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Reflections on Alzheimer's in Lisa Genova's *Still Alice*

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Abstract

This paper examines the themes of identity loss and resilience in Lisa Genova's *Still Alice* (2007), focusing on the psychological impact of Alzheimer's disease. Through the character of Alice Howland, a renowned professor diagnosed with early-onset Alzheimer's, the novel portrays the gradual erosion of memory, language, and selfhood. The study explores how memory loss disrupts personal identity, professional competence, and social relationships, leading to fear, isolation, and emotional distress. At the same time, it highlights Alice's determination to preserve her dignity through self-monitoring, cognitive coping strategies, and advocacy for dementia awareness. The novel presents resilience not as recovery but as the courage to confront irreversible cognitive decline with hope and self-awareness. By foregrounding the lived experiences of both patients and caregivers, *Still Alice* challenges the stigma associated with dementia and promotes empathy and understanding. The paper argues that Genova's realistic narrative transforms Alzheimer's disease from a medical condition into a profound human experience of loss, endurance, and identity. Ultimately, the novel affirms that even when memory fades, the human spirit continues to seek meaning, connection, and dignity.

Keywords: Alzheimer's disease; Memory Loss; Identity; Resilience; Lisa Genova.

Loss of memory disturbs an individual by collapsing closely held images of oneself and the identity that one has lived all these days. Memory is so fragile that no one is sure about when such an eventuality will occur. Loss of memory erases experiences, relationships, and even identity, and not everyone can cope with such a loss. The self that was constructed and construed to be a continuum is crushed by the loss of memory. However, some individuals could navigate memory despite cognitive decline. The paper attempts to navigate the narrow space between remembering and forgetting by analyzing Lisa Genova's *Still Alice* (2007).

This is a story of a 50-year-old Alice Howland, a professor of cognitive psychology who is an expert in linguistics, who contracts Alzheimer's disease. With her three children and her husband, the story revolves around the psychological challenges occurring due to the loss of memory.

As the novel *Still Alice* deals with Alzheimer's disease, the paper examines the themes of identity loss and resilience as portrayed by Lisa Genova.

Alzheimer's disease is a neurodegenerative disease that is characterized by difficulty in remembering recent events, problems in the use of language, and confusion. At times, they lose the sense of relationship even with their family members, and finally, recognition of their own body is lost, leading to death. Clarity is called for in the distinction between dementia and Alzheimer's disease. While dementia is a general memory loss, Alzheimer's is considered to be a brain disorder.

The novel, with its realistic portrayal of Alzheimer's disease, raises awareness of the social, emotional, and personal consequences of memory loss for an individual and those around them.

The novel, narrated in third person, focuses on the internal experience of the protagonist, Alice Howland, who has Alzheimer's disease. In the beginning, she was portrayed as someone who could find her husband's misplaced glasses and, for the first time, had difficulty recalling a word during her academic presentation. She ruminates: "Maybe it was the champagne." (11) It is only during her flight back that she was able to bring to her active memory the word she failed to articulate - lexicon. After dinner at a restaurant with her daughter, Lydia, she forgot her hand phone.

On her return to Los Angeles, she suddenly becomes disoriented and cannot remember the way to her house. Initially, she panicked but found familiar surroundings and recalled her way home. She, at one point in time, believed it to be 'menopause symptoms. Alice realizes that she is forgetting. When she was unable to recollect why she had noted down the name 'Eric', she became frustrated, as she was able to recollect her days of pregnancy but failed to recollect the immediate past.

She meets with her doctor, Dr. Moyer, for diagnostics, and though everything is normal, she realizes she is forgetting even to attend a conference in Chicago. (53)

Consulting a neuropsychologist in Boston, she fails in memory tests, and the doctor advises her to be taken care of by her immediate family. Self-conscious about her memory loss, Alice tries to test it but fails miserably, which frustrates her even more. When she was diagnosed with early onset of Alzheimer's disease, she was put on medication that would only slow the process of memory loss, as it is attributed to genetics. Her children, especially Anna, panicked to learn that she, too, carried the genes for the disease. However, Alice's scientific temperament fails to accept the disease's fate. So she engages in finding out the modus operandi of the disease, feeling guilty of becoming a burden to her daughters and immediate family. She even offers to participate in a medical trial aimed at slowing the disease's progression. She also self-tests her memory using various ways.

However, the degenerative disease takes its toll. She forgets a storyline in the book she is reading, forgets her way to the washroom, and even pees in her dress. Deeply embarrassed, she feels helpless.

She forgets the death of her sister Anne, which happened long ago, and when she is told, she grieves as if it is the first time she has heard of the death. She even forgets her daughter, Lydia. While at her university, her teaching performance deteriorates; she forgets classes and the materials she needs to discuss. Having realized her shortcomings, she resolves to be away from her academic work. She even forgets her way home and finds herself further disoriented in her neighbor Lauren's house. She even forgets to wear her clothes. Her awareness of the disease and her inability to control its effects frustrate her and force her to seek support. She ends up forming a support group of Alzheimer's patients who are in their early stages. Meeting three people with the same issue, Alice discusses their issues, struggles, and experiences, which makes her feel she is not alone. Her conditions worsen and are creating an existential crisis for her children and husband. She misplaces her things around the house and becomes emotional, but fails to understand why. She connects with a support group called Dementia Advocacy and Support Network International. While speaking at a conference on Dementia, she feels nervous and reads from a written script, never once looking at the audience. She shared her life journey before and after the affliction. She explains the illness, how it has affected her, and the stigma it brings with it. Her speech, drawing on her experiences, is an encouragement to those diagnosed early with the disease and a source of strength for them to stand up for themselves. It also exposed the issues for the public to handle people with Dementia. Later, she recognizes her daughter and is happy to see the new born; her memory loss has led her to forget her daughter's name.

Every morning at 8 a.m., she answers her Butterfly test on her phone, which has five basic questions: "What month is it? Where do you live? Where is your office? When is Anna's birthday? How many children do you have?" (303)

She fails to recognize her husband, a student, and many of her personal belongings. The progressive decline of memory is causing her immense suffering. She remains silent and withdrawn. With no medical cure for Alzheimer's disease, she stays with her daughter, Lydia, with a caretaker, existing, not knowing anything.

The loss of identity disconnects her from her memory, professional self, and personal history, which defined who she is. She has constructed her identity over her profession and personal growth. When she loses the constructed rubrics of identity, she is at a loss of immense proportions. There is a compound emotional degradation within her that is more painful when realized. Alice's realization of the issues involved in the disease lays the road for resilience, even though the disease is progressive in nature and eats into her constructed identity and emotional landscape. Alice's enduring capacity to respond and resist in the text presents a complex interplay of memory, revealing the patient's inner struggle. Though she fights a losing battle, she fights all her way till she forgets to fight.

A close analysis of the text reveals a clear structure in the explication of the issues faced by people who have Alzheimer's disease. There is a loss of location identification, in which she forgets her way home and cannot identify where she left her materials. This is an explicit display of the loss of memory, which forces her to acknowledge, "Alice might be crazy." (219) Her professional competence as a professor is directly challenged when she fails to navigate locations. The cognitive decline is evident when she fails to recall a word during her lecture. For a professor of linguistics, the loss of the term lexicon is a real tragedy. The worst case being she is aware of the loss and unable to bring the word to her active memory. This affects her self-image and shakes her confidence in herself as a professional. Alice begins to doubt herself. The progressive deterioration of her memory leads to humiliation among her peers. She realizes that it is not just her loss of memory, but it also shakes her confidence in her memory. She forces herself to withdraw from the profession, refusing to fake her professionalism, a realization of her limitations that erodes her confidence.

Compounding her trouble is the increased social isolation and alienation from the social and official circles in which she had earlier operated. This is a complex phenomenon -more of a catch-22 situation where one is at a loss as to find the origin of the social interaction loss. Where did it all start? With Alice? With her peers? Was she aware of the loss? These questions cannot be answered straightforwardly, and that is the complexity of the disease Lisa portrays in the text. Even within the family, the isolation is so complete that

she refuses to be interactive. It was hard for her to realize that she was not taking part in the conversation but was a subject of it: "Oh, they're talking about me" (294). She even fails to recognize herself in a mirror. (316) This is when the disconnect with an identity is complete. However, a flash of the past helps her recollect bits and pieces of her earlier self (318). At a personal level, it was an emotional loss leading to fear and anxiety due to geographical disorientation, loss in identifying friends and relations, and memory loss about her activities in the past; all these compounded to create a panic attack as she became completely disoriented. It affects her perception and response to situations that are normally expected of her. She fails to trust herself (180), and that is the last straw in her self-image, self-confidence, and power to drive her forward. This leads to frustration and grief over the loss of self-identity. She ends up being an emotional succor to all around her, far from her earlier self of being the source of love and emotional bondage to the whole family.

Lisa projects resilience in humans, which propels them to fight. Alice undertakes to fight the disease when she takes up cognitive coping mechanisms like self-tests to maintain control over the mental degeneration. The coping strategies combine repetition, delayed responses, and self-testing, reassuring the individual to take the strain off their emotional burden of being a dependent person. Lisa also provides external memory aids to help Alice catch up. It is self-monitoring and planning that help Lisa delay the full effect of the degenerative disorder.

The text is a deliberate attempt to foreground the issues faced by Alzheimer's patients, to see things from both the individual's perspective and that of those who care for them. This text sensitizes the general public to the issues it faces, the modes of their manifestation, and the mechanisms for coping. This sensitive portrayal in a text as a story provides solace to thousands who face the issue but are not aware of the complexity of the individual who undergoes the pain of memory loss and its consequences at the emotional and societal levels. The space for resilience, despite its progressive degeneration of memory loss, provides a positive note and solace for millions who undergo the trauma of being afflicted by the disease and a better understanding of those people who live with them.

> "Please do not think that I am suffering. I am not suffering. I am struggling. Struggling to be part of things, to stay connected to whom I was once. So, 'live in the moment' I tell myself. It's really all I can do, live in the moment". (280)

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