

The Word is *Colander*

Language Loss and Narrative Voice in Fictional Canadian Alzheimer's Narratives

I must begin this paper with a caveat: I am not only a scholar of Canadian literature but also the adult child of a parent who died of Alzheimer's disease. Thus when I read or watch or listen to narratives about Alzheimer's, I am personally as well as critically engaged. I consider not only the effectiveness of narrative techniques or use of language, but also the accuracy of the portrayal of the disease. Will this narrative repeat clichés about Alzheimer's, presenting it simply as a minor loss of memory function? Will it treat the disease in a comic way, or show the anguish it brings? Will it portray the gradual loss of multiple brain functions, going far beyond memory loss, that are inherent to advanced Alzheimer's? And (a question that is the focus of this essay, provoked by a rereading of tragically incoherent and abbreviated notes from my once well-read and articulate father) will this book or film or play demonstrate the loss of the ability to narrate one's life story that arrives part-way through the disease?¹

I was intrigued to discover that a question similar to my final one is raised by the fictional daughter of a man with Alzheimer's disease in the second story of Sandra Sabatini's linked collection, *The One With the News*. The daughter in "The Light that Fell Behind Him" is captivated by Oliver Sacks' meditations on identity and self-narration in people with brain diseases:

If we wish to know about a man, we ask "what is his story—his real inmost story?"—for each of us *is* a biography, a story. Each of us *is* a singular narrative, which is constructed, continually, unconsciously, by, through, and in us—through our perceptions, our feelings, our thoughts, our actions; and, not least, our discourse, our spoken narrations. (qtd. in Sabatini 28)

As she reads these words, the daughter muses that her father has been drawn into “the frightening process of losing his own narrative” (28) because advancing Alzheimer’s disease has made it impossible for him to construct his own life through discourse. Consequently, a variety of first-person and third-person narrators step in to tell the life story he can no longer narrate himself.²

Sabatini’s fiction is remarkable for its focus on loss of language and thus loss of narrative ability as a significant and tragic effect of Alzheimer’s disease. This focus contradicts the more stereotypical concentration on loss of memory evident in popular works on Alzheimer’s such as Nicholas Sparks’ 1996 *The Notebook* and the 2004 film version of that book, and even in Alice Munro’s 1999 short story “The Bear Came Over the Mountain” and Sarah Polley’s otherwise compelling 2006 film adaptation, *Away from Her*. Indeed, medical researchers such as Olga Emery argue that because “[p]rogressive memory impairment” has been considered “the primary cognitive feature of Alzheimer’s disease,” “progressive language impairment” has been understudied (145). Surprisingly, a relatively long tradition of Canadian fiction addresses the effects of Alzheimer’s disease on language and narrative, including Jane Rule’s *Memory Board* (1987), Michael Ignatieff’s *Scar Tissue* (1993), Mordecai Richler’s *Barney’s Version* (1997), and Sabatini’s short story cycle (2000). As these works demonstrate, medical, literary, and theoretical knowledge about the disease has increased exponentially in the twenty-plus years since Rule’s book was first published. But *Memory Board* and books by Ignatieff, Richler, and Sabatini all deal with the disease seriously, forcing their readers to recognize that Alzheimer’s causes its victims to lose not just the ability to remember life stories but also the ability to narrate them through written and, eventually, spoken language. Each book provides one or more alternate narrators whose telling of the now-silent other’s story is both admirable and problematic, since while that telling acknowledges the other’s continuing selfhood, it can never adequately capture the intricacies of a life history. In this paper, I argue that while Alzheimer’s and its effects on human relationships are sometimes the main subjects of these Canadian books and at other times, as Sharon Synder and David Mitchell suggest about disability narratives in general, more clearly plot or narrative devices, all four works posit language as essential for life narration at the same time as they challenge the idea that loss of narrative ability necessarily signals loss of human selfhood. These works of fiction articulate significant theoretical discussions about the essential creative drive of self-narration, but also insist in practical and important ways on the value of the lives of Alzheimer’s

sufferers and point to the way that this value has been and continues to be questioned in medical, literary, and popular narratives.

Unlike the Canadian fictions that are the focus of this essay, several autobiography theorists and some social scientists imply that those with Alzheimer's lose selfhood once they lose language facility and narrative ability. In her 1996 essay "Taking It to a Limit One More Time," life-writing critic Sidonie Smith lists Alzheimer's disease, along with autism, as one of the "diverse circumstances that impose some kind of limits to autobiographical telling in everyday situations" (227). Without the means to "narrate a 'life,'" she writes, people with these disorders are consigned to what she calls "an unautobiographical life" and can be known only through representations by others (231); they become "subjects outside discourse, subjects culturally uninscribed" (235), and thus are effectively "unselved" (233). Autobiography theorist Paul John Eakin argues similarly that "memory loss and other disabilities prevent our performing self-narration according to the rules, or performing it at all" and asks whether the "failed narratives" of those who suffer from Alzheimer's disease reflect what he calls "failed identity" (113). In his 2001 essay, Eakin addresses the effects of memory loss, but not language loss, on the ability to narrate a life story. Broaching the question of selfhood, he asks whether those with the disease can be said to have "outlive[d] themselves" (121-22). Meanwhile, Andrea Fontana and Ronald Smith address the question from a social science perspective in a 1989 study in which they argue that in those with Alzheimer's "The self has slowly unraveled and 'unbecome' a self" and only caregivers acting "as agents for the victim" can "impute to him or her the last remnants of self" (45).

Robert Bogdan and Steven Taylor provide a critique of such arguments when they suggest in a 1989 study that people with Alzheimer's and other conditions that diminish communication skills can remain fully human, but only if others continue to recognize them as human beings (146). In "Struggling over Subjectivity: Debates about the 'Self' and Alzheimer's Disease" (1995), medical anthropologist Elizabeth Herskovits further criticizes the denial of subjectivity to those with Alzheimer's disease when their condition is referred to as "the loss of self" or "the death before death" (148), arguing that "The overwhelmingly dominant pernicious effect of the current Alzheimer's construct is the dehumanization or debasement of 'self'" (152). Herskovits' caution regarding the detrimental language used to describe the lives of people with Alzheimer's has been explored and challenged by others in the field of disability studies, including recent theorists who follow

a cultural rather than social model of disability (such as Snyder and Mitchell, *Cultural Locations* 18-19).³

In their 2001 book *Narrative Prosthesis: Disability and the Dependencies of Discourse*, Mitchell and Snyder examine the role of illness and disability in literary narratives. They argue that disability often acts as a “prosthesis” to support works of fiction, functioning either as “a stock feature of characterization” or as “an opportunistic metaphorical device” (47). Fiction thus depends on disability to highlight particular characters, or to serve as “a metaphorical signifier of social and individual collapse” (47). Although Mitchell and Snyder do not specifically examine Alzheimer’s disease or consider many Canadian works (except, briefly, Atom Egoyan’s film version of Russell Banks’ *The Sweet Hereafter* and Anthony Minghella’s adaptation of Michael Ondaatje’s *The English Patient*), their theories can be usefully applied to fictional Alzheimer’s narratives by many Canadian writers. Canadian works such as Munro’s story, Anne Carson’s poetic essay *The Anthropology of Water* (1995), and the novels *Purple for Sky* (2000) by Carol Bruneau, *The Letter Opener* (2007) by Kyo Maclear, and *Soucouyant* (2007) by David Chariandy, indeed employ Alzheimer’s disease partly as a metaphor for human estrangement, including, in the case of the latter two books, estrangement resulting from colonial or other histories of oppression and from racial marginalization in Canada.⁴ However, the use of Alzheimer’s as metaphor or narrative device in works of Canadian literature is often inextricably related to the books’ exploration of language and narration. For example, Richler’s *Barney’s Version* uses the disease in part as narrative device to emphasize a postmodernist inability to determine any one authoritative version of events, but, like books by Rule, Ignatieff, and Sabatini, also illustrates the ways in which fiction featuring the relationship of illness to self-narration can contribute to questions of selfhood and identity.

The earliest of the books under study, Rule’s *Memory Board*, uses a distanced third-person narrative voice to relate the experiences of a woman with dementia. Only in chapter two is the reader introduced to dementia-sufferer Constance Crowley and then only through the perspective of her lover, Diana Crown. Constance, a 67-year-old gardener, has short-term memory loss—perhaps related to trauma suffered during the Second World War, perhaps caused by electroshock therapy she endured as a young woman, but more likely symptomatic of the early stages of a disease of aging such as Alzheimer’s that is never specifically named. Although Constance occasionally fails to recognize Diana (and more often Diana’s brother, David, whom she calls

“what’s-his-name”), and although she once wanders away from home, she is just beginning to experience language impairment. She can still read and for the most part understand the words on her “memory board,” a child’s cellophaned writing board on which Diana writes words to guide Constance through her day: “Put on your clothes / Breakfast / . . . Walk on the beach” (24). The novel’s memory board thus serves as a type of “narrative prosthesis,” becoming both a tool of life narration and a metaphor for the temporary containment of the inevitable loss of language by the dementia patient.

Toward the end of the novel, when Constance recognizes the words in a book she is reading aloud but cannot make sense of the sentences and paragraphs, David visualizes her consciousness as “surprised and dissociated from . . . emotions and events as if they were no more than a story in a book” (231). Apparently reflecting Eakin’s theory that memory loss “prevent[s] our performing self-narration according to the rules” (113) and Smith’s idea that those with Alzheimer’s and similar conditions can be known only through representations by others, *Memory Board* posits second-hand memory, someone else’s version of events, as the only way that dementia sufferers can access narratives of the past. Thus Constance says, “It’s very peculiar having your memory located outside your own head. Diana is remarkably truthful, but it’s still her version of the truth” (128). Diana realizes, in turn, that an old friend can no longer share Constance’s life “because Constance could not remember it to tell her” (266). Through these and other passages, Rule’s book represents a dementia sufferer’s declining ability to provide the story of her life and at the same time questions the accuracy and objectivity of others’ outside versions.

Memory Board goes beyond Eakin’s linkage of memory to narrative capability, however, by positing Constance’s difficulty in constructing a coherent life story as caused not just by memory lapse, but also by loss of lexical abilities. The word whose meaning Constance most frequently loses is *home*. She repeatedly asks to be taken home, and home for her represents not a place, but a past state of mind during which words still signified. The novel’s focalizers, Diana and David, shape and thus narrate Constance’s life day by day through the medium of the memory board. When Constance sees the word “Home” written on that board—a reminder that she will be returning from a short holiday—she frowns. As the third-person narrator notes, “Home, for the moment, was nothing but a word, written in Diana’s difficult hand” (260). Later, Constance is so confused about David’s move into their house that she starts to pack, saying to Diana, “I’m going

home" (307). Words on the memory board at last become so unintelligible to Constance that she lifts up the cellophane, and the narrative of her day, imposed on her by others who are healthier and thus more in control of her life than she, vanishes.

While Rule's novel is an effective rendition of the challenges faced by family members of those with dementia (as well as using dementia in a figurative way to explore issues of family estrangement connected to gender and sexuality, as Marilyn Schuster points out),⁵ Rule's choice of a two-part, third-person narrative structure deliberately distances the reader from the individual experience of the character who suffers from the disease. Ignatieff's *Scar Tissue* begins in a much more emotional and immediate manner, through the first-person voice of an unnamed philosophy professor in his mid-fifties. He says of a woman who, readers eventually learn, is his now-deceased mother, "I do not want to remember her last hour," and then adds, "How do I tell her story?" (1).⁶ As in *Memory Board*, accessing memory is represented as essential if the narrator is to reveal the life story of the family member with Alzheimer's. Yet memory is clearly a fraught and resistant category. The narrator looks at photographs to try to jog his recall of the time before his mother was diagnosed with the disease but notes that "I cannot remember any of the scenes these photographs record" (16). Moreover, when he thinks of his soil-scientist father, he says, "My memory resists me. I can't seem to bring him back as he was" (23).

The narrator speculates that his mother's memories, although "denied speech," must still be "trapped within the circuits" of her mind (50). Thus he records not only her loss of memory, but also the loss of language skills that would allow her to articulate specific memories that she may retain. He records the way in which her present life is circumscribed by her loss of semantic and syntactic skills: when she reads aloud from the only book left on her bedside table, her son says that "she does so in a childlike singsong, without inflection, unaware that the words are forming into meanings" (47). While he notes that she has always had difficulty with speech, expressing herself eloquently only in her paintings — "To follow what she said, you had to scurry after her, filling in the blanks, rearranging the clauses" (20)—he also points out that she communicates now only through "simple sentences—subject, verb, predicate—which seemed to compress everything to essentials" (101). The first components of language to disappear, he suggests, are "syntax and word order, then the words themselves—the serifs, the letters, the endings" (158). (And while a 2004 study by language pathologist

Kathy Groves-Wright demonstrates that “a progressive decline in language abilities” is one of the “earliest symptoms” of Alzheimer’s disease [110], a study the same year by neurologists including Peter Garrard contradicts the narrator of *Scar Tissue* by indicating that little-used vocabulary often becomes inaccessible before grammatical processes are affected [10]).⁷

As the narrator chronicles his mother’s progressive decline, he lists examples of her forgetfulness (32, 40), but also points out her increasing loss of vocabulary. She asks, for example, “Where’s that thing . . . you . . . flip . . . things . . . with?” (ellipses in original), and awaits his reply: “Spatula” (33). Her diminishing vocabulary is contrasted to that of her grandson, who is just learning to read and write. In Ignatieff’s book, as in Rule’s, the child’s writing board becomes a metaphor for loss of the ability to communicate with others. When the grandson “erases the first letters of his name with his left hand, while writing the last letters of his name with his right hand,” the narrator notes that it is as though the boy is “miming what it is like to be with his grandmother. No matter what he says, a hand keeps erasing his words from the board of her mind” (44-45).

Language loss is represented mimetically in *Scar Tissue* through the absence of naming, both of the major characters and of the illness that is central to the narrative. The last word the narrator’s mother writes, on a piece of shirt cardboard, is her son’s name (198), but the reader never learns that name and never hears his mother called anything but “Mother.” The narrator also euphemistically (and at the same time eloquently) calls his mother’s illness a “dying” that has become manifest in “dark starbursts of scar tissue.” Even more ironically, he identifies her genetically transmitted ailment as “the inheritance, the family silver” (1). The repeated phrase “scar tissue” (1, 54) is both the title of the book and a way for the narrator to avoid saying *early onset Alzheimer’s*. Older names for the disease—“hardening of the arteries of the brain” (7, 54) and “premature senile dementia” (54)—are provided when the narrator refers to forbears who had the disorder, but although he notes that doctors now call his mother’s condition “a disease,” he never names it. That it is indeed Alzheimer’s is evident, however, when he describes in detail what physicians such as his neurologist brother see in brains of patients like his mother: “a characteristic pattern of scar tissues in the neural fibres,” “tangles and plaques” (54), “neurofibrillary tangles,” and “amyloid proteins” (130).

The question of loss of identity or selfhood related to reduced language skills and other elements of Alzheimer’s is addressed as directly in *Scar Tissue* as it is in studies of the relationship between narration and selfhood

by autobiographical theorist Eakin, who asks in relation to a woman with Alzheimer's, "is she a self any more?" (122), and medical anthropologist Herskovits, who challenges the dehumanization inherent in comments about "the loss of self" that accompanies late-stage Alzheimer's (148). While the novel's doctors look at brain scans of the narrator's mother and see "a disease of memory function," the narrator identifies "an illness of selfhood" (60; see also 170). The question of whether his mother still possesses a self becomes paramount in his response to his wife's platitudinous comment that his mother's illness must be worse for him than it is for her, and his brother's suggestion that their mother is "like a lab experiment . . . [i]n how much you can lose of yourself and still remain a human being" (126). When, near the end of their mother's life, that brother questions the point of visiting her, the narrator interprets this query as implying other more crude and insensitive or, alternately, more philosophical questions: either "is this a person or is this a vegetable?" or "Does she have a self? . . . Does she have thoughts about her thoughts? Does she have second order desires?" (159, 160; ellipsis in original).

John Wiltshire argues that in narratives such as *Scar Tissue* (which he calls *pathographies*) the subject "seems in fact to be a different 'self' or to have lost the self that they were" (413). The narrator of *Scar Tissue* provides contradictory answers to his own questions about selfhood. At times, he suggests that his mother has "left her self behind" (161) or that she has taken "the step beyond her self and moved into the world of death with her eyes open" (166). Yet as he considers these questions in an increasingly didactic way through figures such as Tolstoy and St. Augustine and through a news story about an Alzheimer's patient who committed suicide, he concludes that "there is no escape from selfhood this side of death" (177). What is left of his mother is not a *self* that his wife or his brother recognizes. At the same time, his mother is still a human being who is represented as anxious and fearful about what is happening to her. His own narrative, presented with the best of intentions, is thus revealed as patently inadequate in capturing the nuances of her life story.

Until the last chapter, although personal and powerful, *Scar Tissue* is at one remove from the experience of the Alzheimer's sufferer. In the concluding chapter, however, the book becomes a much more viscerally immediate first-person narrative as the narrator himself begins to experience symptoms of this genetically transmitted disorder. Although it is too early for brain scans to be definitive, he concludes, "I know. I feel them [the damaged cells] inside me. My fate has come to meet me. My voyage has begun" (199).

Through “simple sentences—subject, verb, predicate” that mimic his mother’s language, the narrator indicates that part of that voyage will include a telescoping of lexical and syntactic skills that will make it impossible for him to relate the progress of his own disease in the way that he has attempted to relate his mother’s.

In contrast to the compelling yet for the most part distanced portrayals in *Scar Tissue* and *Memory Board*, Richler’s *Barney’s Version* represents language loss directly and immediately through the first-person words of a fictional Alzheimer’s sufferer. Barney Panofsky progressively loses not just the ability to remember his own story (provoking a postmodernist questioning of whether there is any “true” version of the events he narrates) but also his ability to tell that story, exemplified by his repeated inability to remember words and finally by his elder son’s addition of footnotes to correct errors, editing of Barney’s last incoherent chapter, and completion of Barney’s life story. The act of putting words on paper is essential to *Barney’s Version*. The 67-year-old narrator writes on the first page that he is “scribbling a first book” as a response to an inaccurate and damaging portrayal of him in the recently published diary-memoir of a former friend. That Barney’s rambling and digressive manuscript is indeed a life narrative is also clear: at one point he calls it his “meandering memoirs” (359). At another, when he describes his written words as “This sorry attempt at—at—you know, my story,” his loss of vocabulary is highlighted; he is only later able to come up with the word he has intended to describe his efforts: “autobiography” (52).

Barney’s narrative difficulties, though, are at first represented, following Eakin’s model, as loss of memory rather than loss of language. Robert Ormsby suggests in his online review of the 2003 radio dramatization of *Barney’s Version* that for Barney, “the act of recall” is an “act of recovery” that involves his two lost loves—his former wife Miriam, who divorced him after he was unfaithful to her, and his friend Bernard (Boogie) Moscovich, who either disappeared while swimming in a lake or was murdered by Barney. Barney writes that he wants to be “A reliable witness” (96), but at the same time he demonstrates himself to be unreliable, prone to “tinkering with memory, fine-tuning reality” (233-34). Because recall, especially of his own bad behaviour, is often painful (388), he occasionally ironically suggests that “failing memory [can be] an enormous blessing” (193). Using the metaphors of his lifelong work as a television producer, he says, “I set the spool of my life on rewind, editing out embarrassments, reshooting them in my mind’s eye” (172).

Counterpoints to Barney's narrative revisions are provided by the footnotes his son adds to correct his father's errors of recall. In adding these footnotes, Michael Panofsky adds errors of his own, thus providing an ironic commentary on the accuracy of any individual's memory in reproducing the past. Michael writes in a footnote, for example, that "It was not until 1928 that women were declared 'persons' by the Supreme Court of Canada" (369) when, in fact, the Supreme Court declared in that year that women were *not* persons, and it was left to the Privy Council in England to reverse that decision in 1929.

At least at the beginning of the book, Barney can still use most words correctly and can even form those words into a complex narrative, although in a digressive and sometimes repetitive manner. He tells and retells the story of his last day with Boogie, with significant variations. Eventually, he writes, "I have wakened more than once recently no longer certain of what really happened" (315), and by the end, when asked by a good friend whether he killed Boogie, can only reply, "I think not, but some days I'm not so sure" (388). In *Barney's Version*, Alzheimer's acts as a narrative device that strengthens the perceived unreliability of the narrator and emphasizes the postmodernist impossibility of determining "fact and truth" (Hutcheon 22). As Mitchell and Snyder suggest in reference to other fictional narratives, Richler co-opts a disease or disability in part to further his own narrative goals.

Throughout *Barney's Version*, advancing Alzheimer's makes the narrator increasingly unreliable as he forgets names of cities, books, authors, politicians, actors, characters in plays and novels, and even the name of his second son (88). People whose names he cannot remember become, in his narrative, "what's-his-name" or "what's-her-name" or "you know who I mean" (111, 243, 220). Barney repeatedly tests his memory, asking himself questions that he sometimes can and sometimes cannot answer. Three tests in particular come to exemplify what neurologist Peter Garrard identifies as the "progressive semantic impairment" (2) that accompanies loss of memory: What is that thing you use to strain spaghetti? Who wrote "The Man in the Brooks Brothers Shirt"? And what are the names of the Seven Dwarves? Barney can provide the answers only intermittently and incompletely: a colander, Mary McCarthy, "Sleepy, Grumpy, Sneezzy, Doc, Happy, and the other two" (282).⁸ In his final chapter, he describes a doctor's diagnosis of Alzheimer's disease through the administration of a test that reveals that Barney can no longer supply the words for the day of the week, the season, the province he lives in, or the object on his wrist that he uses to tell time.

Although initially it appears as though Barney's narrative presents his unedited words describing this experience, his son Michael not only writes the "Afterword" and adds corrective footnotes but also tells readers, "I was allowed to rewrite the incoherent, faltering chapters, dealing with Barney's discovery that he was suffering from Alzheimer's" (415). His description of Barney as being "reduced to a near-vegetable state" (416) echoes the narrator's question in *Scar Tissue*, "is this a person or is this a vegetable," and points to what Herskovits calls the dehumanizing of people who have Alzheimer's disease and what Snyder and Mitchell identify as the social and cultural limitations inherent in such terminology (*Cultural Locations* 18-19). Because Barney is no longer living what others consider a human life, he is not able to and indeed is not allowed to complete his own story; as Smith suggests in her analysis of similar real-life narratives, those around him believe his life must be represented by others.⁹ Thus it falls to Michael to tell his version of the end of his father's life and to present the defining word on a key mystery posed by Barney's narrative: what happened to Boogie? His "Afterword" begins with a description of the belated discovery of Boogie's remains on a mountainside near the Panofsky family cottage and ends with Michael's solution to the mystery through the urban myth—found in sources as diverse as Peter Mayle's 1990 book *A Year in Provence* (134-35), the 1999 film *Magnolia*, and a 2001 episode of the television show *CSI Crime Scene Investigations*—of the water bomber that scoops up the swimmer or scuba diver from the lake and drops him on the mountain.

In the book, Barney writes his autobiography with help from his son, but the 2003 radio dramatization of *Barney's Version* by the Canadian Broadcasting Corporation presents Barney's narrative in the form of four tape-recorded sessions of memories. The drama was first broadcast August 5-8, 2003, and has since been rebroadcast. Comments on the radio adaptation of *Barney's Version*, both by its makers and by reviewers, focus on changes to the novel in order to shorten it for broadcasting and to make it fit more naturally into a dramatic and aural medium. Robert Ormsby describes the addition of the tape recorder into which Barney now dictates his story as "plausibly effecting the transfer from print to audio" and comments on the "vitaly compelling soundscape" this fictive taping allows, including the representation of Barney's "primal body sounds: his ubiquitous wet cough; urination made dribbly by an enlarged prostate; vomiting; helpless weeping; groaning; sighing; creaking; wheezing; and sniffing."

The addition of this sound recording technology is significant not only

for its auditory possibilities—this version is, after all, a radio play—but also because it drastically alters the implied reader (now auditor) of Barney's life story. Now it is not Barney's estranged wife, Miriam, who is the hoped-for first reader, but his personal assistant, Chantal, who will transcribe these taped spoken words. In the radio play, Saul Rubinek as Barney repeatedly addresses Chantal directly—something that as narrator of the book Barney never does—often to make comments such as “I am dictating my entire life here, Chantal, and you're going to have a lot of transcribing to do,” and “Note to Chantal—when you're typing this up, leave the goddamn swear-words in.” Another crucial effect of this move from paper to tape recorder is its implied depiction of the Alzheimer's sufferer as unable to make effective use of written language, while still having access, most of the time, to speech (a difference in capability that researchers such as Groves-Wright identify as inherent to mid-stage and later Alzheimer's [124]). While in the book, Barney's loss of language is exemplified by his inability to locate many different words and names, in the radio play that impairment is narrowed to his inability to locate one word: *colander*, that thing-a-majig you use to strain spaghetti. While this narrowed focus provides much less nuancing of Barney's condition, it does provide some biographical realism by spotlighting the difficulty of an Alzheimer's patient who is trying to tell his own story. This concentration on language suggests that Alzheimer's disease involves not just loss of memory or loss of ability to recall aspects of one's life story; it also involves loss of the semantic and eventually syntactic abilities that allow one to narrate that life story, at first on paper and finally orally.

The radio play also substitutes three framing interviews of the character Michael conducted by real-life CBC radio host Eleanor Wachtel for the book's fictive “Afterword.” Thus the auditory medium of the interview replaces the textual medium of the epilogue while still allowing the fictional family member of the Alzheimer's sufferer to edit his father's version of events and to complete his story. The character Michael, played by Andrew Akman, uses his concluding interview to posit the theory of the snorkler and the water bomber as a possible solution to the mystery plot. (And as I was researching this paper, I discovered that the audio CD of the play sold by CBC omitted Wachtel's introductory and concluding interviews with Michael, probably because staff in CBC's marketing department did not recognize that the interviews were not “real” but were instead essential parts of the fictional narrative. Thus those who bought the play on CD rather than listening to it on radio were given neither the sense of a life story completed

by a family member nor a resolution to the mystery plot.) The fact that water bombers do not have openings large enough to scoop up snorklers, however, may serve as a hint to both novel readers and radio drama listeners that Michael's contributions to his father's life story are perhaps no more accurate than Barney's own seemingly incoherent ramblings. Urban myth subscribed to by a son is less effective as a narrative conclusion than the eloquent ambiguities left by a father afflicted with a disease of both memory and language.

Sabatini's *The One With the News* takes an even more fragmented approach, one that effectively mimics the fragmentation of life narration in Alzheimer's sufferers. The title page identifies the book as "A Collection of Stories," but all revolve around one man who has Alzheimer's and the effects of the disease on his and others' lives; the book thus is part of the long Canadian tradition of short story cycles (Lynch 3-4). Sabatini's first story presents Ambrose McLean, who is living in the ironically named Health Centre because his wife, Peggy, is no longer able to cope with his illness, while subsequent stories relate, through retrospective and present-time narratives, his development of the ailment and his eventual death. Instead of the relatively cohesive narratorial approach of novels about Alzheimer's by Rule, Ignatieff, and Richler, and of collections on other topics in which each short story has the same narrator, the stories in Sabatini's cycle are from different characters' perspectives, told sometimes in first person, sometimes in third, and at other times in a combination of both. Several of the focalizing characters have only a tangential connection to Ambrose, including the boy who delivers his newspapers and the male nurse who cares for him in the Health Centre. Their stories address many other aspects of their own lives and relationships, but at the core of each is interaction with Ambrose. Alzheimer's disease, the book thus posits, has an effect on everyone who comes into contact with it, even the boy who cannot understand the change in personality of the formerly nice man to whom he delivers newspapers and the nurse who cannot stop thinking about the man who tripped and fell in the care home when he was right beside him. Other focalizers in Sabatini's book are more significantly affected by the disease: the wife who tries to conceal her exasperation, despair, and bruises so that her husband can continue to live at home; the physician daughter who avoids seeing her father and who has a tubal ligation so that the family history of Alzheimer's will stop with her; and the younger adopted daughter who appears at times as the organizing consciousness of the book and who insists on the continuing humanity of the man who took her in as a confused child and who is now fatally confused himself. Several

stories are at least partially from Ambrose's own perspective; in "Ambrose Dreams," his disjointed and fearful dreams are identified as "a lot like his life, now" (40).

Sabatini's book is further fragmented through its repeated references to other narratives about Alzheimer's—medical, fictional, and biographical—including Sacks' book, a scientific article about early-onset Alzheimer's, the film *Deep Blue Sea*, and John Bayley's articles in the *New Yorker* about the disease's effect on his wife, English novelist Iris Murdoch (which formed the basis for his book *Elegy for Iris* and later for the film *Iris*). Sabatini has woven these intertexts into her book in a more effective and less didactic way than Ignatieff's inclusion of similar media references. Several clinical descriptions of the disease are convincingly imbedded in "The Light That Fell Behind Him," a story told from the third-person perspective of Alice, who obsessively researches the early-onset Alzheimer's from which her father and his siblings suffer. As a physician she thinks about "The senile plaques and neurofibrillary tangles lurking in obscure corners of his hippocampus" (24), but she also notes the more obvious symptoms related to memory, language, and physical ability: "He is losing the ability to speak or eat; he is forgetting how to open his eyes" (34). Like his sisters, Ambrose may die "emaciated and incoherent, having forgotten the use of words and food" ("Mitigations" 82). In the story "Making Tea," a first-person narratorial voice that is plural rather than singular includes the reader in the diagnosis: "We know that Ambrose has Alzheimer's disease and after he dies we'll find out that it's indeed familial Alzheimer's" (58).

The stories in Sabatini's book are linked by their reference to the effects of the disease on one man and on the people near him but also by a focus on memory, language, and self-narration. In "Clean Hands," the third-person narrator notes that Ambrose's failing memory in the early stages of the disease provokes him to create his own version of a Memory Board to help him narrate his day-to-day life. On a piece of paper he writes: "1. go to the bathroom, brush teeth / 2. have breakfast / 3. post office, buy stamps" (13).¹⁰ Despite memory aids such as these, however, Ambrose is "losing his own narrative" because he is losing the ability to speak and to write ("The Light" 28). As in Rule's, Ignatieff's, and Richler's books, family members take over Ambrose's narrative by remembering for him; Peggy, for example, talks to Ambrose about their life together, trying "to keep him from forgetting what she wants to remember" ("Clean Hands" 14). As this wording suggests, Peggy recalls her own perspective on events, and her memories are shaped by her

needs and desires. The unstable nature of all memory is emphasized in the title story “The One With the News,” told in the first-person voice of adopted daughter Connie. Despite the advanced nature of her father’s disease, she still attributes agency to him: “Ambrose won’t say what he remembers” (104). At the same time, as she thinks about her family of origin, she recognizes that what she herself remembers “is dubious at the best of times” (104).

Despite Sabatini’s postmodernist unsettling of the stability and accuracy of memory in passages such as the ones quoted above, she represents memory as important to self-narration for everyone, not just characters with Alzheimer’s. In the first story of the collection, the narrator notes that “When Peggy’s feeling sorry for Ambrose, she makes herself remember the time she tried to show him how to open the front door . . . the white pain blasting through her head against the jamb. She makes herself remember trying to drag breath past the swelling vomit in her throat” (“Clean Hands” 13). Memory thus is offered as a way for a character to reconcile her love for her husband with her need for physical safety and thus her need to have him live in the locked Alzheimer’s wing of a care centre rather than in his own home.

Loss of language as a symptom of Alzheimer’s is emphasized on the book’s first page, when the third-person narrator notes that in the Health Centre, “geraniums bloom for the benefit of people who can no longer name the colour red” (“Clean Hands” 9). In “Making Tea,” that loss of signification is theorized through a present-tense narration that invites the reader to imagine Ambrose’s thought processes as he sits in the favourite green chair that he no longer recognizes and can no longer name: “It doesn’t signify. A sign without a signifier” (56). The narrative voice then takes on Ambrose’s own voice, exemplifying what researchers such as Garrard identify as impairment of vocabulary and syntax: “In his way. In way. Move. Get up. Want some toast. Stomach hurts. Hurts. Hurts. Coffee cup drink coffee. Got to go. Go. Tables chairs sit. Coffee. Black. What?” (56). The final question in this passage signals Ambrose’s confusion, anxiety, and fear about what has been taken from him. As the narrator concludes, “He doesn’t know what’s the matter with him but if he had to name it he’d call it fear and robbery” (59).

Several of the book’s chapters include discussions of the dilemma faced by families about whether or not to pursue aggressive treatment for other illnesses in family members who have Alzheimer’s disease, evoking analyses by disability theorists such as Snyder and Mitchell of the cultural basis for eugenics (*Cultural Locations*). Connie’s husband, who works with death every day as a cemetery keeper, thinks that “Death couldn’t be worse” than

what Ambrose currently has to endure ("The Cemeteries Act" 72). But his wife is not as certain. She wants her father alive at any cost, because she believes that despite his accumulated losses, including the loss of the ability to speak, he is still human:

Sometimes I say to him, "Where are you, Dad? Are you in there?" He doesn't answer me but I like to ask, just in case he really is in there, quieter than ever, annoyed with everyone for talking to him as though he were an immigrant whose grasp of English will improve if we only speak slowly and loudly enough. He eats and sleeps and gets cold, sad, or happy, but I know he's more than the sum of these parts. ("The One With the News" 106)

Connie interprets her father as more than just a physical body, even though he can no longer narrate his own life. She also interprets his suffering as turning him into a Christ-like figure, especially when she imagines his death: "I want to lay him in a vault, roll a stone in front of it, and mourn him daily. . . . I want to be terrified to see the stone rolled back and light blaze within the tomb. I want two angels wearing lightning to tell me he is risen" (107). Ambrose, the reader has learned, is a man whose Christian faith has sustained him; now his daughter uses a version of that faith to assert his selfhood at the same time as she positions him beyond humanity because of his intense suffering.

The concluding story of *The One With the News* deftly interweaves Peggy's ruminations about her husband and her life after his death with two strikingly different popular narratives about Alzheimer's: Bayley's articles about his wife and a film about Alzheimer's researchers who manipulate shark brains. Peggy is especially taken with Bayley's use of water as a metaphor, through his descriptions of swimming with Iris Murdoch in a river and then drying off with her slip. As the narrator notes, emphasizing the importance of words to both the writer and the reader, "This was before much of what had been her life slid gradually from her mind. Bayley chose his words carefully. Peggy read them carefully" ("Gifts from the Well-Intentioned" 127). After Peggy thinks about the way that Ambrose lost the words to say grace before meals, she concludes that Bayley's major concern was not about whether Murdoch could cook meals after her Alzheimer's became more advanced but about "her loss of ability to express herself. Her unfinished sentences" (134). For a writer, someone for whom words are central, the narrator suggests, the flowing away of language takes on even greater than usual significance.

Indeed, comments in Bayley's memoirs and research by Murdoch's biographer, Peter J. Conradi, make it plain that Murdoch's last book, *Jackson's*

Dilemma (1995), was written while she was experiencing the first symptoms of Alzheimer's. Bayley witnessed his wife's increasing inarticulateness and unusual writers' block (*Elegy for Iris* 212, 217). Conradi noted that her journal entries at that time were reduced to "a heart-rending simplicity" (588). Reviewers noticed both Murdoch's inability to articulate selfhood in the book and its poverty of language: A. S. Byatt suggested that all the characters in the novel "have no selves and therefore there is no story," while Hugo Barnacle wrote that the book was "like the work of a 13-year-old schoolgirl who doesn't get out enough" (qtd. in Porlock). In late 2004, Alzheimer's researchers and neurologists at University College London released a study of the vocabulary and syntax of *Jackson's Dilemma*. The researchers' methods (which included computerized scanning and analysis) did not allow them to come to detailed conclusions about the complexity of grammatical structures but did show an "impoverishment" of vocabulary manifested in an inability to introduce less commonly used English words (Garrard 10, 6).

As Peggy watches another narrative about water and Alzheimer's—a trashy television movie about a scientist who unleashes genetically altered sharks in a failed experiment to cure the disease—she thinks, "If Alzheimer's had permeated pop culture, if they were making shark movies premised on it, maybe her children would have some hope" (135). The proliferation of films such as *Deep Blue Sea* (1999), *Iris* (2001), *The Notebook* (2004), and *Away from Her* (2006), with their portrayals of Alzheimer's that range from ridiculously farfetched to sentimentally inaccurate to tragically inspiring, indeed suggests that Alzheimer's disease has a firm place in Western public consciousness. In some of these films, as in books and stories about Alzheimer's, the disease is unquestionably "narrative prosthesis": in *Deep Blue Sea*, a plot device that allows scientists to genetically alter a shark's brain; in *The Notebook*, a counter-metaphor for the enduring love that, in this film, can temporarily cure memory loss; and in *Away from Her*, a method of developing the theme of estrangement. However, films such as *Away from Her* and especially *Iris* also raise complex questions about the retention of human identity in the face of loss of language, through their exploration of the ways in which even highly polished language and communication skills are eventually destroyed by Alzheimer's disease.

Kate Winslet, playing the young Iris Murdoch, asks in *Iris*, "If one doesn't have words, how does one think?" Over the past twenty years, books by Canadians Jane Rule, Michael Ignatieff, Mordecai Richler, and Sandra Sabatini have asked this same question. Instead of using Alzheimer's disease

solely as “prosthesis,” they have provided complex explorations of, and ultimately rejections of, the idea that outliving the ability to narrate a life story obviates a person’s humanity. These fictional works put into effect Bogdan and Taylor’s claim that humanity can be repeatedly reasserted by others who recognize the continuation of selfhood past the loss of ability to write and speak, and who attempt, diligently but often unsuccessfully, to fill in the blanks of a gappy and fragmented life narrative. The complex discussions in these four books about the relationship between language and self-narration, and their detailed portrayals of various manifestations of a disease that insidiously destroys this intricate relationship, are made in narratives that deal with specifically Canadian cultural experiences and social settings. An analysis of these works demonstrates that Canadian fiction has for more than two decades grappled with important literary, theoretical, and social questions related to language, selfhood, narration, and disease in a way that challenges if not entirely counteracting often damaging and inaccurate Western popular cultural representations of these same subjects.

NOTES

- 1 I thank the anonymous reviewers who read, commented on, and made important recommendations for the improvement of this paper, as well as Susan Gingell and Kathleen James-Cavan, who contributed encouraging suggestions during various drafts. I dedicate this essay to my father, Wilfred Roy, who died of Alzheimer’s disease in 2005.
- 2 Sacks’ case study approach, criticized by disability studies theorists for its objectifying tendencies, has more recently been defended by Leonard Cassuto, who argues that Sacks undermines the objectifying aspect of the case study by including his own *I* voice and narrative (119).
- 3 While I agree wholeheartedly with Herskovits’ comments on the “pernicious effect” of language that dehumanizes people with Alzheimer’s disease, I do not follow her example in avoiding labelling people who have been diagnosed with Alzheimer’s as *victims* of the disease, a distinction that has been described by theorists such as Rod Michalko as following the “social model of disability” that sees suffering as socially imposed (Michalko 54). In contrast to Herskovits, Michalko argues that “Whether from the inappropriate responses of society or from exclusion from the ‘making’ of a world that has relegated us to the interpretative category of ‘problem,’ we (disabled people) do suffer” (59). In their 2006 book *Cultural Locations of Disability*, Sharon Snyder and David Mitchell argue for a “cultural model” of disability (5) that “has an understanding that impairment is both human variation encountering environmental obstacles *and* socially mediated difference that lends group identity” (10). Since social isolation, anxiety, disorientation, and depression are almost universal accompaniments to the more clinically measurable early manifestations of Alzheimer’s disease, in this essay I use the word *suffer* to describe people who have the disease and also call them *victims* of it.

- 4 Many of these works also touch on language loss. One of Bruneau's three narrators paradoxically begins to tell her family's story at the same time as her vocabulary becomes impoverished by dementia. Carson's narrator notes the "stream of syllables" that come from her father's mouth, "a language neurologists call 'word salad'" (120), and later suggests that as her father's dementia progressed, "language and speech" became "decoupled, and when he started to talk, they dropped and ran all over the floor like a bag of bell clappers" (190). Fiona in Munro's "The Bear Came Over the Mountain" struggles with vocabulary in the last lines of the story when she tells her husband, "You could have just driven away . . . without a care in the world and forsook me. Forsooken me. Forsaken" (323); *Away from Her*, the film adaptation of Munro's story, ends with these same words. Chariandy's book focuses on loss of lexical ability by labelling each chapter with a failed attempt to spell *soucouyant*, the Trinidadian name for an evil spirit that in Chariandy's novel stands in for both specific histories of colonial exploitation and the early-onset dementia affecting the narrator's mother. As the narrator writes, "Mother wasn't simply forgetting. . . . [A] word would slip from her mind and pronounce itself upon her lips" (22).
- 5 In Maclear's and Chariandy's novels, which were both published after this essay was initially written, the social stigma of Alzheimer's explicitly intersects with histories of colonial, political, and cultural oppression. However, other books in this study also touch on aspects of social and cultural discrimination in Canada. While *Memory Board* deals with discrimination because of sexuality, *Scar Tissue* hints at cultural marginalization through the narrator's father, who describes himself as arriving in Canada a "dumb bohunk, with no English" (19); *Barney's Version* explores the consequences of religious and cultural difference through the narrator's experiences as an Anglophone Jewish Montrealer; and *The One With the News* suggests marginalization because of social class in its description of the early childhood deprivations of the main character's adopted daughter.
- 6 Chariandy's novel echoes Ignatieff's book in its representation of an adult son who tries to remember for his mother as he retells and reinterprets her life stories and thus appropriates as well as perpetuates them.
- 7 An earlier study, led by cognitive psychologist Susan Kemper in 1993, suggested that syntax is not affected by Alzheimer's. However, that study was only of patients in the earlier stages of the disease; as the authors noted, they could not test people with severe dementia because "most were unable to write a sentence" (82) and thus clearly had extensive difficulties with syntax as well as vocabulary.
- 8 The search for the word *colander* echoes the mother's mental search in *Scar Tissue* for *spatula*. Similarly, in Chariandy's *Soucouyant*, the narrator offers the example of his mother asking repeatedly for her hat and then revealing that when he says, "It's on the counter," she no longer understands the word *counter* (42).
- 9 Many real-life autobiographies by people with Alzheimer's are not written but instead are recorded or are told to relatives or caregivers and are often concluded by those caregivers; examples are Cary Henderson's *Partial View: An Alzheimer's Journal*, Robert Davis' co-written book *My Journey into Alzheimer's Disease*, and Larry Rose's *Show Me the Way to Go Home*. Family members also tell their own versions of their afflicted loved one's life story: examples include Carrie Knowles' *The Last Childhood: A Family Story of Alzheimer's*, Lisa Appignanesi's *Losing the Dead*, and John Bayley's two books about his wife, writer Iris Murdoch, *Iris: A Memoir of Iris Murdoch* (1998, titled in some editions *Elegy for Iris*) and *Iris and Her Friends* (2000).
- 10 Similarly, in Maclear's novel, the narrator's mother fills her pockets with small scraps of paper that form "an inventory of our mother's mind: things she needed from the

drugstore, bills that needed paying, names and numbers of close friends . . ." (107). In Munro's story, in contrast, Fiona is represented as always having written lists such as her morning schedule: "7 a.m. yoga. 7:30-7:45 teeth face hair. 7:45- 8:15 walk. 8:15 Grant and breakfast." Now, however, she posts notes on kitchen drawers to tell her that inside each is "Cutlery, Dishtowels, Knives" (277).

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