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Texting Doppelgangers

Repetition, Signs, and Intentionalities in (Auto)biographical Alzheimer Writing

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The paper offers a critical discussion of notions of self as they emerge in texts written by Alzheimer patients and their caregivers. It explores how diary-writing becomes a means of agency by which some ontological sense of 'self' gets scripted in the process of memory's slipping away. Specifically, the paper explores how two themes—namely, sure signs and repetition, and intentionality and experience—can be seen to crucially inform the patients' need to text their fading hold on language and memories into place. This need to 'fix' selves and experiences contests particular strains of poststructuralist ideas that insist that bodies are performed, fluid and changeable. Although infusing ideas about dynamism into our discourses of bodies is crucial, being aware of contexts where such discourses may not be as feasible is important as well, if only to increase our awareness of the universalizing tendencies of particular discourses. The diaries of Alzheimer patients and those who care for them give us entry into contexts in which the stabilizing (through writing) of a sense of self may be a critical way of surviving and coping.

ESTRAGON: All the dead voices

VLADIMIR: They all speak at once

ESTRAGON: Each one to itself

VLADIMIR: What do they say?

ESTRAGON: They talk about their lives

VLADIMIR: To have lived is not enough for them.

ESTRAGON: They have to talk about it.

Samuel Beckett, *Waiting for Godot*

In a deeply moving piece on genres of imagery, W. J. T. Mitchell says of a landscape that it is a genre that “makes the constitutive blindness and invisibility of the visual process most evident” (587), a point that I think can be made of (auto) biography as well, since the articulations of which this genre consists render us at once hopelessly blind and acutely alert to various shards of our existences. It is in narratives, in the telling and retelling of our life histories—as Estragon and Vladimir point out—that our deep-seated human need to share our life events, to seek engagement and connections with others through our experiences, to search for reassurance that what we have each lived through is not that unusual is made most apparent. As Estragon reminds us, the “talking about” of our lives

is a gathering up of the scattered details of a life into a unified *récit*, a narrative that at the moment of telling or of writing is a provisional assemblage, a temporary putting together of *auto* (self), *bio* (life), and *graphy* (writing) (Smith 25).

What are the things in our existence and our texting of it to which we remain blind? While the writings of Augustine and Rousseau (the earliest of known autobiographical writers) have spawned philosophical debates about whether the 'I' of self-accounts is a fictional one or one grounded in experience, and one that emerges in particular ways given current discourses of subjects at the time, the pronoun (as well as what it both reveals and hides) remains a contested term. The notion of the self as subject of one's own narratives and the (im)possibilities of its articulations undergird intense theoretical debates about identity constructions (Olney), the social and political conditions that allow them to emerge (Radhakrishnan; Butler) and their entrenchments in societal moorings (Benhabib).

Scholarship about identities in applied linguistics is not new, with researchers writing about how personal narratives inform notions of identity in a variety of domains, including narratives (Gee, *Social Linguistics*; Pavlenko, "Autobiographic Narratives"; Ramanathan, *Alzheimer's Discourse*, "Applied Linguistics Redux"), gender (Norton), sexuality (Moita-Lopes), and texting (Kramsch). Connections between narratives and 'self' in the realm of disabilities and bodies, however, are still relatively unexplored, and their articulations in the autobiographical writing of people with terminal or chronic ailments or disabilities and biographical accounts of such illnesses by caregivers are even more so. This is a particularly gaping lacuna given that so much of our sense of ourselves is tied to the quotidian (and often taken-for-granted) functioning of our bodies. One context where struggles around what of ourselves and others we text is the case of Alzheimer patients and their caregivers, for whom the grasp on (their loved one's) memory, language and general *Dasein* (existence, sanity, balance) is slipping away. Paying close attention to how people with disabilities and their caregivers write of coping with ailments—the changes in bodies, the wrestling with disabling societal discourses and the necessary lifestyle adjustments—affords glimpses into how the need to fix selves through writing becomes a crucial mode of survival (Bolt, Introduction; L. Burke; Davis; Ramanathan and Makoni).

Specifically, then, I want to focus on two questions. What key themes emerge in the texts produced by Alzheimer patients and their caregivers? How do these themes speak to notions of 'self' that both patients and caregivers are determined to script into place? As will be evident, the texts offer alternative perspectives on discourses of bodies being fluid, malleable and unstable. Indeed,

as we will see, it is precisely because their hold on themselves and language is fast becoming tenuous—and thus *too* fluid—that the need to fix themselves and loved ones becomes imperative.

(Auto)Biography, Self, Alzheimer Diaries, Memories, Loss

In his seminal study *Le Pacte autobiographique*, Philippe Lejeune defines *autobiography* as a “retrospective prose narrative written by a real person concerning his own existence, where the focus is his individual life, in particular the story of his personality” (13, trans. Katherine Leary). This much-cited definition in autobiographical studies seems to characterize the traditional ‘*récit autobiographique*’ of the sort typically associated with St. Augustine and Rousseau, where a narrative organization marked by linear temporal progression (“this happened, and then this happened ...”) coheres with the essential narrativity of human existence. A general assumption here has been that the telling of the events in a life story corresponds to a referential external reality, that experience (in the Lockean sense) is how we relate to the world, and narrative is the form that the ‘truthful’ telling of the experience takes. This exchange—between teller and listener, writer and reader—initiates a ‘pact,’ a contract of identity, where the narrator communicates, with veracity, some aspect of his/her existence and essence.

From this vantage point, the genre of autobiography assumes as its focus the value and the singularity of telling an individual life story, where one’s ‘self’ becomes both object and subject of one’s narrative. The gaze that one generally extends outward—to the world around us, where things, people, objects, phenomena emerge in well-lighted, clear spaces that allow us to speak of them—gets turned inward into spaces that are shadowy, dark and recessed. Yet what it is we uncover as we—like Narcissus contemplating his own face in the river—chase after and construct our double images by the tellings of our unconscious, complex and hidden agonies remains double-edged. On the one hand, as Gusdorf points out,

Recapitulation of a life lived claims to be valuable for the one who lived it, and yet it reveals no more than a ghostly image of that life, already far distant, and doubtless incomplete, distorted furthermore by the fact that the man who remembers his past has not been for a long time the same being, the child or adolescent, who lived that past. (38)

The effort to capture the person we think we once were is tenuous at best and slippery at worst, and as Lejeune himself points out, even the most orthodox

of autobiographies cannot promise absolute referentiality and sincerity, since memory is necessarily limited and we always have recourse to fictive devices when producing accounts of ourselves. This impossibility that inheres in autobiography helps us to see why individual authors, seduced by the life-writing endeavor, build in self-conscious threads that call attention to the form in which they are writing, a point underscored by poststructuralists such as Roland Barthes who contest the formations of a coherent, unified self. The end result, then, is an authorial assemblage, an artificial *mise-en-scène* that assembles a textual shadow intended to correspond to ‘who I am’ and ‘who I think I am.’

These points of appropriating one’s past, the compulsion to cast it as some sort of coherent narrative while recognizing the contingency of the enterprise, emerge in the diaries of Alzheimer patients. Their memories and the interpretations of those memories are traces, in the Derridean sense, with encodings of times and spaces. Here is what Derrida says of traces/memories:

If the trace, arche-phenomenon of “memory,” which must be thought before the opposition of nature and culture, animality and humanity, etc., belongs to the very movement of signification, then signification is a priori written, whether inscribed or not, in one form or another, in a “sensible” and “spatial” element that is called “exterior.” ... The outside, “spatial” and “objective” exteriority which we believe we know as the most familiar thing in the world, as familiarity itself, would not appear without the *grammè*, without difference as temporalization. (qtd. in Culler 114–115)

Différer ... is to temporize, to take recourse, consciously or unconsciously, in the temporal and temporizing mediation of a detour that suspends the accomplishment or fulfillment of a “desire” or “will” and equally effects this suspension in a mode that annuls or tempers its own effect. And as we will see ... this temporalization is also temporalization and spacing, the becoming-time of space and the becoming-space of time, the originary constitution of time and space, as metaphysics or transcendental phenomenology would say, to use the language that here is criticized and displaced.

The other sense of *différer* is the more common and identifiable one: to be not identical, to be other, discernible, etc. (Derrida, reprinted in Culler 145, emphasis in the original)

By ‘traces,’ Derrida means something left behind, residue that points to other residue and never to external realities, fragments of other times and spaces that we cull as we narrate and that are endlessly displaced and deferred.

But the self isn’t completely of our making, emerging from our mouths or pens in agential ways. As Levinas reminds us, the self is a hostage as well, forever caught in the other’s gaze, forever carrying traces of the others’ voices, with the Heideggerian ‘voice of the friend’ being intrinsically a part of the existential *Dasein*. The question ‘who am I’ (*Mein kaun hoon?*) then can be answered

not just in terms of ‘Who is that person?’ (*voh kaun hain?*), but in terms of the accompanying doppelganger, the friend’s voice (*mitra ka aawaz*). The ‘who’ component of the ‘I’ permits us to rethink (auto)biographies in terms of ‘who has been the subject of this experience?’—a question that at once distances the author from herself and opens up an exteriority and the possibility of the ‘I’ being more indefinite.

While Derrida maintains that the call to respond to ‘who’ has moral, political and juridical imperatives, the term remains elusive. As he points out, “something of this call of the other must remain *nonreappropriable, nonsubjectivable, and in a certain way nonidentifiable*” (Derrida, *Points* 276, my emphasis) both because the ‘who’ is a part of ‘I’ and because there has to be a way of respecting someone else’s *Dasein*/otherness. In the case of patients suffering from Alzheimer’s disease, this point about ‘who’ or what it is of themselves they are culling into a narrative assumes agential overtones since their memories are fast becoming ‘cinders’ and the need to hold onto them, to language them into print, becomes a way of keeping the embers at bay. Appropriating their memories and experiences, rendering themselves subject and hostage to their writing, and self-consciously identifying traces of themselves become gestures of willing the ‘I’ and the accompanying ‘who’ into existence. As we will see, the ‘I’ and the ‘who’ are revealed through the readings and enactments of signs—sure signs—that through repetition irrevocably mark and ‘constitute’ the person (through particular behaviors, patterns of speech). The willful and deliberate constitutions of these traces of themselves and their loved ones in the diaries point to degrees of intentionality that both patient and caregiver retain and claim. Presences and their entailing absences, absences and their entailing presences, with silence undergirding them, all flow like thick currents through the writing, anticipating Bataille’s deserts while stemming flows as well.

Before proceeding to the actual texts, let me say a word about their form. A journal entry by one with Alzheimer’s disease seems for obvious reasons closer to the actual experience than a third-person account by a caregiver. A third-person account offers up both another degree and another kind of mediation. What we get is not the actual experience but the experience of the person watching the experience; what also emerges is a degree of distance from the ailment. And if the caregiver is a writer (John Bayley is both a critic and a novelist), the account will be carefully crafted, which can perhaps mean more mediation. In both cases, however, the textual form mediates the process of putting pen to paper.¹

1. Kenneth Burke speaks of the four governing tropes in language, directing the way in which consciousness makes sense of experience: metaphor (which sees equivalence); synecdoche (which sees the part as standing for the whole); metonymy (also preoccupied with parts and whole); and irony

This issue of texting into place others' experiences, of course, raises the issue of the ethics of and around representing another's condition (K. Burke, 62). On the one hand, writing about another's pain may be regarded as reprehensible because it invades the privacy of the person being written about and because the writer may gain (money, reputation) from publication of such an account. On the other hand, it is crucial to counter dominant medical paradigms and to create textual spaces whereby agentive positions (such as those assumed by Alzheimer patients writing their diaries) are heard, and wherein the social, political and cultural constructions of ailments are highlighted (L. Burke 69–70; Ramanathan, "Applied Linguistics Redux"). It is only by doing this that we can move disability issues from the incidental space they occupy in our discourses to one as central as gender, ethnicity, class and caste (Bolt, "A Brief Introduction").

The excerpts that I am basing my discussion on are drawn from six texts written by patients and caregivers: Kim Zabbia's *Painted Diaries* (entries by both patient and caregiver); Rosalie Walsh Honel's *Journey with Grandpa*; Christine Boden's *Who Will I Be When I Die?*; Diana McGowin's *Living in the Labyrinth*; John Bayley's *Iris*; the unpublished diaries of Billie Dotson Vincent, written about her husband, Theodore Vincent (shared with me by their grand-daughter and my colleague Julia Menard-Warwick). I will speak to two themes relating to language, self, and memories in these texts. The first, culled from diaries of patients, addresses issues relating to sure signs and repetition, and the second, largely biographical and written by caregivers or partners, explores traces and intentionality. These themes flow into each other; breaking them up as I have done here is more a textual nod at clarity than anything else.

Sure Signs, Repetition, Difference and Self

Signs, Roland Barthes (1978) says, are not proof, since anyone can produce false or ambiguous signs. Hence one falls back, paradoxically, on the omnipotence of language: since "nothing assures ... for a thing to be known, it must be spoken; but also, once it is spoken, even very provisionally, it is true" (215). This idea profoundly informs the efforts of patients and caregivers as they text themselves and loved ones into existence. The signs that they are constructing themselves around are revealed through their absences; they are 'signs' whose

(stressing ambivalence and critical scepticism). All language use evidences traces of these and other tropes in different measures for different rhetorical purposes, a fact that makes unmediated transference of thought and experience well nigh impossible.

assurances emerge in narrative, in languaging, and do not point to any external identifiable object in the world. Indeed, in some ways, they are ‘sure signs,’ final proof that goes beyond all signs, whose meanings emerge only when the people for whom those signs have meaning breathe life into them (see Naas 2003 for an explication of how sure signs work in the Penelope–Odysseus story). In the light of the present context, I would argue that the Alzheimer texts—those written by both patients and caregivers—constitute a set of sure signs that serve as textual shadows, predicated on repetition, anchored in metaphorical grounds, memories, past histories, and personal experiences. For instance, the following excerpt was written by Kim Zabbia, an Alzheimer patient:

Journal Entry, Nov. 30th, 1985

On October 5, 1985, I went to Dr. Walker for a checkup because I had not been feeling well, and was forgetful and dizzy at times ...

At this point of my life, I am able to do most things normally. I can hold a normal conversation, although many times a certain word will not come to me. *One example is the day I was talking to my son and I said that Alzheimer’s was the gradual loss of memory and intellectual skills. I got [should this be “forgot”?] to the word “intellectual” and the word would not come to me. I thought about that word all evening. When I woke up the next morning, it was still on my mind. Then I said it immediately.*

Some time ago, before I had ever been to a doctor about this condition, *I tried to use my typewriter and I was shocked when the letters I typed were all wrong. Unknowingly, I had put my hands on the wrong home keys. I tried over and over to type a sentence and none of them made sense. The same thing happened when I tried to use my sewing machine. I could not remember how to use the machine. I had to change the thread and could not thread the machine properly. I even re-read the instructions and I still couldn’t do it right ...* [emphasis added]

Deeply troubled at not being able to do/repeat what she once could, texting pieces such as the above are Zabbia’s sure signs, signs that irrevocably mark who she is. Christine Boden’s diary reveals a similar anxiety:

The neurologist with his back towards me, looking at my scans, said, “Your brain is like that of a much older person, showing signs of marked atrophy, particularly at the front. It’s consistent with Alzheimer’s.”

He looked away from the scans for a moment, and then said, “You shouldn’t be in any responsible position. You must retire as soon as possible ...”

I must have misheard—he was mistaken—the scans maybe had got mixed up with someone else’s ... “You’re joking—I’m too young to get Alzheimer’s!”

I was only forty-six-years old by my daughters’ reckoning, but surely far too young to get an old people’s disease like Alzheimer’s. Any rate, I wasn’t forgetful, just stressed out—with migraines and getting a little confused every now and then—taking the wrong turn a few times surely didn’t mean I was getting senile! ...

“Er ... how long will it be before I ... er ... um ...” I stuttered.

“Until you become demented? Oh, about five years I expect,” answered the specialist, breezily. ...

Each patient declines in his or her very own way, losing different abilities at different times. *So would I be able to write next week? Would I be able to calculate my finances on next month's bank statement? Would I get lost after taking the girls to school tomorrow? What will it be like to be demented? How are my girls going to cope with my terrible deterioration, and eventual death in maybe 6–8 years' time? All these questions, and more, kept running through my mind, and I had to work through a lot of fear and anxiety.*

But “popular” misunderstandings about Alzheimer's disease didn't help me and my girls much—we were up against more than just the disease itself. (3–18, emphasis added)

Boden anticipates what things will be like as the ailment takes over. As with Zabbia's case, signs here are not identifiable with objects in the world but are fixities these patients have of themselves based on their past abilities and routines (threading a sewing machine or typing) and their concerns about not being able to repeat those functions. Narrating about the (impending) loss of this ability, by creating textual doppelgangers, ensures a performative aspect of their abilities. I think of Derrida's *récit*, which “is not simply a memory reconstituting a past, a *récit* is also a promise, it is also something that makes a commitment toward the future. What I dream of is not only the narration of a past that is inaccessible to me, but a narration that would also be a future, that would determine a future” (*Points*, 207).

The word *récit* reminds us inevitably of English *récital*, a term that has the performative built into it. A *récital*, whether of a poem, a musical piece, a dance, assumes that the audience is capable of picking up and reading the signs ‘correctly’—that there is a recognition of some kind on the part of the audience (Latin *cognare*: to know, *re*: again). That knowing-again process (or *re-cognition*) is made up of signs-of a signified commonly assented to by the listeners or spectators. *Récitals* of this nature suggest their intent and meaning through repetition of the same words or musical notes or dance gestures. Watching or hearing that repetition gives us not only delight but some deep reassurance that we live in a shared world, that our voicings, movements, texts echo back—albeit in varied form—what we send forth.

What Zabbia and Boden are grieving is the (impending) loss of these repetitions, of being able to re-perform the very acts that are (sure) signs of reassurance to their caregivers/partners and to themselves (as in classical *récitals*) that re-cognition or knowing again still occurs. When the ability to perform (or receive the intent of) a *récital* slips away, that sense of a meaningful shared world

recedes, a prospect that is deeply destabilizing for Alzheimer patients whose faculties are not wholly impaired, who are aware of their loosening grasps, and who want to reassure themselves of being able to function. But why the fear of the loss of recognition? And why is repetition so important? Going back to the previously cited quote from Derrida: Derrida's *grammè*, his signification that it is a priori written, whether inscribed or not, in one form or another, in a "sensible" and "spatial" element that is called "exterior" is what calls out for the originary first recognition, "the arche phenomenon of memory." Memory is what enables us to repeat that first recognition, and without repetition there could be no memory, for the fact of the memory implies a replica, a repetition of the *grammè* that has been stored. Derrida suggests that we have to leave in the domain of the unthinkable what that a priori signification is, the moment of the birth of meaning. But once it has happened, repetition alone ensures that signification continues through the temporalizing process of difference. Repetition, thus, is crucial in signification.

But beyond this, repetition and the memory by which to engage in it—is crucial to the sense of the ontological that these patients are actively constructing. Their writing of these diaries is a way to make themselves hostage to themselves; the (Heideggerian) other that defines the self seems to have dissolved into the self with these diaries becoming assembled shadows/sure signs that patients text to preserve a sense of 'who they are,' to remind themselves that they can indeed repeat, imitate, reproduce. The dread of Alzheimer patients and caregivers of the loosening grip on meaning suggests that there is a slow erasure of that initial moment of the signification process, that *grammè* in the arche-memory that enables meaning to be constructed on the basis of difference. It may indeed be a priori, as Derrida suggests, but there is no guarantee of its permanence in the 'post-priori' of a life, that which is given afterward. Can something transient then be 'a priori'? If it can be lost, as happens with the memory for Alzheimer patients, was its 'founding' equally a matter of brain tissue developing and then decaying? In other words, is the ontology of signification a constructed one? Meaning, Freud would say, begins with an infant's perception of the mother's coming and going. Freud's grandchild, an infant of sixteen months, plays his fort (gone!) -da (there!) game by himself with a spool of thread, about the presence and absence, of the mother. The child's consciousness has picked up the difference between the presence of the mother as different from the absence of the mother and, with that difference established, can go on to construct meaning. The child can play with the spool that he throws under the furniture (absent) and retrieves (present) again and again. The question remains: how

does the child see the absence as not presence? An unanswerable question.² The discernment of difference is the basis of meaning (Guattari). And the importance of difference in constructing meaning is shadowed in the dread of not knowing the front from the back of the dress (mentioned in one of the diary entries below) or being able to calculate a bank statement (above), dread that they counter in and by their texting. The *grammè*, then, the very first instantiation of a memory/trace on which the self is predicated, seems to be under erasure, threatening not just memory but one's very personhood.

What appears to be growing, then, is blankness, no longer the absence of a loved one, or even oneself, but blank nothingness, the Derridean effacement of traces, and the fear of this perhaps nudges these patients to text themselves and their loved ones as long as they possibly can. Such a mental disappearance is an analogy of death but far worse, for while the body lives some sense of an 'essential self' has gone. This fear of not knowing what there will be in the coming dark is worsened by the thought that not even any dignity surrounding death or the obliviousness to death is available here. This *is* worse than death. This dread of being abandoned by one's very self and personhood drives patients and caregivers to writing so as to preserve shreds of that which once lived and moved and had its being in a more than physical sense. The point here is that a written record captures and communicates that something remains, that something still shines bright caught in the writer's black ink.

Traces and Intentionality

Bataille speaks of the desert of words in which we are all mired, saying that each grain of sand is a 'fold' harboring notions that poetry alone can release.

That sand into which we bury ourselves in order not to see is formed of words, and contestation, having to make use of them, causes one to think ... of the stuck, struggling man whose efforts sink him for certain; and it is true that words, their labyrinths, the exhausting immensity of their 'possibilities,' in short their treachery having something of quicksand about them. (*Inner Experience* 14)

While language may indeed be and become the noose by which we hang ourselves, it is also the lifeline that pulls one out of deep waters into air and light.

2. Deleuze explains that Freud viewed the compulsion to repeat (*Wiederholungszwang*) as a symptom of particular neuroses (sadism, masochism). "This compulsion manifested an irrepressible tendency (that he often called demonic) towards the complete discharge of excitation and the extinction of tensions and conflicts" (73). This essay, though, argues that repetition constitutes some bases of self.

It is this ‘intentional’ hold on what is fast threatening to become ‘absence’ as pockets of night creep in that this section explores. The following excerpts from Zabbia’s journal entries underscore the anguish of a sense of life-waters flowing away:

[Journal entry] March 10, 1986

I explained to him [the doctor] how I couldn’t remember any medicine when he had asked me. He kept my papers that I had written and told me to keep writing. I also told him about the fact that I have sudden jerks and pulls of my arms. For example, I’ll be reading the paper and my arm will jerk suddenly and almost pull the paper out of my hand. Another weird thing is: I will be sitting or standing and I have this illusion that someone is standing behind me. It’s so strong I turn to say something. Now, that’s weird! (42–43, emphasis added)

[Journal entry] Aug. 23, 1986

One thing I believe I hate the most is hiding things from myself. I will put something away in the kitchen and never put it in its original place. Then I have to look everywhere to find it... I think what I hate most is a loss of intellect. My handwriting is horrible; my spelling is worse. I Liquid-Papered this diary to death with my proofreading. Sometimes I repeat what I have said and don’t even know it.

[Journal Entry] Feb. 26, 1988

I have been telling myself to perk up and stop getting depressed when everything is lousy and I can’t spell well or see well, or remember over and over again... .

Allright, now comes the time to get dressed. All of these clothes have a front and back, OK? Now we proceed to find out which one is the front, and which one is back. About this time, my husband comes in to see how I am doing. He gives me a tip on finding the right side. By this time I am completely confused... . Now that is just everyday dressing. Getting ready for a special affair is another story. (96, emphasis added)

August–September 1988

I have a problem in my writing and my reading. ...

It is hard. I have realized that I cannot read my own writing. I thought that if I could not read it, nobody else could read it.

I really don’t have to write. I could live the rest of my life not writing, but I would be very sad ... I cannot write anymore, It is just a lot of words that don’t make sense to me. ...

I wish I had more to keep me busy. I really miss not being able to read. I could always pass the time and read. Most of the things I could read and right. (102)

What of herself is Zabbia trying to retain? What traces of her past does she desperately want (us) to remember? The spaces that she wishes to claim are ordinary—that she could once read, that she could once dress herself, that there was a time when she wasn’t self-conscious about her handwriting or her body—and yet this is what our lives are also about. Her remembering and texting of

what she could do both affirms the human need for agency, to actively claim one's *Dasein* and the staving off a confrontation with death and abandonment. Blanchot maintains that

the basis of communication is not necessarily speech, or even silence that is its foundation and punctuation, but the exposure to death, no longer my own exposure, but someone else's, whose living and closest presence is already the eternal and unbearable absence that the travail of deepest mourning does not diminish. And it is in life that the absence of some one else has to be met. (25)

Although Blanchot is referring to how another's existence seizes and defines us, his quote is applicable to Alzheimer patients inasmuch as they write of experiencing a kind of death, their own death even while they live. In their lives they have to meet their own absence—their absence is present to themselves, creating a set of circumstances that makes them write of it. The unmitigating attendance of that looming absence of self, the veracity of something that can still be caught in the present moment is what these repeated traces indicate. Zabbia's wrenching worries hark back to absences she feels acutely in her present moments, to anxieties about abandon, about not being able to gather herself (either in dress or in text), or engage with difference since parts of herself are receding, cast as they now are in wide-open spaces that, like God, know no containment. The boundaries between her self and her not-self, boundaries that are so crucial for a sense of self to prevail, are receding; these are the spaces she dreads she will occupy, and her repetitions and fears are what she shores against for as long as she can. Nancy says:

Space is everywhere, there is no place in which to gather either the mystery or the splendor of a god. It has been granted to us to see the limitless opening of that space, it falls to our time to know—with a knowledge more acute than even the more penetrating science, more luminous than any consciousness—how we are delivered up to that gaping naked face. *It reveals only us.* (148–149, emphasis added)

What we are left with, then, when memory and language fail, is our abandon. “The only thing we might still gather for ourselves, apart from all the rest (the erotic, the political, the poetic, the philosophical, the religious) is this abandonment” (Nancy 149). And yet it is precisely this abandonment—or the fear of succumbing to it—that Alzheimer patients and their partners resist. This is why the gathering of thoughts, memories, images, sensations into written texts points to the creating of ‘essences’ not just of self and the beloved but of intentionality and experience. Given below is an excerpt from the diary of Billie Vincent, a caregiver writing about her partner, Theodore Vincent:

This morning about 5.a.m. while I was writing in my Journal and collecting my thoughts—drinking tea and reveling in the quiet uninterrupted morning... Tad

appeared on the scene with “I have a serious talk I want to have with you. I think we should move to Portland. The folks here are kind but so busy they don’t have time for us—and when one of us gets worse we’ll really be in trouble.”

So calmly I talked to him—but he wasn’t listening. “Why don’t you call later and talk to the folks in Portland?” I suggested—knowing he would not initiate a call.

“Or better still,” he said “I’ll write them a letter”—then I relaxed for I knew those promises of letter writing rarely materialize.

After a while I convinced him this was the best place for us—he had Glen to walk with each morning, and play pool with whenever—and we had the family gatherings and the Friends Meeting etc. And it would be difficult finding a more accessible town than Bellingham—I know my way around and we have the world’s best doctor, etc. etc.

Later he came in weeping, wondering why we weren’t sleeping together, and would I come in and hold him in my bed, and we cried together for a while, then he felt calm enough to return to bed and slept for another couple of hours.

But it was a day when nothing seemed to come out right—even our walk on the beach was not as peaceful as usual and by 7 p.m. my spirit was low, low, low. (4–5).

The attribution of intentionality to the patient—of Billie Vincent writing about Tad’s saying that he’d write to the people in Portland, even as she doubts that he will—emerges in her interpretation of Tad’s acts; she is in effect attributing consciousness to her loved one. This is a crucial point. To say that consciousness is always consciousness *of* is not to evoke a sense whereby a pure, simple, and uncomplicated consciousness floats into one’s being to settle as an *a priori* given; on the contrary, it is to point to a complex set of networks that in fluid, entangled motions enable it to materialize. In the present case, degrees of consciousness emerge from particular caregiver readings that enable them to continue viewing the Alzheimer patient as one with agency and intentionality. We see this in the following excerpt written by John Bayley of his partner, Iris Murdoch:

Alzheimer sufferers are not always gentle. I know that. But Iris remains her old self in many ways. The power of concentration has gone, along with the ability to form coherent sentences, and to remember where she is, or has been. She does not know she has written twenty seven remarkable novels, as well as her books on philosophy; received honorary doctorates from the major universities; became a Dame of the British Empire ... If an admirer or friend asks her to sign a copy of one of her novels she looks at it with pleasure and surprise before laboriously writing her name and, if she can, theirs. “For Georgiana Smith. For Dear Reggie ...” *It takes her some time, but the letters are formed with care, and resemble, in a surreal way, her old handwriting. She is always anxious to oblige. And the old gentleness remains ...*

Conceivably, it is the persons who hug their identity most closely to themselves for whom the condition of Alzheimer’s is most dreadful. Iris’s own lack of a sense of iden-

tity seems to float her more gently into its world of preoccupied emptiness. Placidly, every night, she insists on laying out quantities of her clothing on my side of the bed and when I quietly remove them, back they come again. She wants to look after me? Is that it? It may be a simpler sort of confusion, for when we go to bed, she often asks me which side she should be on. Or is it something deeper and fuller and less conscious and less “caring” than that far too self-conscious adjective suggests? (41, 71–72)

Bayley interprets Murdoch as an intentional being with degrees of conscious abilities (gathering clothes by the bedside, wishing to take care of him), a sense that perhaps emerges because these actions have become focal points based on actions performed long ago, foreshadowing outlines traced in advance with repeated, everyday engagements. In both instances, these experiences are zoomed in on, verbalized, and texted by their partners. Both Billie Vincent and John Bayley knew their partners intimately over a lifetime, were witness to their glories and successes and pains, and have more recently been on the sidelines caring for them through more undignified moments and embarrassing situations (Leibing). No one has a better sense than they of the intentionalities that their partners still retain and of the pockets of darkness that invade their partners’ consciousnesses. It may be noted that John Bayley admits that his interpretation may be wrong, that the intention may be quite other, the action that so affects him coming from some darker unknown source.

The texting of these intentionalities, though, also points to larger phenomenological swirls between the potential and actual, the implicit and explicit. All (intentional) experiences (where one willfully sets forth to do something) have rings of potentialities around them that evade our languaging. Our reading of others’ intents gives voice to what might otherwise remain mute even as it falls short, since the object of our ‘intentional’ scrutiny is always much more than what appears. If intentional acts and their correlative objects are not isolatable, atomic data, it may be because they are bound by what Husserl would call “horizon structures,” which, while they make some acts emerge, also constrain our full understanding of them because of the invisible borders that our comprehension draws around them. But, as Husserl would have it, intentional objects are interpretations; to intend is to apprehend, to take something up as meaning something, to seize or focus on a way that precludes other foci for the moment. The partners here, encumbered as they may be by and in their horizon structures, are willfully constructing their loved ones as communicating something (Billie Vincent writing about Tad wanting to write the letter or John Bayley interpreting Iris’s piling of her clothes) so that something re-cognize-able of the other remains, an imperative that permits the partners to move on with caring and living. Thus, even while one admits that experience is always uncontained, hovering forever

between absence and presence, potential and actual, implicit and explicit, it helps in the case of Alzheimer patients to fix meanings for a little longer.

Derrida is a salutary antidote to those of us who have lived too long with fixed meaning; his ideas seemed to free us into an air that was heady with excitement as we watched philosophical concepts that we had thought immutable and eternal crumble. But in the world inhabited by the Alzheimer patients and their caregivers, fixity of meaning is all, as Derrida doubtless recognized when he noted that what he dreaded most was the loss of memory:

The only loss for which I would never be consoled and that brings together all the others, I would call it loss of memory. The suffering at the origin of memory for me is the suffering from the loss of memory, not only forgetting or amnesia but the effacement of traces. (*Points* 143)

If there were no fixed essences for him to undo, he would have no task; he could have said nothing about deconstruction. As these diary entries point out, Alzheimer patients fear living in a deconstructed nightmare where meanings have lost their moorings and float free, where will and intention may count for almost nothing. Small wonder then that they keep these diaries to record and fix, to draw boundaries, to remember and inscribe a self that is speeding toward inevitable darkness.

In Winding This Down

So what are we to do with these swirls of essences, sure signs, traces and intentionalities? What foreshadowing am I engaging in as I graph this argument into existence? Beyond invoking this endless maze of being held hostage to oneself and one's presences and absences, the discussion has also called attention to several imponderables. Is it the *grammè* in the arche-memory that is being slowly effaced by the ailment? In which case, is the originary signification a construction that we build on, a 'foundation' that becomes indispensable to our *récits* and our essences? Is our sense of stability and moving forward tied intimately to our ability to repeat and forever repeat, and to our expectations that versions of repeated acts wing back to us, since it is in them that we seek the reassurance of the balance in our footsteps?

While these questions may remain unanswerable, it is worthwhile to dwell on what it is that (auto)biographies manage to communicate, both through their forms and through their content. Degrees of stasis are inherent in all writing, with (auto)biographical writing being laced with degrees of coherence and

rationalization (and sometimes a chronological linearity) that renders past life-events as immobile, conferring a sense of the 'formed' for that which is always in process. But as we saw, a sense of why a self or lived life needs to be formed and, that too, formed urgently is starkly apparent in the diaries of Alzheimer patients and their loved ones. The idea of 'process' in the present case is no longer just one of a self always being in the making but one of a self that is becoming unmade. 'Process,' then, is not so much about adding on as much as *holding* on. These diaries are daring acts of texting memories, selves, intentionalities into place, of defiantly penning traces, affirming that experiences and meanings say and mean something (Frank; Tanner).

But beyond the texting of their partners' essences and intentionalities, diaries by the partners reveal commentaries about their own (intentionalities) and in so doing point to the dissolution of the 'I'/'You' divide: their partners' stories are theirs and their stories their partners'. The intentional flows and mergings of 'I' and 'you' are about presences and absences being claimed and filled in. Estragon and Vladimir are not wrong after all; "to have lived is not enough ... [We] have to talk about it." The diaries remind us that traces may be all we have, and texting them is our effort to stall the coming dark.

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