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Driving, not Losing, the Plot: Narrative Patterns in Implicit and Explicit Fictional Representations of Dementia

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Abstract: This essay examines representations of dementia in literary works. It draws a distinction between those representations of dementia symptoms that can be understood as implicit and those that can be understood as explicit. Whereas implicit representations do not treat dementia as a distinct, clearly identified disorder, they nonetheless display a certain similarity to the explicitly medicalized discussion of dementia symptoms. This similarity lies in the fact that dementia symptoms are used to drive forward the narrative action. The essay traces this pattern by analysing different literary works with this feature in common and discusses the significance of this narrative's dynamic potential for the plasticity of cultural narratives of dementia and old age.

Keywords: cultural narratives, dementia, old age, literature

Introduction

In her 2014 book about her mother's experience of dementia, British journalist Sally Magnusson describes how much she was affected by watching a certain play. The play in question was Shakespeare's *King Lear*, whose titular character displays symptoms of dementia—although, of course, it is highly unlikely that such a diagnosis would have been possible at the time the play was written. Despite this, Magnusson is convinced of the play's significance for our time when it comes to dealing with various manifestations of dementia: "Shakespeare's tragedy has never before spoken to me so directly. How could I not have noticed what a searing study of dementia this play is? . . . *King Lear* is our play for today, a devastating exploration of the human condition for a twenty-first century struggling as never before with the implications of long life" (304-05). In Magnusson's reading, the key question raised by the play is encapsulated in King Lear's urgent cry: "Who is it that can tell me who I am?" (Shakespeare 204). Since, as she suggests, who we are as human beings is a question not yet adequately answered in relation to dementia, Magnusson traces a line that extends directly from King Lear to her own mother, aspects of whose behaviour she finds reflected in the literary figure. Jonathan Franzen, sceptical about the "medicalization of human experience" (19), also associates his father Earl's diagnosis of Alzheimer's with a hint towards Earl's "anagramatic namesake Lear" (12).

As these examples demonstrate, a growing public awareness of the issue of dementia is bringing greater prominence to works of fiction in which it is portrayed. One way this occurs is when a previously marginal representation of dementia in a literary work comes more sharply into view. At the same time, works of popular fiction have increasingly emerged in the very recent past in which narratives of old age in general and of dementia, in particular, do not have to be shifted towards the centre because they have already been placed

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there from the start as a conceptual fulcrum. In other words, a transformation is taking place from implicit to explicit portrayals of dementia. A current “dementia boom” can be identified in popular culture and fiction (Swinnen and Schweda 10; Comisso; Burke; Vedder; Kruger). I want to draw a comparison in the following between works in which dementia makes an implicit appearance and those in which it is represented explicitly. To do so, I shall analyse works from both groups regarding how the characters’ symptoms are related to the plot, that is, what role dementia plays in the narrative structure. On this basis, I shall draw some conclusions regarding the plasticity of a culturally effective narrative of old age and dementia.

If in the course of these analyses, traits of erratic or disoriented behaviour are linked to today’s common diagnosis of dementia, this connection might easily be objected to. It could be seen as fixating works of literature in terms of a narrowed realistic understanding. But I suggest to see it merely as a transitory experimental setting, allowing for a perspective that might prove interesting. Furthermore, the distinction between implicit and explicit representations of dementia is meant as a gradual differentiation and not to state that dementia-like symptoms would slumber in a sphere somewhat independent from historical and cultural assumptions. Dementia is certainly not an ahistorically existing objective entity. But this argument points in two directions: as neither works of literature should be seen as such entities with a fixed set of meanings—they rather can and have to be re-read and embraced ever-newly. I am following R. A. Foakes, who points out that Shakespeare is especially eager “to ensure that *King Lear* would offer no single controlling perspective, but be open to, indeed demand, multiple interpretations” (Foakes, *Inception* 107; Foakes, *Reading and staging*; Truskinovsky; Hiscock and Hopkins). If Magnusson, to return to the example initially quoted, has the impression that *King Lear* is a “study of dementia” (304) than this interpretation already stands on the ground of today’s medicalized view of dementia, which is subsequently added. But still, attributions like these are hardly arbitrary, as long as they can be thoroughly situated in their respective narrative context. So, there had to be something there beforehand, something that I would like to call an implicit representation of dementia, without claiming this to be the only possible way to read the respective scenes, narrative patterns and ideas of fiction.

Implicit References

King Lear: “The oldest hath borne most”

The category of implicit references to dementia is taken here to include those works of fiction in which dementia symptoms are described, but are not portrayed as a specific illness in the sense of a medical diagnosis. Perhaps the most well-known such work is Shakespeare’s tragedy, *King Lear*. If we consider this play from the point of view of the role played by dementia symptoms in it, we are struck by a core contradiction. Lear is portrayed as a man in whom “Nature . . . stands on the very verge / Of her confine” (247), a person who, having lived for 80 years, is now weak and frail. At the same time, however, he appears by no means passive or indecisive—in fact, he is still “every inch a king” (335). Indeed, it is precisely his increasingly impulsive and irrational decisions which drive the plot forward. After Lear’s erratic decision to disinherit his daughter Cordelia and to banish his most loyal confidant Kent, the other two daughters discuss this very point with one another. They fear “the unruly waywardness that infirm and choleric years bring with them” (178) and already harbour the expectation: “Such unconstant starts are we like to have from him” (178). Lear does indeed become increasingly difficult and aggressive: “By day and night he wrongs me. Every hour / He flashes into one gross crime or other” (190). His behaviour is judged to be childish: “Old fools are babes again” (191). By banishing those loyal to him Lear, whose “wits begin to turn” (267), has in his disposition set in motion a dynamic that soon spirals out of control.

The daughters who have remained in the kingdom increasingly marginalise their father, which only makes him angrier in his dementia and drives him to spiteful behaviour. Dragged inexorably downwards, he ends up wandering around aimlessly in a night time storm and is enraged that “the thunder would not peace at my bidding” (334-35). This is the point at which he acknowledges his vulnerability and his creaturely nature, to which he had clearly been oblivious as a king. “Tearing at his clothes,” Lear concludes

that “[u]naccommodated man is no more but such a poor, bare, . . . animal” (279). He now experiences his condition, in which his speech becomes more and more confused, as proof of the hypocrisy that had surrounded him during his lifetime: “they told me I was everything; ‘tis a lie—I am not ague-proof” (335). Lear may be “cut to the brains” (341), and yet he now recognises the human condition and the relative nature, the plasticity of cultural norms and conventions—it is “Reason in madness” (340), that issues from his lips. He becomes humbled and acknowledges his mistakes. His “decay” (388) is temporarily delayed by reconciliation with his unjustly cast out daughter Cordelia so that he regains a sense of orientation. A host of Shakespearean twists and turns mean that there is no happy ending for Lear and his daughter Cordelia; however, shortly before the final death scene, when both are already in custody, Lear has clearly discovered peace despite his adverse circumstances. In the midst of the raging battle, both are taken prisoner and led away. Cordelia despairs, but Lear rejects her moroseness and evokes a curious dungeon idyll, a hibernation:

No, no, no, no. Come, let’s away to prison; / We two alone will sing like birds i’ the cage. / When thou dost ask me blessing I’ll kneel down / And ask of thee forgiveness. So we’ll live / And pray, and sing, and tell old tales, and laugh / At gilded butterflies, and hear poor rogues / Talk of court news; and we’ll talk with them too—/ Who loses and who wins, who’s in, who’s out—/ And take upon’s the mystery of things / As if we were God’s spies. And we’ll wear out / In a walled prison packs and sects of great ones / That ebb and flow by the moon. (365)

Thus, Lear undergoes a process of learning and self-discovery through the course of his dementia experience, at the end of which he is so much at peace with himself that he is prepared to accept his imprisonment in a dungeon serenely as an idyll (Franzen 12).

Here, then, dementia is almost a means to an end, namely that of reflecting upon the human condition in relation to hypocrisy and loyalty and with regard to facing honestly one’s emotions—which can be especially turbulent when it comes to relationships between the generations. Particularly worthy of note here is that—as shown above—dementia symptoms are closely connected with driving forward the action and indeed often serve directly to initiate this narrative thrust.

Another literary work that contains implicit references to dementia while actually commenting more on the way the nineteenth-century bourgeoisie saw itself was written by Wilhelm Raabe, commonly seen as one of the most outstanding authors of German nineteenth-century-realism in literature. Here too, as we shall show, a narrative thrust occurs in connection with glimpses of dementia.

Wilhelm Raabe: The “aged child”

Just as Shakespeare’s Lear is repeatedly described as childish, or as a “child-changed father” (887), this phenomenon of old people becoming like children is likewise a cypher for dementia (described implicitly) in Raabe’s last, unfinished novel *Altershausen* (c. 1900). *Altershausen* has been discussed in the context of ageing studies (Herwig 48-61), highlighting its spirit of individuality and freedom. The novel is a fragment, in which many aspects stay open and unclear—in other words: it leaves room for allegorical interpretation. The highly-decorated professor of medicine and privy councillor Feyerabend is suddenly catapulted back to his childhood during a celebratory occasion to mark his 70th birthday: in the middle of a speech given by a minister in honour of Feyerabend, the latter—much to the consternation of all those present—suddenly utters an unseemly cry which had been of great significance during his schooldays (25). His family accuses him of talking “muddled nonsense” (28 [*das konfuse Zeug*]). This disruption of the ceremonial occasion serves to set the theme of the book, namely, the escape from modes of behaviour considered appropriate for a certain age and social status. Understood in allegorical terms, it signals a process of critically reconsidering the bourgeois way of life of the nineteenth century, whose fixed structures are starting to waver. Feyerabend travels back for the first time to the place where he spent his childhood, to meet his boyhood friend once again. The latter has remained a child in every way due to a head injury sustained at the age of ten (Geulen). This friend, Ludchen, a “gauche, aged child” (85 [*unbeholfene, greise Kind*]) constitutes an extreme case of regression in old age which up to now has only marginally afflicted Feyerabend. He declares himself “in perfect health and memory” (9 [originally in English]). But this self-description seems to have an

ironic undercurrent, as this phrase is explained to be merely an obligatory, legally binding formula for Feyerabend's last will and there are several more hints of him questioning his mental capacities (7; 8; 21; 22; 25; 28; 38). Often it is left unclear, what is happening, and what's going on in the phantasies, dreams or memories of Feyerabend. That, too, is a strong indicator for the subject of dementia implicitly lurking in the background of the novel—all the more in combination with the mentally disabled Ludchen. Feyerabend's dementia-like lapses, however, trigger a movement that sustains the work throughout. He gives in to his sudden need to return—with no prior planning or preparation—to the scenes of his childhood. Thanks to his boyhood friend's mental impairment the past is not only preserved in him but is practically frozen in place: Ludchen actually believes he is still in an environment dominated by school and childhood games and experiences the world entirely from a child's perspective.

In addition to Ludchen, Feyerabend also meets his old "childhood girlfriend" (93 [*Kinderfreundin*]) Minchen, who has taken Ludchen under her wing and has spent virtually all her life taking care of him. In doing so, she has saved him from being admitted to a psychiatric institution, albeit at the expense of leading a fulfilling life of her own. The reasons for her sacrifice remain unclear at first. Gradually, however, a story of unexpressed love begins to emerge: Minchen has been in love with Feyerabend ever since their youth. This can be assumed, especially because Minchen implies the wish that she herself was the reason for Feyerabend's return (126). It appears plausible, then, that by undertaking a substitutive labour of love, she had held onto Feyerabend—soon to become unattainable as a renowned and charismatic scientist—for over fifty years. In wild dreams and almost surrealist visions, Feyerabend himself has started to experience his life up to now as one of a mere functioning machine (102–111). It is hinted that he is now able at last, in his old age, to live out a previously suppressed emotional side of his character—with Minchen, next to whom he is described at the end of the novel sitting on a garden bench, relaxed and contented, as she knits a pair of socks. The novel is not finished, however; after interrupting work on the manuscript, Raabe never wrote again (Kleinwort). *Altershausen* is an *Entwicklungsroman* played out in reverse: old age opens up an unexpected opportunity to make up for things that failed to happen during one's lifetime. And the catalyst for this development is dementia.

Alongside the notion of old people reverting to become children again, another key metaphor found in works of fiction to describe dementia symptoms can also be identified here: Before the final phase in his development, Feyerabend temporarily becomes "a shadow, a ghost" (87). Although Philip Roth named his 2007 novel *Exit Ghost* after a Shakespearean stage direction, the fact that his protagonist Nathan Zuckerman physically "disintegrates" (292) at the end also has to do with the latter's advancing dementia. This novel can be regarded as a further example of one containing implicit references to dementia symptoms.

Philip Roth: "the demon of forgetfulness"

With his numerous treatments of the issue, Philip Roth has certainly contributed to a humanistic and empathic "narrativization of illness" (Jaffe-Foger). His inclusion of and reflections upon illness in his narratives relate to both mental and physical symptoms, though overall it is the figure of Nathan Zuckerman that stands out most clearly in this context. Zuckerman appears in nine of Roth's books since 1979—sometimes as the main character, at times as the mediating narrator and was finally sent into retirement in 2007: the novel *Exit Ghost* is conceived around his presumably final appearance.

Some of the frailties that plague Zuckerman at the age of 71 are described explicitly and discussed in detail as medical diagnosis. This applies, at least, to the character's incontinence and impotence (results of his prostate cancer) and indeed they are also the most important points of interest in research on *Exit Ghost*. In fact, though, Zuckerman finds himself dealing with a trio of symptoms: "I no longer have the totality of my mental functions or my virility or my continence" (256). The first symptom mentioned here: dementia, while never being named explicitly in the novel, nonetheless plays a key implicit role in it. When Zuckerman returns one last time—after eleven years of retreat into rural solitude, eleven years of lonely idyll as an author—to the hustle and bustle of city life, entering "[i]nto the mutability *again*" (166), this also has to do with the dementia-related changes he experiences.

Zuckerman had settled in comfortably to his home in the Berkshire Hills by concentrating fully on writing and publishing. This single connection to the wider world, albeit a very strong one, is endangered when, for the first time in his career as an author, he produces a manuscript that is considered a complete failure. It is rejected even by his closest confidants—and rightly so, as Zuckerman knows because his “disordered mind was . . . mirrored in the writing” (160). His writing has become too disjointed; he loses his grasp on the material to such an extent that he is no longer able to realise his artistic aims. It is for this reason that he tries to make a go of real life, of real people once again: “Back in the drama, back in the moment, back into the turmoil of events!” (103). However, he comes up hard against the dismissive obstinacy of these real people. Jamie, a woman 40 years younger than himself and towards whom he experiences—despite his impotence—the desperate “greed of desire” (117), delivers a painful rebuff, one that simultaneously strikes at the core of his self-image as an artist: “You’ve imagined a woman who isn’t me . . . That’s a hallucination. It all is” (277-78). The young cultural journalist and literary biographer Kliman even exclaims: “You stink, . . . You smell of decay! You smell like death!” (104). Or is this abusive attack a product of Zuckerman’s imagination? After all, there is certainly a literary precedent: in his dementia-like condition, Shakespeare’s King Lear had said of his own hand: “it smells of mortality” (Shakespeare 336).

The structure of the novel is frayed and confusing as if to depict Zuckerman’s increasingly dementia-plagued mental condition or his apparently failed final manuscript. Each of Zuckerman’s encounters is connected to his own past—to such an extent that perhaps parts of it should be regarded as the character’s imagination. This is true, at any rate, of the occasional dialogues conducted between a “He” and a “She,” which Zuckerman hastily sets down on paper in a race against time and his dementia. Indeed, he is driven to write constantly: to conceal his symptoms he has, for some time, been writing entries in a “chore book” (105), in which he notes down every small detail of his daily life. Zuckerman “had begun to live in a world full of holes” (106). After having experienced the “most lifelike of auditory hallucinations” (62), he describes the symptoms as a gradual system shutdown: “It’s as though a switch has been pulled, . . . as though they’re starting to shut the circuits down one by one” (106). Then he imagines dementia in turn as a living being, “as though something diabolical residing in my brain but with a mind of its own—the imp of amnesia, the demon of forgetfulness, against whose powers of destruction I could bring no effective counterforce” (159). He uses meaningless neologisms unintentionally—“unintended coinage” (159)—sometimes forgets after even just a few minutes conversations he has just had, arrangements he has made and—almost worse for the passionate writer—sentences he has written. Soon, “the deterioration had advanced to the point where even the most uncertain safeguard is nowhere to be found” (162). Zuckerman feels “porous, diluted” (269) and as if he “had fallen away from the community of contemporary souls. . . . My membership has lapsed” (269).

It is out of this condition of vulnerability that the novel develops its theme: the relationship between biographical authenticity and works of literature (Ivanova). This relationship is addressed on various levels that are carefully linked with one another. The reader repeatedly notices, however, that Zuckerman is driven by impulsive and unthought-through decisions at the micro-level. Such “rash moments” may, says Zuckerman, be the privilege and domain of youth, but “[w]ith age there are rash moments too” (138) (Brühwiler). These are often related directly, or even causally, to dementia symptoms here. When Zuckerman decides to allow a confrontation or an escalation to occur in a specific situation, it is often preceded by dementia-induced confusion from which he seeks to free himself by railing impulsively. For example, he calls Jamie, who is already object of his desire, to cancel the arrangement they had made to temporarily swap apartments and thus to stay for a longer period in Manhattan. In the course of the conversation, however, he is confronted with previous arrangements they had made that he has since forgotten. He thereupon changes his mind and not only does not withdraw from the arrangement but actually presses Jamie to agree to another personal meeting: “‘May I come by?’—‘When?’—‘Now.’” (109). This plot driving potential reaches a climax at the end of the novel. In a final conversation, Zuckerman has with the audacious biographer Kliman, from whom he wants to save the long since deceased idol of his youth E. I. Lonoff, he hallucinates:

“I see a heavy wooden door where Kliman is sitting. Meaning what? A door to what? A door between what? Clarity and confusion? That could be. I never know whether he is telling the truth or I have forgotten something or he is making things things up” (269).

Zuckerman then finds the resolve to reverse the direction taken by his new involvements. He throws the recently emerged manuscript bequeathed by Lonoff, his great literary role model, into the waste bin. Unyielding, unreconciliatory and contemptuous, he parts company with Kliman, is predictably shunned by Jamie on the phone and makes a hasty escape from the city back to his rural idyll.

Thus, whereas at the micro-level dementia symptoms are associated with “rash moments” (138) that drive the action forward, a connection between dementia and dynamic can be seen at the macro-level of Roth’s Zuckerman novels as well. Zuckerman is, after all, a character whose presence spans several decades of Roth’s output. By picking up the loose ends that have arisen since Zuckerman’s first appearance in the narrated year of 1956, Roth brings the tradition of this figure to an end in *Exit Ghost*—referring to the first Zuckerman-novel *The Ghost-Writer*. One point of critique directed at the novel asserts that, despite Roth picking up all these “various threads . . . in the end, [he] simply relinquish[es] them” (Dirda). Zuckerman does indeed simply let go of everything at the end: he withdraws from the conflicts that have arisen, retreats to his country house, calmly imagines the way everything will develop until all those concerned have died, and yields—after this disruption of rash words and actions—to a condition that resembles “Senior-Coolness” (Zimmermann and Grebe). Just as King Lear, caught up in the mayhem of battle, suddenly imagines living the rest of his life in an idyllic state of contented limitation, so too does Zuckerman suddenly withdraw and describe the hibernated rest of his life in similarly unexpected poetic terms:

I would die too, though not before I sat down at the desk by the window, looking out through the gray light of a November morning across a snow-dusted road onto the silent, wind-flurried waters of the swamp, already icing up at the edge of the foundering stalks of the skeletal bed of plumeless reeds, and from that safe haven, with all of them from New York having vanished from sight—and before my ebbing memory receded completely—wrote the final scene of *He and She*. (280)

Each of the three works considered here to this point contains at least one scene involving *senior coolness*: we recall Lear in his dungeon with Cordelia and Feyerabend on the garden bench with his childhood sweetheart. These scenes serve, among other things, to provide a contrast to the impulsive “rash moments” of the narratives and thus highlight the potential of the latter to drive the action forward. There is a connection between these rash moments and dementia symptoms to the extent that, whenever they occur, they lead to shift or a break in the structure of the fictional reality, thus setting things in motion.

With his gradual fading into dementia, Zuckerman’s long lasting development is brought to an end that bears no clear-cut closure. Such an ambiguous ending matches his character. But one strand of the long Zuckerman-story is completed: His encounter with a woman he had met just once in 1956 but who had remained an influence on him throughout his life. The woman in question is Amy Bellette, the then young girlfriend and, later on, wife of the author E. I. Lonoff (who, in the novelistic present, has long since passed away). This literary master is revered in an almost cultic manner by Zuckerman, for whom he had been an influential father figure. Amy was the ideal object onto whom the young Zuckerman was able to project his desires: pretty, mysterious and the muse of his great role model. Even at that time he had not only had lustful fantasies of winning her for himself but had also imagined that Amy might even turn out to be Anne Frank—saved after all and living incognito in the US. The background to this fantasy is, among other things, that Zuckerman as an author has been accused by representatives of the Jewish community of lacking respect towards his Jewish heritage in the face of the Shoah. What could be more natural than to imagine being married to Anne Frank: “As the sprightly, youthful Jewish saint, Amy became my fictional fortification against the excoriating indictment” (171).

Zuckerman once again encounters Amy, who is now severely ill, in the novelistic present of the year 2004 and discovers her true story: she had indeed had to flee Norway as a child to escape from the Germans, and her family had actually been killed in the process. Zuckerman resolves to give unlimited financial support to the penniless and destitute woman. This is merely mentioned in passing, and yet at the end it serves to refute the accusation from his younger years that he was lacking in empathy for the victims of anti-Semitism. He realises that throughout her life Amy had been traumatised by these events in a way that had prevented her from leading a fulfilled life. The encounter with her is marked by a discrete gravitas:

That she had survived all her ordeals to meet me in these dismal surroundings—that was a grave miracle, almost making it seem as though my seeing her, my completing a meeting, a moment with a young woman who had held such a strong attraction for me almost fifty years ago, was my unknown reason for coming to New York. (167)

This “completing a meeting” (167) with Amy Bellette surely contains one of Roth’s most memorable character descriptions, even if its brevity renders it marginal in *Exit Ghost*.

Zuckerman’s otherwise ambiguous end also marks a break in Roth’s work: it constitutes the completion of his major works and clears the stage for his four (thus far) final works, which are considered to stand alone as the author’s late work (Shipe)—in which he perfected the kind of laconic description applied to Amy’s fate (Corwin).

Interim Conclusion

Sticking with the differentiation between implicit and explicit references to dementia, one could say that *Exit Ghost* marks a transitional phase: Zuckerman is apparently aware of his symptom’s meaning in a medicalized understanding and most certainly knows about their cultural and societal associations. He merely refuses to give in to them and would not let himself be declared a medical case. All the implicit references to dementia examined above do not medicalize its symptoms by naming them as manifestations of a specific disease; instead, they view them more as just a natural phenomenon of old age—or, in rather more undifferentiated manner, simply as madness. The various symptoms depicted are used to move the action forward, while the individuals concerned display a fresh blossoming of developmental potential: “self-discovery wasn’t over after all,” Zuckerman remarks; more still: “Maybe the most potent discoveries are reserved for last” (122). These implicit references to dementia herald the promise that the rich abundance of a person’s experience in old age does not have to end with dementia but that it can even increase. The final lines of *King Lear* show an attitude of awe as they acknowledge that those who are younger will never quite be able to experience the world as old people do: “The oldest hath borne most; we that are young / Shall never see so much, nor live so long” (392).

Explicit References to Dementia

In the implicit references to dementia examined thus far, the symptoms served to trigger a process of reflection and questioning with regard to episodes from the figures’ own past: King Lear recognizes the vulnerability he had always suppressed, privy councillor Feyerabend finds himself confronted with a forgotten childhood sweetheart, and Zuckerman manages what he calls “completing a meeting” (167) from a significant period of his youth. One often observed symptom of dementia is that, although a person may experience confusion in the here and now, they are often able to recall the more distant past in great detail (Honer; Kotsch and Hitzler). Is this perhaps why the past moves nearer and demands some kind of “completing”? Zuckerman himself makes this connection between dementia and an emotional re-enlivenment of the past: “However imprecise or elusive my thinking could become these days, my recollection of Amy, whom I’d met but once long ago, was still sharp and marked by the sense I had in 1956” (170). This kind of urge to bring to realisation something unfinished from an earlier time is also depicted in Alice Munro’s story *The Bear Came over The Mountain*, first published in 1999.

Munro’s story, which is broadly known partly due to having been filmed,¹ is about a married couple confronted with the advancing state of dementia experienced by the wife, Fiona. When she finally has to be accommodated in a care home, something unexpected happens: Fiona encounters a man she had known in her youth who also has dementia. Whereas the pair of them “were always kidding around” back then and “he couldn’t get up the nerve to ask me out” (343), an intimate relationship now develops between them. During his visits to the home, Fiona’s husband is left standing as his wife withdraws to the “bower”

¹ Sarah Polley. Dir. *Away from Her*. Capri Releasing, 2006.

with her new friend from the past to engage in intimate “soft talk” (349). Essentially, Fiona is merely re-establishing some balance in the marriage—her husband had had numerous extramarital affairs through the years. And as the ending suggests, at least, this dementia-tinged romance does indeed lead eventually to a strengthened, more intense relationship between the married couple (DeFalco; Life).

This same motif of the late blossoming of an unfulfilled love from the days of youth is also a central theme in the novel *The Night Guest* (2013) by Fiona McFarlane. The main protagonist Ruth is an elderly woman who lives alone in a remote house on the Australian coast that she and her now deceased husband had only recently chosen as their home in retirement. The house had previously been the family’s holiday home so that memories of Ruth’s sons, who now live far away, are a constant presence. As her dementia symptoms progress, a supposed carer called Frida suddenly appears—though what she actually wants, as Ruth becomes increasingly dependent, is to get her hands on Ruth’s house and assets. Frida soon finds out that in her youth Ruth had been unhappy in love, and that she had married her husband for rather more pragmatic reasons. After the death of this “necessary man” (265), the dementia symptoms now bring the unfulfilled love from her youth to the surface, which the deceitful carer skilfully exploits to manipulate Ruth emotionally. Frida even discovers the whereabouts of that old friend, Richard, now 80 years old, and arranges a visit, during which the two elders actually do engage in physical intimacy. Although the reality of this encounter cannot match the fantasies that had developed over the decades, nonetheless this realisation of a suppressed lifelong dream constitutes a decisive experience for Ruth. She, too, is “completing a meeting” (Roth 167) with a person she had not had contact with over half a century—much alike Roth’s Zuckerman, Raabe’s Feyerabend and Munro’s Fiona. This narrative pattern seems to be highly attractive in the course of implicit and explicit representations of dementia.

In *The Night Guest*, the energy that propels the narrative onwards, and to which Ruth acquires access in her advancing dementia, is embodied by a hallucinated being: a tiger. A tiger, whose presence Ruth thinks she perceives, yet in whose actual presence she does not believe very much. “Ruth often woke with a sense that something important had happened in the night. She might have dreamt a tiger again. She might have dreamt, as she used to, of Richard Porter in her bed” (40). This tiger, the eponymous *Night Guest*, becomes her “consequential visitor” (23) and principally represents a new feeling: “She . . . examined the new sensation—the extravagance, the consequence—she had experienced . . . The feeling reminded her of something vital—not of youth, exactly, but of the urgency of youth” (6). These recurring feelings of “urgency” and “importance” (22-23; 40; 51) are then linked with, firstly, the history of English colonialism—Ruth grew up as the daughter of Christian missionaries on Fiji. Secondly, though, the drama of the tiger also feeds the tension connected with the secret story of deceit. Due to the narrative use of dementia symptoms, the reader often remains in the dark about whether a crime is being committed or whether Ruth has just forgotten or misperceived something. The protagonist’s uncertainty rubs off on the reader. This generates a steadily growing tension which is finally broken, in a turbulent scene at the height of a dementia episode: Ruth visualizes the dementia-related changes happening to her as “small explosions . . . in her brain” (168), feels as though she is a tiger through and through, and rampages through her house like an unchained predator.

This build-up of tension through dementia symptoms indicates the many different ways it is possible to enable non-sufferers to get a sense of what this illness feels like, at least to an extent. This notion of seeing things through another person’s eyes appears impressively as a theme at the very start of the book, where a long, detailed description of the death of Ruth’s husband from his perspective concludes laconically with the words, “Or so Ruth imagined” (19).

This enhanced potential for empathy about dementia points to a further aspect of representation in which the symptoms function as a surface, onto which emotions may be projected. In other words: in the face of dementia symptoms non-sufferers are confronted not only with their fears—of dependency and vulnerability, say—but also with their desires and yearnings. Frida, the dilettante con-woman, for example, is actually envious of Ruth—because of her calm, relaxed attitude. In the decisive scene in the branch of a bank, Frida is entirely beside herself with agitation, while Ruth calmly admires the elegant curves of all the noughts as she signs the cheque—with which she surrenders her entire fortune (239). This points, then, to a longing for less complexity (on the part of Frida). Dementia sufferers are also envied for their alleged

emotional authenticity. From such a perspective, that projects own feelings into them, dementia sufferers may seem like amiable characters: they do not judge others because they are no longer in a position to do so. You can tell them anything, as they are bound to forget it again in the next moment. If they are thus considered to have no personal characteristics, they can be seen as grateful listeners. Thus, at the end of *The Night Guest*, it turns out that Frida and her victim Ruth have, after all, formed an emotionally authentic relationship to one another—despite all that has happened that is discreditable and shameful. Frida is herself subject to deceit by her accomplice and can only speak openly of it with Ruth. This longing for a more open, emotionally unselfish relationship seems to be evoked by the presence of dementia sufferers. It is still true that the “contemporary figuration of people with dementia tends to generate an affective register dominated by fear, aversion, and pity rather than empathy, recognition, or pleasure” (Wearing 46). But there is, as it appears, a newly emerging different narrative as well, which can, as this article tried to demonstrate, in some aspects resort to earlier, implicit fictional representations of dementia.

Conclusion

The potential of references to dementia to serve as a means of driving a plot forward has been rendered fruitful in older works containing implicit references to dementia, and it now also seems to be used for explicit representations of dementia. Whereas it is often the misery caused by the illness and the sufferer’s shortcomings and passivity that are emphasized in media representations aimed at providing information about dementia (Grebe, Otto and Zimmermann; Clarke), representations found in fictional works, as we have seen, can take almost the very opposite approach: they make use of the symptoms to stage dramatic climaxes. They do so not least by emphasising two distinctive aspects of dementia symptoms: the enhanced presence of relationships from a person’s past and the person’s disorientation in what had been familiar relational settings. Including such symptoms in the narrative structure makes it possible to generate breaks which evoke creative potential. This is, to a certain extent, not at all surprising. It can be seen as “a literary-generic commonplace” that “human failure is the engine that drives tragedy” (Ferrell 100). And dementia causes human failure. In a strictly descriptive understanding of those words: dementia is human failure – in the sense of a disruption, disturbance of and interference with established ways of living and of coping with numerous issues of life. On closer inspection, the literary works considered in this essay convey the idea of embracing failure as human and thus pleading not to exclude it from the range of human experiences.

From an ethical viewpoint, it is crucial to understand what lies behind such representations of dementia in literature and popular fiction. Cultural representations of dementia like these are in the context of ageing studies “examined as they either perpetrate or challenge stereotypes about living with dementia” (Zeilig 258). This article took a deeper look into the underlying structures of such narratives, which are not yet affected by a difference between positive or supporting and “negative attitudes” (Zeilig 265) towards dementia. The category of dynamics in those narratives, that has been identified here, hints at a long lasting and ongoing plasticity of the cultural meaning of dementia that affects questions of personal identity as well as the perception of societal changes (Pott). Ideally, this may yield a corrective to the “stereotyping and ageist cultural master narratives” (Laceulle and Baars 37). This includes the aspect of reflecting on the challenges and messages delivered by and connected with dementia—from everyday policy issues to the nature of the human condition—and also the task of conveying the situation of sufferers to others.

It is striking that efforts to represent real cases of dementia often make use of literary forms; that is, they arrange their material in a narrative way, enhance it with reflections on cultural theory, and exploit tensions and extremes. Rachel Hadas, for example, wrote about her life with her spouse, who suffers from Alzheimer’s, continuously including thoughts about literature ranging from Greek mythology to her very own poems. She stresses the role of literature, making it seem comparable to the received medical advice and one of the most important sources of support: “I found that poems were among my most faithful friends. . . . they turned out to understand and express the truth of our situation” (32). Books like these (see also Geiger) extract the poetic aspect of the situation, yet without glorifying the suffering or painting it in a favourable light. Given the anthropological significance of dementia, it seems that literary forms are

particularly suitable for conveying the real situation of sufferers in a way that simultaneously opens up possibilities for further reflection.

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