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4 **Critical condition: Alzheimer's and identity in Carla**
5 **Subirana's *Nedar* (2008)**
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11 This article reads Carla Subirana's documentary film *Nedar* against a
12 background of panic in the mainstream media (in Spain as in the United States
13 and the United Kingdom) about Alzheimer's disease and the apocalyptic
14 demography presupposed by an aging population. It considers the history of
15 Alzheimer's disease and diagnosis to propose that while technologies for the
16 medical representation of the disease are becoming globalised, cultural
17 responses to experiences of the disease are more distinctive. The article
18 queries the use of illness as metaphor in *Nedar* and suggests that Alzheimer's,
19 dementia, and amnesia are used to portray the irretrievable loss of information
20 about personal and collective experience in Civil War and post-war Spain. The
21 article details the film's juxtaposition of illness and archives within an
22 exploration of the debate articulated by Susan Sontag and Nancy Scheper-
23 Hughes over the appropriate use of disease metaphors: Alzheimer's
24 complicates this debate because patients are sometimes unable to tell their
25 own stories. The representation of amnesic disease is further complicated in a
26 Catalan and Spanish context by a history of politically sanctioned forgetting
27 and by the culturally specific value of memory. The article concludes by
28 indicating that Subirana succeeds in using the connotative value of illness
29 metaphors whilst also reaching an accommodation with her relatives' illnesses
30 which differs from the practice of forgetting memory advocated by some of
31 those who work with Alzheimer's patients in the English speaking world. It is
32 also argued that unlike many other narratives of Alzheimer's disease, *Nedar*
33 avoids recourse to the genre of horror, an eventuality which is in part
34 facilitated by the film's origins in an investigative memorial project.

35 **Keywords:** Carla Subirana; *Nedar*; aging; Alzheimer's disease; historical
36 memory; illness as metaphor

37 **Introduction: Alzheimer's, apocalyptic demography, and the hypercognitive**
38 **self**

39 Alzheimer's disease is indisputably a condition which demands critical attention
40 in the sense that it has emerged recently as one of the diseases which, in the
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44 developed world, is especially prominent in the public awareness of incurable
45 pathologies. Representations of Alzheimer's, such as Richard Eyre's *Iris* in 2001,
46 a film based on a series of pathographic memoirs written by John Bayley, and
47 campaigning by celebrity patients like Terry Pratchett, have further added to the
48 profile of the disease in the United Kingdom. In the United States, similarly, *The*
49 *Alzheimer Project* (Hoffman 2009), a series of television documentaries shown
50 through HBO in 2009 and fronted by Maria Shriver, has further heightened the
51 profile of Alzheimer's within the mainstream media. Using fear as a nosological
52 index, each instalment of *The Alzheimer Project* began with a graphic which
53 informed the audience that Alzheimer's is the second most feared disease in
54 America after cancer (see Figure 1). The HBO website which accompanied the
55 series tells readers that

57 One of the most devastating forms of memory loss is Alzheimer's disease, an
58 irreversible and progressive brain disorder that slowly destroys memory and
59 thinking skills. Today, Alzheimer's is *the second most-feared illness* in America,
60 following cancer, and may affect as many as five million Americans. ('About the
61 Project' 2009, emphasis added)

62
63 The appeal to fearsomeness invites viewers to recognise the impact, seriousness,
64 and epidemic qualities of a condition with a spectrum of symptoms, both medical
65 and physical, which evolve over years and may be different for each individual;
66 the protean nature of Alzheimer's challenges the simplistic disease-of-the-week
67 format often adopted by television in its portrayal of illness and this was reflected
68 in the fact that *The Alzheimer Project* ran over four episodes and was supported by
69 additional online content and supplementary materials.



86 Figure 1. Screen capture from opening sequence of *The Alzheimer Project*.

87 As scholars of medical anthropology like Ann Robertson have noted, the
 88 representation of Alzheimer's as a dread condition usually goes hand in hand with
 89 a discourse of apocalyptic demography so that the threat posed by the disease is
 90 exponentially magnified by the greying of society in developed nations:

91 The prevailing belief is that an increasing aging population means increasing
 92 demands on the resources of society, including health care resources [...].
 93 According to this scenario people will live longer but sicker [...]. This greater
 94 morbidity of increasing numbers of elders, so the argument goes, will drive up health
 95 care costs. This 'bankruptcy hypothesis of aging' in which 'oncoming hordes of
 96 elderly' [...] deplete national health care budgets constitutes 'apocalyptic
 97 demography'. (1991, 135)

98 Using diagnostic terminology from medicine, we could say that Alzheimer's
 99 discourse grafts together as co-morbidities the perceived threat of an aging society
 100 and the perceived fearsomeness of dementia. Robertson argues that the expansion
 101 of Alzheimer's diagnosis is a response to what she terms the biomedicalization of
 102 old age, an interpretive shift which allocates to a pathology contained within an
 103 individual body the wider problems and demands posed by an aging population:
 104 'By framing the "problems of aging" and, therefore, the solutions as biomedical,
 105 this view [...] ignores nonmedical issues – such as poverty, isolation, the loss of
 106 role and status – and thus, [it] effectively depoliticizes the problems of aging'
 107 (1991, 136). The aging of society in developed countries has coincided with the
 108 apogee of what Stephen Post calls a hypercognitive culture, a coincidence which
 109 means that 'nothing is as fearful as AD because it violates the spirit (*geist*) of self-
 110 control, independence, economic productivity, and cognitive enhancement that
 111 defines our dominant image of human fulfilment' (2000, 245).

112 When we turn to the United States National Institute on Aging's (NIA)
 113 preamble to its work on Alzheimer's, Robertson's contention about the co-
 114 morbidity of apocalyptic demography and dementia is graphically borne out. The
 115 NIA contextualises the social impact of Alzheimer's by saying:

117 According to recent estimates, as many as 2.4 million to 5.1 million Americans have
 118 AD. Unless the disease can be effectively treated or prevented, the number of people
 119 with AD will increase significantly if current population trends continue. That's
 120 because the risk of AD increases with age, and the U.S. population is aging. The
 121 number of people aged 65 and older is expected to grow from 39 million in 2008 to
 122 72 million in 2030, and the number of people with AD doubles for every 5-year
 123 interval beyond age 65 [...]. In the years to come, AD is expected to pose physical
 124 and emotional challenges for more and more families and other caregivers, in
 125 addition to those with the disease. The growing number of people with AD and the
 126 costs associated with the disease also will put a heavy economic burden on society.
 127 (NIA 2010)

128 It is noteworthy here that the elderly are doubly stigmatised. Transgressive in the
 129 first place by dint of fitting uneasily into a work based ethic where non-

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130 productivity meets with suspicion and disdain, senior citizens now pose an even
 131 greater threat by virtue of their ever increasing vulnerability to an economically
 132 and socially draining dementia. As Elizabeth Herskovits observes: 'The
 133 Alzheimer's Disease construct has contributed to a monsterizing of senility such
 134 that the present day lived experience of senility and aging has become more
 135 unpleasant and horrific than it was previously' (1995, 153).

136 Just as many of the mechanical technologies for diagnosing Alzheimer's have
 137 been transplanted wholesale from the English speaking world to Spain, so too, it
 138 seems, has the discourse of apocalyptic demography in which the future of
 139 cerebral grey matter and society's senior or grey sector is couched. For example,
 140 the Fundación Alzheimer España (FAE) replicated the rhetorical device which
 141 conjoins an explosion in numbers of elderly people with a newly dreadful disease:

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 143 Afecta al 5-7% de las personas de más de sesenta y cinco años. Cerca de 650.000
 144 personas están afectadas en España y se manifiestan más de 100.000 nuevos
 145 enfermos al año. Si se estima el número medio de miembros de una familia a 4, son
 146 más de dos millones las personas que ven su vida trastornada por la enfermedad. Es
 147 la causa de invalidez, dependencia y mortalidad más frecuente en los mayores.
 148 Teniendo en cuenta el envejecimiento de la población y el futuro incremento de
 149 personas mayores de 80 años, se prevé que el número de enfermos se duplique en
 150 2020 y triplique en 2050. (FAE 2010b)

151 To represent the disease and its social consequences graphically, the Fundación
 152 uses the image of an iceberg, the massive threat which comes from nowhere and
 153 which without sufficient vigilance will shipwreck the unwary national vessel. This
 154 is not the first time that a national health campaign has used an iceberg to represent
 155 the threat posed by a disease. In the United Kingdom, a government-sponsored
 156 awareness campaign used a similar graphic to depict the threat of AIDS in 1986.¹
 157 In Spain the FAE not only builds Alzheimer's up into an apocalypse of
 158 pathological demography but also emphasises that among European countries
 159 Spain is likely to be the most severely affected because of the combination of its
 160 low birth rate and rapidly aging population (FAE 2010a).

161 As in the United States and the United Kingdom, there has also been in Spain an
 162 efflorescence of lay representations of the disease and two of the most striking
 163 recent films with an Alzheimer's disease theme have been made by Catalan
 164 directors, namely Carla Subirana with her first feature-length documentary, *Nedar*,
 165 and Albert Solé with *Bucarest: la memòria perduda*, both released in 2008.
 166 Although both of these films are autobiographical and documentary, there is a
 167 precursor to their combination of pathography and family history in David
 168 Trueba's 2003 film adaptation of Javier Cercas's *Soldados de Salamina* (2001).

169 In Trueba's film, Lola Cercas talks to her elderly and infirm father during a visit
 170 to his nursing home about the work she has been doing to complete a journalistic
 171 assignment on the Spanish Civil War. Looking totally distracted, indifferent, and
 172 confused, her father's response is very simple as well as devastating. He asks her:

173 ‘¿Qué guerra?’. Although *Soldados de Salamina* is not the focus of this article, I
 174 include a detail from this scene of memory transmission – or interruption –
 175 between generations because my point is that *Nedar* (and *Bucarest: la memòria*
 176 *perduda*) can be seen as an exploratory expansion of this moment in Trueba’s film
 177 where national and social amnesia are fused with the inexorable erasure of
 178 memory implied by a construction of old age centred around dementia, something
 179 which is arguably an offshoot of the increasing awareness of the extent to which
 180 Alzheimer’s is affecting the older age groups in Spanish society. And what I
 181 propose in the more detailed attention to *Nedar*, in particular, which follows, is
 182 that this equation of the personal and the collective memories produces a nosology
 183 of Alzheimer’s disease which is specific to Spanish and Catalan discourse.

184 185 186 187 **Representing Alzheimer’s and the economy of memory in Spain and** 188 **Catalonia**

189 I want to suggest that in *Nedar* Alzheimer’s disease is not only represented within
 190 the discourse of a condition which is critical *for* Spain’s social economy, but that it
 191 is furthermore part of a discourse which is critical *of* that social economy. Medical
 192 anthropologists and cultural historians like Anne Davis Basting (1998, 2009) and
 193 Janelle S. Taylor (2008) have pointed to the role of Alzheimer’s disease and old
 194 age in performing cultural work, and my contention in this article is that Subirana
 195 steps away from the more clichéd representations of Alzheimer’s disease to
 196 uncover some of the functions performed by Alzheimer’s, and by people
 197 diagnosed with Alzheimer’s (PDWAD), in an economy of recall and oblivion.
 198 Where does it leave the person diagnosed with Alzheimer’s when his or her brain
 199 is reified as a fragile store of forensic evidence? Can a metaphorical deployment of
 200 illness which has power and usefulness for raising social consciousness of
 201 historical memory loss work without prejudice to the individual patient?

202 Alzheimer’s sits at the threshold between mind and body, between the
 203 neurological and the psychological, between procedural and propositional
 204 memory, between autonomy and dependency views of self and personhood; and,
 205 as a closer reading of *Nedar* suggests, this disease whose resurgence in the 1970s
 206 was hatched in international symposia and conferences sits in a Spanish context,
 207 furthermore, on the threshold between informally sanctioned collective neglect
 208 and legislatively binding care for the past.²

209 Although Alzheimer’s takes its name from Alois Alzheimer’s description of a
 210 link between neurofibrillary plaques and pre-senile dementia, the initial impetus
 211 for construction of an Alzheimer’s diagnostic practice in the first decade of the
 212 twentieth century came from other clinicians who wanted to counter
 213 psychoanalysis by proving an organic basis for aberrant behaviour. From the
 214 outset, then, the disease diagnosis has constructed a patient centred,
 215 individualised, and contained account of malaise in contradistinction to an

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216 interpersonal or systemic reading of dementia.³ Drawing on Karen Lyman (1989),
217 Robertson suggests that

218 The ready acceptance of the clinical construct of AD can be attributed to its efficacy
219 in creating order out of chaos both for clinicians and families; a ‘disease’ construct
220 serves to normalize and render manageable the ‘disturbing’ and ‘disruptive’
221 behavior of the PDWAD. The ‘biomedical model of dementia’, ultimately fails to
222 take into account any notion of the extent to which AD may be socially produced
223 and reproduced. (1991, 142)

224 The metaphorical values afforded Alzheimer’s disease in recent pathographical
225 films made by directors from Catalonia are thus engaged with a form of narrative
226 which grafts as metaphor for a collective amnesia an illness defined in part by a
227 history which resists inter-subjective meaning. Subirana’s act of de-personalising
228 the illness and of reading it across a social history is in itself a political gesture.
229 But, at the same time, we must ask what happens to the illness in the midst of these
230 various projects for using illness to achieve semantic engineering. In order to
231 approach these questions it is helpful briefly to step back and to consider the
232 genesis of Subirana’s Alzheimer documentary.
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235 Investigating memory

236 Some of the footage in *Nedar* was shot as much as eight years before the film was
237 released. The director took pictures of her grandmother to practise for her degree and,
238 as she has said in interviews, did not set out either to make a film about the Civil War
239 or about Alzheimer’s (Semana Internacional de Cine 2009). The film was to chronicle
240 an investigation into the missing data in her family’s biography and she did not plan to
241 feature in it herself. The focal point would be Juan Arroniz, Subirana’s late maternal
242 grandfather, and the project was intended to retrieve some historical information
243 about a man who had disappeared not only physically but who had also been written
244 out of the family’s history just as the political elements with which he may have been
245 linked were written out of the country’s history by the victors in the Civil War. Among
246 the few facts Subirana knows about her grandfather before her investigation is that he
247 was executed in 1940 at Camp de la Bota. Her grandmother has spoken very little of
248 him and the pared down family of three women seems to have reached within the
249 domestic sphere an agreement not to mention him, echoing in this silence the wider
250 *pacto de olvido* which had, supposedly, expedited Spain’s transition to democracy.
251 The film which was eventually to become *Nedar* started out as a project meant to
252 document and to unravel this structure of silence. Subirana says in her narration
253 towards the beginning:
254

255 A casa era molt natural no parlar sobre el meu avi; potser l’absència del meu pare
256 pesava massa així que mai em vaig preocupar per aquesta altra absència. L’únic que
257 sabia era que l’havien afusellat el 1940, com a tants d’altres. Volia esbrinar qui era
258 aquell home i per què va morir afusellat.

259 In the course of this project to retrieve memory, however, both of the director's
 260 two immediate family members are diagnosed with Alzheimer's, a condition which
 261 erodes precisely the resource around which the film – as it had been originally
 262 conceived – was hinged. Subirana's grandmother, Leonor, is in her 80s when the
 263 filmmaker embarks on the project and very soon after is diagnosed with
 264 Alzheimer's. Close on the heels of Leonor's death, Subirana's mother, Ana, who is
 265 in her 60s, is also diagnosed with pre-senile dementia. Thus, as the filmmaking
 266 project was unfolding, decisions about what to forget and what to remember shifted
 267 from being entirely elective to being determined in part by biology and the steady
 268 progress of a disease. In the course of the documentary we see that for Leonor and
 269 Ana – Subirana's two most immediate sources of information – the withholding of
 270 information (or simply the preference not to remember certain elements of family
 271 history) is no longer a matter of habit or of expedience: their memories are being
 272 shredded by the implacable progress of a dementia which is indifferent to changes in
 273 the political landscape. As in *Bucarest: la memòria perduda*, Nedar's account of the
 274 decimation of the individual capacity for memory dramatises the loss of historical
 275 memory. It does this in the framework of a documentary which had initially been
 276 conceived as a narrative whose piecing together of the remaining fragments of
 277 information about little known family members would contribute to the retrieval of
 278 a bigger picture of a political and national history, one eroded by neglect and the
 279 deliberate decisions to forget taken in the 1980s. In the project as originally
 280 conceived, specific memories of individuals would have contributed towards the
 281 building of a more inclusive collective memory; in the project as it was reshaped by
 282 Alzheimer's, the incomplete or partial collective memory corresponds not only to
 283 the specific memories of individuals which can no longer be salvaged, but also to the
 284 loss of the ability to remember per se.

285 286 **Archiving the mind**

288 At a point in the narrative where it becomes clear that Leonor's dementia has
 289 advanced to a point where it is divesting her not only of her memory but also of her
 290 individuality, Subirana observes: 'A mesura que el meu avi es dibuixava en la
 291 meva imaginació, la meva àvia anava desapareixent'. The recovery of memory
 292 and cognitive impairment are here explicitly allied, and, arguably, the threat to the
 293 project of retrieving a record of the past from oblivion becomes part of what
 294 Nancy Scheper-Hughes calls 'the disease double': 'Societal and cultural responses
 295 to disease create a second illness in addition to the original affliction [...] the
 296 layers of stigma, rejection, fear, and exclusion that attach to particularly dreaded
 297 diseases' (1986, 137). The editing of the film reinforces the metaphorical equation
 298 which conjoins the individual memories of Subirana's relatives with archival
 299 documentation and other information. For example, in one of the last scenes shot
 300 before Leonor's diagnosis, Subirana says, in reference to her grandmother's
 301 confused and uninformative answers to her questions about her grandfather:

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Aquell dia em vaig adonar que era com si ella em digués: ‘A mi no m’ho preguntis. Si vols saber, ara et toca a tu’. Poc després, la meva àvia es va posar malalta. L’informe mèdic deia: ‘Presenta un dèficit cognitiu greu amb síndrome afàsica, apràxica, anòsica, amnèsica important’. La veritat és que no hi entenia res.

Visually, the film marks this turn in the narrative by juxtaposing a scene of Carla comforting her grandmother and stroking her temples with another scene of the stacks at the Arxiu Nacional de Catalunya (Figure 2). The implication is clearly of parity between an individual’s brain as a storehouse of information and an archive as a documentary extrapolation synthesising the sum of such individualised recollection. It is almost as if Alzheimer’s provided the solution to the question Cercas’s metafiction posed about the facticity of history: seen through the discourse of Alzheimer’s, history is neither fact nor fiction but an organic corporeal network of synaptic activity. The privileging by Alzheimer’s of a concept of the brain as a mechanical electrostatic computer of flesh lends itself well to this equation, and here Leonor’s illness is inscribed by the narrative not so much within an apocalypse of demographic massification as one of cultural death and extinction, a trope which echoes the title of Carles Casajuana’s (2009) recent novel, *L’últim home que parlava català*. Each member of the community who succumbs to dementia is like another folder in the archive of national and cultural identity being destroyed, and since dementia threatens precisely autonomy, recognition, sovereignty, and independence, the diagnosis also lends itself to being a metaphor for a stymied and frustrated self governance of a community of individuals.

Since there are several examples in *Nedar* of elision between representations of people with Alzheimer’s and historical documentation, the deployment of this metaphor is clearly intentional. For example, Subirana edits together two scenes which both involve the consultation of a graphic illustration from a test

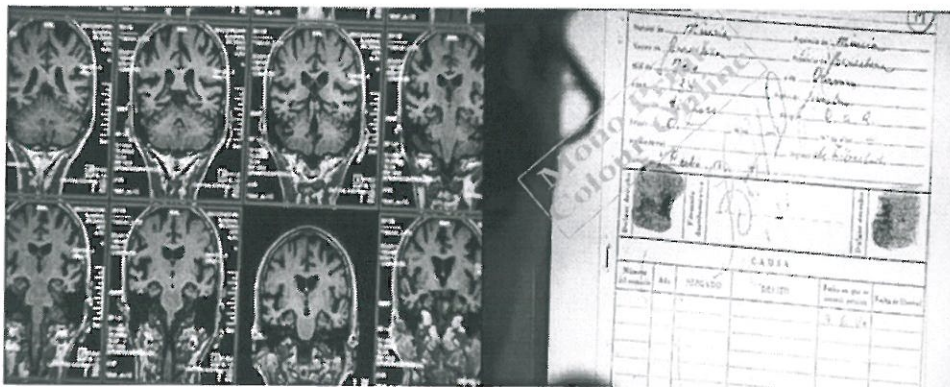


Figure 2. Juxtaposition of two screen captures from *Nedar* illustrating shift from Leonor as patient with memory loss to interior of stacks as collective memory.

345 determining the identity status of one of her relatives. The first of these two scenes
 346 sewn together illustrates Ana undergoing the MRI scan which allows doctors to
 347 confirm her mother’s diagnosis with Alzheimer’s from the visual representation of
 348 her brain tissue which it produces. The second scene illustrates Subirana herself
 349 consulting her grandfather’s criminal record which includes a microfiche
 350 reproduction of his fingerprints. The image we see on the screen shifts from a brain
 351 with signs of the amyloid plaques and taut angles characteristic of Alzheimer’s to a
 352 document bearing a fingerprint of the patient’s father, a man she never knew
 353 (Figure 3). Just as her grandmother disappeared when her grandfather was forming
 354 some kind of shape in her mind, Carla’s mother’s brain is being eroded in the same
 355 frame in which her father has left a digital trace of presence. The paternal stories
 356 which for so long remained unknown seem to fill the gaps being left by the onset of
 357 the disease, as if the recovery of historical memory were both threatened by and a
 358 compensatory symptom of the loss of individual memory.

359 The memory loss suffered by Ana and Leonor unfolds against the background
 360 of the introduction of legislative obligation to remember. The ‘Ley por la que se
 361 reconocen y amplían derechos y se establecen medidas en favor de quienes
 362 padecieron persecución o violencia durante la Guerra Civil y la Dictadura’, better
 363 known as the ‘Ley de memoria histórica’, came into effect in 2007 and indeed
 364 Memorial Democràtic, which supported the production of *Nedar*, is governed by a
 365 statutory obligation to recover and disseminate facts and information pertaining to
 366 the time between the Civil War and the early 1980s.⁴

367 Almost coetaneous with the ‘Ley de memoria histórica’ another law which has
 368 received less attention was passed in Spain in 2006, the ‘Ley de promoción de la
 369 autonomía personal y atención a las personas en situación de dependencia y a las
 370 familias’, better known as the ‘Ley de dependencia’. I would argue that *Nedar* can
 371 be seen not only against the backdrop of the legislative obligation to remember,
 372 but also through the prism of the other law which enshrines the obligation to take
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386 Figure 3. Juxtaposition of two screen captures from *Nedar*: MRI images of Ana’s brain (left) and a
 387 document from Juan Arroniz’s criminal record illustrating his fingerprints (right).

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388 care. Taking care of memory becomes for the director a way to take care of her
 389 mother and her grandmother, and inasmuch as Alzheimer's affects not only the
 390 patient but the family, the effort to recover what her relatives did not know or
 391 could not know becomes part of the therapeutic response to the disease. Unlike
 392 some of the sons and daughters in *The Alzheimer Project* who are depicted by the
 393 series as being primarily concerned with their parents' individual suffering,
 394 Subirana does not focus exclusively on loss but also on what remains to be
 395 discovered. And yet, as illustrated by the editing alongside each other of scenes of
 396 personal loss and the documentary repositories of historical record, the
 397 individuated pathographies of Subirana's relatives are nevertheless stitched into
 398 a narrative which also addresses the loss of memory on a larger scale.
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400 **Alzheimer's and PDWAD as metaphor**

401 Is the appropriation of the suffering of people diagnosed with Alzheimer's disease
 402 as a metaphor which articulates a debate about the recovery of historical memory a
 403 violent or insensitive act? Could it be held that when someone is suffering from
 404 memory loss it is prejudicial to him or her to be burdened furthermore with the
 405 weight of remembering for an entire nation or people? Some consideration of the
 406 rather polarised views on the metaphorical exploitation of illness can help to
 407 answer this question. While Susan Sontag () was opposed to the use of illness as
 408 metaphor, others, such as Nancy Scheper-Hughes, have critiqued this gesture as
 409 one which 'would have us – patients all on one level – retreat into the safe haven
 410 of radical materialism offered in scientific biomedicine' (1986, 138). Scheper-
 411 Hughes goes on to suggest that Sontag's opposition to metaphorical value for
 412 pathology produces 'the reification of illness (as disease alone) [and] is a form of
 413 self alienation, of false consciousness' (1986, 138). The question is further
 414 complexified by the fact that Alzheimer's strikes precisely at the ability to self
 415 narrate so that patients become what some theorists of life-writing have described
 416 as unautobiographical subjects.⁵ One symptom of the disease is indeed
 417 anosognosia, an effect whose name is a lexical compound which combines
 418 disease and knowledge only to negate both with its initial alpha privative: at a
 419 certain stage in the disease some persons diagnosed with Alzheimer's no longer
 420 know that they are ill and nor can they quantify how ill they are. Alexithymia,
 421 another symptom, curtails the ability to describe or interpret feelings, emotional or
 422 physical. We can only speak of a disease affecting someone with anosognosia,
 423 then, if we understand the ailment to be one that is recognised intersubjectively,
 424 and since the patient cannot report his or her experience of the disease, it can only
 425 be known by proxy. And how else can we represent someone else's suffering,
 426 which we can never know existentially, without recourse to metaphor? The same
 427 inability to describe illness suffered by an Alzheimer's patient creates the
 428 obligation on the part of anyone involved in advocacy for him or her to use
 429 metaphor if that person is to try to convey the patient's condition without the
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431 benefit of knowledge which is impossible even for the patient him or herself to
432 access. As Scheper-Hughes writes:

433 We are without a language with which to address mind-body-society interactions
434 and so are left hanging in mid air, suspended in hyphens that testify to the radical
435 disconnectedness of our thoughts. We resort to such fragmented concepts as the bio-
436 social, the psycho-somatic, the psycho-social, the somata-social as a feeble way of
437 expressing the complex and myriad ways that our minds speak to us through our
438 bodies, and the ways in which society is inscribed on the expectant canvas for our
439 flesh and bones, blood and guts. (1986, 137)

440 Rather than seeing Subirana's yoking of illness to historical memory (and the
441 threat of its erasure) only as a political act in reference to the stymied recovery of
442 national memory, then, we could see in it an attempt to use the hyphenation made
443 possible by film editing to negotiate the social alexia which otherwise resists
444 making the connections between mind, body, and society necessary for a non-
445 privatised understanding of illness.

446 Whereas *Bucarest: la memòria perduda* uses the image of a maze to describe
447 Albert Solé's exploration of his father's Alzheimer's and of his country's amnesia,
448 Subirana's film returns at crucial points in its narrative to the image of the
449 swimming pool. Between interviews and between discoveries about her
450 grandfather, the camera follows her swimming lengths underwater, as if her
451 body were tracing links between the nodes in the story through the discourse of
452 medicine and politically constrained knowledge in which we are all awash. The
453 first scene of the director diving into the pool is sewn between opening titles partly
454 comprised of an ultrasound scan and other footage of Leonor pottering about with
455 some plants: at one end of the pool is the scan of a foetus, at the other are images of
456 a grandmother, and the narrator swims between the two the length of the film and
457 vectors the coordinates of a disease which, in the film's portrait, exists socially.⁶ In
458 an interview with José David Cáceres Tapia, Subirana spoke at length about her
459 use of swimming and of the pool as metaphors in the film:

461 El agua es la memoria. Nadar para reencontrarse con ella, un zambullido en busca de
462 unas respuestas imposibles e intangibles... El agua como el primer líquido presente
463 en nuestras vidas, el amniótico, al que vuelvo para reconciliarme con lo más
464 primigenio, con lo más esencial. Es un punto de partida del presente, una necesidad
465 física que se traduce en un medio para simbolizar todo un viaje interior hacia un
466 pasado tan escurridizo como una pastilla de jabón [...]. El agua es también un
467 espacio reservado para el propio espectador, donde inevitablemente su historia se
468 filtra en todas las lagunas que el guión plantea. Un terreno donde la particularidad de
469 la historia se puede convertir en un lugar común. (Cáceres Tapia 2009)

470 This conception of activity in the water is unlike that seen in Richard Eyre's film
471 *Iris*, for example, where swimming is equally prevalent. As in the book by John
472 Bayley (1998) on which the Iris Murdoch biopic was based, *Iris* uses bathing
473 scenes to represent what her husband perceived to be Murdoch's slide into

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474 depersonalisation. Despite the different function, it is hard to believe, however,
 475 that Subirana did not intend to reference an important precursor in the cinematic
 476 representation of Alzheimer's disease.
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'No vull l'oblit': the value of scar tissue

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Pia Kontos (2006) and Anne Davis Basting (2009) have proposed that we should forget memory if we are to value the lives of people diagnosed with advanced Alzheimer's outside an epistemological framework in which selfhood is synonymous with a fully functioning cognitive ability. Kontos uses Maurice Merleau-Ponty's notion of an immanent corporeal selfhood derived from the body's intuitive forward facing direction, and Bourdieu's notion of shared selfhood in a communal habitus, to find identity among a community of Jewish Alzheimer's patients brought together in a residential home. The context allows her to read even gestures and unformed words or lists of syllables as meaningful (Kontos 2006, 195–217). Similarly, in *Forget Memory* Davis Basting (2009) urges carers of the elderly and of people diagnosed with Alzheimer's to concentrate on who the patient is, not on who he or she was or on what he or she once knew. At first sight, these kinds of convalescent responses to the depersonalising and dehumanising effects of a diagnosis based on loss of cognition seem to be foreclosed by Subirana's yoking of personal recollection to historical memory and yet, if we listen attentively to how she describes her relationship with her grandmother, even before Leonor became cognitively impaired, she suggests they could relate to each other outside the boundaries of sense and abstraction. The director revisits the cinema where her grandmother worked as a cleaner for decades and tells us over a scene depicting the cloakroom where she spent many hours together with her grandparent: 'En aquell lavabo fèiem juntes la travessa i encara que cap de les dues no sabia res de futbol, ens fèiem companyia' (emphasis added). This observation echoes Subirana's gloss on the doctors' jargon-filled report describing her grandmother's condition: 'La veritat és que no hi entenia res'. It is out of this 'res' that *Nedar* strives to make something and such details point to a rapport which already sidesteps the construction of identity through the assertion of cognitive ability and may in part explain why Subirana avoids some of the traps Janelle S. Taylor identifies in her model of common narratives of Alzheimer's:

When it comes to speaking about dementia, horror seems to be the default genre. A person you love, and to whom you are bound by unbreakable ties, turns out to be someone you do not know at all, who does not 'care' about you and may even seek to harm you; this is the classic Gothic plot [...] or, alternatively, a person dies but their body lives on: this is the basic zombie story. (2008, 321)

Nedar's incorporation of a parallel film within a film – black and white sequences where actors play out a *noir* reconstruction of Juan Arroniz's clandestine activities and the hold up of a shoe shop for which he was arrested and executed – inscribes

517 the framing story within the genre of detective fiction or investigative journalism,
 518 rather than gothic horror or the zombie genre (see Figure 4). The metaphorical
 519 reading of Ana's and Leonor's illnesses, then, redirects the narrative towards a
 520 register which pulls pathography away from the monsterizing of senility. By
 521 affording her immediate family members a role in the recovery of historical
 522 memory, Subirana also interrupts the eventuality proposed by Paul John Eakin
 523 whereby Alzheimer's patients become 'subjects outside discourse, subjects
 524 culturally unscripted' (as quoted in Roy 2009, 42). *Nedar*'s metaphorical
 525 framework can also be seen as consistent with the way in which the Catalanian
 526 government has chosen to commemorate cultural landmarks. For example, a
 527 plaque at the former site of Camp de la Bota, where Ana walks her dog, is
 528 inscribed with the text of 'Aniversari', a poem¹ by the doctor and poet Màrius
 529 Torres which, in the context of a memorial addressed to the public, can be
 530 understood as an exhortation to the community to forge a kind of peace not
 531 dependent on oblivion in which wounds – mental as well as physical – should in
 532 some sense be valued as a record of the past:
 533

534 Que en els meus anys la joia recomenci
 535 sense esborrar cap cicatriu de l'esperit.
 536 ^[Q3] Oh pare de la nit, del mar i del silenci,
 537 jo vull la pau – però no vull l'oblit.
 538

539 Subirana's deployment of illness as metaphor, then, entails both benefit and risk,
 540 and the film's negotiation between these two possible outcomes suggests that at
 541 stake there is a different conception of self – less anchored to a paradigm which
 542 values self-sufficiency (and thus hypercognitive autonomy) above all else – than
 543 the one presupposed by Anglophone narrators of Alzheimer's for whom finding a
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558 Figure 4. A screen shot from one of the *noir* sequences in *Nedar* where actors perform Carla
 559 Subirana's reconstruction of the events which led to her grandfather's arrest.

Written (1942)

14 *R. Prout*

560 way to appreciate the life of a person diagnosed with the disease means
561 circumventing established notions of personhood altogether. Taylor claims that

562 because a person's sense of self is grounded in his or her membership in a cultural
563 group, when the political system in which they live fails to recognise the cultural
564 identity of the group to which they belong this causes real harm to individuals.
565 (2008, 325)

566
567 Since Subirana is working within a Catalanian and Spanish cultural discourse
568 where this is well understood, she starts from a premise of selfhood which is
569 already distinct from that which underpins many critiques of Alzheimer's
570 discourse and hence the metaphorical value ascribed by her film to dementia
571 functions bilaterally: an amnesic society is pathologised for forgetting its history
572 and for forgetting its elders as much as individual patients are lumbered with the
573 representative weight of a collective cognitive impairment.

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575 **Alzheimer's and cultural texts**

576 The work of Janice Graham (2006) on Alzheimer's disease as a cultural text and
577 her deconstructing of the cultural precepts which underpin dementia diagnosis are
578 also germane to my reading of *Nedar*. Reference to Graham's contribution to the
579 literature follows appositely from the previous discussion of Subirana's adaptation
580 of a one-size-fits-all diagnostic practice to the specificities of a history particular to
581 a given family and a national community struggling against cultural amnesia.
582 According to Graham,

583
584 [t]he fervent activity directed at international standardization in [dementia] case
585 ascertainment and assessment of severity is an attempt to gain [...] common
586 language, a psychiatric Esperanto [that] constitutes no more than a necessary
587 prerequisite for a rationally based nosology. (2006, 88–89)

588
589 Graham sees the dissemination of Alzheimer's diagnostic practice as an element in
590 the flattening out and homogenisation of medical cultures, and by extension of
591 cultures more generally. She proposes that 'the hard facts of neurological signs
592 have gained diagnostic supremacy over that of the social affect and general well
593 being of the person' (2006, 91), and draws on Julian Leff's discussion of an
594 epistemological approach to psychiatry, one that

595 generates a view of psychiatry as a cultural product of Western societies in the same
596 way as are the diatonic scale and Coca-Cola. These products can be exported all over
597 the world and may be appreciated by the local populace, but are no more valid than
598 indigenous music or beverages. (Leff 1990, 305)

599 Since it includes a number of fly on the wall scenes where Ana's submission to
600 cognitive and photographic tests is frankly portrayed, *Nedar* allows us to see the
601 collision of a homogenising diagnostic model – in this case a neurological one –
602 with aspects of cultural specificity.

603 Some viewers – Corbella (2011), for example – have read scenes where Ana is
604 asked to draw a clock face or to recite a list of words as incidental occurrences
605 within the film, and these scenes are furthermore recreations of internationally
606 standardised tests for cognitive impairment, such as the 3MS (Modified Mini
607 Mental State), the Seven Minute Neurocognitive Screening Battery, and the CDT.
608 As usual, medicine resorts to acronyms and abbreviations to imply a level of
609 complexity which is not necessarily to be found on closer inspection. For example,
610 the CDT is simply the clock drawing test, where Alzheimer’s and dementia
611 patients around the world are asked to draw a clock face showing eleven minutes
612 past ten: failure in the test indicates loss of temporal and spatial awareness. It is
613 this test which Subirana recreates for her mother at home.⁷ In a hospital setting,
614 Ana is asked by a doctor to repeat a list of words – as many as she can remember.
615 There is a correct way to answer wrongly: in other documentaries about
616 Alzheimer’s (*The Alzheimer Project*, for example) we see patients who can only
617 remember the last word in the list, or who cannot remember anything, or who
618 cannot remember the question. Here, however, Ana’s wrong answers are also
619 wrong in the wrong way. To questions seeking information about the names of her
620 parents she answers with impressions about the Civil War and this list of words
621 speaks not only to a deficit of short term memory but also to a surfeit of
622 connotative memory. The word list contains the noun ‘presó’ and this sets Ana off
623 on a train of thought about the injustices suffered by her father, his imprisonment,
624 and his execution. If on the one hand we might have reservations about Subirana’s
625 recourse to a homogenising discourse of dementia diagnosis as a way of
626 recovering or of spotlighting the loss of culturally specific memory, on the other
627 hand the disjuncture between the standardisation of the tests and the peculiarity of
628 some of the results in fact resists the evacuation of local specificity against which
629 scholars such as Graham caution.

633 As Alzheimer’s pursues its course through her family, Subirana gradually
634 uncovers more information about her grandfather. Joaquim Jordà – the director of
635 *Mones com la Becky* (1999), to which *Nedar* has been likened (see Martí Freixas
636 2008) – insists that if the police report contends that Arroniz shouted ‘[I]os rojos
637 también tenemos derecho a la vida’ as he held up a shoe shop, he must surely have
638 been politically active. Subirana finds her grandfather’s sister and learns that he
639 was indeed active within an anarchist-syndicalist cell. Her great aunt goes
640 regularly to a local pharmacy to pick up her medication at the same address which
641 formerly housed the offices of the group to which her late brother belonged, a
642 coincidence which seems not only to concretise the displacement of radicalism by
643 Foucauldian biopower but also further to authorise the film’s knitting together of
644 biomedicine and cultural memory.

Conclusion: forgetting memory?

As Subirana reaches some sketchy conclusions about the circumstances leading to her grandfather's arrest and his subsequent disappearance from her family's history, her mother's diagnosis becomes clear and the editing of the film again signals resonances between an oppressive political apparatus and the narrow confines of medical discourse. Subirana situates immediately before the scenes of her mother's MRI scans a portrait of Ana at the monument to Camp de la Bota, as if the executions continued and as if the sentence against her mother's cognitive person were a further form of assassination and cultural erasure. Arguably, this is more deleterious to the Alzheimer's patient than other uses of metaphor in the film; it is certainly harder to mitigate. But the juxtaposition of the two forms of representation also recalls Georges Canguilhem's observation that 'the science of life no longer resembles a portrait of life' (1994, 317). The pictures at the memorial could also be seen as memorialising the living person before the dehumanising work of the machines and test batteries begins. Robertson points out that

[w]ith the growth in medical technology, such as the imaging technology used in the investigation of AD, the panoptic gaze focuses on ever more detailed examinations of the experience of aging, including brain function. This kind of technology, combined with the technology of cognitive and psychological testing has been partly responsible for the recent focus on AD. (1991, 137)

Nedar brings to the surface the cradle-to-grave function of such invasive imaging in shaping and demarcating an individual's progress through life, and perhaps we can also ask if it and other films like it are not implicated in the visual reification of Alzheimer's disease. How far is *Nedar* a critique of techniques of visualising medical epistemology and how far does it contribute to the legitimisation of those same technologies?

While I have only been able here to sketch out an answer to this question and to those I posed earlier, an approach to *Nedar* informed by the debate over the exploitation of disease as metaphor does indicate with some degree of conclusiveness that Spain's forgetting of some of its past complicates the forgetting of memory proposed by some of those working with Alzheimer's as a form of reconciliation with the effects of the disease. Inasmuch as Spain's history of forgetting pathologises erasure, this makes it harder in Spain to accept on an individual level the forgetfulness of amnesia and thus Spanish and Catalan politics have become imbricated in the aetiology of Spanish and Catalan presentations of Alzheimer's disease. Yet at the same time as Subirana activates the powerful illness metaphors of Alzheimer's disease to dramatise collective historical losses, she also looks for family attachments and intimacies which escape the cognitive functions impaired by dementia and thus does not entirely turn over her family members' identities to a larger memorial project. To put it another way, whilst extrapolating from her immediate family members' pathographies a pathological

689 historical lacuna Subirana is also able to create a more intimate account of her
 690 maternal family which finds biography beyond and between pathography. As a
 691 discussion of the film alongside the debate within medical anthropology over the
 692 value of illness metaphors has also illustrated Subirana – to an extent – cannot in
 693 any case represent Alzheimer’s nor the people closest to her diagnosed with
 694 Alzheimer’s without recourse to metaphor since an effect of the illness is to take
 695 away from a subject precisely the ability to narrate her own life. Given that *Nedar*
 696 does not have recourse to metaphors of horror in reaching an accommodation with
 697 this metaphorical imperative (as many accounts of the disease in the literature in
 698 English do), it has been my contention in this article, furthermore, that close study
 699 of the film demonstrates that while diagnostic practices for dementia illnesses may
 700 tend towards standardisation, the creative responses which they provoke do not.
 701 There are culturally significant differences between the paradigms adopted by
 702 narrators of Alzheimer’s across languages and cultures.

703 *Nedar*’s exploration of the interstices between a globalising discourse of an
 704 Alzheimer’s apocalypse and the personal and more culturally specific iterations of
 705 disease experience makes manifest that traces of identity remain even where it has
 706 been bulldozed by political tyranny or where it is being overwritten by the plaques
 707 and tangles which impair cognition.

708 709 710 Notes

- 711 1. Nicolas Roeg’s ‘Iceberg’ was one of five television spots broadcast in the UK in 1986 designed
 712 to shock people into practising safer sex. ‘[F]eaturing falling icebergs inscribed with the word
 713 “Aids”. This was public information at its most sensational. Expensive special effects and high-
 714 concept production design brought public information filmmaking into the realm of state-of-the-
 715 art corporate advertising’ (McGahan 2003–10). John Hurt narrated the films and during the
 716 course of ‘Iceberg’ he warns viewers: ‘You can’t always tell if someone is infected and unless
 717 we’re all a lot more careful, the people who have died so far will be just the tip of the iceberg’.
 718 The ‘Iceberg’ and ‘Tombstone’ films can be viewed within the BFI’s screenonline archive.
- 719 2. Robert Katzman and Katherine L. Bick (2000) chronicle the resurgence of interest in
 720 Alzheimer’s disease in the 1960s and 1970s, and note the rise in the number of scholarly papers
 721 on the disease following the first modern symposium on it in 1969 and the roll out in the same
 722 decade of electron microscope technology which allowed the study of brain pathology at the
 723 ultrastructural level. While only 10 articles were published on Alzheimer’s disease in 1966, the
 724 number rose to 2,372 in 1996 (2000, 110). Herskovits (1995, 150) sustains that ‘one can
 725 persuasively argue that Alzheimer’s recent emergence on the biomedical terrain is an artifact
 726 arising from local sociocultural and political dynamics’.
- 727 3. Emil Kraepelin was the first scientist to use the term Alzheimer’s disease, in 1910. Konrad
 728 Maurer, Stephan Volk, and Hector Gerbaldo (2000) consider several possibilities for
 729 Kraepelin’s hasty creation of the eponym (which attached the disease to Kraepelin’s Munich
 730 Nervenlink) and find plausible among them his ‘wish to show the superiority of his school over
 731 psychoanalytical theories and to show (vis-à-vis Freud) that some mental disorders were
 organically based’ (2000, 26).
4. ‘L’article 54 de l’Estatut d’autonomia de Catalunya estableix l’obligació de la Generalitat i els
 altres poders públics de vetllar pel coneixement i el manteniment de la memòria històrica de
 Catalunya com a patrimoni col·lectiu que testimonia la resistència i la lluita pels drets i les

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- 732 llibertats democràtiques, i disposa que amb aquesta finalitat han d'adoptar les iniciatives
733 institucionals necessàries per al reconeixement i la rehabilitació de tots els ciutadans que han
734 patit persecució com a conseqüència de la defensa de la democràcia i l'autogovern de
735 Catalunya' (see Department d'Interior, 2008).
- 736 5. Wendy Roy refers to the work of Sidonie Smith and Paul John Eakin in this regard. She cites
737 Smith's inclusion of Alzheimer's among a list of other conditions which consign those who
738 suffer from them to 'unautobiographical' lives which can only be known thanks to the
739 representation performed by others. She also cites Eakin's suggestion that memory loss
740 disabilities may prevent the performance of any kind of self-narration (Roy 2009, 41-45).
- 741 6. Subirana has suggested in an interview that the scenes shot at the swimming pool are the ones
742 which allow the strands of the film's narratives to agglutinate (Surt TV, 2009). This idea is also
743 discussed by Prout (2011, 101–104).
- 744 7. Michael Philpot (2004) assesses the CDT's usefulness as a stand alone test and also provides an
745 overview of some of the key literature relevant to this form of discursive test.

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