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“Magic and Laughter”: Graphic Medicine, Recasting Alzheimer Narratives and Dana Walrath’s *Aliceheimer’s: Alzheimer’s Through the Looking Glass**

Sathyaraj Venkatesan
Raghavi Ravi Kasthuri
Department of Humanities and Social Sciences
National Institute of Technology, Tiruchirappalli, India

Abstract

While the dominant biomedical discourse reduces individuals afflicted with Alzheimer’s to Lewy bodies, certain cultural discourses (mediated through films, fiction, comics and other forms) treat them as zombies. Recasting such depictions of Alzheimer’s disease (AD) sufferers, Dana Walrath in her graphic memoir *Aliceheimer’s: Alzheimer’s Through the Looking Glass* narrates the tribulations of her Alzheimer’s-afflicted mother, Alice, conjuring up an alternative visual and textual world. *Aliceheimer’s* is about the experiences of Alice, before and during AD. In equating the experiences of her mother with the dense fantasy world of Alice in Lewis Carroll’s *Alice’s Adventures in Wonderland* (1865) Walrath not only offers a particularly complex response to AD but also frames it as “a time of healing and magic” (4). Against this backdrop, the present article, drawing on relevant theoretical debates on self/personhood, examines how Walrath’s *Aliceheimer’s* cultivates alternatives to the biomedical and cultural figurations of AD through the use of collage form, positive lexical choices, and a creative appropriation of *Wonderland*.

Keywords

Dana Walrath, Alzheimer’s, AD, graphic medicine, revision narratives, *Alice in Wonderland*

* This paper is dedicated to Dana Walrath’s mother, Alice. She is a sea of inspiration. Thanks to Dana Walrath for permitting us to use the images. Thanks to the anonymous readers and subeditor/content developer for their encouraging—and challenging—comments on drafts of this essay. Special thanks are also due to S. Pushpanathan, Anu Mary Peter, Sweetha Saji and Abinesh R for their insightful comments.

Because comics undo social death.

—Dana Walrath

Aliceheimer's: Alzheimer's Through the Looking Glass

We can learn so much from people in altered states.

—Dana Walrath

“Seeing a Mother Alzheimer’s as a Time of Healing and Magic”

While the dominant biomedical discourse reduces individuals afflicted with Alzheimer’s to Lewy bodies,¹ certain cultural discourses (mediated through films, fiction, comics and other forms) treat them as zombies, the living dead. Recasting such depictions of Alzheimer’s disease (AD) sufferers, Dana Walrath in her graphic memoir *Aliceheimer's: Alzheimer's Through the Looking Glass* narrates the tribulations of her Alzheimer’s-afflicted mother, Alice, conjuring up an alternative visual and textual world. Published by Penn State University Press in 2016, *Aliceheimer's* concerns the experiences of Alice, before and during her AD diagnosis. In equating the experiences of her mother with the dense fantasy world of Alice in Lewis Carroll’s *Alice’s Adventures in Wonderland* (1865) (hereafter *Wonderland*), Walrath not only offers a complex response to AD but also frames it as “a time of healing and magic” (4). Against this backdrop, the present article, drawing on relevant theoretical debates on self/personhood, examines how Walrath’s *Aliceheimer's* cultivates alternatives to the biomedical and cultural figurations of AD through the use of collage form, positive lexical choices and creative appropriation of *Wonderland*. The essay also brings into relief the anthropological precepts that underpin Walrath’s text and examines the implications of such reconfiguration both for AD patients and caregivers. In so doing, Walrath exposes how “the medical gaze has dominated [our] understandings of ‘valuable’ bodies” (McMullin, “On Comics” n. pag.) while reclaiming the humanity and dignity of the AD patient’s pathologically destroyed self.

Aliceheimer's in part originated in 2010 as “Alice drawings” (3) which Walrath regularly e-mailed to her Beijing-based artist friend, Patty Hudak. Later,

¹ “Lewy body dementia” according to Mayo Clinic, “is the second most common type of progressive dementia after Alzheimer’s disease dementia. Protein deposits, called Lewy bodies, develop in nerve cells in the brain regions involved in thinking, memory and movement (motor control).” (“Lewy Body Dementia” n. pag.).

Walrath submitted her “twenty-five drawings” (3) to the Brooklyn Art Library’s Sketchbook Project (2011) and subsequently wrote a series of essays which were made available in her blog.² In 2013, these drawings and essays were published as a graphic memoir by Harvest Publishers (Yerevan, Armenia) and in 2016 it was reissued by Penn State University Press as part of the Graphic Medicine book series. Divided into twenty-six prose vignettes reinforced by black/white collaged drawings, *Aliceheimer’s* reconstructs the AD experience of Alice, whom Walrath describes as a “proud, hardworking career woman, [who did] all the cooking and cleaning for her family of five, without any outside help” (11). Unable to imagine her fiercely independent and self-reliant mother in a memory care facility, Walrath takes a hiatus from her professional responsibilities and assumes the role of a primary caregiver. Accordingly, Alice is shifted (once she becomes incapable of living on her own in New York) to Vermont to live with Walrath. In the process of caring for Alice, Walrath strives to “redo the past,” “fill the hole” (1) and tries to make “the missing pieces of [their] past into more than ideas” (61).

Figurations of Alzheimer’s: From Brain in the Jar to a Culture of Hope

AD is a chronic neurodegenerative disease that destroys memory and related cognitive functions of the brain. Characterized by forgetfulness and progressive mental deterioration, AD is caused by mitochondrial dysregulation which is often confirmed through the presence of plaques and tangles in the brain tissue of an individual. Within such a line of biomedical reasoning, it is often the irreversible decline in cognitive abilities and histopathological features of an AD patient that gets highlighted. Perceived as “an aggressive and merciless illness” (Van Gorp and Vercruyse 1274), dementia is often described in medical discourses in bleak terms such as an “epidemic” and a “crisis” (Mandell and Green 4). Even the scientific community use gloomy metaphorical phrases; for instance, when neurologist Dr. Andrew Lees in *Alzheimer’s: The Silent Plague* describes AD, he resorts to clichéd terms like “silent plague” and “sepia galactic storms” (n. pag.). As if this was not enough, many physicians also derisively position AD as “a disease of the brain and, consequently, its sufferers as ‘lost selves’” (Swinnen and Schweda 11). Such biomedical descriptions not only idealize memory as the essence of being but also

² To access Walrath’s blog, visit <<https://danawalrath.wordpress.com>>.

assume that any deterioration of memory, intentionality and reciprocity is tantamount to the dissolution of self and the notion of personhood that embodies it.

AD scholars like Tom Kitwood, Pia Kontos, Karen A. Lyman and Ann Netten have observed that such pathological and epistemic rendering of AD not only aggravates the dread and antipathy toward the disease but also denigrate the person with AD. In fact, these scholars have attempted “to bring alternative philosophical models of personhood to the fore in order to stress that persons are more than their brains, that personal identity does not rest only on mental continuity, and that the story of dementia exceeds that of tragic loss and decline” (Swinnen and Schweda 11). For instance, in *Dementia Reconsidered: The Person Comes First* (1997), Kitwood critiques biomedicine’s reductionism³ and hence, recommends a holistic “person-centered”⁴ approach. In a different vein, calling attention to the language of medical practitioners and its impact on the culture of care, Sharon R. Kaufman contends that

Physicians sometimes unwittingly offer contradictory directives to families; and a kind of doublespeak . . . [that] revolves around the mystery of *life* . . . It emerges in the language that physicians use to explain physiological decline, the absence of beneficial treatments, and the role dementia plays in the nearness to death. It takes the following shape: “Your mother is not actually (or completely) dead, or dead yet, but neither is she alive.” Or, “She’s not really alive, but we can keep her alive a bit longer.” Or, “He has no meaningful life, but we can continue to take care of him.” Practically, *life* and *death* merge in this language. (40; emphases in original)

Popular culture is equally guilty of disseminating a wide range of clichéd metaphors and figures for AD patients; for instance, Robert T Woods’ *Alzheimer’s*

³ According to Kitwood, there are seventeen “baleful practices” in the health care system: “treachery, disempowerment, infantilization, intimidation, labelling, stigmatization, outpacing, invalidation, banishment, objectification, ignoring, imposition, withholding, accusation, disruption, mockery and disparagement” (46-47).

⁴ Person-centered care was first introduced by Tom Kitwood in 1997 in *Dementia Reconsidered: The Person Comes First*. As Daniel Kuhn and Jane Verity explain, person-centered care requires looking “at the world from the perspective of the individual person with dementia. In this view, his or her experience is accepted as reality. This reality helps to explain the behavior of the person with dementia” (7).

Disease: Coping with a Living Death (1989), David Shenk's *The Forgetting: Alzheimer's: The Portrait of An Epidemic* (2001), and John Thorndike's *The Last of His Mind: A Year in the Shadow of Alzheimer's* (2009) among others have deliberately or inadvertently contributed to the unconstructive and negative portrayal of AD sufferers. And then there is a casual representation of AD as slow dying/death in works such as *Death in Slow Motion: A Memoir of a Daughter, Her Mother, and the Beast called Alzheimer's* (2003) by Eleanor Cooney.

Elsewhere, AD patients are stereotyped as zombies, monsters, senile individuals, unproductive and abject bodies. Susan M. Behuniak traces the genesis of the zombie metaphor and demonstrates seven specific ways in which zombies and AD patients are concatenated in the cultural figuration.⁵ Tracing particularly the role of George Romero's film trilogy—*Night of the Living Dead* (1968), *Dawn of the Dead* (1978) and *Day of the Dead* (1985)—in constituting zombie as a cultural figure,⁶ Behuniak illustrates how such a figure was later extended to annotate the conditions of AD patients. Health campaigns and various news articles also frame AD as “one of the greatest societal challenges for the 21st century” (WHO 90) and as a “millennium demon” which requires a “crusade” to defeat it (Zeilig 15).⁷ No different is media⁸ which is laced with negative tropes and phrases such as “living death,” “demented,” “victim,” and “dementing illness” contributing to the cultural negativization of people living with AD. Further, as Aagje Swinnen and Mark Schweda caution, AD is “increasingly used as a metaphor for the aging process” (11). Through such metaphoric associations, popular culture, like medical science, denies the *Dasein*⁹ and the ontological existence of the AD sufferer.

⁵ According to Behuniak, Romero's trope engendered seven characteristics of zombies. They are “exceptional physical characteristics, lack of self-recognition, failure to recognise others, cannibalisation of living human beings, the exponential spreading of this plague, the resulting horror of those still unafflicted, and the zombie's overwhelming hopelessness that makes death a preferred alternative than continued existence” (77-78).

⁶ For a study of zombie metaphors in popular culture, see Behuniak. Also see Servitje and Vint.

⁷ Even former UK Prime Minister David Cameron referred to AD as a “quiet crisis, one that steals lives and tears at the hearts of families” (“Dementia Challenge’ Launched” n. pag.).

⁸ For a detailed analysis of media construction of AD, see Herskovits; Kitwood and Bredin.

⁹ Human beings according to Martin Heidegger should be treated as having *Dasein*. *Dasein* is “a common German word usually translated in English as ‘existence’ but which also literally means ‘being there’” (Olafson n. pag.). In this article, we use the term *Dasein* in the former sense of the word to denote human existence.

In her analysis of the function of literary representations of dementia, Bitenc examines how AD is made to perform a number of “secondary function[s]” (308) in different genres of narrative literature. In a large number of novelistic narratives dementia “functions merely as a structuring device or a theme” (such as *Small World* by Martin Suter), while in many fictional accounts it serves “as a frame for a love story” (such as *The Notebook* by Nicholas Sparks and *Away from Her* by Alice Munro) (307). In some instances, such as Jonathan Franzen’s *The Corrections* (2001), AD is exploited as “a lens to criticise dominant social practices or beliefs” (Bitenc 307). Such limited representations are no different from the negative depiction of AD in that these all leave “a crucial gap in our knowledge of what it is like to experience advanced dementia” (Bitenc 307). Cumulatively, both socio-cultural and biomedical delineations of the AD persons strip them of “their humanity” (Bercaw n. pag.) and reinforces their condition as *different* and *abnormal*.

However, with the recent scientific advances in AD research, along with the popularity of personhood movement, there is a significant shift in the way AD is considered by scientists, cultural critics, patients and caregivers. Fostering a culture of hope, recent AD narratives such as Joanne Koenig Coste’s *Learning to Speak Alzheimer’s: A Groundbreaking Approach for Everyone Dealing with the Disease* (2004), Christine Bryden’s *Dancing with Dementia: My Story of Living Positively with Dementia* (2005), Joseph Jebelli’s *In Pursuit of Memory: The Fight Against Alzheimer’s* (2017), Gayatri Devi’s *The Spectrum of Hope: An Optimistic and New Approach to Alzheimer’s Disease and Other Dementias* (2017), and Dale Bredesen’s *The End of Alzheimer’s: The First Program to Prevent and Reverse Cognitive Decline* (2017), among others, call for an urgent revision of the extant AD discourse. Drawing inspiration from Janelle S. Taylor, who identified her “mother’s dementia” as “the domain of the possible” (324), Walrath’s *Aliceheimer’s* continues the current trend of refined, affirmative and confident representations of AD.

The anthropological premise for such an authorial stance is available in the introduction of *Aliceheimer’s*, where Walrath states: “medicine is not just science but a collection of beliefs and practices . . . a *cultural system* and that, like any human-made system, it has its flaws” (4) (emphasis in original). Walrath in interpreting medicine as a cultural system demonstrates how the medical system like any other system is embedded in space and time and involves agents, processes, beliefs and values. In characterizing medicine as a cultural system, the artist also underscores the epistemic practices and the regimes of truths that it produces.

Emphasizing, thus, the cultural implicatedness and socially negotiated status of medicine and the necessity to approach medicine using culture as a lens, the author lays bare the functioning of medicine in its dynamic cultural and social contexts. Treating medicine as a culturally constructed system and uncovering its epistemological basis of reality not only helps Walrath deploy a praxis informed by deconstruction but also aids her in unveiling “social and political determinants of sickness and health,” “social aspects of science,” “racism, sexism, heterosexism, ableism, and other forms of structural violence” (2). Essentially, *Aliceheimer’s* attempts to rewrite the prevalent medical and socio-cultural representations of AD by offering an alternate approach anchored in hope and optimism.

Hybrid Vigor: Graphic Medicine, Alzheimer’s and the Use of Collage

Graphic medicine refers to “the intersection of the medium of comics and the discourse of healthcare” (Czerwiec et al. 1), and the term “comics” in this definition encompasses a variety of verbo-visual forms such as illustrations, collage, drawings, and picture books, among others. While graphic medicine offers a “personal side of medicine” (Janbazian n. pag.) (as opposed to mere clinical interpretation of a disease condition), it also critiques the bio-cultural conventions that influence perception of any disease. With a similar take on graphic medicine, Susan M. Squier observes that “[g]raphic medicine is . . . a movement for change that challenges the dominant methods of scholarship in healthcare, offering a more inclusive perspective of medicine, illness, disability, caregiving, and being cared for” (Czerwiec et al. 2). Additionally, if graphic medicine serves as a “growing community where . . . people [find] their voices” (Czerwiec et al. 3), then the genre in conglomerating numerous subjective realities of a disease also serves as an affective history which counteracts the empirical verity and absoluteness of medical knowledge. In essence, graphic medicine rewrites the biomedical and cultural representations underscoring a specific disease by “merging the personal with the pedagogical, the subjective with the objective—the image with the text” (Czerwiec et al. 3).

With comics and graphic narratives “coming to the forefront of literary-critical and cultural conversations” (Chute 453) in a “comics boom” (452), especially in the post-millennial years, there is a proliferation of “nonfiction comics,” the “strongest genre in the field” (452) as Chute puts it. Among nonfiction comics, graphic medical narratives have gained popularity due to their ability to

“express life stories, especially traumatic ones, powerfully” (Chute, “Comics Form” 109). Given such a cultural context, it is quite natural that there is a tremendous response to AD in comics medium. Narrated from the caregivers’ perspective, prominent graphic medical narratives on AD include Sarah Leavitt’s *Tangles: A Story about Alzheimer’s, My Mother and Me* (2012), Roz Chast’s *Can’t We Talk about Something More Pleasant? A Memoir* (2014), Tom Batiuk and Chuck Ayers’ *Roses in December: A Story of Love and Alzheimer’s* (2015), Paco Roca’s *Wrinkles* (2015), Alex Demetris’ *Dad’s Not All There Any More: A Comic about Dementia* (2015), and Sharon Rosenzweig’s *Mom’s Flock: Renegade Hens in Highland Park* (2015). These narratives not only bring forth the myriad subjective realities of AD patients and caregivers¹⁰ but also stridently destabilize the dominant biomedical, cultural and pedagogical renditions of AD. Taking cues from recent developments, as it were, Walrath’s *Aliceheimer’s* is a nuanced representation of Alzheimer’s and, in a sense, continues the current trend of affirmative and confident representation of AD. Describing the imagistic/graphic quality of the text, Walrath in her introduction encourages her readers to “[p]age through to feel the storyline as it exists in the drawing on their own” (5) and later confesses that the narrative of *Aliceheimer’s* is primarily “inspired by the images” (6). Elsewhere, the artist clarifies, “[i]f you page through *Aliceheimer’s* looking only at the left-hand pages, you can read the original comic, a love story in pictures. I started writing short vignettes, each one in response to one of the original drawings” (Bercaw n. pag.). Emphasizing images as the essence of her memoir and describing its content as a good-humored story, Walrath characterizes *Aliceheimer’s* as “a love story in pictures” (Bercaw n. pag.).

Walrath considers comics a particularly apposite medium to deconstruct the extant scripts that surround AD, for comics from the inception are about “rule breaking” and “giv[ing] people . . . [a] voice and a physical presence” (McMullin, “When They” n. pag.). Although technically not a comic in the sense of sequential

¹⁰ Besides these graphic pathographies, some of the popular and critically acclaimed representations of AD are *Elegy for Iris* (1999) by John Bayley, *Passages in Caregiving: Turning Chaos into Confidence* (2010) by Gail Sheehy, *Ten Thousand Joys & Ten Thousand Sorrows: A Couple’s Journey Through Alzheimer’s* (2010) by Olivia Ames Hoblitzelle, *Love in the Land of Dementia: Finding Hope in the Caregiver’s Journey* (2013) by Deborah Shouse, Martha Stettinius’ *Inside the Dementia Epidemic: A Daughter’s Memoir* (2012), and *Alzheimer’s Daughter* (2015) by Jean Lee, among others. Well-known filmic representations of AD are *Away from Her* (2006) by Sarah Polley, *A Moment to Remember* (2004) by John H. Lee, *The Notebook* (2004) by Nick Cassavetes, *Iris* (2001) by Richard Eyre, *Memories of Tomorrow* (2006) by Yukihiko Tsutsumi, and *Still Alice* (2014) by Richard Glatzer and Wash Westmoreland.

art, *Aliceheimer's* is a collaged text which integrates multiple materialities and disparate elements such as photographs, hand-drawn images and cut-pieces of *Alice* to convey the co-existence of conflicting realities of Alice's AD experience. Collage as *The American Heritage Dictionary* defines it is "an artistic composition of materials and objects pasted over a surface, often with unifying lines and color" (Morris n. pag.). Derived from the French term "coller," "collage" etymologically means "to glue" or anything that is glued, pasted or adhered onto a surface. Akin to comics, collages are also an anti-establishment art form whose flexibility allows artists to illustrate complex subjective experiences in a lucid style. However, unlike comics, collage can accommodate multiple materialities while retaining the autonomy of its elements. For instance, the Dadaist Tristan Tzara incorporated "paper, clothes, printed matter, coins" (Rosenberg 173) into his paintings to reveal the uncanny aspects of everyday life. In modern art history, collage developed with the Cubism movement (especially the works of Pablo Picasso and Georges Braque) as a resistance to prescriptive artistic conventions and techniques. In a way, Walrath retains the original purpose of the art movement which was to "disorient and divest images of known meanings and introduce ironic commentary on the new juxtapositions" (Petersen 65). Although Walrath does not use her collages as an "ironic commentary," she calls the readers' attention to the disparity between the lived realities of AD and represented realities of the same. The collages in *Aliceheimer's* are crafted in such a way that they evoke the visceral experience and memories of Alice.

Walrath has said she chose the collage form because of Alice's liking for graphic narratives as well as its appositeness for "someone with dementia" (5), the form also enables her to represent "a reality above the real" (Smith 107) to create a desired ambience, to "recall the essence of an event" (Harrison and Grasdahl 86), and to distill the emotional condition of Alice's mind. Furthermore, the fractal and innately fragmented quality of collage not only aids the author in executing a deconstruction of texts and codes but also facilitates the imagination and embodiment of the subjective truths of Alice's AD experience. Again, the compositional features of collage parallel the constructed and fragmented disposition of human memory which recreates an event of the past through nostalgia. The resultant dynamic interplay of visual and verbal codes taps into "the subconscious and conscious" (Walrath 3) of the author, thereby befitting the narration of multi-layered, non-linear stories of AD.

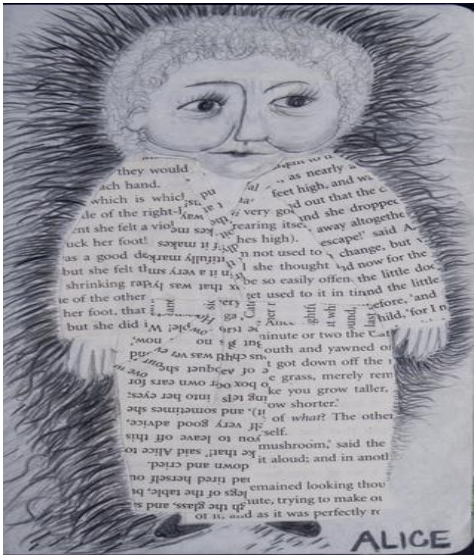


Fig. 1. Dana Walrath, "Alice." Courtesy of Dana Walrath.



Fig. 2. Dana Walrath, "Disappearing Alice." Courtesy of Dana Walrath.

Often AD narratives dramatize the coma state or delusions of AD patients (*A Song For Martin* by Bille August) and emphasize the endless toil of caregivers (such as *Tangles: A Story about Alzheimer's, My Mother and Me* by Sarah Leavitt, *Inside the Dementia Epidemic: A Daughter's Memoir* by Martha Stettinius, *We Are Not Ourselves: A Novel* by Matthew Thomas), likely unsettling readers. However, in *Aliceheimer's* Walrath intentionally departs from such stereotypical representations with her elegant drawings, collage forms and intertextuality. For instance, at the very outset Alice is depicted as flying like a bird in the mid-air reaching toward the sun, suggesting a different perspective on things that such a vantage point would warrant. Walrath's visual sublimation of Alice's degenerative memory into her ability to fly paves the way for viewing her from an alternate perspective. In the next page, Alice is introduced as an older woman with a round face, curly hair, cherubic features, and a halo embracing her whole body (see Figs. 1 and 2) to signify "her reversion to childhood" and "her altered magical state" (McMullin, "Restoring" n. pag.). Although Walrath later depicts the disappearance of Alice and temporarily immerses her readers in fear, in successive chapters the author assures readers that she is not losing her tangible parts but only her memory ["just losing her memory, the part that kept her grounded" (20)]. To visually illustrate Alice's loss of memory or her "unground[ing]" (21), as Walrath puts it, the author draws Alice's feet above the ground, leaving the earth and eventually flying. The collages in the chapters titled "Flight" and "Alice Ungrounded" captivantly portray Alice as a superpower who confidently flies toward the light. In "Flight" Alice is in midair moving toward the sun as the readers learn of her special powers and "a double dose of authority and confidence" (19) (as a mother and biology teacher)—traits which she retained even in her illness.

In other words, the idea that Alice is slowly disappearing and warped is annulled; and, soon succeeded with collages that paint a vision of hope where Alice flies to the stars. Here, Walrath strategically disentangles the notion of self from the determinative role of memory and thus provides a sharp contrast to the extant AD discourses that construct "cognitive function" as "a central and defining characteristic of the self" (Herskovits 159). A "self" based merely on memory and its attendant technologies, as Bitenec reminds, is not only a "reductionist philosophical [model] of personhood" but also has the danger of precluding "a meaningful life" outside a person's "capacity to remember and communicate his or her experience" (306). In essence, one can argue, legitimately, that hyper-cognitive models of personhood give rise to the notion of dementia as a form of biosocial death.

Through *showing* (imagining) what Alice *sees* in her delusions, through her use of collage, Walrath generates a benign and positive environment. Essentially, the artist in Walrath enters into Alice's world and normalizes the bizarre psychogeography of her mother in order to emphasize the complex and conflicting realities of AD sufferers. Walrath's active participation in her mother's world is what Sanna Inthorn and Julia Inthorn calls a "relational autonomy" (320). Here, the autonomy of the patient is not lost but undergoes a dynamic change with participation of the caregiver. More important in many ways, as the narrative progresses, Alice like Alice in *Wonderland* shrinks ("Drink Me") and with every passing page becomes "developmentally younger" (61) till she telescopes to a double-helixed DNA. As Alice progresses into the future, she regresses into the past—a time when she threw tantrums and had to ask parents to clothe and feed. For instance, in the chapter "Light, Years, Later," Walrath recollects an instance, where Alice affirms that she is living in the 1940s during the Second World War. Alice even questions Walrath about the availability of meat thus: "But where did they get it from?"; later, "Isn't there rationing?" (37). Likewise, in "Before Wonderland, NYC circa 1944" Walrath narrates multiple instances of Alice excitedly describing her first experience of menstruation "around 1944" (57). Walrath recalls thus: "Alice felt eleven" when she revealed with "a shy smile" that "[she] just got [her] period" (57). Unlike what Walrath finds in contemporary medicine, Alice is not devolving into someone without a past; rather, the past is seeping into the present, leaving Alice stranded there. What emerges in the end is an existential continuity and biographical narrative of Alice culminating in shared biological pasts and cultural heritage. In effect, Walrath actualizes Kitwood's call for "a new discourse about dementia . . . which puts personhood at the centre" (Baldwin and Capstick 63).

In the last collage, the artist depicts a peacefully sleeping Alice, who embraces a variety of her own selves; the caption reads, "I know who I WAS when I got up this morning, but I think I must have been changed several times since then" (68). Borrowed directly from the Caterpillar in *Wonderland*, whose statement is met with a negative and tentative response from Lewis Carroll's Alice, the line here becomes a self-reflexive and affirmative identity narrative for Walrath's Alice, coaxing the readers to embrace the "now" of AD patients. This "now" is a living, protean multiplicity of self which merges present and past/future realms of existence. To sum up, Walrath consciously departs from the negative pictorial tropes to artistically restore Alice. Ultimately, the striking collages in *Aliceheimer's*

reconfigure familial loss and clichéd cultural narratives to characterize Alice’s AD as an experience of growth, gain and healing.

Loss as Transformative: Alzheimer’s Wonderland and Beyond

Although Cécile Huguenin (*Alzheimer mon amour*) and Sally Magnusson (*Where Memories Go: Why Dementia Changes Everything*) have referenced *Wonderland*¹¹ to offer a nuanced and literary account of dementia, it is Walrath’s *Aliceheimer’s* which unequivocally claims the centrality of Alice’s adventures. The underlying notion is: Alzheimer patients are individuals who have entered into wonderlands of their own creation. Explaining her choice of using *Wonderland* as an archetype, Walrath said: “I found the story’s voice [*Aliceheimer’s*] the day I cut up a cheap paperback copy of Lewis Carroll’s *Alice in Wonderland*, using the page fragments to make her bathrobe, Alice’s favorite garment” (3). Elsewhere, recounting her personal connection with Carroll’s text, Walrath observed: “[m]y father had read it out loud to us as kids, and during dementia Alice and I often recited parts of it together” (Bercaw n. pag.). Accordingly, if Carroll’s narrative serves as material and an emotional marker that poignantly captures the role reversal and the AD journey of Alice, then it also demonstrates Walrath’s philosophy of AD that “[l]ife with dementia is filled with alternate realities and magic, both scary and uplifting. Accepting wonderland as our baseline [makes] day to day life an adventure” (Bercaw n. pag.). In creatively enmeshing the works of Carroll—*Alice’s Adventures in Wonderland* and *Through the Looking Glass*—with the AD experience of Alice in the very title of the memoir (*Aliceheimer’s*), Walrath not only sets the tone of the narrative by metaphorizing Alice’s condition but also urges readers to look through the glass of dominant biomedical and cultural discourses. In order to tighten the intertextuality and to explore unique and unusual aspects of AD, Walrath echoes phrases from *Wonderland* in various sections such as “Disappearing Alice,” “Missing Pieces,” “Falling Slowly,” “The Lobster Quadrille,” “Drink Me,” “Curiouser and Curiouser,” “A Mad Tea Party,” among others. Finally, if Carroll’s Alice relied on the Cheshire Cat, the White Rabbit and

¹¹ Another medium that use Carroll’s *Through the Looking Glass* to discuss mental illness is the Russian radio programme titled “Radio Through the Looking Glass” (2014). Broadcasting from Kashchenko, the famous psychiatric hospital in Moscow, the presenters of this radio show are mentally ill patients. See <<http://www.thehindu.com/sci-tech/russian-radio-airs-from-psychiatric-hospital/article9046694.ece>>.

the Caterpillar among others to survive her trip, then Alice in *Alicehemier's* similarly relies on Walrath to mitigate her fears and anxieties.



Fig. 3. Dana Walrath, “Up.” Courtesy of Dana Walrath.

Besides the nomenclatural similarity between the titular characters, the state of “wonderland” in *Alice* particularly corresponds to the “altered magical state” (3) of Alice. Interestingly, Walrath equates the experiences of Alzheimer’s to conditions of a wonderland and repeatedly uses the term “wonderland” not to foreground an unreal universe but to allude to an alternative reality caused by the behavioral and personality changes of AD patients—a reality not determined by memory or temporality. Although AD unfamiliarizes the realms of living for a patient as well as for a caregiver, the author, approaches this transition as filled with “magic and laughter” (3), signifying wonder and excitement. Put differently, while the dominant discourses characterize dementia as a sign of impending madness, Walrath reassigns it an “altered magical state” (3) with its own distinct meaning and logic. The magical state of Alice is visually represented in many ways in the text: for instance, in a chapter titled “Alice Ungrounded,” Alice is shown floating above the ground surrounded by multi-coloured stars and an emanata. Elsewhere, Alice is seen floating in circles around an orange teapot while the star and an emanata are retained for visual continuity. In “Apples Are Better,” broccoli grows out of Alice’s ears. Haloes around Alice’s head, a reference to the Armenian illuminated manuscripts, act as a visual shorthand to her altered magical world.

Walrath's deftly constructed collages and the hybrids they generate, explore the surreality in the everyday world of Alice, a world only loosely anchored in temporal/spatial consciousness.

Like Carroll's mirror and mysterious wonderland, Alice conjures a parallel world which reverses the logic of everydayness. In fact, Alice "floats around in time" (29) to meet soldiers from World War II; to spend time with her late husband (Dave); to imagine herself growing hoofs, horns, or broccoli out of her ears; and to fancy herself abducted for a week by "the ultimate hostage-takers" (29). Instead of depicting Alice as a victim of her own delusions or as someone stuck in a warped form, Walrath characterizes Alice as someone who can "see things that we can't" (19) in order to develop the idea that a person is more than an illness. Walrath limns Alice as an imaginative storyteller who "escapes the captivity of Alzheimer's through story" (29).

As a caretaker, Walrath enables her mother's flights of fancy by calling them "cool" (26). To quote Walrath, "I just went with it. I didn't correct it. It seems mean to correct it" (Rosenbaum n. pag.). For instance, when Alice claims that "[t]here's Dave up in a [maple] tree" (26) (see Fig. 3), Walrath responds, "Cool!" Later Walrath informs the readers that whenever her mother agitatedly asked where Dave was, she pacified Alice by asking her "to place her hand right there [on her chest] and . . . look up" (27) to *see* Dave. Similarly, in the chapter titled "Sundowning," when Alice thinks she *sees* Japanese soldiers and wicked witches, Walrath instead of framing Alice's experience as "a state of confusion at the end of the day and into the night" (35), accedes to the existence of what her mother sees. Walrath's assurance to Alice not only mitigates the pain of Sundowning in Alice but also, in larger terms, presents possibilities of responding to an AD symptom. If conventional bio-cultural discourses would frame them as unbridled hallucinations and stark delusions, then Walrath perceives them as Alice's "special powers" (19) and as "the manifestation of [Alice's] desire" (5). Refusing to set a singular absolute frame of reference and treating every perspective of an AD sufferer as a legitimate expression of human existence, Walrath concedes the alternate states of Alice. In treating Alice's surreal world as a bold expression of her expanding consciousness that continually recreates her identity, Walrath deftly translates clinical and neuropsychiatric symptoms of AD into a language of phenomenology, humanism and self-invention.

More important in many ways, AD is characteristically reckoned as a condition which robs the sufferer of the self, with the sufferer typically fashioned as a living specter. As a caregiver and as a narrative therapist, Walrath, on the contrary,

visually and textually records the open-endedness of Alice's self and, in so doing, the medical anthropologist in Walrath succeeds in illustrating AD as "a different window into being human" (Rizzo n. pag.). Accordingly, when Walrath acknowledges dementia-related functional limitations and their bearing on the self, she celebrates the emergence of newer selves, actions, and behavior of Alice, suggesting the malleability of an AD self. Invigorated by change and redefinition, Alice merges into a different self, one that is simultaneously continuous and discontinuous from her earlier self. For instance, while Alice's older self through a "scientific" and systematic "quest" (17) distanced herself from her Armenian identity (such as by marrying a foreigner, by idolizing golden-blond hair and by refraining from speaking with an Armenian accent), her emerging and current AD self embraces the consciously disowned Armenian identity. Elsewhere when Walrath questions Alice whether she "[s]hould . . . look up the [Armenian] cousins?" (65) Alice instantly replies, "Of course . . . It's the right thing to do" (65). While her older self would have shown less interest in her Armenian relatives, the newer self thinks it is the "right thing to do" (65).

Similarly, while in her old self Alice was "never religious," her newer avatar is "flexible enough to use the word *heaven* metaphorically" (27; emphasis added) and accommodate Hakomi Therapy (27).¹² In fact, toward the end of the book Alice and Dana talk extensively about Armenia and the book concludes in the Armenian language (*Sir doo hokis yaro jan . . .*) (69), suggesting Alice's full return to her roots. Put differently, as Alice consciously tries to forget her Armenian identity, she walks into an irony, where her Armenian self becomes central to her reordered identity. Here, Walrath offers a bold argument and frames AD as a condition that allowed Alice to explore the self which she formerly tended to *avoid*.

"Beatification-Incarceration": The Lexical Puissance

As a medical anthropologist, Walrath is conscious of the inexorable material consequences and effects of socio-cultural and medical language on AD sufferers. As language mediates the personhood and subject-position of individuals in power relations, any stated attempt to reconfigure existing perspectives necessitates the reconfiguration of available language. In a different context, disability studies also

¹² Developed by Ron Kurtz, Hakomi Therapy is "a system of body-centered psychotherapy which is based on the principles of *mindfulness, nonviolence, and the unity of mind and body*" (n. pag.; emphasis in original). See Frye.

examine the relationship between language and its impact on a disabled person's identity and social realities. In framing disability as "always an interpretive occasion" (1), Rosemarie Garland Thomson not only emphasizes the material and socio-cultural contexts of disability but also underscores the mediation of language in framing disability as a disadvantaged suffering. "Person-first language" (such as "person with a disability," "special") is an attempt in this direction which, as Titchkosky observes, "separat[es] the person from his or her disability" (133). While the purpose of such language movement is to disentangle disability from the identity of the person, the broader premises is to examine the material implications derived from discourses of normality.

Taking cues, as it were, Walrath, in treating medical discourses as "an elaborate and sophisticated social theory linking social differentiation, power, and language" (Geest and Rienks 80) and employing the narrative strategy of resignification, displaces and even disrupts the received epithets and language conventions about AD. In so doing, Walrath cultivates positive language as the verbal landscape of the text and concentrates on the speech acts and linguistic properties of interest groups. Accordingly, *Aliceheimer's* provides an assemblage of phrases characterized by positivity and openness. For instance, Walrath links disease concepts and language ideology in "Light, Years, Later." After answering Alice's delusion about the unrationed meat which was a rare commodity in her reality during World War II, Walrath muses over the terms "hallucination" and "vision," and ruminates thus: "What to call them [delusions] and what they lead to on the beatification-incarceration spectrum all depends upon frame of reference" (37). Here the author demonstrates how different lexical choices would constitute different frames of reference and ways of seeing. That is, if the word "hallucination" is used to describe Alice's delusions, then she would be detained (incarcerated in a memory ward); but if the label "vision" were used to describe Alice's delirium, she would be beatified. In Christian theology, beatification is the ultimate communion with God. This episode foregrounds how a simple lexical choice between "hallucination" and "vision" vis-à-vis Alice's hallucinations has definitive ethical consequences and material imperatives. Reflecting on speech acts and, by extension, the realities they constitute, Walrath draws our attention to the importance of language in the production and cultural thinking of a disease.

Taking this forward, as it were, *Aliceheimer's* mostly refrains from the pessimistic narrative constructions and ethically problematic discourse markers that are generally deployed to describe the condition of AD and its sufferers. *Aliceheimer's* approach implies "accommodating shifts in narrative need and

capacity in clients; of assisting them for as long as possible to continue to access the powers of story that run so deep within them by making available a richer array of narrative opportunities” (Freadman and Bain 108). While Walrath is conscious of the material consequences and constructed nature of language, she is also aware of the performative dimension of words. Accordingly, she draws on a positive discursive repertoire accentuating hope, meaning and compassion to fix the (negative) rhetorical excesses of clinical and cultural forms. In fact, the entire text is replete with positive alternatives—for instance, in the chapter titled “Missing Pieces,” Walrath describes Alice as “always beautiful—Armenian immigrant beautiful, with thick, curly black hair, olive skin, and big dark eyes” (17); and later, the author qualifies Alice thus: “Alice is still beautiful” (17) and “baby sweet” (63). In reiterating the word “beautiful,” Walrath displaces the biomedical/cultural discourses which portray AD patients as grotesque zombies and geriatric monsters. Walrath celebrates Alice’s existence by calling her “lovely . . . Armenian princess” (17), and elsewhere, she strategically displaces deterministic words associated with AD such as dying, forgetting, anxiety and disgust with “flying” (7), “healing” (5), “peaceful” (1) and “[a]dorable” (63). Toward the middle of the narrative, Walrath pictures Alice as an “increasingly strange” toddler who like the fictional Alice forgets “to speak good English” (Carroll 17). Walrath also invokes the analogy of the mother-child relationship: in “Curiouser and Curiouser” Walrath describes Alice as a toddler who “messes” and gets “unnerved” by mother’s departure. Later, Alice is compared to an adorable child “full of compliments and excitement” (63). Elsewhere, instead of using the phrase memory ward, Walrath explains to Alice that she would be going to “a school for people with Alzheimer’s disease,” which not only “relax[es]” and “evaporat[es]” Alice’s mean “behaviors” (63) but also causes Alice to state, “I love school” (63). Although Walrath is guilty of infantilizing Alice’s experience of AD, it is evident that she does so in order to sustain the spirit of the memoir—a good-humoured “love story” (Bercaw n. pag.).

Coda

The article began by reviewing the extant negative/unconstructive representations of AD sufferers as available in cultural discourses such as films, fiction, popular journalistic and medical accounts, among others. What is at stake in such figurations is the way AD patients are imagined as disintegrated bodies deprived of personhood, or as the living dead. However, there has been a general shift toward thinking about living well with dementia and an increasing focus on

the role of the arts in fostering well-being for people living with the condition. This is not to say that the “zombie” metaphor and related stereotyping of the AD patients has been entirely displaced, but it is not the dominant mode anymore. Walrath’s *Aliceheimer’s* is a more positive and nuanced representation of AD and, in a sense, it continues and develops the current trend of refined, affirmative and confident representations of AD. The narrative recasts and disrupts dominant discourses of Alzheimer’s through the deft use of the form of the graphic memoir to mediate Walrath’s lived experience as a carer for her mother. Accordingly, *Aliceheimer’s* destabilizes the biomedical, cultural and pedagogical representations underwriting AD with elegant drawings, collages and intertextuality, thus contributing to an alternative perspective of attending to AD experience. In suggesting an interdisciplinary interaction among medicine, anthropology, comics and literature which can engender new vocabulary, Walrath envisages “a more optimistic and less deterministic” (Baldwin and Capstick 36) approach to AD. Accordingly, *Aliceheimer’s* articulates a sustained critique of the available AD scripts by deploying collage form, positive words and by creatively appropriating Carroll’s *Wonderland*. While collage as a compositional strategy concretizes Alice’s ineffable and surreal experience of AD, it also vividly enmeshes myriad realities to illustrate her altered state. Most important in many ways, through appropriating Carroll’s fantasy narrative, Walrath poignantly depicts AD as a magical state that unravels novel facets of subjectivity. Specifically, instead of grieving her mother’s loss of cognitive abilities and incapacitation, Walrath encourages her readers to acknowledge and accommodate the new selves that emerge during AD. In so doing, *Aliceheimer’s* offers an alternative perspective on AD by redeeming it from the dominant negative representational paradigms. Again, Walrath’s purposeful choice of positive terms and phrases to communicate Alice’s tribulations strategically displaces the geriatric language of AD.

Walrath intentionally reconfigures the malignant “social meaning” (5) of AD in order to humanize the experience and further to reverse shame, stigma and victimization. Through consciously producing a language of optimism, magic, and laughter, Walrath departs from the reductive language and predictable *writing* of AD patient as brainless bodies. Further, through using a positive lexicon, Walrath not only evolves a new set of relations between language and Alzheimer’s bodies but also demonstrates “the ideological dimension of apparent ‘value-free’ medical/scientific language in perpetuating stereotypes” (Lupton 62) of AD patients. Such a discursive and semantic shift from a person with no brains to an individual with special powers not only alters the biomedical and cultural imaginaries about

AD but also promises change in the experience of the patients and caregivers. Cumulatively, *Aliceheimer's* narrates a tale of “magic and laughter” (3) different from the generic medical and social narrative of a fading consciousness.

What are the larger implications of Walrath's *Aliceheimer's* for AD sufferers (real or imagined) and caregivers? *Aliceheimer's* persuades readers to appreciate the selfhood and human agency of AD sufferers. Treating Alice as “loquacious, intelligent, and charming” (1) in spite of her biological impairment, the author delineates Alice as a person with “special powers” (19) and thus restores her self-worth, identity, and voice. Put differently, through acknowledging Alice's experiential realities and by respecting her cognitive liberty and autonomy, the author redeems Alice from the confines of negative figurations (Baldwin and Capstick 16). While clinical and cultural devaluation of AD has definitive social consequences, it also has dire implications in the treatment, care facilities and for caregivers. Accordingly, if Walrath reclaims the person in Alice, then her caregiving practice constitutes itself as a creative alternative praxis. The dominant medical and socio-cultural scripts on AD often exaggerate the emotional sufferings of caregivers by characterizing them as “the *real* victim” (Cohen 54) (emphasis in the original) of the disorder. By embracing the inevitable realities of an AD patient and through imaginatively practicing empathy and acknowledgement, Walrath recoups the reasonableness of caring for an AD patient. Interestingly, in the case of Walrath, the process of caring for Alice enables her to “recognize” her own “deepest self” (69), thus overcoming initial bitterness toward her mother. To this end, *Aliceheimer's* demands a perspectival shift in order to “redraw and renegotiate [the] social boundaries” of AD patients, as it also “gives us a way to heal and to fly over the world as Alice does” (6). After all, as Walrath reminds: “Art comes not only from the lives we live but it also has the power to change how we live” (McMullin, “Restoring” n. pag.). Finally, *Aliceheimer's* is a “rementia” text that reverses typical biomedical and socio-cultural narratives related to AD by means of the life stories of Alice.¹³

¹³ Introduced by Tom Kitwood, the theory of rementia implies that all AD sufferers have a “possibility of a return” to the self they knew prior to AD. Although it might be temporary, there is a definitive chance to regain “some previous level of ability and function” (Morgan et al. 173).

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About the Authors

Sathyaraj Venkatesan is an Assistant Professor of English in the Department of Humanities and Social Sciences at the National Institute of Technology, Tiruchirappalli. His research concentrates on graphic medicine and literature and medicine. He is currently an International Field Bibliographer with the Publications of Modern Language Association of America (PMLA). He is an author of *Edgar Allan Poe: Tales and Other Writings* (2017, Orient BlackSwan); *AIDS in Cultural Bodies: Scripting the Absent Subject (1980-2010)* (2016, Cambridge Scholars Publishing) with A. Gokulnath. His articles have appeared in *The Explicator*, *International Fiction Review*, *Ariel*, *MELUS*, *Journal of Language, Literature and Culture*, *ANQ*, and *Journal of Comics and Graphic Novels*.

Raghavi Ravi Kasthuri is a PhD graduate student in the Department of Humanities and Social Sciences at the National Institute of Technology, Tiruchirappalli. Her research concentrates on graphic medicine and breast cancer narratives. Her articles have appeared in Scopus indexed journals such as *Journal of Comics and Graphic Novels* and *IUP English Studies*.

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