“My yesterdays are disappearing, and my tomorrows are uncertain”: Alzheimer’s Disease and the Impossible Survivor Narrative in Lisa Genova’s Still Alice

by Barbara Miceli

ABSTRACT: The protagonist of Lisa Genova’s novel *Still Alice*, Alice Howland, is a Harvard Professor of Cognitive Psychology who is diagnosed with early-onset Alzheimer’s disease at the age of 50. In order to save traces of her past as it progressively wears away, and to maintain control of her life despite the illness, Alice comes up with several coping strategies. She also creates a support group composed of others suffering from the disease, while submitting to an experimental therapy.

The diagnosis of Alzheimer’s disease still leaves no hope for a positive outcome—that is why, according to Martina Zimmermann, a novel about it does not match the survivor narrative type. In any case, as this contribution hopes to convey, a novel such as *Still Alice*, the author of which is a neuroscientist, can help patients and their families understand what they are dealing with and what to expect, in a narrative that is not intended as a “cure” or a success story, but mostly as an aid to manage the inevitable disappearance of memory, orientation and family relations.

KEY WORDS: Alzheimer’s disease; survivor narrative; memory; illness; family relations

INTRODUCTION

Alice Howland, the protagonist of Lisa Genova's novel *Still Alice* (2007), is a Professor of Cognitive Psychology at Harvard University. At the age of 50, after a few episodes of forgetting and disorientation, she is diagnosed with early-onset Alzheimer's disease. Her life and that of her family—her husband John and her three adult children—changes overnight at the prospect of her loss of autonomy, since the most prominent feature of this disease is the progressive decline of cognitive functions (Cummings 4) over the course of several years (Joubert et al. 166). The novel then recounts the following two years of Alice's life, where gradually—despite her best efforts—her memory wears away, her cognitive capacities are weakened, and her family relations change accordingly, until she is unable to recognize her dearest ones anymore. The novel was made into a film directed by Richard Glatzer and starring Julianne Moore (who won an Academy Award for her interpretation of Alice) and Alec Baldwin in 2014.

The aim of this paper is to present Genova's novel as the opposite of a survivor narrative. Illness narratives, indeed, are generally meant to "expose and dramatize what we would prefer to ignore most of the time to arouse and (ideally) assuage our anxiety about our somatic selves" (Couser 9), especially in an era in which, to paraphrase Susan Sontag, "medicine's central premise is that all diseases can be cured" (5). That is why an Alzheimer's narrative does not fit into this description, with its only possible outcome being dementia and death. Hence, this novel can be considered a potential aid for those who are dealing with the illness, both as patients and as caregivers. It provides useful information on the possible symptoms experienced by people suffering from a disease that embodies the fear of aging and the idea of dementia itself (Zimmermann 3). Moreover, the structure of this work follows a pattern detected by Jesse Ballenger: Alzheimer's narratives begin with the diagnosis—usually a disruptive experience—"followed by a chaotic period of denial, evasion and isolation and finally a resolution": the patients "accept their situation, restore vital connection to those closest to them and gain a renewed sense of life's potential through the very act of creating their narrative" (174).

Genova, who is a neuroscientist and was inspired by her grandmother's dementia to write the novel (Więckowska 68), depicts a fairly realistic picture of an Alzheimer's patient, and at the same time produces a narrative that is semi-documentary in its intentions, attempting to "move beyond the level of imaginative description to intervene in the real problems encountered by the readers and to combat the social stigma frequently attached to those suffering from this disease" (73).

ALZHEIMER'S DISEASE AND IDENTITY

The scene presented at the beginning of Genova's novel is quite typical: middle-aged couple, both University professors and scientists, in their home. John, the husband, is looking for his glasses. Alice, the wife, helps him find them. This is the day-to-day mundanity of the couple, of many couples. The *cosmos* before the *chaos* breaks in. It starts manifesting in subtle ways: Alice needs to reread a sentence several times to understand it (Genova 13); she loses a word in front of an audience and panics (18); she gets lost within a mile of home while jogging (27). Such functional deficits are typical of the early stages of the disease, when patients sometimes have difficulties in finding their way in unfamiliar environments (Gélinas 178).

Initially, the woman thinks she is experiencing menopausal symptoms (Genova 29), but when the forgetting and the disorientation persist, she decides to consult a neurologist (50). The doctor performs some tests, one of these being her having to remember, after several minutes, an address. She cannot recall it, and, afterwards, she reflects that "she'd told him her story, and she couldn't remember John Black's address. He already knew exactly what was wrong with her" (52). The reason why this symptom appears as an evident red flag is that in Alzheimer's disease short-term memory declines before long-term (Joubert et al. 167). So, a patient can be perfectly able to retrieve distant memories but not very recent ones. This mechanism causes personal identity to be "less rooted in the near than in the distant past" (Freeman 178).

As it often happens when someone suspects they might be severely ill, Alice rejects the idea, and she attempts to prove to herself that she is fine by doing similar tests to the ones she had undergone at the doctor's office. She selects random words from the dictionary and succeeds in remembering them (55). But the diagnosis is made, and despite her premature age, it turns out that she suffers from Alzheimer's disease with an early onset[1] (60). Her initial reaction is, of course, one of incredulity and desperation, not only for the difficulty of the situation, but also because mood symptoms like deficits in the development of coping strategies and decreased tolerance to frustration are typical in the disease (Thorpe 160). She perceives her own brain as "contaminated" (67) and becomes obsessed with thoughts of "damaged DNA and necrotic brain tissue" (72).

As the symptoms become progressively worse, Alice is able to recognize and appreciate the "escalating erosion of her memory" (95), what functions remain intact—like eating an ice-cream cone without letting it drip—and how they are bound to disappear one day (95). In being alive at that point, she concludes, "there would simply be no point" (96). That is why Alice develops a plan to kill herself when the situation deteriorates completely. She makes a list of five questions:

> 1 What month is it?
> 2 Where do you live?
> 3 Where is your office?
> 4 When is Anna's birthday?
> 5 How many children do you have? (Genova 97)

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[1] According to Martina Zimmermann, people diagnosed with the early onset form are approximately 2% of Alzheimer's patients. In their case, "they are aware that their mental acuity continually declines, and their perception of themselves as individual persons disappears in a relentless process of brain atrophy" (3).

She puts an alarm on her Blackberry, which soon becomes an essential aid to memory, and every morning at 8:00 she tests herself with these questions. She vows to take her own life the day she becomes unable to answer any of them, and she prepares a folder on her computer named "butterfly" containing the instructions to follow.

The five questions are repeated at the end of almost each chapter, signaling how, with the passing of time, her answers become less detailed and sometimes wrong. But memory is not the only function that gets impaired with the progression of the disease. Alice sometimes does not know what time of the day it is (113); the act of reading soon becomes "a heart-breaking chore" because she needs to reread some paragraphs several times in order to understand them; she has trouble sleeping (145). These symptoms are connected to the progression of the disease and its consequent cognitive ailments that "start having more impact on activities of everyday life" while "patients gradually lose their functional autonomy" and "also become aware of their difficulties" (Joubert et al. 173). Alice sums up the new functioning, or rather malfunctioning, of her brain to her daughter Lydia using an example:

> "I know what I'm looking for, my brain just can't get to it. It's like if you decided you wanted that glass of water, only your hand won't pick it up. You ask it nicely, you threaten it, but it just won't budge. You might finally get it to move, but then you grab the saltshaker instead, or you knock the glass and spill the water all over the table. Or by the time you get your hand to hold the glass and bring it to your lips, the itch in your throat has cleared, and you don't need a drink anymore. The moment of need has passed". (Genova 125)

What the author explains here, using Alice as her mouthpiece, is Alzheimer's patients' incapacity to give a meaning to objects, to use them and to interact with them.

But what most annoys the protagonist is the sensation of not being able to distinguish what is normal from what is not, because

> it wasn't as if her disorientation, confabulations, delusions, and all other demented thingies were highlighted in fluorescent pink unmistakably distinguishable from what was normal, actual and correct. From her perspective, she simply couldn't tell the difference. (162)

Such a feature, which confuses and bothers Alice, according to Stephen Post, is actually the only merciful side of Alzheimer's and dementia in general: the fact that patients perceive how huge their decline is, but at a certain point they "forget that they forget, losing insight into this decline" (223).

The most significant consequence of the disease, however, is the erosion of identity, since "the loss of memory is almost invariably translated into the loss of self" (Więckowska 74). It is an inevitable phenomenon when patients "can no longer base their sense of self strictly on the values of independence, self-control, and self-fulfillment" (Ballenger 180). This raises the question: what constitutes the identity of a person? According to Jennifer Radden and Joan Fordyce, it is not only the most sophisticated part of a person that constitutes their identity. They claim indeed that there is a "persistence of personal traits even after extensive memory loss: the enjoyment of music, food, and simple repetitive games and activities, the feel of another's hand stroking the face" (78-79). These traits, apparently, "outlast more seemingly sophisticated and more cognitive traits" (79). Instead, Harry Lesser proposes a theory which connects identity with our past and our future, "for identity by definition is not momentary" (59). Hence, the person with Alzheimer's is only the same human being who has evolved into someone with massive forgetfulness. Yet, whenever Alice learns that in the last stages of the disease, usually in the seventh (Gélinas 178), she is bound to lose her speech, she ponders that "everything she did and loved, everything she was, required language" (Genova 63). The character of Alice is indeed a complex individual, with an intellectual job and intellectual interests, which makes her tragedy even worse, given that "some elements of the person still survive" (Matthews 175). So, the identity she acquires as an Alzheimer's patient is one that she does not like and does not want. The notion of continuing to practice her profession turns out to be an unrealistic one the moment she realizes that "the biggest part of herself, the part she'd praised and polished regularly on its mighty pedestal, had died" (Genova 143). Going to University and pretending there is nothing wrong with her makes her feel like a fraud, "posing as a Harvard professor without a progressive neurodegenerative disease, working every day as if everything were just fine and would continue that way" (80). Towards the end of the novel, the content of the letter in the "butterfly" file is disclosed. What she writes is yet another reflection upon the issue of identity:

> *You have lost too much of yourself, too much of what you love, and you are not living the life you want to live. There is no good outcome to this disease, but you have chosen an outcome that is the most dignified, fair, and respectful to you and your family. You can no longer trust your own judgement, but you can trust mine, your former self, you before Alzheimer's took too much of you away.*
>
> *You lived an extraordinary and worthwhile life.* (Genova 200)

What Alice does by writing to herself is not only assessing the life she has lived, but also what many patients do when they "present and organize their life story with a specific agenda in mind" (Zimmermann 76). In this case, her aim is to end her life in a dignified way before she becomes a burden to her loved ones.

RELATIONS

Family relations are a predominant theme of the novel. Such an aspect is strictly connected with Alice's eroding identity and her resolution to kill herself. As Susan Sontag maintains, "dreaded illnesses bring out both people's worst and best" (40), and this is true both for the protagonist and her family members.

Alice's first instinct is to protect them. In the initial phase of suspicion and then discovery of her illness she decides to shield her family from it. But she realizes how impossible it is when she begins frequenting hospitals where people with her problem—usually older than she is—are always accompanied by someone (Genova 49). She is also strongly advised to bring someone too on the next visit because she may not be "the most reliable source of what's been going on" (49). That is why Alice reveals her secret to her husband John and starts discussing their future with him, and how to deal with the obvious outcome that awaits them. This prospect starts changing the dynamics within the couple almost immediately. The first scene of the novel, the one where Alice helps John find his glasses, appears in a different version after the diagnosis. John does not ask for his wife's help anymore, raising doubts in Alice such as: "Was he trying to spare her the mental burden of tracking his own misplaced things? Was he practicing for his future without her? Was he just too embarrassed to ask for help from an Alzheimer's patient"? (76). The stress and anxiety of the situation cause them to fight whenever Alice attempts to cling onto her autonomy and goes jogging without her cellphone. John scolds her:

> "I forgot—I have Alzheimer's".
> "[…] you have to start carrying your cell phone with you at all times".
> "I can't bring it with me when I run, I don't have any pockets".
> "Then duct tape it to your head, I don't care, I'm not going through this every time you forget you're supposed to show up somewhere". (Genova 83)

Alice's reaction is consistent with the behavioral symptoms often displayed by Alzheimer's patients, among which are irritability, frequent arguments, pouting, sulking, and angry, loud outbursts (Teng and Cummings 194).

The couple's children are yet another issue. Anna, Tom and Lydia, who are all adults in their mid/late twenties, might have inherited the Alzheimer's genetic mutation, so they need to know and plan their life according to the results of their genetic test (74-76). Only one of them has the presenilin-1 gene, the same responsible for Alice's illness, and it is Anna who has it. She discovers it right before she begins the practices for the in-vitro fertilization that soon makes her pregnant with twins (90). But this is only one of the issues related to the children, because Alice must face another problem with her youngest daughter. The two women have a difficult relationship due to Lydia's decision to become an actress and skip college. As a result, the burden of their conflictual relationship is virtually made worse by the disease. Before Alice tells her daughter about it, their communication, especially on the phone, suffers from the mother's incapacity to follow her daughter's discourse. Indeed, dialogue is "a process of *play* between parties, based upon rituals. Conscious forms of interaction are dependent upon such precocious ways of aligning and tuning" (Widdershoven and Berghmans 188), and Alice is no longer able to keep up. Not knowing that "without the aid of the visual cues of the person she talked to, conversations on the phone often baffled her. Words sometimes ran together, abrupt changes in topic were difficult for her to anticipate and follow, and her comprehension suffered" (Genova 79), Lydia interprets her mother's silence as further proof of her aversion toward her acting career. But paradoxically, Lydia is the one who takes her mother's illness as a chance to get closer to her and overcome past conflicts. She is the one volunteering to look after her for a few days when John is away on a business trip and Alice notices that her husband's recommendations before leaving are very similar to those which they used to give their children's babysitters. Alice here is "presented as a child", since, as Martina Zimmermann comments, there are "similarities [between] [a] patient's [and] [a] child's brain organization and behavior" (40). And now the mother "need[s] to be watched. By her own daughter" (Genova 118). It is during these days that Alice experiences a disconnect from reality that makes her forget that her sister Anne had died when she was a teenager in a car accident. Thinking that the death has just happened, she starts crying desperately, and when John comes back home and consoles her, she develops a suspicious thought: "*Why isn't he upset, too? He's known about this for a while, that's why, and he's been keeping it from me.* She couldn't trust him" (121). This piece features Alice's delusional thinking, a common ailment that primarily manifests itself in the guise of paranoid ideation (Teng and Cummings 195).

In another section of the novel, when still lucid, Alice visits a nursing home for Alzheimer's patients where she can see that people are abandoned there without any of their loved ones (Genova 92). The visit makes her more convinced that she does not want to still be alive "when the burden, both emotional and financial, grossly outweighed any benefit of sticking around" (95).

Family and loved ones are not only those required to look after patients when they lose their autonomy, they are also the people in charge of reminding the demented people of who they are and have been. That is why Alice's children create the "Alice Howland Video", a video about her life that she can watch to remember who she is (154). It is a task that the video accomplishes only in part, since nothing can be done about the memory loss that eventually erases everything. Nonetheless, family members hold the task "to remember and reconstitute the self, as well as to preserve memories" (Więckowska 75). Moreover, the creation of the video is something that Alice's children can also benefit from, since "recreating the parent's pre-illness self has the positive effect of helping to preserve their own filial identity" (Zimmermann 26).

In the final phases of the novel, Alice does not recognize her family anymore, but they all become standard figures named after their roles in her life. Lydia becomes "the actress" or simply "the pretty woman" (Genova 192), Anna becomes "the mother" (because she nurses her twins in the presence of Alice) (193) and John becomes "the man who owned the house" (207). What remains is the primal bond between Alice and her daughters, because even if she believes they are strangers, whenever they hug her or show her affection, the woman feels happy and close to them (192). It is something that the daughters consider when they argue with John about who is going to take care of Alice:

> "I don't want strangers taking care of her. They're not going to hug her and love her like we do", said the actress.
> "And a stranger isn't going to know her history and memories like we do. We can sometimes fill in her roles and read her body language, and that's because we know her", said the mother.
> "[…] and your mother would be the last person to want you to compromise the quality of your own lives for her. She'd never want to be a burden to you".
> "She's not a burden, she's our mother", said the mother. (193)

The argument escalates when John wants to move to New York for his work, taking Alice with him and hiring a professional nurse. The stance taken by Lydia and Anna abides by the principle that people with cognitive disabilities should be provided with "the emotional sense of safety and joy" that reveal their "universal human needs" (Post 232). But the final pages of the novel show that, even if John has moved to New York, Alice is still in Boston with her daughters and a nurse named Carole. This choice is consistent with the fact that "caregiving continues to be seen as a predominantly female activity" (Zimmermann 26) but also with the undeniable truth that "the role of the caregiver in supporting family members with dementia is vital" (Brodaty and Berman 293).

The decision to hire someone to help, but to keep the daughters as the main caregivers, is apparently a rewarding one, since the novel ends with this dialogue between Lydia and Alice: "Okay, what do you feel?" "I feel love. It's about love" (215). Notwithstanding this, the sugarcoated ending of Genova's novel may appear a little unrealistic. The author shows only the "bright" side of nursing a demented mother, neglecting the "enormous emotional strain on children who have to care for a parent who is no longer their parent" (Zimmermann 46), a task that "grows and expands and continues for months if not years" (Brodaty and Berman 280). A disease such as Alzheimer's is, according to Eric Matthews, a fate that is somehow worse than death, because "when someone is literally dead, we can remember them as they were in the full richness of their individuality and are not presently faced with what we may see as a diminished version of them" (175). Radden and Fordyce emphasize this aspect when they write that the progression of the disease leaves the family with the burden of a body whose previous personality is totally eclipsed. Nonetheless, they also claim that it is the duty of the patient's nearest and dearest ones "to sustain the characterization identity of the person with dementia as long as it is possible" (85). So, it is fair to believe that the agenda behind Genova's romanticized finale was to show how family members who decide to be the primary caregivers "may be able to adapt to the stress of caregiving, and caregivers may draw on previously unused strengths and resources", gleaning from their task only the positive aspects: "companionship, fulfilment, a rewarding feeling and pride in one's ability to handle problems" (Brodaty and Berman 288).

THE SOCIAL STIGMA

An aspect related to the erosion of the Alzheimer's patient's identity is how they are perceived from the outside, especially when they are stripped of the features that used to make them integrate perfectly into society, or made them as professionally successful as Alice. The disease has become, in fact, "a synonym for caregiver burden, patient concerns and societal fears of aging and dependence" (Zimmermann 119). Moreover, *Still Alice* is set in the United States, where, according to Jesse Ballenger, "the emphasis on self-control through strength of will, self-creation through personal effort, and self-fulfillment through the creative and passionate pursuit of one's desires puts the social and moral status of the cognitively impaired in doubt" (152). The person with Alzheimer's becomes "someone or something else, as no longer really there despite the troublesome persistence of the body" when actually "the disease impairs us all" (152-153).

One of the greatest sources of stress for Alice is her role as Harvard professor, which she will be forced to give up "before the gossip and the pity" begin (Genova 80). Initially, she decides to keep her illness a secret, but she is compelled to confess her situation when she reads the negative evaluations of the students she has received in her last semester of classes (137). Her confession stems from the awareness that her students' parents "weren't shelling out astronomical dollars to have their sons and daughters learn from someone with Alzheimer's" (138). But students are not her only concern—she perceives the tangible detachment in her colleagues, realizing that their distance stems from the fear that "facing her meant facing her mental frailty and the unavoidable thought that, in the blink of an eye, it could happen to them" (141). Taking part in a faculty meeting, Alice comments on a colleague's research. The people in the room find the comment appropriate, which leads her to think that

> the fact that she had Alzheimer's didn't mean that she was no longer capable of thinking analytically. The fact that she had Alzheimer's didn't mean that she didn't deserve to sit in that room among them. The fact that she had Alzheimer's didn't mean that she no longer deserved to be heard. (142)

A few minutes later, she repeats her comment as if she had uttered it for the first time, and she cannot grasp the reason behind the embarrassment among her colleagues, let alone their brisk and dismissive attitude. Such a situation is what Lisa Snyder defines as the "progressively alienating communication between those who have symptoms of the disease and those who do not" (259). Also, "the real or felt stigma of dementia can result in withdrawal from interpersonal communication and feelings of diminished value and belonging" (262), the same that convinces Alice to pull out of the academic environment, aware that she has made the best choice: "*They'll be relieved that I'm not there. I'm a cotton candy pink elephant in the room. I make everyone uncomfortable. I turn dinner into a crazy circus act, everyone juggling their nervous pity and forced smiles with their cocktail glasses, forks, and knives*" (163).

Alice feels like an outcast, which leads her to compare her illness with another fatal one that seems more dignified—and not as hopeless—to her:

> She'd trade Alzheimer's for cancer in a heartbeat. […] With cancer she'd have something that she could fight. […] There was the chance that she could win. Her family and the community at Harvard would rally behind her battle and consider it noble. And even if defeated in the end, she'd be able to look them knowingly in the eye and say good-bye before she left.
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> Alzheimer's was an entirely different kind of beast. There were no weapons that could slay it. […] Right now, everyone with Alzheimer's faced the same outcome, whether they were eighty-two or fifty, resident of the Mount Auburn Manor or full professor of psychology at Harvard University. The blazing fire consumed all. No one got out alive. And while a bald head and a looped ribbon were seen as badges of courage and hope, her reluctant vocabulary and vanishing memories advertised mental instability and impending insanity. (Genova 96)

The only tangible symbol of her fight against vanishing memories is the SAFE RETURN (Memory Impaired) bracelet she must wear, which she contemplates one day while bathing in the sea. This rubbery equivalent of the Hawthornian scarlet letter makes her suicidal fantasies come back, and she starts conceiving of the ocean waters as if she were Virginia Woolf or Edna Pontellier[2] (114).

The only instrument Alice possesses to overcome her shame and depression is finding someone in the same situation. It is at this point that she funds a support group with other early-onset patients: Mary, Cathy and Dan are all as young as she is, and they are all fighting the same battle with their symptoms and their feelings of exclusion. That is why support groups are so useful for Alzheimer's patients, because their members "have an opportunity to reveal and communicate these attributes to one another in an affirming environment" (Snyder 271). Meeting and sharing their stories become Alice's safety net, a way to give and receive support, and a way to feel empowered despite her fading cognitive abilities.

ALICE'S SPEECH

The most evident sign of how empowering the meetings with the support group have been is Alice's decision to speak at the Annual Dementia Care Conference (Genova 183). The former professor is once again delivering a speech onstage, relating what is happening to her honestly and showing that "when given the opportunity, people with dementia can often communicate very effectively about their communication 'deficits'" (Snyder 260-261). Alice narrates her personal experience with the disease with a speech that tackles all the previously mentioned issues, providing "an alternative to the culturally dominant narrative regarding that illness" (Zimmermann 128). Moreover, this section of the novel is probably the one that is most consistent with the "interventionist character of the literature of Alzheimer's" (Więckowska 73).

Alice begins to talk about her memory impairment, and the loss of her past, saying that "I'm losing my yesterdays. If you ask me what I did yesterday, what happened, what I saw and felt and heard, I'd be hard-pressed to give you details" (Genova 185). The loss of information is random, because "this disease will not be bargained with. I can't offer it the names of the United States' Presidents in exchange for the names of my children. I can't give it the names of the state capitals and keep the memories of my husband" (186). Obviously, she touches on the identity problem, wondering if her identity is something that transcends the mere biological facts of a damaged brain (186).

From the stage she also advocates for a respectful treatment of all the people like her, as "being diagnosed with Alzheimer's is like being branded with a scarlet A. […] I am not someone dying. I am someone living with Alzheimer's. Please don't look at our scarlet A's and write us off. […] I encourage you to empower us, not limit us" (187).

Concluding her speech, Alice retrieves a formula she had already used, not with the aim of reiterating her thoughts on her eroding past, but to make considerations about her future, "a radically uncertain future" (Ballenger 173), and her role in a society that places a stigma on people suffering from the same disease: "My yesterdays are

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[2] The British writer Virginia Woolf drowned herself in the River Ouse on March 28, 1941, after putting some rocks in her pockets. Edna Pontellier is the protagonist of Kate Chopin's novel *The Awakening* (1899). She also kills herself by drowning in the sea of the Grand Isle.

disappearing, and my tomorrows are uncertain, so what do I live for? I live for each day. I live in the moment. […] I will forget today, but that doesn't mean that today didn't matter. […] But here I am before you today, giving what I hope is the most influential talk of my life. And I have Alzheimer's Disease" (188). The end of her speech marks an acceptance of her current situation and a way of merging her past identity of University professor, someone accustomed to having an audience before her, with the new one of cognitively impaired person.

CONCLUSIONS

As has already been emphasized, *Still Alice*, for the very nature of its subject, cannot be a survivor or triumph narrative. Alzheimer's, indeed, "is terminal and degenerative in nature and as such does, seemingly, not offer a possibility for the patient's 'insightful and enriched return'" (Zimmermann 12). So, what is the point—besides the enjoyment of a work of fiction—in dealing with a topic such as that of Alzheimer's disease? What is the point in narrating "a mystery that can only be faced, never solved"? (Frank 112).

In the introduction, it was stated that this novel might work as an aid for those who fight this hopeless battle both as patients and as caregivers. But it might also raise awareness amongst those who are only grazed by the horror of this condition.

One of the prevalent issues mentioned in the novel was that of identity. Should we consider the demented person as the same person or as someone else? Should we still consider him or her as a sentient being or as a body that gradually loses all the features that make it conscious of its own existence? There is probably no right answer to this question, but only the realization that the demented patient shares with us a common humanity, and hence he or she "must be treated with care and respect" (Post 232). Despite their losses in function and capacity, demented people do not lose their essential humanity. And it is "the sharing of a common humanity that ensures their moral status" (223). Moreover, as Harry Lesser maintains, "the decline is part of being a person, not part of ceasing to be one" (59), hence the story of a person suffering from Alzheimer's "is really the story of one life, not two lives" (Brody 249).

As for the narrative itself, as Zimmermann claims, it possesses a "teaching power" (40). It is the power of conveying "knowledge and regard […] and accompany patients and their families through the ordeal of illness" (Charon vii). A power that belongs not only to triumph narratives, but also to those in which hope is lost, at least for the present moment.

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