essay on graphic novels, "Visualizing Patients' Unreliability" in which she examines, among others, Sarah Leavitt's *Tangles*, a graphic memoir on her mother's Alzheimer's. This study, however, focuses on various kinds of illnesses and on the visual representation of the patient's unreliability. In order to examine Maud's unreliability and how it is caused by Alzheimer's, I am going to draw from different studies which offer various subcategories for unreliability in the attempt of defining a fitting category for a narrator affected by Alzheimer's. Defining Maud's case as simply unreliable, may leave out the fundamental role played by her illness in the establishment of her unreliability.

In his essay "Reconsidering the Unreliable Narrator", Per Krogh Hansen identifies four forms of unreliability, namely intranarrational, internarrational, intertextual and extratextual. Maud's unreliable narration may be considered both intranarrational and intertextual. It may be intranarrational as it is "established and supported by a large stock of discursive markers" (241), that is when the narrators claim something and refers to situations which contradict his/her statement. In Maud's case, an example has already been proposed in the aforementioned passage. Markers of Maud's unreliability are very often other people's comments on her statements. Maud's unreliability may also be considered intertextual as it is "based on manifest character types that, on behalf of their former existence [...] already direct the reader's attention towards their reliability" (242). Drawing from Riggan's work on types of unreliable narrators – *Picaros, Madmen, Naiifs, and Clowns: The Unreliable First Person Narrator*, Hansen claims that unreliability may stem from a character being a specific type, such as a madman. This statement applies to Maud as her unreliability is mainly due to her illness. Alzheimer's leads to the fact that she either cannot remember events – and hence, in Phelan's definition

“underreports” them (qtd. in Shen “Unreliability”, par 4, n.p.) or that she judges events of the present by confusing them with those of the past – thus “misevaluating”⁶ them (qtd. in Shen “Unreliability”, par 4, n.p.). The most striking example of underreporting is represented by the fact that she does not narrate about Elisabeth being at the hospital because of a stroke. She cannot report it because she simply forgets about it, and we are even told by her daughter that Maud has already seen Elisabeth once but has never mentioned it in the narration (251). Moreover, Maud misevaluates when she claims that Elisabeth’s son, Peter, keeps his mother on “starvation rations” (6) more than once in the novel, thus making him become the main suspect for Elisabeth’s disappearance. Arguably here, Maud is simply mistaking Peter for Douglas and his mother, the mad woman, whom he fed in secret with Sukey’s help (245).

The idea that the type of narrator can influence his/her reliability is also present in Greta Olson’s study, “Reconsidering Unreliability: Fallible and Untrustworthy Narrators”, in which she distinguishes between fallible and untrustworthy narrator. While untrustworthy narrators are “*dispositionally* unreliable” in that “the inconsistencies these narrators demonstrate appear to be caused by ingrained behavioral traits or some current self-interest” (Olsen 102), fallible narrators “do not reliably report on narrative events because they are mistaken about their judgement or perceptions or are biased” (101). It can be argued that Maud is a fallible narrator in that her perceptions are altered by her illness. Fallible narrators, Olson continues, “make individual mistakes or leave open informational gaps that need to be filled in.” (104): with

⁶ Phelan divides unreliability into six distinct categories and divides them between “under-” and “mis-”. When a narrator “underreports” (underinterprets or underevaluates), he/she is “being insufficient”. Whereas when a narrator “misevaluates” (or misinterprets or misreports), he/she is being wrong. These distinct categories can be often combined. (Shen “Unreliability”).

Maud, and because of Alzheimer's, the narrative is full of gaps which are only (partially) filled in at the end.

The first consistent gap happens between the prologue and the first chapter. The prologue itself is crucial for the whole novel: it presents the reader with all the gaps he/she will be challenged to fill throughout the progression of the novel. Maud hears a woman calling her from within a house. She is outside, she claims she is looking for something – we are not told what, and she looks at an old compact she seems to have just been found which “makes her squirm with memories” (Healey 1). The correlation between a found object and a resurfacing memory is the pattern which will delineate the entire structure of the novel. A few lines later Maud tells us that she has missed the thing for seventy years but she is not able to tell us how it got into her hands (2). The other woman steps outside to understand what Maud is looking for and Maud describes her as “precarious and trembling”, thus arguably giving the narrator the chance of picturing an old woman. Then Maud describes a noise, “like a fox bark” which “makes an attempt at the edges of [her] brain” (2) when she asks the woman (we find out is Elisabeth) whether she ever grew marrows, a frequent question she will also ask her daughter later on in the novel. Maud does not specify what that noise is, whether it comes from the surrounding environment or comes from her memories. Like the other missing pieces of information Maud is giving in the prologue, the noise will only be explained at the end of the novel where we find out what happened to Elisabeth, namely that she suffered from a stroke while Maud was digging in her garden (253) probably because she saw Sukey's corpse.

However, the biggest gap in the narration occurs precisely between the prologue and the first chapter. Indeed, when the first chapter begins, we find out that Elisabeth is missing and it is exactly the period of time between Elisabeth's stroke and Maud's claim about her

disappearance that the reader is asked to fill by reading on. Hence, this period of time omitted by the narrator is an ellipsis, in Genettian terms “an elision of a diachronic section” (*Discourse* 51). However, omitting the fact that Elisabeth is at the hospital for the whole novel, despite its being something about which Maud is firmly convinced, represents what Genette calls a paralipsis, “an omission of one of the constituent elements of a situation in a period that the narrative does generally cover” (52). It may be argued that this paralipsis constitutes the core of Maud’s unreliability.

Nevertheless, given that Alzheimer’s causes Maud’s unreliability, it is as if she was, in some way, a “justifiable” unreliable narrator, as her unreliability does not depend on her, but on her illness. Vaccarella too, in her work on graphic illness novels, reflects on how “authors manage narrative unreliability when it stems out of the narrator’s (maybe temporary) impairment” (88). And she quotes Stephan Freißman’s analysis of *The Curious Incident of The Dog in the Night-Time*, in which he defines its autistic narrator, Christopher, as a “limited narrator”, by stating that “his report is honest but his perspective and his knowledge are severely limited in comparison with ordinary persons” (qtd. in Vaccarella 89). And indeed, if we briefly go back to Olson’s definitions of fallible narrators, she also states they “are more likely to be excused for their failures to deliver on the informational goods” (105). As has been previously mentioned, Maud is an unreliable narrator as she underreports and misevaluates many times in the novel. The most striking proof of her unreliability is the omission of her meeting with Elisabeth at the hospital, which would have immediately solved the mystery of her disappearance. However, Maud’s account may be considered honest in that she starts investigating on her friend’s disappearance and hence, since Alzheimer’s affects her memory

and hinders her perception of the world, Maud, rather than an unreliable narrator, may be considered a limited narrator.

4.2. A Tense for Alzheimer's: Time Perception and Present Tense Narration in *Elisabeth is Missing*

4.2.1. Understanding Maud's Time Perception

One of the main challenges of having a narrator affected by Alzheimer's Disease is arguably building a plausible temporal structure for the narrative, a structure that meets the reader's perception of the passing of time and, more broadly, the cause-effect logic established by any kind of narrative, while at the same time portraying the narrator's distorted time perception. An Alzheimer's Disease patient like Maud, suffering from frequent short-term memory losses, often becomes unaware of the passing of time and is consequently unable to indicate it during her narration.

A 2016 study by El Haj & Kapogiannis claims that "episodic memory impairment in AD may result in a loss of the ability to retrieve information about time and/or the ability to project oneself in subjective time [...] AD patients suffer from the inability to consciously acquire new memories, and as a consequence, are often 'stuck in time'" ("Distortion", section 2, n.p.). Indeed, very often in the narrative of *Elisabeth Is Missing*, Maud is unable to establish how long she has been in a place and often finds herself "stuck in time". One of the most prominent episodes highlighting her distorted time perception is when she comes back from the hospital with her daughter, after having had her injured hand medicated:

'It's nice to be home', I say to Helen. 'Nice to be back in my own home after all this time'.

We've come from the hospital I had to go because of some problem. What was it now?

Anyway it's nice to be home. 'You were at the hospital for a few hours, Mum. Don't overdo it.' She drops her car keys on to the coffee table. 'No, Helen,' I say. 'It was longer than that. Several weeks. Perhaps months. A long, long time.' 'A few hours,' she says again. (Healey 120)

Here, Maud's comment on the long time she allegedly spent at the hospital is immediately contradicted by her daughter. However, she does not – and cannot – believe her, and is slightly unsettled by the fact that her daughter contradicts her. Remarkably, a few seconds later, her daughter makes a comment that neither Maud, nor the reader grasps, but that will be crucial for the denouement of the story: “‘And I thought you'd feel better after the visit. I know it wasn't very nice, I know it was a bit sad, but at least you can stop worrying now.’ I don't know what she's wittering on about”. Maud does not know that her daughter is referring to the visit they paid to Elisabeth, who was also at the hospital because of her stroke. Given that her short-term memory is damaged by Alzheimer's, she is both unable to remember that she saw her friend a few hours before and to recognize that the time she spent at the hospital was much smaller than her perception of it.

This example may be a starting point to consider how Maud's distorted time perception is portrayed for the reader and how it affects his/her experience. In her essay, “Chronology, Time, Tense And Experientiality In Narrative”, Monika Fludernik observes how “we are all tempted to see time as an objective, measurable and unambiguous category that can be pictured as a dotted line progressing from past to future. However, narrative temporality makes apparent the complex interrelationship of different types, or orders, of temporality.” (119). She then refers back to her work *Towards a Natural Narratology* in which she substitutes the idea of “narrativity as event sequence (traditionally based on the plot) with a conception of narrative that relies on

representation of and by means of consciousness” (“Chronology” 120). In this analysis, narrativity is based on “experientiality”, on the character’s perception of reality, on “what the experience meant to the narrator” (120). Thus, in order to understand how time is structured in *Elisabeth is Missing*, it is essential to focus on how Maud’s experience of reality is altered by Alzheimer’s.

Indeed, more than once in the novel, Maud seems to be aware that her time perception is altered, making side but significant comments on her perception. The most striking one is when she first narrates of going to Elisabeth’s house to check if she is there. She heads over to Elisabeth for a precise purpose but, once there, she keeps forgetting her motive:

I ring the bell. ‘It echoed through the empty house.’ The phrase bubbles up from somewhere, but bells always echo though houses, surely? Empty or not. I wait, and work a hand deep into one of the earth-filled barrels by the front step. These are usually crammed with flowers, but not even a green shoot breaks the surface now. Elisabeth must have forgotten to plan any bulbs this year. I pull my hand out quickly. I can’t think what it was doing in the soil. Was I just feeling for bulbs, or am I supposed to be looking for something else? I face the door wondering how long I’ve waited here. Five minutes? Ten? I check my watch, but it doesn’t give me any clues. Time is so elastic now. I ring the bell again, carefully making a note of the time, and then watch the second hand as it moves round. After five minutes I write: *No Sign of Elisabeth*, and begin to walk away. Perhaps she *is* on holiday, as someone suggested. (24)

The simple action of ringing the bell triggers the memory of a sentence which emerges from her damaged memory – arguably from some traditional gothic tale she read somewhere in her past – and it does so by “bubbling up”, as if her memories were all mixed up in a cauldron and the boiling made some of its ingredients randomly resurface only to quickly disappear in the mix

again. This process – an action triggering a memory – will become the main structural pattern of the novel through which Sukey’s story is revealed. Then Maud automatically puts her hand in one of the barrels she sees at the entrance of Elisabeth’s house. She notices the lack of flowers, unusual for Elisabeth, and immediately pulls her hand out claiming she does not know the reason for her action. Is she supposed to look for something else? She cannot answer. So far we only know that searching for things in the soil is a frequent habit of Maud’s – the novel indeed opens with Maud digging in Elisabeth’s garden – and we will later understand the reason for it. Then, Maud reflects on time: she cannot discern how much time has passed from when she rang the bell and she comments on her uncertainty by stating that time is “so elastic now”. She then decides to ring again and, this time, to keep track of the passing of time by looking at her watch. She counts five minutes and concludes that Elisabeth is probably on holiday. This passage is fundamental as it shows a) how Maud’s memories are arbitrarily triggered by random actions, b) how specific actions she performs, albeit being unexplainable for her and for the reader are clues to the understanding of the whole novel, c) the main clue for understanding her perception of time. Time, for Maud, is now *elastic*: it stretches and contracts uncontrollably. Thus, the reader may now draw from this adjective to follow Maud’s narrative, which stretches and contracts arbitrarily through her past and in her present.

4.2.2. A Tense for Alzheimer’s

As has already been highlighted, the novel moves onto two different time levels in Maud’s life: at the beginning of the novel, the reader meets Maud as an old lady in her eighties who tells the story of her friend Elisabeth’s disappearance. This narrative is interrupted by intrusions of Maud’s past into her present caused, in the majority of the cases by the rediscovery of an object which triggers memories of her sister’s disappearance, an event which happened

when Maud was only fourteen. The narration continuously shifts from the present tense to narrate Elisabeth's disappearance to the past tense concerning Sukey's disappearance.

Present tense narration has recently been much debated, since its presence in contemporary works of fiction is increasing, and its use is not circumscribed to a commentary – also called “deictic” – function only but extends to a “tense of narration proper” (Huber 13). Irmtraud Huber, in her work *Present Tense Narration in Contemporary Fiction*, highlights the main problem of present tense narration by observing that “in real life, we cannot experience and narrate both at the same time. It is only ever possible to tell of events that happened to us in retrospect, since we need time and leisure to narrate them or write them down” (6). However, many are the cases in which authors employ the present tense narration in their works of fiction and they do so in order to obtain various effects. Huber classifies four different types of present tense narration, among which she identifies the “simultaneous narration”, namely “the co-instantaneous development of narration and narrated events” (69). When analyzing cases of first person narrative in simultaneous narration, Huber highlights how the impossibility to experience and narrate at the same time “concerns the lack of time in which narration could happen” (70). However, simultaneous narration in first person, albeit paradoxical, can serve the narrative's aesthetics and possess a thematic or structural justification (74-75). In *Elisabeth Is Missing*, present tense narration is essential to render Maud's short-term memory losses: how can she narrate in the past if she cannot remember it? Although this statement may problematize Maud's use of the past tense in narrating her sister's disappearance, it is essential to bear in mind that that event constitutes a plausibly traumatic event in Maud's life which is fossilized in her memory and increasingly overlaps with Maud's present by the end of the novel. Moreover, long time memory is only affected in later stages of Alzheimer's Disease and this may be underlined

in a passage at the beginning of the novel, in which Maud compares black and white and colored photographs to present and past respectively:

Sometimes, when I'm having a sort-through or a clear-out, I find my photos from my youth, and it's a shock to see everything in black and white. I think my granddaughter believes we were actually grey-skinned, with dull hair, always posing in a shadowed landscape. But I remember the town as being almost too bright to look at when I was a girl. [...] nowadays, the colours seem faded, as if I live in an old photograph. (9).

Here Maud confirms that her past is still vivid and full of color in her memory. Due to her short-time memory loss, what fades in her mind is her present which is unexpectedly compared to a black and white picture. It is worth comparing this passage to Mr. Hamner's interview in *The Story Of Forgetting* where he tells Seth: "They say I'm losing my memory. But all I really feel like I'm losing is the present. The past, my childhood, stories I love, my memory of things like that. Never been more clear. If I didn't look at myself in the mirror every day, I could probably convince myself I'm your age." (Block 157). Maud's past, just like Mr. Hamner's, is still vivid in her mind. That is why she is still able to narrate it and that is why it "bubbles up" more clearly than her recent memories.

As has already been stated in the previous section, *Elisabeth Is Missing* is entirely based on a paralipsis (4.1). Narrating the events of Elisabeth's disappearance in the past tense would have also subtracted the suspense caused by the sense of immediacy given by the present tense narration. Moreover, the epilogue in which Maud is once again convinced that her friend Elisabeth is still missing (275) – albeit being at her friend's funeral – further demonstrates how present tense is the only possible tense for Maud in her life with Alzheimer's as she already has

no memory of seeing her friend at the hospital – and probably also of being told of her Elisabeth's death – anymore.

Two more observations are worth making with regards to the present tense narration in *Elisabeth Is Missing*. The first concerns the iterative function of the present tense, and the second, its employment to signal the worsening of Maud's illness. As Huber notices, one of the main advantages of using present tense narration consistently is that it “allows for a fluent shift between a narrative and an iterative use of the present tense.” (73). Let us consider this passage from the third chapter of the novel:

One of the last times Elisabeth went shopping, before her sight got too bad, before she stopped going out of the house, she bought me a silk glasses case. I notice it whenever I open my handbag. [...] I keep my spare pair of glasses in it. [...] So I always have one pair on a chain around my neck – ready for reading eventually. They're not helping much at the moment. I'm looking for a jumper. (31-2)

The passage opens with a past tense, signaling Maud's memory of Elisabeth going out shopping. Then the present tense is used to highlight that Maud usually keeps a gift from Elisabeth in her bag. Here the present tense is used iteratively only to be immediately used afterwards to go back to the action: Maud is looking for a jumper.

The novel's progression corresponds to the Alzheimer's progression in Maud. The reader can witness Maud's deterioration in various moments. In chapter eight she cannot recognize her nephews: “Both children smile at me and call me Grandma, but I feel like they are strangers” (105); in chapter sixteen she cannot read and probably write anymore: ““What are you writing?” she asks. I look down at the paper under my hands. There are just scribbles. Lots of black scribbles on white. I can't read them.” (224). What however determines her

deterioration to the point of significantly impacting on the reader's experience is visible in the following passage, namely the opening of chapter seventeen:

My house is dark when I get there. Ma and Dad are out looking for Sukey. I stand in the front porch trying to find my keys, checking my bag and each of my pockets twice. The keys aren't there. My stomach seems to float into my chest, and my heart beats against it. I breathe carefully in, and turn out my pockets, shaking everything on the ground. [...] Someone, who isn't Ma and isn't Dad, is opening the door. It's a man, youngish, small and fair, who stops just inside and stares at me. [...] I don't think I recognize him, but I don't trust myself. 'Douglas?' I say. 'No I'm Sean,' he says, backing into the house. My house. 'Stay here,' he calls. (235).

At this point in the novel, any attentive reader may have recognized some of the guidelines to follow Maud's narration. Every chapter opens in the present tense with Maud being in her eighties. Within every chapter there are incursions of the past concerning Sukey's disappearance which are narrated in past tense. Here, the reader is faced with a present tense narration combined with references to Maud's past ("Ma and Dad are out looking for Sukey"). The narration is mostly paratactic with brief sentences describing the moment of anxiety Maud is experiencing by noticing someone in her own house ("My stomach seems to float", "I breath carefully in"), suspense is created and immediately disrupted a few lines later when we understand that the man occupying Maud's house is the legitimate new owner of her house, sold by Helen who took Maud to live with her (180). Maud is now unable to discern past from present which overlap in her perception, thus overlapping in her narration too through the use of the present tense.

In conclusion, it has been seen how Maud's time perception is altered by Alzheimer's and made elastic. Many times in the novel she cannot make sense of the passing of time and she either signals it through direct comments or through her employment of the present tense. The present tense narration in this novel and arguably in works of fiction whose homodiegetic narrators are affected by Alzheimer's is the best tense to convey the loss of short term memory and the episodes in which past memories intrude into the present experience in the patient. This last function will be explored more in detail in the next chapter concerning the novel *Turn of Mind*.

4.3. *Elisabeth is Missing* as an Anti-Detective Novel

In his work *The Doomed Detective*, Stefano Tani describes the passage from the detective novel to the anti-detective novel outlining the main features of both genres. He considers the anti-detective novel as a "transgression" of the detective novel, a "mutation" from it (Tani 40). The detective novel is defined as a "reassuring low genre" (40), whose main aim is that of satisfying the reader by giving him/her a solution. The main elements of a detective novel are the presence of a professional – or amateur – detective, the detecting process and the solution, the latter being the most important element of all, the one that, in Tani's words, "gives sense to the genre and justifies its existence" (41).

What makes the anti-detective genre a transgression from the strict rules of the detective novel is to be found in the solution. A detective and an investigation are still present, but the solution undergoes significant changes: it can be anticipated, partially fulfilled, denied or even nullified. Depending on the type of change the solution is subjected to, Tani identifies three

various kinds of anti-detective novel, namely the “innovative”, the “deconstructive”, and the “metafictional”⁷ anti-detective novel.

If one looks at its plot and structure, it may be argued that *Elisabeth Is Missing* is an anti-detective novel of the deconstructive kind. In this scheme, Maud is the “amateur” detective and the disappearance of Elisabeth is the crime. Maud’s wanderings into Elisabeth’s house, her calls to Elisabeth’s son to ask him about his mother, her numerous notes on the disappearance and the objects she constantly collects assuming they belong to Elisabeth are part of the novel’s detecting process. Elisabeth states her intentions of finding out what happened to Elisabeth in the second chapter of the novel where she says, “Elisabeth is missing and I must do something to find out what’s happened” (Healey 22). She claims more than once in the investigative process that one of the main methods she uses for her investigation is “to be systematic, try to write everything down” (22) and she relies on the notes she makes to pick up her investigation from where she left it.

As far as detective stories are concerned, Tani observes that “the detective’s discovery is about the past, while we think of discovery always in terms of the future, as giving us a knowledge that will make us progress into the future. [...] the point is that a discovery is not about finding something really new but, rather, about finding a missing link, something that already existed and we did not know about” (47). Remarkably, Maud’s discovery is about the past, but concerns her sister’s case and not the one she is investigating for in the present. Tani

⁷ In the “innovative” anti-detective fiction, “an early solution disappoints the reader and then an unexpected final one puzzles him”. This type of novel is “characterized by a social preoccupation related to crime and its causes.” (Tani 43)

The “metafictional” anti-detective fictions “emphasize that “book-conscious of its bookness” aspect [...] Here the detection is present in the relation between the writer who deviously writes (“hides”) his own text and the reader who wants to make sense of it.” (43).

furthermore compares the work of a detective to that of an archaeologist since they both “dig out” and are able to reconstruct only partially what happened before (47). Indeed, this metaphor becomes actually literal in the novel, when Maud’s investigation reaches its climax thanks to her daughter who digs in Elisabeth’s garden to find her the remains of Sukey’s corpse (261).

The anti-detective is also defined by Tani as “a map-maker, a marker of meaning (of solution) who turns into rational symbols something that he cannot take hold of, because he cannot relive the past, but only piece together what is left of it which can be cigarette butts, overturned furniture, a corpse in the room. Objects are important to him as they are all potential clues” (48). Maud can indeed be considered as a map-maker, as one of her main strategies of investigation is to collect objects, a habit her daughter cannot make sense of and finds rather disgusting. Let us consider the passage in chapter fourteen in which Maud and her daughter Helen are packing up Maud’s belongings before she moves to Helen’s house. “‘Do you need that?’ she asks. It’s a pickle jar. There are things squeezed inside: a glove, breathing dampness on to the inside of the glass, two bottle tops, a KitKat wrapper, some cigarette ends spilling the last of their tobacco. ‘That’s important’, I say.” (181). Even though she is not fully sure of why she needs those objects, Maud values them as important: every object she collects is finalized to understanding where Elisabeth might be. Moreover, if one looks at the paratext, the importance of objects is made even clearer in the drawings present at the beginning of every chapter. They are fundamental in the events taking place in the chapter and, often, they constitute the element that triggers Maud’s memories of Sukey’s disappearance.

Moreover, Tani’s first statement on the anti-detective novel of the deconstructive kind is that it “is basically characterized by a more ambiguous perception of reality from the point of view of the detective. The detective is unable to impose a meaning, an interpretation of the

outside occurrences he is asked as a sleuth, to solve and interpret” (76). Maud’s understanding of reality is undermined by her illness. From the very first pages in the novel, she names objects with difficulty thus simultaneously demonstrating uncertainty in identifying them. For instance, she calls a fur coat “an animal for wearing outside” (Healey 4), and a table “a board with legs” (273). Further, as the illness progresses, she mistakes people – her granddaughter for her daughter, a man in the street for Douglas or Frank – and she perceives time differently, as has been discussed in the previous section (4.2.1).

Further on, Tani states that “the detective creates, evokes the mystery more than solving it” (76), and this is precisely what Maud does. By claiming that Elisabeth is missing, she creates the case and evokes a previous one, that of her sister’s disappearance. It is also true for this novel that “ultimately all the fantastic forms that mystery may assume, “refract” the detective’s investigation from the mystery outside to the mystery inside his own person.” (77). Elisabeth’s disappearance “refracts” Sukey’s disappearance, a “cold” case Maud has guarded for seventy years and reemerges as she investigates for Elisabeth’s alleged disappearance. Indeed, Maud evokes Elisabeth’s case even when her memory fails her. Throughout the novel she claims many times that she is looking for something or that she has the feeling that she needs to do something but she does not know exactly what and that is when she relies on her notes to tell her what to do. Furthermore, her investigation on Elisabeth’s disappearance evokes detailed memories of her sister’s disappearance so that at a certain point, the case doubles, and as has been stated before, the two cases, past and present, overlap.

A crucial element that distinguishes the anti-detective novel from the classic detective one is the involvement of the detective in the case. “The detective in the anti-detective story no longer has the detachment of a M. Dupin [...] The detective’s relationship with the mystery or

with the crime cannot be impersonal anymore, suggesting that something unexpected (not an unexpected solution) awaits the reader at the end of the fiction” (42). Thus, Maud is personally involved in both her friend and her sister’s disappearance and she hints at a possible connection between the cases with her daughter while simultaneously giving the reader a hint for a link between the crimes: ““She died never knowing. I don’t want to die like that’ Helen sits up a little. ‘Never knowing what Mum?’ ‘About Sukey.’ I clutch at her fingertips. ‘So that’s why I want to find Elisabeth’ (31). Maud’s statement here is ambiguous: on the one hand, she may be simply hinting at the fact that she wants to find Elisabeth so as not to die without knowing what became of her, like her mother died not knowing what became of her daughter Sukey. On the other hand, though, she might also be referring to Sukey’s disappearance and at her need to reveal what happened to her sister. It is from this moment on that the reader is made aware that something links the two cases. What is unexpected is that the cases’ only link is Maud’s association to both.

One specific point Tani makes on anti-detective fiction is particularly fitting for *Elisabeth Is Missing*. I have already referred to Maud as a map-maker in this section, by highlighting the importance given to objects and their collection. Tani adds to the figure of the map-maker more symbols drawn from mythology, namely the idea of the labyrinth (the case) and the mirror (the present in which the investigation is carried out). He states, “the detective tries to map the labyrinth (the mystery, the murder) fighting through the distorted view available in the present (the mirror)” (48). For Maud, the distorted view of the present is represented by Elisabeth’s disappearance which functions as the mirror for her sister’s disappearance.

As has been previously mentioned, what distinguishes the detective from the anti-detective novel is the way in which the solution is handled. More specifically, in the

deconstructive anti-detective novel, the solution is a non-solution. “In the deconstructive anti-detective novel, the inanity of the discovery is brought to its climax in the nonsolution, which unmasks a tendency toward disorder and irrationality” (46). Elisabeth’s case has no solution because it is not a case – since Elisabeth is at the hospital the whole time – or rather it is a case *evoked* by Maud herself in the attempt of making sense of her sister’s disappearance. And even in this case, Maud gives us no exact solution. Sukey died by being hit to the head – we are told that by the police man questioning Maud at the end of the novel (267) – but we never find out whether Frank really did it and if Maud knew more of the accident. The ending frustrates the reader and as Tani points out “everything ends (almost) as it has started” (49), with Maud’s very last words in the novel being “So I must do something, I must, because Elisabeth is missing” (275).

Therefore, *Elisabeth Is Missing* proves to be a quite remarkable example of anti-detective novel in that the element of Alzheimer’s enhances all the key features outlined by Tani in his overview of the anti-detective novel. Because of Alzheimer’s, Maud creates Elisabeth’s case for herself, not being able to remember that her friend is simply at the hospital because of a stroke. Memories of her sister’s disappearance resurface as she tries to solve Elisabeth’s case, which is nothing more than a way to solve her sister’s case. However, because of Alzheimer’s, no satisfying solution is given to both cases: Maud quickly forgets about having seen Elisabeth at the hospital and is completely unaware of being at her funeral in the epilogue of the novel (273). Sukey’s body is found but the reader never comes to know the exact way in which Sukey has been killed and by whom.

Summing up the main differences between detective and anti-detective fiction, Tani observes:

I could say that while in detective fiction end and solution coincide and the purpose of the work is in the last five pages, in the anti-detective novel the purpose is beyond the reading (the end of the novel) and the “solution” is the “working out”, the assimilation of the novel’s ingredients in the mind of the reader. Ultimately, the difference is the one between ingenuity (craft) and creation (literature), which also implies craft but goes much beyond it.” (74)

Thus, what is left in the reader about *Elisabeth Is Missing* is not simply the mere frustration at not having been given a solution, but the disclosure of a mind which still tries to make sense of her world, despite being affected by Alzheimer’s disease.

5. *Turn of Mind*

This half state. Life in the shadows. As the neurofibrillary tangles proliferate, as the neuritic plaques harden, as the synapses cease to fire and my mind rots, I remain aware. An unanesthetized patient.

Every death of every cell pricks me where I am most tender. And people I don't know patronize me. They hug me. They attempt to hold my hand. They call me prepubescent nicknames: *Jen. Jenny*. I bitterly accept the fact that I am famous, beloved even, among strangers. A celebrity!

A legend in my own mind. (LaPlante 8)

This passage, taken from the very first pages of Alice LaPlante's debut novel, *Turn of Mind*, depicts with gruesome detail how the body, the mind, the relationship with other people change with Alzheimer's Disease. This passage may only be one of the numerous reasons why the book won the Wellcome Trust Book Prize in 2011. The Wellcome Prize is an annual award assigned to works dealing in some way with medicine. Albeit having always been open to works of fiction, the Wellcome Prize had never been won by a novel, let alone by a thriller. *Turn of Mind* is based on an apparently traditional plot for a mystery novel: a murder has been committed and the killer is still to be found. Dr. Jennifer White, the victim's neighbor and best friend, once an orthopedic surgeon specialized in hands is the most obvious suspect. She quickly becomes the prime suspect because the victim's body was found with four missing fingers expertly severed. What complicates the plot and makes it worth of winning a medical prize is that the narration is entrusted to Jennifer White herself, who is affected by Alzheimer's disease and cannot remember whether she committed the crime.

Jennifer lives alone in her house, her husband James died in a car accident caused by a stroke. She is assisted by her caregiver Magdalena, who will be very often referred to as “the blonde woman”, and receives visits from her older son, Mark, a lawyer like his father, in constant need of money, and Fiona, her daughter, the *Wunderkind* of the family, whom Jennifer defines as her “financial rock” (25). Gradually, as the novel proceeds, secrets and incongruities unravel: in her “good days”, Jennifer remembers the complicated friendship with Amanda, Amanda’s unfulfilled desire to become mother and her wish to become Fiona’s godmother; the tense relationship between the two couples: Jennifer and James, Amanda and Peter; Jennifer’s liaison with Peter and the suspect that Peter may be Fiona’s biological father; Amanda’s discovery of James’ fraud which she intended to report. The reader retrieves these pieces of information gradually and with great difficulty as the novel proceeds and is very easily led to suspect Jennifer too, since two heavy motives may have led Jennifer to commit the crime: Amanda knew that her husband Peter might be Fiona’s biological father and might have been willing to reveal that to Fiona; Amanda discovered James’s financial fraud and had threatened more than once to report James to the authorities. Jennifer is charged with the accusation of murder and brought to a psychiatric hospital. According to her and Fiona’s version, she killed Amanda and Fiona cleaned the crime scene in order to protect her mother. However, in the final pages of the novel, Fiona confesses to her mother that she lied: she killed Amanda because she threatened to report James’s fraud to the authorities. Moments after the murder, Jennifer arrived at Amanda’s house and severed Amanda’s fingers wrapped around a necklace belonging to Fiona, believing to be performing surgery on a patient. Amanda let all the accusations fall on her mother and took responsibilities only for cleaning the crime scene.

The comparison between this novel and the one examined in the previous chapter, *Elisabeth Is Missing*, may be straightforward. Albeit undergoing two shifts in the narration – from first to second to third person, *Turn of Mind* is for most of its length narrated by a homodiegetic narrator affected by Alzheimer’s Disease. Both novels also deal with a crime involving the narrator’s best friend. Both novels are narrated in the present tense and employ Alzheimer’s disease in the context of a mystery novel. Both protagonists are widows and have to learn to rely on their caregivers and children as the illness progresses. Both protagonists regard writing – Maud with her notes, and Jennifer with her diary – as a fundamental tool for their orientation in the spaces they inhabit and in the recent past they have lived but forgotten. However, unlike Jennifer, Maud creates the investigation and tries to solve the mystery. Jennifer does not take part in the investigative process as she is its main suspect.

The reading experience of this novel is extremely challenging. Because of the narrator’s condition, the reader has to patiently wait longer than usual to make sense of what is going on and to start making claims about the possible suspects. Even the simple action of framing the novel into a specific genre has to be postponed until after about forty pages, namely when two detectives appear in Jennifer’s house to question her (39). The novel is structured into four macro-chapters divided in sections signaled by three centered rhombuses at the end of each section. Within each section, each paragraph is widely separated from the other, as if to portray the gaps present in Jennifer’s mind. The first and second macro-chapter are written in the first-person narration, the third chapter makes use of the second-person narration, and the closing chapter uses the third-person narration. A further guideline for the comprehension of the novel is constituted by the alternation between italics and block letters: block letters generally indicate Jennifer’s account and italics other people’s words and comments.

Fundamental for the reader are also the diary entries added by Jennifer in her narration which however are only present in the first macro-chapter. This diary which, from the very first pages of the novel Jennifer defines as her “Bible of consciousness” constitutes a mixed blessing for the reader. If, on the one hand, it allows the reader to gain information which Jennifer struggles to access – for instance we know of the arrival of the detectives at Jennifer’s place via a diary entry she reports on page thirty-nine, on the other hand, since other people write on it too, it complicates the reader’s understanding of the narrative situation: can we – and with us, Jennifer – really believe in the truthfulness of the entries written by her relatives, her caregiver, and even by Amanda? How come the pages corresponding to the days before and after Amanda’s murder have been ripped and are nowhere to be found?

The analysis of this last novel will start from discussing the shift of person in the narration, a device defined by Monika Fludernik as *alternation* (*Natural* 177). I will analyze each use of first, second and third person narration singularly to show how they respectively affect the reading experience. I will first examine the first-person narration of the first two chapters of the novel, where I will focus on the chapter in second person narration for a more thorough analysis of this peculiar ‘odd’ pronoun (*Natural* 167) and justify the shift of person in *Turn of Mind* as a narrative strategy for narrating Alzheimer’s. Then, I will move on to analyze the third-person narrative present in the last chapter in order to show how it both helps portray the deterioration caused by Alzheimer’s and prepare the reader for the final plot twist. Finally, I will look at the diary entries and how they contribute to the fragmentation of the narrative as well as to form a specific image of Fiona in the reader’s mind which will be radically subverted in the last chapter. For this analysis, I will mainly rely on Menakhem Perry’s theory of the “primacy effect” (“Dynamics” 53). Once again, similarly to of *Elisabeth is Missing*, the

discourse on unreliability will turn out to be fundamental for the understanding of the novel. Not only will it be necessary to reconsider Jennifer as an unreliable narrator, it will be also necessary to see whether her unreliability is simply attributable to her illness or also to her willingness to conceive her daughter's guilt.

5.1. I, You, She: Dr. Jennifer White's persons

As has been seen throughout this research, the choice of person for the narration of a novel on Alzheimer's may consistently impact on the reading experience. A third-person narration with a single focalizer may help establish empathy between the character affected by the illness and the reader (*Still Alice*); multiple homodiegetic narrators who are indirectly affected by Alzheimer's may help maintain a coherent narrative while simultaneously portraying the fragmentation experienced by an Alzheimer's patient (*The Story of Forgetting*); a single homodiegetic narrator affected by the illness may turn out to be more challenging for the reader to follow but at the same time give a plausible insight in the mind of an Alzheimer's patient (*Elisabeth Is Missing*). In *Turn of Mind*, the shift in narration may open to a further perspective on the narrator affected by Alzheimer's.

5.1.1. I, Jennifer

The novel starts with a first-person narrator which the reader can immediately identify as Dr. Jennifer White, thanks to a sign Jennifer reads in her kitchen which says: "*My name is Dr. Jennifer White. I am sixty-four years old. I have dementia. My son, Mark, is twenty-nine. My daughter, Fiona, twenty-four. A caregiver, Magdalena, lives with me*" (4). This sign serves both to Jennifer to re-orient herself every time her memory fails her, and to the reader as a presentation of the main characters. Just like in *Elisabeth Is Missing*, the tense for the narration

is the present tense. Occasionally, Jennifer will switch to past tense to narrate memories which unravel complex relationships with her deceased husband, Peter, her son and daughter, her murdered friend Amanda.

As has been seen in the previous novel, using the present tense in first-person texts may result in a paradox. However, it has also been demonstrated how the present tense is particularly suitable for novels with a narrator affected by Alzheimer's Disease (4.2.2). In *Turn of Mind* present tense is used slightly differently. In order to better identify this specific employment of the present tense I am once again referring to Huber's work on present tense narrations, *Present-Tense Narration In Contemporary Works of Fiction*. Among the various kinds of present-tense narratives, Huber identifies the "interior monologue", which resolves the collapse between the experiencing *I* and the narrating *I*, typical of narratives in present tense. Indeed, "[b]ecause the narrative purports to reflect the current thoughts of the protagonist, rather than to indicate a narrative situation for which there would be neither time nor location or addressee, the paradox of simultaneous narration in which experience and representation impossibly coincide is avoided" (Huber 55). In the first two chapters of *Turn of Mind*, the reader is introduced to the setting of the narrative situation by Jennifer herself who, given that her illness affects her memory and her orientation, is actually trying to situate herself into a specific space and time almost every time a new section of the chapter begins. For instance, the beginning of this section: "We are in a car. I am sitting in the back, behind a driver with short brown hair. I cannot tell if it is a man or a woman. The hands on the wheel are strong, coarse even. Androgynous" (59). This situation is easily naturalized if one thinks that, because of Alzheimer's, Jennifer has constant gaps in her memories. Her mind "blacks out" for unspecified time spans and she has to re-orientate herself in new spaces, thus re-orientating the reader as well who has to constantly

reimagine the narrative situation. Jennifer's descriptions of places and people around her to relocate herself can be better understood if one compares her situation to that of a person who has been hit on the head and kidnapped: once this person regains consciousness, the first thing he/she might do is trying to gather as much information as possible on where he/she might be. This is how these opening sections in the first two chapters work and is also visible at the very beginning of the novel:

Something has happened. You can always tell. You come to and find wreckage: a smashed lamp, a devastated human face that shivers on the verge of being recognizable. Occasionally someone in uniform: a paramedic, a nurse. A hand extended with a pill. Or poised to insert a needle.

This time, I am in a room, sitting on a cold metal folding chair. The room is not familiar, but I am used to that. I look for clues. An office-like setting, long and crowded with desks and computers, messy with papers. No windows. (3)

The first verb in the present perfect tense followed by the present simple signals that an event has occurred but the narrator can only witness its consequences and is unable to detect what it is. Interestingly, here, the verb "to come to" is used, as if the person narrating had fainted and just regained consciousness. The adverbs "always" and "occasionally" together with a list of the possible consequences of these unknown events suggest the iterative nature of these episodes. Instead, the second paragraph moves to the present situation. The narrator looks around and describes a room, an uncomfortable chair, a general unfamiliarity with the place which however is something she seems to be "used to". The final elliptic sentence "No windows" gives the situation a claustrophobic shade. The sentence "I look for clues" refers to the narrator's attempts of relocating herself into a space, whenever something has happened and she is unable to

understand what. Were it not for the explicit repetitiveness of this kind of situation, this beginning might very well be the description of a kidnapped person who tries to understand where he/she is. Moreover, the reader is given very few and disquieting clues about the settings of these episodes: a “smashed lamp”, a frightened face, suggest that these events are usually violent and dangerous and that some kind of authority –“someone in uniform” – is usually there to reestablish order by administering medicines, arguably some sort of tranquillizer. Even though no explicit reference to a crime has yet been made, this beginning sets the mood for a thriller novel.

One last consideration that should be made with regards to the use of the present tense in the first-person chapters of the novel concerns the difficulty for the reader to perceive whether Jennifer’s thought belong to her reality or are visions and memories from her past, and recent past. Like Huber’s analysis of David Mitchell’s novel *number9dream*, it can be claimed that Jennifer’s reality, her memories and her visions are all put on the same level using present-tense narration, and the reader often has to reconsider whether what he/she is reading corresponds to present, past, or visions (*Tense* 56). Let us see how this technique works by examining the beginning of a section from the first macro-chapter of *Turn of Mind*: “Today my mother died. I am not crying, it was her time. So it goes. So it always goes” (72). This section begins announcing Jennifer’s mother’s death and goes on for two pages with memories of her mother and father when, suddenly, her train of thoughts is interrupted by Magdalene, who invites her to take her pills:

Jennifer, it’s time for your pills.

No. I must call the funeral home. Make arrangements for the cremation. Because I cannot bear the thought of a funeral. [...]

Jennifer, you are in Chicago. You are home.

No. I'm in Philadelphia. At Mercy Hospice. With the body of my mother.

No, Jennifer, your mother died a long time ago. Years and years. (74).

It is through Magdalene's words that we understand this was one of Jennifer's memories resurfacing and not the present reality she is living. Thus, unlike *Elisabeth Is Missing*, where memories were signaled by Maud's switch to a past tense and ambiguities only happened towards the end of the novel corresponding to the protagonist's deterioration, *Turn of Mind* challenges the reader even more, forcing him/her to constantly revise the setting and the context of the narration.

5.1.2. You, Jennifer

One of the most remarkable features of this novel is the passage from first to second person narration happening in the third macro-chapter. Second person narration is currently under debate as its frequency is increasing in contemporary works of fiction. Fludernik notices that one of the main effects of second person narration is that of destroying "the easy assumption of the traditional dichotomous structures which the standard narratological models have proposed, especially the distinction between homo- and heterodiegetic narrative (Genette)" (*Natural* 169). Hence, a first reconsideration that should be made for *Turn of Mind* is that it is incorrect to talk about homodiegetic narration, since we have a first, second, and finally a third person narrator. Further, Fludernik, in her work "Second Person Narrative As A Test Case For Narratology: The Limits of Realism", observes how in some cases, one of the main effects of a second person narration is making the reader feel directly addressed and how, for some novels, the disambiguation happens gradually, as the reading proceeds ("Test" 452). In *Turn of Mind*,

the first sentence of the chapter does catch the reader by surprise, firstly because it is a question, and secondly because until now, he/she has followed a narrative in first person: “The sun is blinding. How long since you were so bombarded with unfiltered light?” (237).

Unlike the cases analyzed by Fludernik, where often “second-person texts start out with a passage of what initially appears to be a generalized or “generic” “you”, a “you” with which the reader can identify” (“Test” 452), here the reader tends to look for a character to whom Jennifer is supposedly talking, also due to the lack of inverted commas to signal dialogues or reported speeches. Indeed, by now, the reader knows that Jennifer’s thoughts and words are written in block letters and that other people’s words or diary entries are written in italics. Hence, this situation may lead the reader to believe Jennifer is talking to a specific character. Nevertheless, as the chapter goes on, the reader detects the presence of a new narrator in charge.

One of the most difficult tasks for the reader in second-person narrations is to identify the narrative voice and discover whether it is situated inside or outside of the storyworld. For instance, Fludernik refers to Calvino’s short story “Un re in ascolto” in which initially, there seems to be a narrative voice addressing the king, but as the narration goes on, the reader gradually “starts to see the world from within the king’s mind, reinterpreting the address function as possibly one of self-exhortation and self-address” (“Test” 448). Hence, in some cases, it is correct to talk about self-narration in second person (“Test” 449), where the I self-addresses itself with a second person: we could say that *Turn of Mind* uses this self-narration in second person throughout the third section. Further, this mode can be defined as an interior monologue in second person. This may be proved by various elements: firstly, as has been seen in the previous section, the first and second macro-chapters are narrated in present tense using a first-person narration. This mode has been connected to Huber’s category of the “interior

monologue” (*Contemporary* 55). Secondly, this case can be compared to Fludernik’s analysis of some Latin American novels in which internal self-narrations in second-person are present. She justifies the presence of the second-person narration by observing how this mode is present together with first and third person narratives and therefore they can be “easily naturalized as interior monologues in the second person” (“Test” 449). In *Turn of Mind* too, second-person narration only occupies one chapter which is also shorter than the other two in first-person narration, albeit being significantly longer compared to the last one. Thirdly, in the chapter, the action is presented from within Jennifer’s mind: we read her thoughts, “You realize your voice sounds contemptuous” (LaPlante 245), “You have not been this hungry in a long time” (245), “How exciting when your mother and father allowed you to begin coming here by yourself, away from the rowhouses of Germantown, the concrete schoolyards and industrial storefronts, the glazier shops and printing presses.” (238); we only see – and hear – what Jennifer sees *when* she sees it, “The voice is from a girl to your left” (243), “You look down. Your feet are bare and dirty. There is some dried blood on the side of your ankle” (256).

What remains to be examined is the function this mode fulfills in the novel and why it is used in this specific moment of the plot. Fludernik identifies several functions for the second-person narration. She highlights how second-person narratives are not simply a narrative experiment but can also serve to foreground specific aspects of a story (“Test” 466). In some cases, they are useful to explore relationship dynamics (“Test” 466) or political texts in which the involvement of the reader is fundamental (“Test” 471); in other cases, they cause a sense of “intimacy and closeness” thus further involving the reader (“Test” 469). It can be argued that, in *Turn of Mind*, the shift to the second-person narration may serve two different purposes. On the one hand, the reader is thus allowed a more empathic relationship to Jennifer: Fludernik

speaks of “empathy for “odd” characters” (“Test” 471), namely the characters speaking in “odd” persons, such as the second person in this novel. Up until this third chapter, the narration has been carried on in first person and the reader has acknowledged a similar experience to that offered by *Elisabeth Is Missing* (4.2.1), questioning her reliability. Now, the second-person narration connects the reader and Jennifer and he/she can experience her disorientation in wondering alone in the city. Indeed, it may also be argued that the choice of narrating this specific part of the novel, in which Jennifer is in danger, in second person is also a further proof of the desire to evoke empathy in the reader. The third macro-chapter covers Jennifer’s escape from the institutionalized house where she has been transferred by Mark and Fiona: she goes from a restaurant where she leaves without paying, to a park at night full of clochards, two of whom she brings with her to sleep at Amanda’s house; she wakes up and goes to the hospital where she used to work and starts visiting patients until she is arrested by detective Luton and confesses to have killed Amanda. Before her confession happens, the reader has time to reconsider Jennifer, experience her disorientation and, for instance, her shock in looking at herself in the mirror and realizing she is not in her twenties as she has been thinking in the restaurant (251). However, this chapter also contains Jennifer’s confession which may be said to disrupt – thematically – the empathy established throughout the chapter. Once again, the reader is forced to revise his/her certainties on the narrative situation. Interestingly, before the confession is complete, the narration shifts briefly to a third-person narration:

Three women in a room. One, the young one, deeply distressed. She has taken her hands away from her face and is clasping them tightly in her lap. Wringing them. Wringing her hands. A rough motion, this grasping and twisting of the metacarpal phalangeal joints, as if trying to extract the ligaments and tendons from under the skin. Another woman, older, is thinking hard. She is looking at the young woman, but she is not seeing her. She is seeing

images play out in her mind, images that are telling her some sort of story. And the third woman, oldest of all, is dreaming. Not really present. Although she knows she is wearing clothes, sitting on a hard chair, that material is pressed against her skin, she cannot feel any of it. Her body is weightless. The atmosphere has thickened. It is difficult to breathe. And time has slowed. An entire life could be lived between heartbeats. She is drowning in air. Soon, scenes will begin appearing before her eyes. (284)

The abrupt change of narration produces a distancing effect. The reader is presented with three women who are not referred to with their names (Fiona, Detective Luton, and Jennifer respectively). Nevertheless, the focalizer remains Jennifer and this is immediately signaled by the description of Fiona in which she is seen tormenting her hands but technical, medical terms (“metacarpal phalangeal joints”) are used to describe her movements. Further, detective Luton is described in the act of thinking but the reader does not have access to her thought and feelings. When the narration moves to Jennifer, the focus is on her sensations, her tactile perceptions, her perception of time: she is about to remember something and, as it often happens in the novel, the act of remembering happens as a vision. This section in third-person may serve as a watershed for the last part of the chapter in which Fiona justifies the absence of blood and traces in Amanda’s house with the fact that she had been there and cleaned the place before the arrival of the police, thus confirming Jennifer’s guilt.

Thus, to sum up, in the first two chapters first-person narration has foregrounded Jennifer’s unreliability and fomented the doubt of Jennifer’s guilt. The second-person narration in the third macro-chapter has established a sort of empathic bond between the “odd” character and the reader only to have been disrupted by Jennifer and Fiona’s confession. The closing chapter forces the reader to revise his/her ideas on the story for the last time.

5.1.3. She, Jennifer

As has already been mentioned in this analysis, the final part of the novel – which, for its brevity may as well be considered as an epilogue rather than a proper chapter – is narrated in third person. Jennifer has already been charged with Amanda’s murder and has been sent to a psychiatric hospital. There, we find her in this last section, in which the focus seems to be her total and utmost deterioration. Her illness has progressed to the point that when Fiona goes to visit her, Jennifer cannot even distinguish her gender (299). The third-person narration is strictly focalized on Jennifer once again and this is shown by the frequent use of what Dorrit Cohn calls a “narrated monologue”⁸ which she defines as “the technique for rendering a character’s thought in his own idiom while maintaining the third-person reference and the basic tense of narration (100). She further states that “[s]uch translations can actually be applied as a kind of litmus test to confirm the validity of the reader’s apprehension that a narrative sentence belongs to a character’s, rather than to a narrator’s, mental domain” (100). Thus, Jennifer’s thoughts are still rendered to the reader and they have the striking task of hiding in plain sight the final revelation of the book.

Let us consider one example from the second page of this chapter. The reader is told Jennifer is “having visions” concerning the arrival of “angels singing unending hymns of praise” (296). Two paragraphs later the narration becomes a narrated monologue thus:

The angels continue singing. *Gloria in excelsis Deo*. They are sending a savior. A very young man, but able. He will bring three gifts: the first gift she must not accept. The second

⁸ See also the employment of the “narrated monologue” in *Still Alice* in 2.2.

gift she should give away to the first person who speaks to her kindly. The third gift is for her alone. *This is the word of the Lord.* (296)

Cohn reports many narrated monologues which are rendered in italics to distinguish them from the general narration in third person (*Minds* 102). In *Turn of Mind*, the reader is already used to a very peculiar mode of narration which consists in italicizing what is “external” to Jennifer’s thoughts or written words from her diary (see 5.2). Indeed, here the italicized passages are religious ritual sentences Jennifer recalls in her vision, and the block letters signal her own vision. She mentions a man bringing three gifts which according to the bible are The Gifts of Eternal Life (*La Bibbia*, Rom. 6.23), The Gift of Grace (Rom. 3.23), The Gift of Righteousness (Rom. 5.17) brought by Jesus. Jennifer claims that the first gift is not to be accepted, namely that she does not expect eternity: as a doctor, she is very much aware of her degenerative disease and that she does not hope for a miracle to be cured, as she herself already told her assistant Sarah, in a conversation that took place at her sixty-fifth birthday (99). The second gift, the gift of Grace, is to give to the first person who speaks to her kindly and Fiona is just about to enter her room to visit her: Jennifer is ready to forgive Fiona for having killed Amanda and accused her. The gift of Righteousness is “for her alone” and this may mean that she is innocent and has been trying to protect her daughter. A few pages later, when Fiona has arrived, she has another vision:

Yes, she knows how insane work can be. One patient after another, bones bursting out of skin, how fragile the human body is, how easily penetrated and broken, how difficult to put together again. But the work doesn’t need to be so sloppy. Who made this mess? She cannot believe her eyes. Who would do such a careless job?

You didn’t clean up the OR, she says. (298)

Here, Jennifer is presumably envisioning the crime scene and confusing it with an OR, just like she did when she was witnessing the murder and cutting Amanda's fingers to take back Fiona's necklace (304). Her thoughts frantically switch from remembering her job, her routine, her patients to the moment of the murder and the reader is still confused at this point. Hence, it may be claimed that the narrated monologues in this section of the novel prepare the ground for the final revelation. However, it is only by piecing together Jennifer's visions with Fiona's words that we manage to have a full reconstruction of the murder which overturns the previous explanation and generates a plot twist.

After having analyzed the three different modes of narration present in the novel singularly, it may be interesting to view them all together, in order to understand why this shift in modes has been employed for this novel and how it represents a suitable strategy for narrating Alzheimer's. Monika Fludernik speaks of "pronoun (or person) alternation" (*Natural* 177). She first distinguishes between "successive alternation between pronominal choices referring to *different* protagonists" and "in reference to the same protagonist. As we have seen, *Turn of Mind* belongs to the latter case, a case where the shifts from one person to another are signaled by a change of chapter – if we exclude the moment in the third macro-chapter in which the narration very briefly shifts from a second-person to a third-person narrative (5.1.2). According to Fludernik, alternation in these cases may signal "the prone protagonist's attempt at understanding himself, at approaching the centre from a number of only superficially contradictory directions" (179). In an analogous way, Jennifer's narration may be considered as an attempt to get hold of what happened to Amanda in her mind, to rediscover and reveal to the reader at the same time what is constantly "nagging" (LaPlante 157) her. Because of Alzheimer's she cannot recall exactly what happened and she can only rely on her visions and

sensations to suddenly reappear and give her (and the reader) confused and obscure clues. Moreover, since Jennifer's condition is increasingly getting worse, the progressive detachment from the first to the third person signals that both Jennifer and the reader need to distance themselves from Jennifer's mind so as to maintain a connection to Jennifer's thought and at the same time rely on a less unstable person pronoun (such as the first person can be), which albeit conveying the sense of disorientation and instability through the restricted focalization, allows the reader to understand without ambiguities the final revelation.

In conclusion, *Turn of Mind* relies on a complex narrative structure mainly based on person alternation: through the employment of the first-person narration in the first two chapters, the reader familiarizes with the character, and is given ambiguous insights into a mind affected by Alzheimer's; through the second-person narration, the reader is allowed to empathize with the protagonist who has so far been identified as the prime suspect for the crime; and finally, the use of the third-person narration for the final moments of the novel endeavors to both portray the final deterioration of the protagonist and to subvert the first solution to the case given in the last pages of the third chapter, thus surprising the reader with a final, unexpected plot twist.

5.2. “My Girl” / “A Fine Little Actress”: Understanding Fiona Through The Diary

One of the most interesting aspects of this novel is arguably how, in order to fill in the gaps in Jennifer's account, the narrative relies on the other character's perspectives which are presented to the reader in two main ways, namely through dialogue and through Jennifer's diary entries. Indeed, Jennifer is not the only person to have access to the diary. Magdalene, her caregiver also reports what happens to Jennifer when she is unable to do it by herself, and she

often encourages Jennifer to write (5, 34). However, Fiona and Mark write on the diary too, and basically all the other people who come by to visit Jennifer, including Amanda. When the entry belongs to other people, the words are presented in italics, just like when other people talk to her. Other people's entries also add ambiguous details to Amanda and Jennifer's relationship and influence the reader's perception of Fiona and her relationship with Jennifer.

Thus, not only is the reader invited to doubt about Jennifer's account, but he/she may also be further misled by what other characters claim. As Marcus Hartner observes, the use of multiperspectivity (3.1) is usually particularly frequent in "narratives about the investigation of a mystery or a crime", and one of its main functions is that of having one or more characters contradict one another ("Multiperspectivity", par. 8, n.p.). In this section, I would like to focus on the diary entries specifically, and on how they offer the reader contradicting perspectives on two of the main characters of the novel, namely Mark and especially Fiona, who eventually turns out to be Amanda's murderer. Relying on Menakhem Perry's work "Literary Dynamics: How The Order of a Text Creates Its Meanings", I would like to show how the reader's judgement on Fiona is influenced by other character's comments on her through what is called the "primacy effect" (Perry 52).

In psychology, the primacy effect is "the effect of information situated at the beginning of a message" (53). The essential condition for this effect is the presence of a contradiction (54). As Perry states, "when two sides of a controversy or an argument are presented, the side presented first has the advantage" (53). Similarly, in a literary text, the reader will tend to judge a character based on the first statement made about him/her. In *Turn of Mind*, the first statements about a character are often to be found in the diary entries which shape the reader's perception of the aforementioned character, in particular of Mark, and Fiona respectively.

Nevertheless, it is worth underlining how Jennifer's diary is a fundamental tool for her, but is also full of dubious entries which often contradict one another. It should help her keep track of what happens every day, but it is unhelpful with regards to the murder: the pages corresponding to the day before the murder and the day of the murder have been conveniently ripped from the notebook (58). Throughout the first chapter narrated in first person, Jennifer's interior monologue (5.1.1) is every now and then interrupted by these entries she decides to report in the narrative⁹. Therefore, we only have access to specific fragments of the diary which she regards as indispensable for keeping track of her life. At the very beginning of the novel she presents it in this way:

The notebook is a way of communicating with myself, and with others. Of filling in the blank periods. When all is in a fog, when someone refers to an event or conversation that I can't recall, I leaf through the pages. Sometimes it comforts me to read what's there. Sometimes not. It is my Bible of consciousness. It lives on the kitchen table: large and square, with an embossed leather cover and heavy creamy paper. Each entry has a date on it. A nice lady sits me down in front of it. (5)

As has already been observed, reading (and writing) the notebook is her way of filling in the gaps in her memory caused by her illness. Interestingly, she defines it as her "Bible of consciousness", conferring a religious value to it. It is to it that she turns to whenever she feels like she is lost in the conversations in which she is involved. She also refers to its place in the house as if it was alive. The diary's sacredness implies a blind faith in it, a faith the reader too has to take into consideration. Indeed, the reader is forced to rely on the diary entries quoted in the novel to gather more information which should be less confusing than that obtained through

⁹ In order to naturalize the presence of these entries, it may be supposed that she reports those specific entries because she is reading them.

Jennifer's narration. She usually writes in her diary when she has one of her "good days", when her brain is "mostly clear.". The notebook is also fundamental as it is through it that the reader has access to an interrogation to Jennifer regarding Amanda's murder for the first time (40).

From the first pages of the novel, Fiona is described as the perfect daughter. The first time Jennifer reports a diary entry about Fiona, she highlights her outstanding qualities and academic career:

Then, Fiona stopped by. Ah, my girl delights me! [...]

She came to collect my financial statements, go over some numbers that I will not understand. No matter. I have my financial genius. My monetary rock. Graduated from high school at sixteen, from college at twenty, and at twenty-four, the youngest female tenure-track at the U of C business school. [...] Her I trust my Fiona. She places paper after paper in front of me, and I sign without even reading. I ask her if there is anything I should pay special attention to, and she says no. Today was different, however. She had no papers but just sat at the table with me and held my hand in hers. My remarkable girl. (25)

Jennifer's portrait of her daughter is loving and full of admiration. In this passage, Jennifer is willing to remind herself of her daughter's appearance, and proud to remember her remarkable academic path. What is worth noticing, though, is Jennifer's blind faith in her daughter. The sentence "Her I trust. My Fiona", with the pronoun *her* placed at the beginning of the sentence, seems to exclude any other person from the list of people Jennifer feels she can count on in this period of her life. The possessive pronoun *my*, apart from highlighting her pride once again, suggests Jennifer's willingness to protect Fiona as a part of herself and may also be a reference to Amanda's attachment to Fiona. Indeed, further on, Jennifer reports another fragment from her diary, this time signed by Amanda who wrote about Fiona: "*You talked cogently about Fiona*

today. No fog there. And about her we are in complete agreement. She is doing well. We're both so proud of her. I was as worried during her adolescence as any parent would be. [...] As you know I took my godmother duties seriously!" (68). Again, here, words on Fiona are both of protection and proud, and the reader is thus even more discouraged to believe in Fiona's possible involvement with the murder. Further, the reader even gets Magdalena's perspective on Fiona, always through Jennifer's diary: *Fiona knows, she is here every day. What a good daughter. How lucky you are.*" (54). Magdalena here is expressing her concern about Jennifer's "bad days" (54) she has been experiencing lately. She is only reassured by Fiona's presence and aligns herself with the other character's views on Fiona.

The only discordant voice is represented by Jennifer's son, Mark. He warns Jennifer multiple times about the alleged instability of her sister Fiona. Mark writes in the diary:

About Fiona. I worry about her. Almost as much as I worry about you. As I said when I saw you, you know how she gets. How she does really well for long periods of time, but then things can go south – very very quickly. Remember that time at Stanford? When Dad had to go get her so she could decompress in a safe place?

Anyway, I know Fiona tells you otherwise, but I truly have your best interests at heart. (71)

In this entry, Mark considers Fiona's state as worrisome as that of his mother's. From the few details he gives about a specific episode which happened while she was at university, it may be inferred that she suffers from frequent mental breakdowns, and he also refers to her mental state at the beginning of the novel, when he goes to visit Jennifer and tells her that Fiona is not well and that this time, she even refuses to talk to him (23). There is however one reason the reader does not give much credit to Mark's statements and it has to do with Fiona. The very first time Mark is referred to in the novel, apart from Jennifer's introduction in which she simply

states his age (4), is through Fiona's words, written in her diary: "*Mom, you are not safe with Mark. Give the medical power of attorney to me, Fiona. It is best to have medical and financial powers of attorney in the same hands anyway.* Some things are crossed out, no, obliterated, with a thick black pen. By whom?" (9). In this passage, Fiona is asking to be given the medical powers of attorney which are, now, entrusted to Mark. The use of the second person to refer to the mother seems to address the reader too, who, from this moment on, is warned against Mark. Furthermore, the final words of this entry have reportedly been cancelled by someone, and the connection to Mark is almost immediate. Moreover, throughout the novel, Mark is constantly referred to as the problematic son: even Amanda claims that it is Fiona who "*is always bailing Mark out*" (68). We are told that Mark goes to Jennifer to ask for money as he seems to have financial problems and even sends a family friend and Jennifer's Doctor to ask her for money (210). His financial problems also give him a motive for Amanda's murder and the reader can start suspecting about him, too. In one conversation with his mother, he claims to have approached Amanda to ask her too for money and that she refused to give him money and laughed at him (110). At this point he even says that he could have killed her only to immediately observe that he should not have said that. Thus, from this point, the reader may start suspecting of Mark and put aside his/her suspects about Fiona. In conclusion, it can be argued that the reader should rely on Mark for his/her judgement on Fiona, but is hindered by Fiona's presentation of her brother which makes us wonder of his good intentions. Thus, the primacy effect works with regards to both Mark and Fiona.

Turn of Mind is a thriller whose narration focuses on a character affected by Alzheimer's. In order to supply the gaps in the narrative, it uses excerpts from a written source which also fragments and complicates the narrative. Furthermore, it makes use of the primacy effect to

mislead the reader and delay the solution. This novel employs Alzheimer's Disease in the context of the thriller novel to add a further obstacle for the reader while at the same time granting him/her an unexpected denouement. However, apart from simply being a thriller novel – and, perhaps, because of its genre – *Turn of Mind* portrays the horror and the solitude this illness implies, and demonstrates how fiction is worth winning a medical prize.

6. Conclusions

At the beginning of this research, it has been highlighted how illness narratives represent a particularly difficult challenge in the literary context. Narrating how a body suffers and changes through an illness may require the creation of a new language which can express physical sensations often neglected in literature where the focus seems to be primarily on feelings and on the mind. This challenge becomes even more demanding if one decides to narrate Alzheimer's Disease, an illness affecting both the mind and the body.

The purpose of this research has been to demonstrate how works of contemporary fiction manage to portray Alzheimer's Disease venturing into the ineffable minds of those affected by the illness. This work has tackled both novels dealing with cases of early onset Alzheimer's (*Still Alice* and *The Story of Forgetting*) and dementia (*Elisabeth Is Missing* and *Turn of Mind*), and has endeavored to analyze their structures in order to detect the strategies employed to narrate Alzheimer's Disease.

Rather than simply affecting a person's memory, Alzheimer's Disease hinders a person's ability to narrate which is one of the most instinctual actions for a human being. However, the need to narrate remains, and fiction tries to fulfill it. The literature of Alzheimer's necessarily deals with recurrent themes which are also present in the four novels examined in this research. In *Still Alice* and *The Story of Forgetting*, the process of recognition, diagnosis and acceptance of the illness is foregrounded. This process is particularly complicated because of the young age of the patients which makes the symptoms often mistaken for those of other illnesses such as depression (*Forgetting* 16) or menopause (*Alice* 29). Episodes of disorientation, and memory loss often cause embarrassment, disbelief, and anger both in the patient and in his/her relatives who now have to take on a new role in the family by becoming caregivers. Moreover, in the

four examined novels, the characters affected by Alzheimer's are often forced to move from their own house to that of their children (*Elisabeth Is Missing*), to an institutionalized house (*The Story of Forgetting*, *Turn of Mind*), and their lives, which are already being turned upside down by the illness, have to undergo sudden and drastic changes in the day-to-day routine.

All the novels underline in different ways the importance of written sources in the life of a person affected by Alzheimer's. In *Still Alice*, Alice writes down her five questions and her suicidal plan for her to find when her illness will prevent her from remembering even the most basic pieces of information about her life. In *The Story of Forgetting*, Abel asks his mother to write down every story on Isidora ever told in his family and Seth carries out a research on the gene responsible for his mother's illness; Mr. Hartner, one of the patients interviewed by Seth asks every person who comes to visit him to fill in a form in which they state who they are, what they are visiting him for, and if he owns them money. In *Elisabeth Is Missing*, Maud relies on her notes to carry on her investigation on her disappeared friend Elisabeth. In *Turn of Mind*, Jennifer's diary is her sacred text, her way to recall what happens in her daily life obfuscated by her illness.

However, every novel approaches the illness differently. *Still Alice* shows a fifty-year-old woman facing an illness that is usually associated to an older age: she has to renounce to her career as a professor and readjust her life and those of her relatives to her new condition without losing herself. *The Story of Forgetting* casts an almost positive, fairy-tale light on Alzheimer's: through the series of characters met by Seth during his research and through the story of Isidora, it shows how not only is life still possible with Alzheimer's, but it can also become an exciting adventure full of surprises. *Elisabeth is Missing* employs Alzheimer's in the context of the mystery novel, showing how it can make ancient traumas and memories resurface in unexpected

ways. *Turn of Mind* makes use of Alzheimer's in the context of a thriller, in which the most gruesome aspects of the illness emerge.

Alzheimer's Disease imposes itself mercilessly in the lives of the people it affects. A life with Alzheimer's can become a continuous quest for clues, an incessant detection process where even figuring out where one is may require an investigation. Indeed, right from the beginning of the novel, in *Turn of Mind*, Dr. Jennifer White is constantly in search of "clues" to understand where she is (3) when she regains consciousness; in *Still Alice*, Alice finds out through "the smoking gun" (226) – a series of pictures on the fridge – that she is in her neighbor's kitchen and not in hers; the most glaring example is however present in *Elisabeth Is Missing*, where Maud is looking for Elisabeth when she should perfectly know where her friend is, considered she has visited her at the hospital.

The aim of this dissertation has been to examine the narratological aspects of the four novels, namely on the narrative strategies employed to narrate Alzheimer's, despite Alzheimer's, so to speak. Firstly, through the analysis of *Still Alice*, it has been shown how coherence and linearity can be maintained in Alzheimer's narratives by employing a third-person narrator focalized on the protagonist affected by Alzheimer's. Just like the main character, Alice, tries to control the illness, the narrator gradually imposes its voice on the narrative, as Alice's deterioration progresses. Third-person narration also fulfills the function of invoking empathy in the reader more than other modes of narration and indeed, empathy is a fundamental element in *Still Alice* which primarily targets a female readership.

The Story of Forgetting approaches Alzheimer's from a totally different perspective, entrusting the narration to two first-person narrators connected by the disease that is slowly consuming every member of their family. Through the analysis of this novel, it has been seen

how the employment of multiperspectivity can recreate the sense of fragmentation caused by Alzheimer's. The reader is required to piece together the two separate narratives of Seth and Abel, intertwined with Seth's research on his mother's illness, the many interviews he conducts with several Alzheimer's patients, and with the story of Isidora, the metaphorical fairy-tale representation of Alzheimer's. Isidora has both been a source for comfort for the Haggard family oppressed by the curse of Alzheimer's, and the missing link between Abel and his nephew Seth.

In *Elisabeth Is Missing*, the first-person narration triggers a fundamental discourse on the unreliability of a narrator affected by Alzheimer's, which can be defined "limited" as he/she is not lying or omitting pieces of information voluntarily but because his/her perspective of reality is limited. The present tense has also been analyzed to show how, albeit its paradoxical aspects, it turns out to be an effective mode to narrate Alzheimer's, where the natural time perception is altered and short-term memory is rapidly lost.

The novel *Turn of Mind*, experiments with personal pronouns shift to express the gradual detachment and deterioration of an Alzheimer's patient. The first-person narration of the first chapters conveys the frustration, the powerlessness, and the disorientation caused by Alzheimer's: Jennifer has to constantly readjust herself to her surrounding every time she regains consciousness, thus forcing the reader to do the same. The shift to second-person narration has allowed a thorough analysis of this experimental mode of narration which is also becoming increasingly common in contemporary fiction. It has been seen how through this technique, the reader can perceive the narrator talking to herself and feel empathy for the character despite her position as prime suspect of a murder. This empathy is however immediately disrupted by her confession, only to be disrupted once again in the final chapter of the novel where the plot twist reveals the true murderer. Furthermore, the use of the diary entries

in the first chapter of the novel contributes to the portrayal of the fragmentation experienced by Alzheimer's patients and adds another challenging level to the reading experience which requires to evaluate multiple sources besides the narrator's voice, thus multiplying the range of suspects for the murder. Thus, *Turn of Mind* plays with the reader's mind asking him/her to constantly modify his/her own "turn of mind" towards the characters and the story, to revise his/her certainties, which are continuously disrupted by the frequent changes in the narrative techniques.

Through this research, it has been shown how narrating Alzheimer's is possible and is achieved in contemporary works of fiction by employing different perspectives, different narrative techniques. Many other novels and short stories have been and are being written on Alzheimer's in order to shed a light on the multiple problematics Alzheimer's implies such as, for instance, institutionalization or the role of caregivers; these texts try disclosing the inner lives of Alzheimer's patients which, despite our difficulty to access them, still constitute an invaluable treasure.

A more extensive research on the thematic and narratological differences in portraying early-onset Alzheimer's and dementia could be carried out, as well as a gender-based study on the different strategies and experiences of Alzheimer's in male and female characters. Moreover, it could be examined how this illness is perceived in the English speaking countries through novels and whether there are cultural and sociological differences between the various countries in approaching Alzheimer's.

This research has focused on novels exclusively, but many are the media that could be considered. Graphic novels – such as Sarah Leavitt's *Tangles* – could be examined, alongside with poems on Alzheimer's (Zimmermann 68). Moreover, film adaptations from many novels

on Alzheimer's have been produced: *Still Alice* being the most renowned example, Alice Munro's short story *The Bear Came Over The Mountain* was also adapted for the screen in the movie *Away From Her*. In the specific case of Alzheimer's narrative, comparing a novel or a short story to its film adaptation could be extremely interesting as it would focus on the inner processes in the mind of a patient affected by Alzheimer's can be translated visually.

Alzheimer's is perhaps one of the most gruesome illness of our age: it plays with our most terrifying fears such as the loss of memory, the fragmentation of identity, and the inability to communicate. For this reason, it has long been stigmatized and a proper discourse on the illness has only recently begun. Undoubtedly, scientific research is what we must rely on in order to foster the debate about Alzheimer's and in order to find a cure for it. Hence, the question remains: what can literature do for it? What is the purpose of a research as the one carried out in this dissertation? Literature can extend the debate on such an illness to people who have never had any close contact with it, by telling a simple story (fictional or real) of an ordinary person; at the same time, it can donate solace and comfort to those who experience or have experienced Alzheimer's in their day-to-day life. A research on the mechanism of Alzheimer's narrative can shed a light on how literature manages to access the still unexplored territories of a deteriorating mind, and, perhaps, on how these minds still strive to communicate, only through a different, more complex language that we have not deciphered yet.

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Sitography

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¹⁰ Il passo è tratto dalla pagina 308 di *I, The Divine: A Novel in First Chapters*, nell’edizione 2002 di Norton and Company. La traduzione in italiano è mia.

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In the amazing novel by Rabih Alameddine, *I, The Divine*, the narrator and protagonist Sarah understands, while she's watching a documentary on lions, that in order to narrate her story, she cannot avoid talking about all the people present in it. She says: "So instead of telling the reader, Come meet me, I have to say something else. Come meet my family. Come meet my friends. Come here, I say. Come meet my pride"¹¹. Hence, if I, too, want to tell the story of this dissertation, I must tell the story of the people behind it.

Here, then, is my pride:

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¹¹ This quote is taken from page 308 of Rabih Alameddine's novel *I, The Divine: A Novel In First Chapters*, published by Norton and Company in 2002.