Modes of Dementia Representation and Positioning in Eric Hill's *An Absent Mind* (2014) and Wendy Mitchell's *Somebody I Used to Know* (2018)

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Abstract

Literature is instrumental in enhancing empathy and understanding mental impairment embodiment. The present research attempts to examine the narrative modes of representation in two selected dementia memoirs. The two chosen works are Eric Hill's *An Absent Mind* (2014) and Wendy Mitchell's *Somebody I Used to Know* (2018). The research explores the narrative perspectives in the two selected memoirs through the Model of narrative Modes of Representation of dementia proposed by Susanne Katharina Christ in her book: *Fictions of Dementia* (2022), integrating it with Positioning Theory, Theory of mind (ToM) and Critical Medical Humanities to unearth the wider implications of dementia representation. Positioning Theory contributes in examining how the people with dementia position themselves and how they are positioned by others. ToM is a psychological concept that pertains to the cognitive disparity of the individual's beliefs and intentions from others. As an interdisciplinary approach, Critical Medical Humanities renders an in-depth exploration of dementia crisis and highlight the interconnections between literature and medicine, which in turn can improve the medical care provided to dementia patients. *An Absent Mind* and *Somebody I Used to Know* underscore the interconnections between literature and Medical Humanities in a way that inspires people to guarantee humane treatment to dementia patients and alleviating support to care providers whether in the medical field or in the family circle. The two examined memoirs assert that the representational narratives of dementia are prophetically helpful in making human beings envision their future and empower themselves to encounter anticipated dilemmas. Integration of Positioning Theory, ToM, Critical Medical Humanities with the narrative modes of dementia representation triggers human empathy to eradicate stigmatization of dementia and its patients. Furthermore, it is concluded that gender differences and Theory of Mind representation in dementia fiction are topics which demand more investigation.

Keywords: Dementia/Alzheimer, Modes of Representation, Critical Medical Humanities, Positioning Theory, Theory of Mind, An *Absent Mind, Somebody I Used to Know*

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Introduction

Jason Tougaw maintains that literary representation is instrumental in making "what's hard to see visible and invite engagement with difference" in a sense that stresses "the difficulties and disjunctions as well as the benefits and opportunities for personal and cultural transformations involved" (233). In this respect, literary representation of dementia is pivotal in formulating and mirroring the wider implications of dementia: culturally, socially, politically and historically. The present research argues that the literary representation of dementia enhances understanding of the disease and stimulates society to provide empathy and appropriate healthcare to the afflicted dementia sufferers.

Dementia representation reveals the interdisciplinary nature of dementia discourse and highlights the interconnections among Medical Humanities, Neuroscience, Cognitive and Social Psychology and Literature. Pamela H. Gravagne suggests that the narratives of dementia have a representational function that displays "cultural struggle over meaning" that is "part of contested practices of representation and creation intimately connected to the way we understand the various contexts we encounter" (36). Gravagne advocates the necessity of representing dementia in its integration with the multiple disciplines. Consistently, the representational narratives of dementia may become counter-narratives to the stereotypical stigmatization of dementia. However, literary texts as cultural narratives can alter the stereotyping of dementia as they can depict, as Kathleen Woodward maintains, "alternative futures for ourselves, we live into lives longer than we had imagined ourselves" (155). In this way, the representational narratives of dementia are prophetically influential in making human beings anticipate dilemmas.

Etymologically, dementia comes from the Latin word, "*de mentis*, meaning: out of mind" (Aadlandsvik 21). Dementia is estimated as the ''living death'' (Herskovits 160; Schweda and Jongsma 1). The people diagnosed with it are in state of "death while still alive" and they are "the living dead" (Schweda and Jongsma 2; Baher 23). Dementia is considered "the ultimate existential condition, where the individual is brought against the fundamental philosophical questions in the starkest manner possible: 'Who am I? What makes for a person? How necessary is memory for identity?" (Killick 5). It is apparent that the interior life of the person living with dementia is understood through exterior verbal, social interactions rather than his existential philosophical view.

Why dementia? Dementia spreads globally on a horrific large scale. According to *Alzheimer's Disease International* (*ADI*), people diagnosed with dementia will reach 115 million in 2050 (10). This number may double in the following two decades. Likewise, the 2017 WHO report shows that about 9.9 million people with dementia will increase every year (3). Dementia is also estimated as the century's disease (Fox 58). Similarly, Alzheimer's is thought to be "the epidemic of the 21st century" (Lock 3). This prognostic view of dementia/Alzheimer's broadens the perspective of dementia estimation and its implications. From Hannah Zeilig's perspective, "dementia…is so persistently associated with crisis, war, uncontrollable natural disaster, and death, has become synonymous with a general sense of calamity" (261). Zeilig's viewpoint illuminates dementia as a metaphor dictated by cultural factors. This perception entangles the representational nature of dementia as a disease not caused by medicalization or biomedicalization but one formed by intersectional medical, social, cultural and historical catalysts

Dementia is an "umbrella term" which implies loss of memory, decline of language and behavior changes, lack of concentration and failure of thinking and reasoning abilities (WHO 2019). From a clinical point of view, dementia is defined as "a syndrome in which multiple-domain cognitive impairment, generally including memory impairment, is sufficiently severe to significantly affect everyday function" (Camiciolil 1). As a brain cells degeneration disease, dementia causes cognitive deterioration. Dementia has different types; the commonest form of it is Alzheimer's. Notably, Dementia and Alzheimer's are sometimes used interchangeably and this is applicable to the current research (Falcus and Sako 8; Zeilig 258).

Dementia memoirs can be defined as that subgroup of neurofiction that displays dementia experience introspectively or retrospectively aiming to increase empathy, awareness and understanding of dementia from multiple perspectives. They make the unnarrated mind narratable and accessible. Hence, dementia memoirs are a generative literary genre that casts light on the entanglement of dementia disease, its nature, life with dementia, the caregivers of people with dementia and the inseparable relationship between literature and mental diseases. These memoirs explore real experiences of people diagnosed with dementia/Alzheimer's or people providing care to them. Such type of life writing is usually narrated by a close one to the person with dementia. Among contemporary dementia memoirs are Cathie Borrie's *The Long Hello Memory, My Mother, and Me* (2015); Richard Harrison's *On Not Losing My Father's Ashes in the Flood* (2016); Elizabeth Hay's *All Things Consoled: A Daughter's Story* (2018); Mary Hogan 's *Left: A Love Story* (2019). These memoirs exhibit dementia as a disease that needs collaboration with tormented families and medical practitioners providing healthcare. It also underscores the necessity to discard the humiliating stereotyping images of people with dementia.

Prompted by the role of literature in enhancing understanding of the hidden embedded meanings in mental disease narratives, the present research examines the narrative modes of representation in two dementia memoirs: Eric Hill's *An Absent Mind* (2014) and Wendy Mitchell's *Somebody I Used to Know* (2018). These two memoirs have been chosen as they represent, to some extent, divergent modes of representing and positioning dementia, giving voice to the dementia sufferers, denouncing the stigmatization of dementia as well as underscoring the integration between literature and Medical Humanities.

The objective of this research pertains to the intertwined relationship between Literature and Medical Humanities. Medical Humanities is an interdisciplinary field of research that integrates medicine and humanities inclusively with regard to the historical and cultural contexts. It is an emerging field that guides doctors and nurses to provide healthcare in a more humane way.

In other words, it directs them to do what they have used to do with rapport and empathy. On the website of Center of Medical Humanities Blog, it is stated that "[t]he Medical Humanities is an emerging field of enquiry in which humanities and social sciences perspectives are brought to bear upon an exploration of the human side of medicine."

The current research falls within the scope of the first wave of Medical Humanities which gives floor to the patient's voice and his/her deteriorating mind through establishing what is called "narrative medicine" (Charon 4). Rita Charon suggests that 'narrative medicine' can be more effective in "treating disease by recognizing and respecting those afflicted with it and in nourishing those who care for the sick" (4). *Narrative medicine* penetrates the subjective experience of the patient as a mode of representation. This wave of Medical Humanities manipulates illness narratives as a framework where illness transforms an account of questing journey from chaos to an exploration, from calamity to aesthetic production (Bates and Goodman 12). Furthermore, the present research also resonates with the second wave of Medical Humanities that endeavours to present divergent critical approaches that can dismantle the entanglement of dementia narratives within varied disciplines. The second wave of Medical Humanities is called Critical Medical Humanities. Critical Medical Humanities addresses the trajectories of literature and health narratives in different intricate ways not only improving medical education. It promotes critical inquiry that provides "a point of resistance to reductive biomedical science" (Bleakley 24). It is considered a political, aesthetic and ethical approach that "potentially democratizes medical culture" and "aesthetics of resistance" (Bleakley 24; Weiss 17). This happens through the critique of Medical Humanities and its interconnections with the social, cultural, historical and scientific factors. It is a critique which, according to Judith Butler, facilitates "revolution at the level of procedure without which we cannot secure rights of dissent and processes of legitimation" (773). This viewpoint justifies Sarah Atkinson and et all's calling for a "critical medical humanities which would enhance the intellectual as well as the "real-world" impact of our field's interrogations of medicine, health and illness" (78). Accordingly, Critical Medical Humanities is an integrative approach that encompasses literature, medicine, history, science and culture hoping to foster empathy rather than mere health care.

In exploring modes of dementia representation and positioning in Eric Hill's *An Absent Mind* and Wendy Mitchell's *Somebody I Used to Know*, the researcher uses Susanne Katharina Christ's model of modes of dementia representation combining it with Positioning Theory, ToM and Medical Humanities to penetrate the multifaceted nature of dementia crisis. The research postulates a number of questions: What is Christ's model of modes of dementia representation? What are the modes of representation employed in the two memoirs? How is dementia/Alzheimer's positioned in the two memoirs? What is the Theory of Mind displayed in the studied memoirs? What are the implications conveyed by integrating Critical Medical Humanities in analyzing dementia in the chosen memoirs?

Literature Review

It is crystal clear that the narrative self is a dominant concern in the representation of dementia in contemporary literary discourse. Matti Hyvärinen and Ryoko Watanabe use the positioning analysis in their article: “Dementia, Positioning and the Narrative Self’ (2017). They embody the narrative self’s failure to tell its story with the decline of cognitive abilities. They advocate the incorporation of positioning theory to reveal dementia across the cultural and linguistic dimensions. Hyvärinen and Watanabe maintain that the advanced dementia victims of their study show an urge to tell their past memories. They suggest that "narrative" in "the narrative self should be understood as a verb or as an adjective and not exclusively as a noun" (337).

One of the prominent figures interested in dementia representation is Rebecca Anna Bitenc. She published a number of works focusing on the narrative self. In “Representation of Dementia in Narrative Fiction” (2012), Bitenc investigates the potential values of dementia narratives as a means of understanding the dementing mind (305-8). She explores concepts of personhood, self-awareness, qualia and empathy in J. Bernelf’s *Out of Mind* (1988) and Lisa Genova’s *Still Alice* (2007). Bitenc’s investigation of the potential values is thoroughly inspected in her study: *Dementia Narratives in Contemporary Literature, Life Writing, and Film* (2017) where she examines the representation of narrative identity in selected fictional and non-fictional dementia texts. She proposes that dementia literary representation supports Medical Humanities and the development of the healthcare provided to the dementing sufferers (196-218). In “No Narrative, No Self”? Reconsidering Dementia Counter-narratives in *Tell Mrs. Mill Her Husband is Still Dead*” (2018), Bitenc probes the essence of narrative identity and dementia as a counter-narrative. Dementia narratives are considered ‘counter-narratives of people who are excluded due to the stigma of dementia disease (130-34).

Condemnation of dementia is intensively explored by Bitenc in her book: *Reconsidering Dementia Narratives: Empathy, Identity and Care* (2020). Bitenc's book underscores how fictional and non-fictional narratives contribute to understand "the phenomenology of dementia” (22). She exposes the derogation of dementia through the dehumanizing tropes stuck to dementia patients such as “victims,” “dehumanized monster,” and “zombies,” as Susan M. Behuniak remarks (71). Such castigating tropes degrade the humanity of dementia sufferers and restrict their successful adaptation and communication with the society. Notably, Bitenc in her works penetrates the representation of dementia through focalization, dramatic irony and metaphoric language showing not only the denunciation of dementia but also arousing empathy and enhancing redemptive love and caregiving. Accordingly, representing dementia is an integrative technique of empowering people with dementia as well as implementing respect towards them.

Similar to Bitenc's study (2017) is Crystal *Lie's Entangled Stories: Reimagining Dementia, History, and Narrative in Contemporary Literature and Life Writing* (2019). Both Bitenc and Lie focused on contemporary writing's representation of the negative discourses against dementia. However, Lie focuses on the aesthetics of dementia. Lie manipulates dementia as a structural and thematic component in exploring loss of memory in life-writing narratives (1-27).

In *Time Traveller and Storytellers: Representations of Dementia in Children's Fantasy Literature* (2021), Tracy Guiry shows how time can be used as a narrative technique in dementia narrative texts. Guiry proposes that "fantasy landscapes can open up a useful theoretical space to represent dementia to children in positive terms of transformation" (5). This idea is further manipulated in Elizabeth F. Caldwell et al.'s "Depicting Dementia: Representations of Cognitive Health and Illness in Ten Picturebooks for Children" (2021). Caldwell et al. stress the implementation of empathy in children's Picturebooks as a means of enhancing intergenerational integration among children and grown-ups. In spite of the pictures of cognitive failure depicted in children's picturebooks, Caldwell et al. promote the message that "the person living with dementia is still the same person" (107-8).

Another approach to dementia representation is adopted by Martina Zimmerman who focuses mainly on the integration of medicine and literature in the representation of dementia. Zimmerman is a neuropharmacologist concerned in her works with Health Humanities as in her book: *The Poetics and Politics of Alzheimer's Disease Life-Writing* (2017) and her article, "Alzheimer's Disease Metaphors as Mirror and Lens to the Stigma of Dementia" (2017). Whereas in the book Zimmerman argues for giving voice to people with dementia and altering political and societal attitudes towards ageing and dementia, in the article "Alzheimer's Disease Metaphors", Zimmerman suggests that the metaphors of dementia narratives are "first, grounded in medico-scientific dementia discourse and, second, encapsulated in "Alzheimer's disease" as metaphor itself" (71). In this article, Zimmerman presents the metaphors of dementia from the perspectives of the caregivers to "put their experiences with a *chronic degenerative, cognitive*, and *incurable* disorder into words" (72). Zimmerman advocates the necessity of discarding humiliating images of dementia since "dementia patients as a senile, disengaged, or unproductive burden will not support a purposeful ethical discourse" (92).

Likewise, Zimmerman's book, *The Diseased Brain and the Failing Mind: Dementia in Science, Medicine and Literature of the Long Twentieth Century* (2020) integrates medicine and literary texts in the representation of dementia. She examines how decline of language, loss of self and identity in dementia narratives are rooted in the scientific medical discourse in a way that literature and medicine are integral disciplines in changing perspectives towards dementia crisis as well as directing political and medical strategies (87- 108). Moreover, Zimmerman in her article, "Dementia and the Politics of Memory in Fiction: From the Condition as Narrative Experiment to the Patient as Plot Device" (2022) renders a different approach to dementia exploration. She focused on the categorization of dementia phases and the manipulation of psycholinguistic concepts to show the failure of cognitive abilities (55-57).

Furthermore, Jaroslava Hasmanová Marhánková explores the representation of dementia in media discourse. Her study, "Representations of Dementia " (2022), is significant as it points out the two dominant binary discourses of dementia representation. She examines the opposition between third and fourth ages or between “successful”, “active” ageing, and “failed”, “horrific” old age (1). In gerontology, the third age follows retirement and is marked by agility and interaction whereas the fourth age is characterized by incapacity and health decline as it foreshadows approaching death. In this way, dementia is manipulated as a theoretical and symbolic framework of distinguishing disparity towards old age. Marhánková identifies the two divergent discourses of dementia as “the living well” and “catastrophizing” ones (3). On the one hand, ‘the living well' discourse undermines the inclusion of people with dementia in a constructive way that enhances people diagnosed with dementia and their care supporters. On the other hand, the ‘catastrophizing’ discourse shows dementia as a tragedy or as “a tsunami or silent plague” (3). The dominant discourses highlighted in Marhánková’s article can be explored in fictional works to enrich understanding of dementia and strengthen the positive discourses that empower people with dementia and their supporting caregivers.

Through the above modest review of the representation of dementia, it is apparent that the focus is on depicting the cognitive decline, behaviour changes and the stigmatization of dementia and its sufferers. In this respect, dementia memoirs can be considered as a ‘counter-narrative’ that explores the narrative self through mirroring the marginalization and exclusion of dementia patients as they are looked upon as not normal human beings (Hyvärinen and Watanabe; Bitnec; Guiry; Caldwell et al.)). Another approach to the representation of dementia is to trigger empathy in a way that enhances the relationship between medicine and literature which is at the core of the mission of Medical Humanities (Zimmerman; Marhánková). Significantly, the different approaches to dementia depicted the linguistic failure, the stigmatization of the people with dementia, but still research lacks the diverse representational modes that can give floor to the people with dementia to tell their story, exhibit their Theory of Mind (ToM), and their positioning to dementia and themselves as well as the wider implications of the inclusion of Medical Humanities with the narrative modes of representation. This is what the present research attempts to achieve through adapting Susanne Katharina Christ’s model of modes of dementia representation.

Theoretical Framework

Narrative perspective in the context of dementia is “the narrative mode” as Christ holds (86). Christ in her model of modes of representation of dementia asserts that each mode of representation dictates distinctive precondition for narrating the experience of dementia. Considerably, Christ’s modes of representing dementia are "*distinguished* ontologically … by means of who the narrating center of consciousness, and they are *defined* by a bundle of ontological-epistemological prerequisites of the narrative source from which the narrative discourse evolves" (86). Christ describes her model as a "heuristic tool" that can navigate dementia narratives with different narrative discourses (80). As a heuristic tool, it navigates the multiple modes of representation; therefore, it broadens understanding of dementia.

	Centre(s) of Consciousness	**Ontological-epistemological Profile**	**Mode of access to Consciousness (with dementia**
Primarily Affected Character Narration Autodiegetic	**A Character with dementia**	**Narrating character with dementia** **Positioning Theory** **Theory of Mind**	**introspection**
Secondarily Affected Character Narration (homodiegetic with regard to dementia)	**A character without dementia in a close relation to the character with dementia**	**Narrating caregiver** **Positioning Theory** **Theory of Mind**	**Introspection of the caregiver , but no possibility insight into the character with dementia**
Multipleperspectival Affected Character Narration(Autodiegetic, homodiegetic and multiperspectival)	**A character with dementia and at least one character without dementia in a close relation to the character with dementia**	**Character with dementia and=narrating caregiver +any surplus resulting from the combination of the two** **Positioning Theory** **Theory of Mind**	**Introspection of all character narrators**
In-Spective Non-Character Narration (heterodiegetic)	**A non-character narrator and a character**	**Varies, can almost equal the character's reach or have a greater non-human like reach** **Positioning Theory** **Theory of Mind**	**Prevalently in-spection**

Adapted from Christ's Figure 2: Overview of the four Narrative Modes for Representing Dementia (85) (Positioning Theory Theory of Mind (ToM) are added to Christ's Model)

The first mode in Christ's model is the Primarily Affected Character Narration which gives voice to the person with dementia to narrate his/her experience of dementia. The Primarily Affected Character Narrator (PACN) is an autodiegetic narrator. He/She is the protagonist and narrator in the story. The narration is both "about and with dementia" (Christ 127). In this way, the ontological and epistemological emplotment is dictated by "first person consciousness, (un)reliability, and dual affection" (127). This mode of representation displays "the first person lived experience" as "an experiment in and against power, a method of trying things out as a manner of capacitating threshold" (Magi et al 151; Povinelli 472). Accordingly, this narrative technique positions dementia as an original experience of psychosis and cognitive impairment in a way that provokes recognition and agency.

The Primarily Affected Character Narration seeks consciousness consonance where the narrative-self is foregrounded. The focus in this mode is on the narrating self. Due to linguistic decline, retrospection becomes tricky with this mode as Christ advocates (Christ 145). The PACN is incapable of auto self-retrospection on his dilemma and the change in his life; therefore, the past experiences are not well-represented in the narrative, putting readers in *media res*. The narration of the present events in this way entails agency and simultaneity. The simultaneous narration of the self is rendered by the auto interior monologue that asserts "the continuity of the spontaneous remembering mind" (Cohn 184). In such mode of representation, the readers are restricted to what provided through the impaired linguistic abilities of the character-narrator.

The PACN uses emulation rather than elucidation. Emulation and elucidation are significant epistemic strategies of defining consciousness. Emulation is the "literal translation of mind content into the page of a literary work" whereas elucidation is "translating figural consciousness by means of (narratorial) rhetorical tropes" to create character proximity (Christ 105). Emulation and elucidation are important narrative perspectives which are well-represented in the epistemic strategies employed in the narrative.

The first epistemic strategy of simulating dementia is by showing the language change as a result of dementia crisis (Christ 106). The narration of the character with dementia varies due to the stage of cognitive decline. The second strategy of simulating dementia and making it understandable is through reflecting upon "*what having* dementia is like" (106). In the light of this strategy, the subjective experience of dementia is displayed figuratively. Figurative language used by the dementia character narrator is indicative of his/her personhood, subjective experience of dementia and what dementia means to him/her. These two epistemic narrating strategies overlap asserting the constraints and affordances within the narrative as one strategy supports and generates knowledge while the other withholds it.

The second mode in Christ's model is the Secondarily Affected Character Narration. The narrator in this mode can be a family member or a caregiver. The Secondarily Affected Character Narrator (SACN) is homodiegetic as he/she is close to the character with dementia. This mode of narration is relational due to the proximity to the dementia patient. The narrator in this mode "reports story events rather than monolgises" (Christ 381). He/she probes into what it means to be in adjacency with a dementia victim. Remarkably, this narrative mode "reflects upon greater cultural imaginaries of care and dementia" (381). These imaginaries are connected with the stigmatization of dementia and the importance of social inclusive commitment to foster health care provided to dementia patients.

Therefore, the reflection of these imaginaries is at the essence of Medical Humanities tenets to promote understanding of human perception of illnesses and induce empathy. These imaginaries are also a powerful manifestation of the cultural and political implications of dementia.

Outstandingly, the Secondarily Affected Character Narrator's epistemic affordances exceed those of the primarily affected character narrator, but are surpassed by the in-spective no-character narrator's in the narratorial elucidation (Christ 383). The Secondarily Affected Character Narration mode is advantageous due to the proximity of the narrator to the character with dementia. This narrator reflects his experience of living with the dementia sufferer intelligibly. Moreover, the ontological and epistemological profile of the Secondarily Affected Character Narrator is clearly displayed as he/she clarifies what living with dementia patient is like.

The third mode in Christ's model of dementia representation is the Multiperspectival Affected Character Narration (MACN) which is shaped by "the single perspectives it consists of" (Christ 385). This mode displays dementia from autodiegetic and homodiegetic perspectives as dementia is presented through the lens of a character with dementia and at least one character without dementia. The affordances and constraints of this mode are determined by the degree of "divergence and convergence of the different perspectives (textual factors)" and the reader's engagement in connecting with them (extra-textual factors)" (385). The divergence results from the disparity among the multiperspectival narrative views while convergence is the outcome of positioning dementia at the foreground of the narrative. The significance of rendering dementia from multiple perspectives presents it as a personal and social phenomenon where the narration is "structurally diffracted" (386). This diffraction allows the multifaceted representation of dementia in a sense that blurs "boundaries between health and illness, normality and deviance" as well as providing "valences for reader engagement" (387). This mode focuses on the social-cultural constructs of dementia. It penetrates the aesthetic and ideological inferences of dementia that help to engage the readers in the dementia crisis. The affordances of this mode highlight dementia as a communal rather than personal dilemma where personal engagement is essential. The narrative in this mode emulates the psyche of the characters of the story whether with or without dementia. Elucidation is brought about by the epistemic stability in the Secondarily Affected Characters' narratives.

The fourth mode of representation in Christ's model is the Inspective Non-Character Narration (INCN). As described by Christ, this type is "potentially the most elucidating and explaining mode" (392). The Non-Character Narrator narrates the story of diegetic characters where the narrator describes what the characters do and experience; in this respect, the narrator acts as a mediator between the characters' consciousness and the fictional world. The basic affordance in this mode of representation is "the extension of insight into figural mind(s)" as the narrator is outside the story (389). This type of representation is called third-person perspective. In this third person narration, the narrator's position is to "emulate or elucidate the narrated self" (Cohn 55). Correspondingly, the role of this narrator is expanded as he/she summarizes and embellishes, shifts between divergent narrative situations as well as interpreting, following the development of characters, filling/creating gaps and providing a smooth narrative as he/she is free from linguistic deficiency (Christ 392). Accordingly, this mode of representation is insightful as it transcends the constraints of dementia discourse and integrates an inside and outside views of dementia. This is why, the INCN is considered "the most explaining and elucidating mode" (392).

Definitely, Christ's modes of dementia representation are complementary as the same text can display more than one mode. The significance of these modes is the penetration of dementia through the emulation and elucidation of the consciousness profile, the ontological and epistemological constraints and affordances. Therefore, dementia is tackled in a profound manner that enhances understanding of this dilemma and fosters narrative empathy to help dementia victims, caregivers, and medical practitioners respectively. However, the present research finds it necessary to integrate Positioning Theory to disclose the wider implications of the different perspectives of dementia, which in turn are the core of promoting Critical Medical Humanities. The research also manipulates ToM as a means of penetrating the narrative self and the progression of cognitive disintegration.

Positioning theory is blended with Christ's model of dementia representation to delve deep into the narrative self. Certain concepts from Positioning theory will be applied to the research to enhance the representational modes. First of all, Positioning Theory is a "socio-constructivist theory" that has been proposed by Rom Harré et al (Kayi-Aydar and Steadman 15). It is deeply connected with narratology and cultural psychology which makes it appropriate to explore how "the process of meaning construction through discourse is constructed in unique cultural and social contexts" (Green et al 121). One of these social contexts is dementia narratives which penetrate the discursive failure of dementia patients. In the context of dementia, positioning theory explores how dementia sufferers position dementia, themselves and how they are positioned by others**.** Positioning is defined as " the discursive process whereby people are located in conversations as observably and subjectively coherent participants in jointly produced storylines. There can be interactive positioning in which what one person says positions another. And there can be reflexive positioning in which one positions oneself" (Davies and Harré 32). Positions are instrumental in defining, strengthening, or weakening "a person's moral and personal attributes" and creating "story-lines about persons" (Sabat 289).

Judith L. Green et al assert that " Positioning Theory frames ways of examining position-positioning relationships as dynamic and developing within and across time, events/episodes, and configurations of actors, within and across social spaces in classrooms and other social contexts" (119). Positioning theory is concerned with modes of positioning that entail relationships and interactions. The two dominant modes advocated by Luk van Langenhove and Rom Harré and are " *self and other positioning*" (22). They state that " whenever somebody positions him/herself, this discursive act always implies a positioning of the one to whom it is addressed. And similarly, when somebody positions somebody else, that always implies a positioning of the person him/herself" (22). In dementia narratives, positioning is manifest in dementia as the foregrounded storyline, dementia/Alzheimer's patients positioning themselves and being positioned by others (caregivers/family members and others).

Furthermore, Rom Harré and Fathali Moghaddam, the prominent theorists of Positioning Theory, hold that " [p] ersons are also selves" (228). They classify these selves into four types. Firstly, "the *embodied self"* which represents the individual's point of view and it is entangled with space and time. Secondly, the *"autobiographical self" of* the hero or the heroine and it differs from story to another. Thirdly, the *"social self* or selves" that display the social attributes of individuals in their interaction with others. Finally, " there is the self as an ever-changing cluster of knowledge and skill" (228). Harré and Moghaddam believe that with the decline of memories and linguistic agency, the embodied self fades (228). Positioning is dictated by " the rights and duties inherent in a situation" (228). In addition, positioning can be harmful or malignant. According to Thomas Marris Kitwood, the word malignant signifies something very "harmful, symptomatic of a care environment that is deeply damaging to personhood . . . The malignancy is part of our cultural inheritance" (46). Kitwood's view underscores how positioning of dementia patients can be positively encouraging or negatively destructive to their personhood and adaptation with their disease. As defined by Kitwood, personhood is " the standing or status that is bestowed upon one human being, by others, in the context of relationship and social being" (8). Showing one's personhood implies exhibiting self-centeredness, relational and social interaction which are his/her different positions. Since dementia/Alzheimer's is associated with cognitive incapacity, it is assumed that in its progressive stage it causes "loss of self" that happens " before the very eyes of the person whose self is vanishing" (Ronch 25). In contrast to this view, Kitwood advocates that personhood " is maligned, maintained and/or fostered during the dementia experience" (9). In a similar context, Naomi Feil prompts people to reconsider their perspective to people with dementia as behind their cognitive disorientation " [l]ies a human knowing … a basic humanity shines through" (15).

Theory of Mind (ToM) is defined as the " ability to infer other persons' mental states and emotions" (Brüne and Brüne-Cohrs 437). It is described as the individual's ability to attribute "mental states to oneself and others" (Youmans and Bourgeois 515). It is a psychological concept that refers to the individual's cognitive ability to understand that other people's thoughts, feelings, beliefs, and intentions are different from his/her own. Theory of Mind and Positioning Theory are closely intertwined in examining social interactions. On the one hand, ToM is the ability to understand individuals' mental states that prompt social interaction and it is mainly concerned with language as the medium of social interaction. On the other hand, Positioning Theory explores how people position themselves and others in the different social roles and interactions. If ToM helps us understand the way of interaction, Positioning Theory determines how social interaction develops through the different roles we assign to individuals. Positioning Theory and Theory of Mind are interdependent as ToM defines the individual's cognitive ability which consequently makes him/her position himself/herself and be positioned by others. Both selected memoirs assert that ToM and Positioning Theory are integral in understanding dementia narratives.

An Absent Mind and *Somebody I Used to Know* in the Context of Dementia

An Absent Mind and *Somebody I Used to Know* represent the throes of Alzheimer's/dementia within families differently. Both memoirs are based on real personal experiences. On the one hand, in the afterword to *An Absent Mind*, Rill confesses writing this book in memory of his grandfather, Norman Miller, who suffered from Alzheimer for eight years. Rill also shows his inspiration of the caregiving provided by his grandmother, Lorraine Rill. The story of *An Absent Mind* is the fictionalization of a real experience characterized by proximity and intimacy. It is the moving narrative of family solidarity and collaboration to encounter Alzheimer's crisis of one of its members. The story is set in contemporary Canada.

On the other hand, dementia in *Somebody I Used to Know* is the delineation of a woman's confrontation with dementia and her search for the reservoir of her strength to cope successfully with her trauma. Mitchell's memoir is the navigating journey into dementia as Mitchell maintains that she is one "*living with dementia* rather than suffering from it" (73). It was written by Wendy Mitchell and Ann Wharton, the journalist, as a contributor. Wharton is credited in Mitchell's acknowledgment as someone "without whom this seed of an idea would never have grown" (200). Yet, Wharton's contribution is vague as "she is given a small byline on the inside title page but not on the front cover" (Wood 320). Glaringly, *Somebody I Used to Know* is a moving and inspiring memoir of Mitchell's encountering cognitive decline, exhibiting resilience and adaptation with the dementia calamity. Mitchell's memoir is also a representation of dementia within family circle. And it is set in contemporary England.

An Absent Mind and *Somebody I Used to Know* are stirring dementia memoirs that are not given their due exploration. They are subject to a number of book reviews which have not examined the representation and positioning of dementia in connection with Critical Medical Humanities. Both memoirs have never been examined together. To some extent, *Somebody I Used to Know* resembles *An Absent Mind* as it is a dementia memoir within the family milieu. However, the characters in *Somebody I Used to Know* are not given voice as those in *An Absent Mind* as Mitchell's memoir is narrated by Mitchell herself as the Firstly Affected Character Narrator.

Multiperspectival Representation of Alzheimer in *An Absent Mind*

Rill's *An Absent Mind* displays Alzheimer's from a multiperspectival narrative mode that illuminates the perspectives of the character with Alzheimer's and members of his family. The memoir is narrated in alternating short chapters displaying the narratives of Saul Reimer, the patriarch of the family and the dementing person; Saul's wife, Monique; Saul's beloved daughter, Florence; Saul's son, joey as well as some narrative accounts by Saul's Alzheimer's specialist, Dr. Tremblay.

Saul Reimer is aged seventy-one when diagnosed with Alzheimer. At the beginning of his disease, Saul's Theory of Mind (ToM) is intact. It is well-reflected in his comments on his state and his family's estimation to the emergent experience in the family. His decline into Alzheimer is not taken seriously at first as he expresses: "I sometimes forget where I park my car when I go to the mall. Florence always kids me that I have Mallzheimer's" (13). These words by Saul reflect how he positions himself and is positioned by his daughter at the beginning of his crisis. His *embodied self* is negatively affected due to his loss of spatial and temporal orientation. However, his daughter kiddingly tries to distract him from an imminent calamity. Her reaction can be considered positive positioning.

Saul's introspective meditation is a salient feature of the narrative. His introspection is plausible and reliable as it mirrors the developmental stages of the disease including Saul's ToM and perplexing emotions. Ellen Bouchard Ryan et al. support giving voice to dementia patients to tell their experience with the disease as this can create a dementia counter-discourse that asserts their agency and humanity (146). Saul's narrative integrates him with the family as well as with the society as he still asserts his social endeavour to avoid exclusion. Saul's narration is a representation of his *autobiographical self* as he tries to recall his memories. But because of his forgetfulness, his memories become incoherent. What matters to him in such memories is his "reputation" which is threatened by his new condition (Rill 15).

The first stage of Saul's Alzheimer's is called "The Discovery" (Rill 6). On the onset of the disease, Saul's narrative is smooth and clear. Saul in this stage is, to some extent, aware of the change in his behavior and brain. He describes the beginning of the end: "I removed my gray flannel trousers, opened the front door of my house, and ambled down the street…. I danced blindly in front of the bus like a kid on his way to the playground, which is amusing considering I am a large man, seventy-one years old, with a belly that strains my belt" (6). He feels his brain is like a computer that was overloaded with stuff (6).

Furthermore, at this stage, he is aware of the fuss caused by being diagnosed with Alzheimer's. This means his consciousness in this stage is intact. He reports: "Now, I *know* Dr. Horowitz said my memory is not what it was, but I can't for the life of me *remember* coming close to murdering anyone. I *mean*, yes, there were times when someone in the room may have been the recipient of one of my Reimer stares" (Rill 18-19). Saul is conscious of the failure of his memory and how his stare is a distinctive one that can intimidate mortals as Monique believes (19). In one of his visits to the hospital, Saul's sound perception is apparent in his criticism of the service there. He confesses: "Roxboro is typical of the mental hospitals you see in the movies—*gray, dank, and scary*—not somewhere I would like to spend any meaningful time, that's for sure. I would make quite a scene if they tried to *get me committed there*. That you can count on" (22). These words by Saul reveal two important points. Firstly, Saul's ontological and epistemic abilities are still unaffected as he can show his abhorrence of the mental hospital figuratively. This estimation asserts that " the clinic [mental hospital] works as a *habitus* that may challenge and change lay perceptions" (Macnaughton and Carel 298). Secondly, his description of the mental hospital undermines the role of literature in disclosing what can be considered as taboos: life in the mental hospitals that can drive patients to commit suicide.

The symptoms of Alzheimer's as described by Saul in this stage comply with the biomedical ones of the early-onset Alzheimer's (occurring before 65 age). Among these symptoms are the blankness of his mind, failure to find appropriate words to describe things, forgetting his birth date. "Anomia" and Agnosia are two medical terms used to describe Saul's condition in this stage. Firstly, 'anomia' is describing an object by its characteristics rather than what it is (Rill 31, 43). Secondly, 'agnosia' is failure to process sensory information as when Saul fails to figure a sock from a shoe. These symptoms cause trouble to him as in one situation he lost his way and could not remember his home address. Therefore, Monique slung a bracelet around his wrist written on it, "Saul Reimer, number 344689, has Alzheimer's" (55).

The second stage of Saul's Alzheimer's is called "Coping" (Rill 37). It marks the progression of his ToM and changing mood. This stage takes the reader into the changing disposition of Saul as he himself engages the reader in his narrative. Saul reveals:

> Everything *numbs* and becomes *foggy*. Sights, sounds, and smells meld into a ball and explode toward the sky. It's as if I'm *not the same person* I was when I got up….I know what I'm saying to *you* is coherent and that my vocabulary is correct—but that could suddenly change and become difficult, sometimes impossible….(38 Emphasis added)

As Saul narrates, the second stage is marked by changing moods, confusion, ability to communicate socially. But sudden change takes place which necessitates intensive care to Saul. Saul is aware of being a burden to the family as "a cranky pain in the ass." This is why he wants to "slink back into [his] cocoon" (40). The second stage of Saul's mental deterioration is the mind reading of Saul reflecting his ToM and his perception of the failing cognitive abilities. He is conscious of being a nuisance to his family and slinking back into cocoon can be a symbol of wishing death to get rid of his *exhausted mind*. In this stage, the engagement of the reader is noticeable with Saul's repetition of "*Believe me*…. *You* can't just say, Okay now I'll behave in such and such a way. It doesn't work like that—at least not for *me*…. But *believe me*, there were many" (41-42). These words by Saul underscore the significance of Medical Humanities in integrating people with a diagnosis of dementia in social interactions and never to tell them what they say is wrong because it is useless to dissuade them from their beliefs and this idea is asserted many times through the narrative by Saul's wife and his doctors.

The involvement of the reader in the narrative creates narrative empathy which is defined by Susanne Keen as "the sharing of feeling and perspective-taking induced by reading, viewing, hearing, or imagining narratives of another's situation and condition" (521). This narrative empathy justifies Rill's using of the multiperspectival narrative mode where readers are immersed in narrative and given broad perspectives on dementia. The involvement of the readers in the narrative prompts them to change their attitudes towards not only dementia patients but also regarding all afflicted sufferers with mental disabilities.

Actually, Saul's decline heads fast towards his demise as he senses (Rill 60). This is very well-displayed in his incoherent ideas as he has "plaque staff on [his] brain" that may make him crazy but not stupid (61). He recalls Monique's rejection to stigmatize him when she told the doctor that Saul is a human being not "a guinea pig" (62). This idea is also asserted in Florence's moving and inspiring words: "He may have lost a lot and be unable to function like we do, but he isn't a vegetable and shouldn't be treated like one" (56).

What is remarkable in this stage is Saul's excessive feeling of being blanked when he says, "I had a vague recollection that I had been searching for something, but it was only a distant thought" (Rill 67). In another situation, he recalls how he is a formerly healthy and intelligent man, but now his "brain is like a shortwave radio, mostly static that occasionally finds the station, but even then the sound isn't always clear" (71). The rapid decline in cognitive abilities makes Saul feel like morphing into not only a monster but a pervert too (84). Imagining himself as a pervert means he is liable to deviate sexually and morally because of his mental decline. This positioning of his personhood and dementia is an exposure of the social condemnation of dementia and its victims. It is malignant positioning that alienates Saul since he has become a fuss to others.

Saul's ToM deficits are manifest in his sense of ambiguity as "hours of clarity are turning into minutes, and will eventually be seconds, and then just a dark, empty hole" (86). In spite of his impaired mind in this stage, Saul remarks his opinion of Alzheimer's— "the disease of many farewells", as Saul believes. Saul reports: "For me, Alzheimer's is just a slow dance with death. Soon I won't know who I am or where I am… And I want to spare myself the humiliation of being bathed, fed, and having my diaper changed—even though I may not know what is happening" (87). Saul's introspection of his state and his disease illuminate his personhood and subjective experience of what Alzheimer's means as a stigmatized disease which demands familial commitment as well as social empathy. Implicitly, Saul's introspection implies his repeated thought of committing suicide to get rid of the vicious circle and the stigma of the disease (89).

The third progressive stage of Saul’s disease is called “The Final Stop” (Rill 98). This stage can be considered the mind style of the dementing Saul as it mirrors utter linguistic deterioration. Mind Style is the unique linguistic features of an individual’s mental self (Fowler 103). It has been redefined as “an iconic representation of fictional cognition, offering a simulated experience for readers” (Lugea 168). Jane Lugea examines what she calls “dementia mind style” as an expression of the linguistic decline of dementia patients (170-71). Full chapters towards the end of the novel are strangely meaningless capitalized combinations of words:

> DAY 217—THE WOMAN
>
> biTchy! BitCh! (112)
>
> DAY 430—WHERE?
>
> NOWhere nothing (121).
>
> Whatt’s the BoX? why sha’s nOt herre? (146)

These utterances are fragmentary intratextual examples of dementia mind style reflecting the grave culmination of Saul’s crisis. Saul’s disjointed combinations show the complete epistemological deterioration where meaning can be inferred from the contextual cues through the narratives of the Secondarily Affected Character Narrators. These examples demonstrate the role of intratextual and contextual factors in understanding the mind style of the characters with dementia. The intratextual factors are shaped by the mind style of Saul and the complete cognitive failure in the last stage of his disease. Furthermore, the contextual agents are determined by the Secondarily Affected Character Narrations which elucidate Saul's perspective and broaden the cultural and social associations of his suffering. Integrated together, the intratextual and contextual factors underscore a critique of dementia patient's dilemma which is an integral issue in Critical Medical Humanities.

Rill’s multiperspectival representation of Alzheimer’s widens perception and penetrates the cultural, social and medical overtones of Saul's dilemma. In addition to Saul’s narrative, Rill manipulates the Secondarily Affected Character Narrators to provoke narrative empathy that necessitates the familial and social challenges to confront this crisis.

Monique, Saul's wife and caregiver, is the SACN whose monologues have a dual function. Firstly, she recollects her memories with Saul before being attacked with Alzheimer’s. Secondly, she narrates what it means to live with Alzheimer’s patient penetrating the ramifications, challenges and sense of despair. Monique considers Saul an authoritative and formidable character. She is a Christian who is forced to convert to Judaism to marry Saul. Her first comment on Saul’s disease reflects the blurring future that awaits her; especially, she is sixty-six when Saul is diagnosed with Alzheimer’s. She reports: “I can’t even imagine the anguish he must be feeling, knowing he will morph into someone I no longer know, and someone who does not know me. But I will be by his side…." (Rill 21). Her point of view reflects what dementia/Alzheimer's is and what it means to live with a husband with Alzheimer's. She comments: "Saul has Alzheimer's, it felt like they might as well have been closing the lid of his coffin" (26). From Monique's view, Alzheimer's equals death. She describes what happens to Saul figuratively. She likens him to a flower that loses its life bit by bit (59). Monique socially and culturally positions Alzheimer's, Saul and herself.

Monique's narrative raises two pivotal issues at the core of Critical Medical Humanities: the treatment of dementia patients at healthcare centers and the rights of the caregiver and the burden he/she carries. Firstly, Monique is tormented by the treatment of Saul at the healthcare center. In one of her visits to Saul, she finds him trying to loosen the restraints wrapped around his body which made him extremely agitated (Rill 122). His anxiety made him behave like "an animal, guttural sounds emanating from his contorted mouth as his eyes bulged"; he resembles a "Tarzan" as Monique states (122). Because of his uncontrollable anxiety, the nurses tie him with the restrains again, with Monique's supplication: "Don't do that to him. He's a human, being not an animal. Leave him alone" (123).

Secondly, Monique meditates: "But having a few minutes to brood and feel sorry for myself is not a crime. Wouldn't you agree? (Rill 59). She feels exhausted and needs to relax after following and searching for Saul all day and arranging the fuss he always makes with the aggravation of the symptoms. The caregiver needs empathy too, not only the dementia victim. This idea is asserted by Monique in addressing the readers in her monologues which creates a dual picture of Saul and herself. On the one hand, she shows how Saul starts to lose his senses, becomes distracted, depressed, sad with empty and blank face (62). On the other hand, her situation is not good. She confesses: "I know you are probably saying to yourself, what a shrew she is! Her poor husband is ill, dying a slow, wretched death, and she's there pitying herself. That may be how it appears, but it's not the case. I wish people could understand what I go through every day. They all feel sorry for Saul. What about me? (62). With the deterioration of Saul's mental abilities, he becomes very violent and Monique is the object of his physical abuse and she has to follow him with naps to "wipe his drool" (62). She epitomizes her suffering in epigrammatic words: "Saul may be the one with Alzheimer's, but I'm the one suffering a long and miserable life" (62). Monique has to go through critical and humiliating situations every day. Her narrative is reliable, self-reflective and empathetic.

Florence, Saul's loving, caring daughter is also a SACN. Florence considers her father "the rock of the family-the disciplinarian, the provider, the powerhouse" (Rill 15). Her positive positioning of her father before being attacked with Alzheimer's anticipates the impending crisis the family has to encounter. She thinks that her father is at "the beginnings of some kind of dementia" (16), that "has taken over his existence" (56). Reading her father's mind, Florence reveals that her father's fading "pride and self-esteem", eventually turn him into "a contaminated subhuman being" (56). She positions dementia as a devastating power that threatens human beings' essence. Her powerful message is that Saul is her "father, a man and a human being" (57). Florence positively positions her father as a human being whose life is influenced by dementia which is considered a stigma.

Joey, Saul's son, is another SACN. Whereas Joey's relationship with his father is always turbulent, Saul's crisis brings them close. Joey shows love and support to his father. After Saul's health deterioration, Joe finds a handwritten note by Saul expressing deepest love to his son: "Dear Joey, I never told you while I was alive how much I loved you and how proud I am…." (150). Joey is surprised by his father's feelings which he has not shown to him for forty years.

The chapters narrated by Dr. Tremblay are essential as instructive narratives in line with Medical Humanities' objectives to enlighten people and arouse empathy. Dr. Tremblay, as an Alzheimer's expert, provides an insightful view into Alzheimer's nature, symptoms, tests, the caregiver's responsibility and how mental impairment can result into death. He reveals:

> Alzheimer's is characterized by the formation of cellular debris in the form of plaques and tangles. The plaques float between the neurons, while the tangles attack the neurons from inside the cell membranes. …. The result is always death. (Rill 29-30)

Medically, as Dr. Tremblay reports, Alzheimer's is a neurodegenerative chronic disease that passes from the preclinical to the mild, moderate and finally severe symptoms where the complete cognitive disintegration takes place. Dr. Tremblay epitomizes Saul's progressive dilemma: "fairly typical, the timing of each stage approximating the median" (118).

Notably, *An Absent Mind* is the delineation of Alzheimer's through the multiperspectival mode of representation that combines the Firstly Affected Character Narrator and Secondarily Affected Character Narrators to enhance understanding of the disease and guide both families and medical practitioners. The integration of Critical Medical Humanities within the narrative mode gives immediacy and agency to the narrative and highlights the interdisciplinary nature of Alzheimer's and the necessity of tackling its representational modes to enlighten families and the medical workers of the nature of the disease and the appropriate humane ways to deal with both the one with dementia and the caregiver(s).

***Somebody I Used to Know* and the Aesthetics of Living with Dementia**

At the age of 58, Mitchell was diagnosed with "young-onset Alzheimer's (Mitchell and Wharton 38). The diagnosis comes as a test to her resilience and endurance. She does not lament her trauma, but turns it into an exploration of what living with dementia means through her adaptive strategies and her optimism. Though tormented with the disease, Mitchell goes on caring for her two daughters, Sarah and Gemma. She convinces herself that she should be *creative* in adjusting herself to her new premise.

Mitchell is the PACN whose consciousness and adaptation with dementia come to the foreground of the narrative. Through emulation, she shows us what dementia is. This emulation manifests the development of the disease and the linguistic changes that happen to her. In spite of being energetic and athletic, Mitchell has three successive falls in which she feels the lingering of capacity and the lack of communication between her legs and brain (9). In this stage, she encounters spatio-temporal confusion as her mind cannot remember places, names, faces and days. She feels there is an impending something which she cannot identify (9). She is perceptive of a change in her life. Like Saul, she goes through a series of medical tests until she is diagnosed with early-onset dementia. Mitchell confronts herself with the new challenge in her life: "The only way I cope is by being creative with my recovery" (15). She also asserts that living with dementia requires adaptability and resilience through being enlightened and involved in dispensing dementia awareness (71). This involvement empowers her (81).

Throughout her interior monologues, Mitchell displays how she is *living with dementia*. The sense of foggy blankness, emptiness and confusion runs through the whole narrative to describe the progressive deterioration of her concentration and her linguistic failure. As the narrative is *about and with dementia*, Mitchell is intensely preoccupied with her memories. She addresses herself:

> I know it is inevitable that *dementia will steal* these memories from me, that in the future I might not recognize the whirlpool in the picture, or the bridge, or even the town where the photo was taken, yet I am happy to know that nature will ensure these things survive, that the whirlpool keeps on whirling, that the sea keeps on lapping on sandy shores where we had holidays filled with love and laughter. Dementia won't steal everything, even though it can feel that way now. (51 emphasis added)

In her interior monologue, Mitchell shows her personhood and her embodied self; her memories may fade, but her essence as a human being will remain. Mitchell exhibits her awareness of the change happening in her life. Her *autobiographical self* is manifest in addressing her pre-dementia self: "*You had to be creative with days out too*" (53). The first step to survive dementia, according to Mitchell, is to accept the fact that she is not the person she used to be (58). This feeling reflects her painful realization of the difficulty of restoring her pre-dementia self. This is why, she considers memories as having both healing and disheartening impact simultaneously. Memories can bring moments of joy and comfort as well as distress and misery. This is real life with its intricate paradoxical complexities.

Furthermore, the self as an ever-changing cluster of knowledge and skill' is displayed in Mitchell's adaptability with her trauma, which starts with appreciating her new premise---to react aesthetically to dementia. Mitchell reports: "I live for the moment. I don't plan any more. I just enjoy each day as it comes" (102). By accepting the present time, Mitchell finds her life more meaningful. This idea is highlighted by the passage of time that enables her to reconstruct her life anew meaningfully. This new perception of time is reflected also in Mitchell’s words: “There it is again, that sense of what Alzheimer’s can give, not just take away” (102). Mitchell’s perception of her dilemma mirrors her attempt to unearth its aesthetics.

Throughout the memoir, Mitchell asserts that she *is living with dementia*; in other words, dementia is not stigma. She is struck by the treatment she receives from her managers. She loses the right to “Personal Independence Payment,” a monetary benefit allocated to coping with disability. The official who reviews her documents concludes that she walks and talks normally as well as having adequate memory. Mitchell comments on this unsound and unfair conclusion: “All of these things are not true . . . It feels like I’ve had a financial lifeline taken away from me for simply trying to stay out of full-time state care” (169). Her manager’s firing her because of her disease is another blow to Mitchell. She exhibited potentials that promoted work in NHS (National Health Service). She confesses: “I am working within the NHS and I still can’t get the support I need” (65). She is aware of her social self and her rights as one who adapts successfully with her crisis. Her words expose the medical system in which she used to work. Mitchell’s words call for the inclusion rather than the exclusion of people diagnosed with dementia since they are still able to work, but some facilities should be provided to them in the workplace.

A developmental stage in Mitchell’s condition is the loss of sense of time and place---spatio-temporal disorientation. Mitchell usually goes alone and equips herself with a map in case she loses her way. In one of her walks, she feels stupid for not being able to find the place; this makes her nervous (87). In this situation, she is assisted by Emily, a mental health nurse. Mitchell tried to explain to Emily through the map that she was lost and confused. In another situation, Mitchell loses sense of time. In a very illuminating monologue, Mitchell reports:

> I lost yesterday. I don’t know what happened to it. People often ask me what it’s like to have dementia on a bad day, but it’s hard to remember; it’s like I’m not there…. On those days I can feel the disease in my head, like it’s eating away at all that is good in there, claiming more brain cells for its monstrous mission, stealing memory upon memory. (89)

Similar to Saul's view, Mitchell figuratively depicts dementia as a monster eating the brain cells and it is progressive disintegration that takes place gradually till complete blankness happens. Her comments on dementia and its symptoms parallel the chapters narrated by Dr. Tremblay in *An Absent Mind*. Both Mitchell and Dr. Tremblay provide the basic information on dementia, its causes, symptoms and adaptive strategies that can enlighten people in a more moving and inspiring way rather than the prosaic instructions provided by doctors. The disparity between Mitchell and Dr. Tremblay’s perspectives on dementia and Alzheimer’s respectively highlight the affordances and constraints given to them as narrators. This discrepancy also undermines the divergence between experiencing and narrating dementia.

Significantly, Mitchell's narrative is an optimistic message to humanity. In her speeches in Alzheimer's Society and in her dementia awareness campaigns, she sticks to her belief that "positive language leads to positive well-being and…negative language brings anyone down" (Mitchell and Wharton 115). Mitchell also advocates the magnitude of companionship in the life of people living with dementia since alienation results in depression and rejection of oneself (116). She laments the fact that a few of her friends abandoned her and "have gone to the ground since they heard about [her] diagnosis" (120). However, her other friends are "full of empathy and love" (120). Mitchell asserts the significance of social involvement to relieve the suffering of dementia victims and advocates the positive positioning of dementia as a phenomenon that demands creative adaptive techniques. Hence, Mitchell's post-dementia life is an aesthetic positioning of her social life which comes at the foreground of the narrative with her enlightening dementia campaigns.

Mitchell is the PACN whose voice is the dominant one in the narrative. Mitchell's narrative creates the feeling that it is the experience of one living with dementia. All voices in the narrative fade and Mitchell's perspective dominates and comes to the foreground. Still, Mitchell's two daughters express their collaboration with their mother in very riveting epigrammatic words that put the memoir within family circle. Sarah expresses: "I want you to know you can rely on me" (25). Gemma, too, shows understanding of her mother's psyche: "She wouldn't want to get better and live in the dementia world" (47). Sarah and Gemma accompany their mother to the hospital and shower her with profound love and encouragement.

At one stage of the progression of her dementia, Mitchell feels that "dementia may have stolen the words from[her] mouth" (121). Hence, she sets up a blog where she creates memories and keeps them safe. She considers it the record of her present memories whereas her family and friends are the guardians of her past memories (121-22). In her blog, she divulges information to her followers about what dementia is, hoping to eradicate misconceptions about the disease. She suggests replacing the word "*sufferer with living with*" (115). She advocates that daily challenges should be outmaneuvered in a more creative manner as dementia is not the end (116). In this respect, she criticizes media's dispiriting images about dementia and its patients through displaying "photographs of bed-bound old ladies" that she had found when first googling dementia (116). This disheartening image is a critique of medical care at mental facilities and a provocation to treat people with dementia as human beings rather than caged *subhumans*.

The blog Mitchell designed is a manifestation of technology's enhancement to Mitchell's adaptation. It is symbolic of her creativity and resourcefulness. It is usually updated with whatever happens to Mitchell, so it can be considered an insight into the progression of dementia and Mitchell's struggle to overcome her suffering. Moreover, Mitchell's blog becomes a platform through which dementia sufferers, families and medical practitioners can find guidance and answers to entangled questions. Blogging itself is metanarrative that allows Mitchell to chronicle her experience of dementia. As a means of communication, the blog is a holistic perspective of the aesthetics of living with dementia. It puts its followers in encounter with the other and elicits affective and emotional connotations.

Integrating medical discourse in the two memoirs intensifies the interdisciplinary nature of literature and Medical Humanities. Accordingly, literary texts are a window through which Medical Humanities can enhance people's life by raising awareness of diseases and exploring the aesthetic aspects of disease encounters. This fusion between literature and Medical Humanities is also asserted in *Somebody I used to Know* in Mitchell's reference to Lisa Genova's *Still Alice.* Mitchell was asked by the Alzheimer's Society to review *Still Alice* film and was invited to attend its premiere in London (97).

The incorporation of medical issues into the two memoirs ingeniously mirrors the stigmatization of dementia/Alzheimer's, the suffering of the person living with dementia, medical care at the facilities and the burden of the caregivers. The narratives of dementia in both memoirs position dementia as the foregrounded storyline. They dismantle the disease as a personal and societal issue that necessitates collaborative efforts to support the person with dementia and caregivers in a positive encouraging way. Both memoirs highlight the wider social, political and cultural implications of stigmatizing dementia sufferers and the necessity of raising societal awareness to discard humiliation of dementia patients. The medical information provided in the two memoirs emphasize the significant role literature plays in dispensing hope and aesthetics of adaptation especially in Monique, Florence and Mitchell's narratives.

As a medically and culturally-oriented crisis, both memoirs stress the negative positioning of dementia which is accentuated by the decline of memory in Saul's position and the firing of Mitchell due to her dementia. Deterioration of memory is usually associated with aging. Contrariwise, Mitchell's narrative refutes this assumption and positions dementia as a threat that can afflict not only the aged but also people at young and middle ages.

A significant medical issue raised in the memoirs is the issue of resuscitation with the limited potentials of rescuing patients afflicted with dementia/Alzheimer's. Saul meditates suicide more than once and his children reject his resuscitation (Rill 150). Likewise, Mitchell finds in "Euthanasia" relief for herself and her daughters (Mitchell and Wharton 85). Resuscitation is an entangled medical, moral and ethical issue in Medical Humanities. In the context of dementia, resuscitation reflects the utter impaired mind of the dementia victim. Howard Brody, in his *Stories of Illness* (2003), maintains that the dementia patient "no longer exists as a person" (69). Brody examines the ethical issues of decisions of ending life of victims with advanced mental chaos. Similarly, Arthur W. Frank conceptualizes the storyteller's downright cognitive disintegration as "chaos narrative" (97). This 'chaos narrative' is the characteristic of the last stage of Saul's dilemma, underscoring his impaired personhood.

A notable point prompted by Saul and Mitchell's meditation of ending their life to be saved from humiliation and rescue their families from exhausting caregiving, is their showing some competences to evaluate their predicament and take decision of ending their life. Their Primarily Affected Character Narration positions dementia/Alzheimer's as the storyline around which the narrative revolves. It is argued that dementia patients retain certain competences to value and make decision (Jaworska 109). This asserts that people with dementia do not lose their personhood entirely, but aspects of it manifest themselves equivocally, especially as it is apparent in the case of Saul and his behavior during his wife's funeral.

Epistemic Strategies and Theory of Mind in the two Memoirs

Both memoirs exhibit autodiegetic psycho-character narration where Saul and Mitchell are the experiencing and reflecting psychological center of orientation through whose perceptions Alzheimer's/dementia is defined. As manipulated in the two memoirs, character narration is helpful in enhancing fertile reader engagement in a way that arouses narrative empathy. Whereas the ontological gap is established due to the linguistic constraints in the narrative, the reader can still sense Saul and Mitchell's crisis through the repeated structures and the recurrent metaphors of blankness, emptiness and confusion.

Saul and Mitchell's psychonarration starts in medias res with the diagnosis of Saul and Mitchell and the foregrounding positioning of dementia as the storyline. The narrative develops with the progression of their crisis where they experience similar symptoms of memory lapse, inexplicable anger, claustrophobic disorientation and unintelligible dreams. Saul and Mitchell are haunted by frightening dreams. Saul dreams of being attacked by strangers (60, 160). Likewise, Mitchell is tormented by dreams of bizarre things that make her "exhausted and plagued with headache" (Mitchell and Wharton 110).

There is a divergence between the *narrating-self* and the *experiencing-self* in both memoirs that renders emulation of the disease especially at the onset of it. Introspective narration reflects the dissonance between Saul's narrating-self and *experiencing-self* whereas Mitchell's introspection shows the consonance between her *pre and post dementia psyche* undermining her inexhaustible resilience. Evidently, Mitchell's italicized passages are speeches to her pre-dementia self in which she emulates consciousness with urgency and immediacy. Mitchell writes:

> *This day was different from any that had come before it. It wasn't just confusion. It was a complete blank. A black hole … It felt like I was in there for hours, but there is no concept of time in moments like that. My brain was cloudy, a fog had descended, like the peak of Scafell Pike on a clear day where one minute I could see for miles, and then suddenly a chill in the air indicated the clouds were forming.* (36-7)

The italicized passages are Mitchell's direct interior monologues to her pre-dementia self before and after dementia. However, sometimes this narrative technique seems distracting, it asserts Mitchell's consciousness of the difference dementia brought to her life before and after the disease, especially at the early stages of the disease. In recounting dementia experience in this way, Mitchell shows us what it means to live with foggy confusion and blankness, a scary horrific feeling, but she still has urgency and determination to confront her dilemma. Sustainably, Mitchell's italicized passages delineate her ToM which mirrors her perception of dementia and her mind style. Whereas Saul's mind style is characterized by the utter linguistic failure in the last stage of his disease, Mitchell's is shaped by the overwhelming images of fog, confusion and blankness.

Furthermore, the introspective narration in both memoirs is rendered through epistemic strategies. The first epistemic narrative strategy employed in the two memoirs is showing rather than telling. Dementia is shown through the gradual decline of Saul and Mitchell as it is manifest in the cognitive and linguistic divergence. How dementia is seen through the perspective of the one living with it is another epistemic strategy employed in the two memoirs. Their descriptions of Alzheimer/dementia in figurative language reflects the mental confusion they feel. This metaphoric technique mirrors the ontological-epistemological profile and the ToM of Saul and Mitchell towards their crisis and their disease which socially and culturally degrades them as if they were *subhumans*.

On the one hand, Saul describes his brain as a 'computer' and a 'shortwave and Alzheimer's is the disease of 'many farewells' where he is 'dancing with death' as a perverted monster. His mind style is distinguished by lexical and semantic deterioration as well as emotive and sensory experience. His dementia mind style reaches its unintelligibility in the last stage. His utterances in the last stage, like "JuSt … hEr as Pretti…CHoo fLeuR", are considered by his wife as nonsense (139). Still, these utterances are given meaning through the contextual and intratextual cues. Also, his emotive and sensory experience is a representation of his attitude towards his dilemma. Hence, Saul's ToM shows his despair that undermines the negative positioning of dementia as a catastrophe and stigma.

On the other hand, Mitchell's ToM is emotive and sensory dictated by the fog, blankness and emptiness metaphor that permeates each page in her memoir as well as claustrophobic feeling, and anxiety. Mitchell's ToM is in line with the positive discourse of dementia as a beginning not an end. Moreover, both Saul and Mitchell are reliable narrators whose reliability is asserted by textual factors that are effected by their ontological-epistemological status. Periods of confusion and blankness illuminate their reliability as they did not try to hide them. They narrate what comes to their consciousness that may cause ambiguity in the narrative, but this is the narrative stance. Saul and Mitchell are the firstly-affected eyewitness narrators whose narrative is shaped by their ontological-epistemological disorientation with the progression of memory failure. This problem is facilitated in Rill's memoir by the multiperspectival technique where the Secondarily

Affected Character Narrators describe dementia in proximity. In contrast, Mitchell's introspective narration proposes that dementia is a beginning not an end if it is encountered with stoicism and adaptability.

As narrators experiencing dementia, Saul and Mitchell's illocutionary acts (performing acts) are remarkably impacted by the progressive cognitive waning and inability to communicate meaningfully. This decline is well-represented in changing attitudes, loneliness, violence, anxiety caused by memory failure. Still, these changes and failure to perform acts appropriately do not mean the loss of personhood/self entirely. As has been asserted before, self is multi-faceted, Saul and Mitchell retain certain aspects of self and remain connected with emotional responses and social interactions. A striking example in the case of Saul is his reaction to the death of his wife. In spite of complete utter collapse in the last stage of his disease, Saul wails in his wife's funeral (148). He retains certain aspects of his *autobiographical self* which are shown through non-verbal performing acts. His wailing can be considered an act of communicating his social self with the disruption of his ToM.

Similarly, Mitchell's cognitive decay influences her performing acts as her thoughts and sentences are fragmented; her mind is blocked. But still, she retains parts of herself/selves asserted by the overwhelming personal pronouns I and me. Saul, too, used these personal pronouns in the first two stages of his disease. Mitchell powerfully reveals: "I know what to do now. … the me I'm left with is just a shell. The positive me is somewhere else, and instead of numbness, an emptiness replaces my busy, creative mind" (198). Her *embodied self* fades, but Mitchell in the final stage and motivational discourse exhibits elements of her *autobiographical self*, *social self* and most importantly her *adaptive self* through developing innovative skills. In other words, Mitchell struggles to assert her "agentic self" (Haggard 196). Her agency undermines the association between the "subjective experience" of her actions and "the observed changes in the external world caused by [her] own action (Bomilcar et al 3). Consequently, dementia patients do not loss their personhood or self entirely with the disintegration of mental cognition as they preserve certain aspects of self/selves that "may be enough to compensate for potential weakening of some self-processes such as autobiographical recall (Mentzou et al 1).

Conclusion

Cognitive impairment is a threat to human beings, not only at old age. As has been repeatedly expressed, no effective treatment has been discovered to encounter this threat. Therefore, dementia representation is a compelling technique to enlighten human beings of the nature of dementia and the fact which is asserted in the two memoirs is that Alzheimer/dementia should not be the end. Arguably, as delineated in the two memoirs, dementia is positioned as a personal, familial and societal challenge that imposes collaboration and empathy with the patient and the caregiver. Dementia representation can be regarded as a powerful means of constructing an epistemology of empathy and erasure of dementia stigmatization.

Hill and Mitchell's memoirs exhibit divergent distinctive modes of representing dementia/Alzheimer's. The narratives of Saul and Mitchell are shaped by their positioning to themselves and their perspectives on their premise. While Saul negatively positions himself as one in a hell, Mitchell positively finds dementia a new beginning which allows her to show her resourcefulness. Saul's positioning of himself and by the medical workers at the health care is malignant whereas Mitchell's positioning of herself is positive, motivational and inspiring and by her employers is malignant too. Saul and Mitchell's positioning of themselves is demonstrated by their self-shifting perspectives. The once formidable character, Saul is now the dementing sufferer. Mitchell has been the energetic worker in the NHS, but now she is one diagnosed with dementia and has to be more independent and creative, especially after being fired from her job. Their social positioning navigates the stigma of dementia as reflected in their treatment at care centers and Mitchell's dismissal from her job.

The two memoirs can be considered a journey into the dementing consciousness elucidated in the case of Saul by the Secondarily Affected Narrators and in Mitchell's case by the interior monologues between her two selves after and before dementia. Both memoirs assert the idea of dementia patients manifesting more than one self. Furthermore, the two memoirs reveal the progressive nature of dementia as expressed through the metaphoric blankness and disorientation that permeate through the developmental stages of Saul and Mitchell's suffering. Metaphors of metamorphosis and descent into hell as well as images of monster, pervert and thief are recurrent in the two memoirs demonstrating the negative malignant positioning and catastrophic discourse of dementia that should be replaced by positive positioning and encouraging discourse to sustain people with dementia and their caregivers. Therefore, representation of dementia is an influential counter-discourse promoted by the integration of literature and Critical Medical Humanities to reframe the conceptualization and medical care of people with dementia in a way that engages them meaningfully in life.

The incorporation of Critical Medical Humanities in the two memoirs renders a comprehensive view of dementia as a medical, social, cultural crisis. On the one hand, in *An Absent Mind*, Saul’s condition mirrors Alzheimer’s patient’s sense of stigmatization as well as the caregiver’s heavy responsibility. On the other hand, Mitchell’s narrative is a record of a dementing person’s adaptation. Accordingly, Saul’s narration is the emulation of developing failing consciousness whereas Mitchell’s is an account of dementia aesthetics as manifested through her ToM.

In a nutshell, *An Absent Mind* and *Somebody I Used to Know* enrich the interconnections between literature and Medical Humanities in a way that provokes research to guarantee humane treatment to dementia patients and inspiring support to care providers whether in the medical field or in the family circle. Furthermore, gender differences and Theory of Mind representation in dementia fiction are topics which demand more investigation to broaden understanding of dementia as an interdisciplinary issue.

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أنماط تمثيل الخرف والتموضع في "عقل غائب" لإريك ريل (٢٠١٤) و"شخص كنت أعرفه سابقاً " لويندي ميتشل (٢٠١٨)

المستخلص

للأدب دورٌ أساسي في تعزيز التعاطف وفهم تجسيد الإعاقة العقلية. يسعى هذا البحث إلى دراسة أساليب السرد في مذكرتين مختارتين عن الخرف. العملان المختاران هما مذكراتا *عقل غائب* لإريك ريل (٢٠١٤)، *وشخص كنت أعرفه سابقاً* لويندي ميتشل وآنا وارتون (٢٠١٨). يستكشف البحث وجهات النظر السردية في المذكرتين المختارتين من خلال نموذج أساليب التمثيل السردي للخرف الذي اقترحته سوزان كاثرين كريست في كتابها *خيالات الخرف* (٢٠٢٢)، ودمجه مع نظرية التموضع، ونظرية العقل، والعلوم الإنسانية الطبية النقدية، لكشف الآثار الأوسع لتمثيل الخرف. تساهم نظرية التموضع في دراسة كيفية تموضع المصابين بالخرف لأنفسهم، وكيفية تموضعهم من قبل الآخرين. نظرية العقل مفهوم نفسي يتعلق بالتفاوت المعرفي بين معتقدات الفرد ونواياه والآخرين. كمنهج متاخل التخصصات، تقدم العلوم الإنسانية الطبية النقدية استكشاف متعمق لأزمة الخرف وإبراز الترابط بين الأدب والطب، مما يُحسّن بدوره الرعاية الطبية المُقدمة لمرضى الخرف. يُبرز كتابا *عقل غائب وشخص كنت أعرفه سابقاً* الترابط بين الأدب والعلوم الإنسانية الطبية بطريقة تُلهم الناس لضمان معاملة إنسانية لمرضى الخرف وتعزيز الدعم لمقدمي الرعاية، سواءً في المجال الطبي أو في دائرة الأسرة. تؤكد المذكرتان اللتان تمت دراستهما أن السرديات التمثيلية للخرف تُساعد البشر على تصور مستقبلهم وتمكين أنفسهم من مواجهة المعضلات المتوقعة. يُحفز دمج نظرية التموضع، ونظرية العقل، والعلوم الإنسانية الطبية النقدية مع الأنماط السردية لتمثيل الخرف التعاطف الإنساني للقضاء على وصمة الخرف ومرضاه. علاوة على ذلك، يتبين أن الاختلافات بين الجنسين وتمثيل نظرية العقل في روايات الخرف موضوعات تتطلب المزيد من البحث.

الكلمات المفتاحية: الخرف/الزهايمر، أساليب التمثيل، العلوم الإنسانية الطبية النقدية، نظرية التموضع، نظرية العقل، *عقل غائب*، *شخص كنت أعرفه سابقًا*