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The Sentient Archive: Relationality, Materiality and Recognition beyond Diagnosis in Elizabeth Is Missing (2015), The Illuminations (2015) and Somebody I Used to Know (2018)

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Abstract

Drawing on literary analysis and frameworks from medical humanities, this article discusses relationality, materiality and recognition beyond diagnosis in Emma Healey's *Elizabeth Is Missing* (2015), Andrew O'Hagan's *The Illuminations* (2015) and Wendy Mitchell's *Somebody I Used to Know* (2018). Alzheimer's disease (AD) is often framed through a narrative of loss (Fontana and Smith 1989; Kontos 2006; Hillman and Latimer 2017; Saru Jimmy 2022). As the medical discourse reflects a biological frame that emphasises deterioration, it overlooks the complexities of one's selfhood and relationality that can still be negotiated and genuinely experienced in Alzheimer's disease (Zeilig 2013; Reed et al 2017). Hence, the discourse of loss, both in clinical and social settings, tends to neglect the patient's well-being, by reducing, if not taking away, the possibility for them to maintain and assert their autonomy, lifestyle and identity (Kitwood 1997). It, therefore, problematises the experience of relationality in the patient's life, while creating a social and psychological environment that fosters fear and alienation (Riley et al 2015). The contemporary British narratives studied in this article engage with these issues by foregrounding the role of relationality in the experience of an individual with demenita. Departing from the biomedical model which focuses on symptom and treatment (Charon 2006; Bullington 2009), the article explores how the narratives first register the way diagnosis alters and reorganises personal and social recognition before exploring, through the technique of distancing, how narrative form can address and perform the relational work and make visible both the clinical and social limits of empathy and understanding. Finally, it provides new ways of seeing, engaging with and listening to the individual with dementia, extending from the human to the non-human.

1. Introduction

Since the twentieth century, there have been major medical and technological breakthroughs which led to an overall acceleration of life (Rosa 2016). However, there is a paradox of progress – despite more diagnostic power, greater connectivity and the proliferation of digital communication, relationality, which rests upon attention, recognition, resonance and reciprocity, has perhaps never been as fragile or endangered as it is today. Since the second half of the twentieth century, there has been a claim, which gained momentum by the end of the century and resurfaced with renewed force in the 2010s, that both resonance and recognition are missing from modern healthcare. In the UK, for instance, Kate Granger's 2013 initiative #hellomynameis, which reminded the practitioners of the necessity to introduce themselves to their patients, highlighted how simple gestures of recognition can become significant in institutional settings where interactions are often shaped by heavy workloads, institutional protocols, professional boundaries and technological mediation. In response to such concerns, medical humanities and narrative medicine have emphasised the importance of "partnership" and "narrative competence" to "recognize, absorb, interpret, and be moved by the stories of illness" (Charon 2001). Moving away from the clinical dyad and the interpretation of narrative as cure, Fitzgerald and Callard (2016) have suggested a relational turn through entanglement, inviting the field of medical humanities to look beyond the clinical encounter to the wider ecologies in which illness both unfolds and is made sense of. To speak about entanglement is then to claim that the individual's experience of illness is sustained, or withdrawn,

through a wide array of relations. While the concept moves our understanding of illness beyond the patient and the consulting room, it prompts an important question that relational approaches have yet to fully answer: what actually creates these connections in the first place, and what happens when they break down or/and are put to the test?

Staying connected usually requires time, memory, a shared reality, recognition and a supportive setting – conditions which are rendered fragile in the context of neurodegenerative diseases such as dementia and Alzheimer's, and which therefore need to be reorganised and renegotiated, thus making visible the effort required to maintain relationality. Indeed, dementia entails a crisis of relationality. No condition is more thoroughly captured by biomedical instruments (amyloid assays, imaging, graded scores of orientation and recall) and none makes more visible how much of a person's identity and memory in dementia is supported by other people, objects and places. Even though dementia is referred to as "the disease of the brain", the lived reality of illness is one of rearranged and, very often, fragile and strained relations. This article focuses on the triad of contemporary British narratives of dementia published within four years of one another: Emma Healey's *Elizabeth Is Missing* (2014), Andrew O'Hagan's *The Illuminations* (2015), and Wendy Mitchell's *Somebody I Used to Know* (2018) written with the ghostwriter Anna Wharton. They differ sharply in genre (a detective novel, a novel with a dual alternating narrative structure, an autopathography), yet from their very beginning, all narrative address a sense of a wrongness: Mitchell describes "an impending sense of something I can't put my finger on" and experiences the connection between her body and her mind, herself and the world as disrupted; Maud, in Healey's novel, carries an alarming note that her friend is missing, and Anne's slipping in *The Illuminations* is registered from the outside, as her grandson Luke tries to recover both her artistic self and protect their relationship against her memory loss. Phenomenological approaches have already described illness as a disruptive event: a rupture of meaning in which the body, in Drew Leder's terms, "dys-appears" (Leder 1990) and the everyday world loses its taken-for-granted coherence. Although such approaches are interested in capturing the sense of wrongness mentioned above, they nonetheless tend to locate it within an individual's experience. What the three narratives show is that wrongness is relational. The recourse to literature matters here for three reasons: first, the narratives studied in this article register how diagnosis alters and reorganises recognition; second, narrative form, through the technique of distancing, can address and perform the relational work and make visible both the clinical and social limits of empathy and understanding. It can also provide new ways of seeing, engaging with and listening to the individual with dementia. Finally, narratives focus on objects which extend relations, and through which both individuals and their relational bonds can be recognised or, in some cases, regulated. The article unfolds in these three movements in turn: recognition, resonance through distance and extension through objects.

2. Recognition, Resonance and Extension in Narratives of Alzheimer's Disease

2.1 Diagnosis, Resistance and Loss of (Self-)Recognition

At the age of fifty-seven, Wendy Mitchell has a series of unexpected falls, a broken nose and a growing sense of slowing down. She goes to her GP to find out why she no longer feels quite like herself. The doctor gives her a one-word verdict: “Age,” adding that “there comes a time when we all have to admit to ourselves that we’re just slowing down”. Mitchell is not satisfied with this account, and her objection is directed to the doctor’s picture of who she is as much as to the diagnosis: “I’m the person at work who knows the system for rostering nursing shifts inside out. I’m the one my colleagues nickname ‘the guru’ because my recall is so sharp, because I can problem-solve in a second, reminding anyone who asks who works night shifts, who needs which day off”. Her self-description is built on speed, and speed is exactly what the doctor’s diagnosis takes away from her. Hartmut Rosa’s discussion of social acceleration shows that in a culture organised around pace, those who cannot keep up, such as the elderly and the ill, are made to “decelerate”, which consequently leads slowness to become a mark of exclusion. In this sense, the doctor’s verdict, which treats her slowing as a natural aspect of ageing and not a symptom to diagnose and explain does not simply misdiagnose Mitchell but strips away her identity and forces her to the margins of the pace-driven society, mislabelling and dismissing her condition as something that, being socially acceptable, needs no further investigation. He also fails to recognise what for Mitchell becomes a crisis of relationality: the growing distance between her pace and the pace at which the world expects her to behave. The passage where she mentions “a horn blar[ing] angrily behind [her]” when, driving her car, she no longer remembers how to turn left, and the description of the workplace where she finds it increasingly difficult to respond to impatient and “faceless voices” illustrate this widening distance between her and the world, as familiar routes and routines stop responding to her. From Axel Honneth’s (1995) perspective, this epitomises a loss of recognition. Mitchell’s competence, which earned her the status of leader among her colleagues, is no longer acknowledged by others, and it grows increasingly unavailable to her as well. And so, in her attempts to “outwit the system” (Mitchell 2018) while her brain is being tested, Mitchell reclaims a sense of being cognitively intact but perhaps, even more importantly, she aims to prove that she still has control over her competence because to “outwit the system” is a political act against both cognitive, social and narrative surrender (Frank 1995). This is reflected in the image of her driving on the motorway – “an image that keeps coming back to me of driving on a motorway at speed, the warning lights above the carriageway lighting up to warn of worsening conditions up ahead, going down through the gears, 60, 40, 20 mph” (Mitchell 2018) – which can be seen as a parallel scan of her mind. In the absence of external reciprocity, Mitchell, confined as she is to scans and a hospital bed, reconstructs the sense of reciprocity with herself, establishing a new communication by mobilising “my brain and I” (Mitchell 2018).

The eighteen-month delay in receiving a diagnosis creates a crisis of meaning; both this prolonged uncertainty and the inability to name the illness reveal the limits of what both Mitchell and the doctor can express. She senses that something is wrong with the doctor’s reading: “a sense that the doctor is missing something and yet I can’t form enough thoughts to give him a clue as to what” (8). She cannot find the proper vocabulary to adequately capture her experience. The terms she uses are vague and do not give the doctor anything to work with, which points to Fricker’s hermeneutical injustice (2007): a gap in shared interpretive resources leaves the person unable to make sense of her own experience, let alone

convey it to someone else. Here the gap is double, since Mitchell lacks the words for what is happening, and so does the doctor. As a result, resonance is not achieved. In this sense, Alzheimer's disease – here, not yet named – brings, from the very beginning, a crisis of meaning. The meaninglessness of illness, very much discussed in phenomenological studies (Basting 2009; Svenaeus 2011; Carel 2014) does not come only from the cognitive effects of the disease but, more precisely, from the abstract nature of the illness at this early stage. The phrase "I cannot put a finger on it" expresses this abstraction, while insisting on something concrete, something that can be pointed at and identified. This explains why diagnosis matters so much to Mitchell, as much as it does to any individual who feels that "[s]omething is terribly wrong" (Escobar et al., 2024). A diagnosis gives a name, and a name gives a direction. Once the diagnosis arrives, the ill person knows the adversary. The vocabulary which follows then is often martial (Frank 1995; Wohlmann 2022): this is a battle, a storm to weather, with an enemy that can at least be named. However, when the diagnosis is finally singled out, it reads for Mitchell as an endpoint, and the attitude changes. Here, Havi Carel's (2014) distinction between temporary illness and chronic, incurable illness is quintessential. In temporary illness, the future points back toward health or what Arthur Frank calls "restitution" (1995), the master narrative in medicine, and the ill person waits for the return of normal life. In chronic and incurable illness, there is no such return, and the person has to live with illness instead of waiting it out. Hence, the diagnosis gives Mitchell the name she was looking for, but, at the same time, it also takes away the framework in which a battle can be won. The term Mitchell uses — "blank stares", "helplessness" and "confusion" — echo the common discourse on Alzheimer's according to which the disease equates a loss of cognitive capacities and, by extension, puts an end to identity, future prospects and quality of life. Consequently, by framing it as an end point and a form of death sentence, Mitchell's memoir indicates how problematic the representation of Alzheimer's disease is, since to bind it to death and finality, to view "dementia as indissolubly linked with a living death" (Zeilig 2013) is to assert that this condition cannot be either managed or lived with. Such image of Alzheimer's, which is not peculiar to Mitchell's personal account, comes, in fact, from broader cultural narratives, as Mitchell makes it clear when she writes: "this is the end because that's all I know about dementia". The question that arises and that I shall address later in 2.2 and 2.3 is how, in this shift from fighting an enemy to meeting an impasse in the face of irreversible condition, can a life be sustained? In her study of both personal and relational experiences of dementia, Anne Basting observes that fear does not merely accompany dementia but shapes how it is understood and lived: because the diagnosis evokes both death and "meaninglessness", people may avoid thinking about dementia and withdraw from those experiencing the disease. The consequences of such avoidance are not only personal but also social and representational, as Alzheimer's and dementia become situated within what Anne Basting (2009) calls "tightly told tragedies". These rigid narratives of inevitable decline beget a fear of anticipatory social erasure, which explains Mitchell's resistance to pity in favour of genuine moral respect: As she notes, "I look around and realise I don't want my staff to look at me with pity rather than respect or my managers to question my capability" (89 And this is precisely what happens to Maud in *Elizabeth Is Missing*: she finds herself no longer treated as a whole, rational and responsive person, but rather as someone to be pitied and patted on the arm, whose perceptions and judgements can be dismissed on account of her dementia. In Maud's own words, "I'm tired of the sympathetic smiles and the little pats people give you

when you get things confused, and I'm bloody fed up with everyone deferring to Helen rather than listening to what I have to say. Here, the loss of recognition occurs independently of the disease. Since dementia is frequently associated with irrationality, dependency and the loss of personhood, individuals diagnosed with the condition are often presumed incapable of participating in social interactions, which, consequently, excludes them from conversations, decisions and relationships. The way other people interact with Maud is shaped by anticipation of decline rather than attention to and acknowledgment of the person standing before them. The novel thus shows that what contributes to an even greater loss of relationality is also people who refuse to engage. Even though Maud is perfectly capable and willing to communicate, she is silenced. This recalls Fricker's testimonial injustice, the paradox in which the individuals most directly concerned are least authorised to speak. It is also a paternalistic form of misrecognition: Maud is managed and looked after, yet stripped of her agency as an equal counterpart in social exchange.

Arthur Frank has famously argued that ill persons are not only wounded in body but in voice; he popularised the figure of the "wounded storyteller" which, in the context of dementia, a disease which progressively affects linguistic fluency, acquires particular importance. In *Elizabeth Is Missing*, people defer to Maud's daughter Helen because they no longer perceive Maud as intelligible, because Maud repetitively utters the eponymous line "Elizabeth Is Missing" every time she encounters her family, caregivers, acquaintances, her doctor and administration workers. In a hypercognitive and fast-paced modernity, the person living with dementia falls out of step, their perception of time looping and their experience of the present not always corresponding to the present other people inhabit. This temporal desynchronisation also begets a shift in the perception of reality. Although Maud sees Elizabeth's disappearance as a real concern, her constant claims are interpreted by others as fixation symptomatic of her disease. She is not trusted and even her self-trust falters which is rendered through epistemic modality in the novel:

The thing is to be systematic, try to write everything down. Elizabeth is missing and I must do something to find out what's happened. But I'm so muddled. I can't be sure about when I last saw her or what I've discovered. I've phoned and there's no answer. I haven't seen her. I think. (Healey 2014)

Her failure to endorse some of her notes is a mirror image of the community's failure to credit her world and validate her place within the collective. Her unreliably is not something she carries alone but something that happens between people. For Fricker, credibility is either granted or withheld by listeners, while Lindemann observes, in relation to dementia, that identity can last insofar as it is held by others. The world does not answer back as the use of pronouns indicates – the pronoun "I" dominates the narrative; Elizabeth appears only as a figure of absence, and then as an object "her". There is no collective "we", no helper or interlocutor. The cognitive labour, neither shared nor distributed (Wegner's transactive memory), is confined to a single overburdened mind. If, as Baier (1986) posits, trust means depending on someone else's "goodwill", then without anyone to depend on, trusting herself also becomes harder for Maud. The line "Elizabeth is missing" thus acquires a double meaning: on the one hand, Elizabeth is a missing person and a node in Maud's cognitive ecology, and, on the other, the

ambiguity extends to Maud who is herself missing in that she can no longer locate herself in her own timeline, retain or trust her own findings, or count as credible for others and herself. Here, the term "ecology" accentuates the idea that Maud's thinking and interactions in the world are always entangled with other people and other things (Fitzgerald and Callard 2016), and her illness only makes visible a dependence inherent to human relationships (Tronto 1993). The epistemic absence produced by failing conditions (retention, self-trust, community's withdrawal) does not amount to a loss of self. Under dementia, Maud's recognition becomes redistributed and, in keeping with Honneth's account of "reification" according to which recognition precedes cognition, Maud no longer knows information reliably but the line "I must do something" expresses both her sense of urgency and an act of caring for Elizabeth. Thus, personhood is not dependent of cognitive competence – it is sustained relationally, and what survives in Maud is her orientation to the other. Her condition also entails the renegotiation of recognition on the part of the reader: who and what is believed? The novel foregrounds this complex question by putting Maud both in the role of a narrator and investigator of her friend's disappearance. Hence, it also shows what relationality is built on: it is built on trust, very much like Lejeune's pact (1975) between the autobiographer and the reader which rests on the presumption of credibility. The reader is therefore involved too: trusting or disbelieving Maud is itself a way of recognising her or not, so that interpreting the novel becomes inseparable from that ethical choice.

Maud's voice gives us direct access to her thoughts, inviting us to rely on her account, even though what she forgets, misplaces or misinterprets constantly calls it into question. The novel thus illustrates just how much our relationships with others rest on a presumption of reliability: when that presumption begins to crumble, it is not only the person's memory that becomes uncertain, but also the perspective from which we recognise and understand that person. As Maud tries to narrate the story of her friend's disappearance in the mode of a quest or a restitution (finding the missing person, restoring order and reporting to the police to assert her competence), the syntax nonetheless brings her story closer to a chaos narrative. The wound between the first confident, albeit impersonal sentence in the quote above – as if it were taken from the detective book the method of which she tries to enact – and the last one which shatters any confidence and introduces hesitation is, in fact, the wound in the voice itself, where the narrative form registers the disease. The wounded voice also asks something of a listener: Frank's wounded storyteller needs a witness, and narrative is therefore only chaos to those who cannot follow it.

The Illuminations also pays attention to the "broken narratives" (Hydén and Brockmeier 2008), which, according to the definition provided by Lars-Christer Hydén and Jens Brockmeier, are "problematic, precarious, and damaged narratives told by people who in one way or another have trouble telling their stories" because of conditions such as "disability, dementia, pain, grief, psychological or neurological trauma". The way Anne speaks, governed by her own associative logic, is unintelligible to others. The nurse, for instance, tries to steer her speech back to order whereas Maureen, Anne's neighbour and a regular helper, tends to take over her narrative, while "parcelling" out facts, as Anne observes through free indirect speech. For Anne, everyone has a resonance of their own, an "itinéraire unique" (O'Hagan 2015), which refers to the individual's distinct pathway. This uniqueness is reflected in Anne's recursive path and captured in the onomastics of her last name, Quirk. Suggesting bends and twists and thus non-

linearity, it stands in an opposition to the socially imposed linearity and legibility of speech, inherited from Descartes. And, therefore, narrative question can be raised: who can tell the story, and what kind of story? *The Illuminations* invites the shift from competence to responsivity. Anne's remark "but you are here" when she is told by the nurse to ignore the presence of others shows her awareness, a recognition of other people's presence as constitutive of her speech. Anne does not want to be fully understood but only wishes to be reached and answered, as illustrated in her address to an indefinite "you" while contemplating: "someone to love, someone like you" (O'Hagan 2015).

In *Elizabeth Is Missing*, Maud is asked by the doctor to complete the drawing task. However, "the lines go the wrong way" (Healey 2015) and she subsequently forgets the purpose of the exercise, and continues nonetheless, sketching a chimeric form that resembles both a lion with "wild hair and a beard" and a frog. Her act of drawing becomes a test in itself against the clinical gaze, a form of "counter-gaze" and "a counter-narrative" which subverts the criterion of the cognitive competence and performs something greater than "a narrative competence" advocated by Rita Charon (2001) in narrative medicine. Charon's notion of competence is a skill a practitioner has, while Maud's drawing moves meaning out of the interpreter's skill and into a form of encounter the meaning of which is made during the act itself, the hybrid form that Maud crafts also demanding a different type of reader. Anne Whitehead argues that literature is attentive to the failures of relationality and to why they occur in the first place. This approach offers a stronger foundation for the medical humanities by illustrating that understanding when and how responses may fail is a necessary first step towards establishing a genuine relationality. And so, Maud distances herself from the doctor – "The doctor can make of that what he likes" – and this has a flicker of wit and self-preservation.

2.2 The Sentient Archive, Temporal and Linguistic Loops

Moving on from what the person is or is not capable of, to focus on what the person is answerable to, I will now turn to Kornbluh who discusses a fixation of the contemporary narrative on the "immediacy" of personal phenomenological experience (See Kyndrup 2025). Frank (1995) distinguishes bodily immediacy from reflective distance to argue that illness leaves an imprint on the body and wounds the voice so that the story, when it arrives, can only be narrated in fragments and from a certain distance. Furthermore, Shklovsky's notion of "defamiliarization" (Shklovsky 1965) can be brought into the context of illness: making the familiar strange is central to illness narratives. The distance and its concomitant estrangement born from this process step in to provide the relational work missing from immediacy, which keeps experience closed in on itself and leaves no room for an addressee. I shall thus discuss the notion of distance in this section – not the socially imposed distance of stigma and exclusion but an authored one which, in the process, helps recover resonance and turns, both inwardly and outwardly, the wound into address.

Mitchell's memoir opens with an epigraph. It introduces a paragraph in which she describes something unusual and disquieting, something "totally blank" and then the paragraph is followed by the phrase "a big dark black hole" which breaks across five single-word lines, so that the hole opens in the layout of the page and the passage closes on the reproach to the addressee who is not yet known: "just when I

needed you most, you were gone" (Mitchell 2018). As the memoir goes on to establish, the second-person pronoun "you" is the person Mitchell used to be, to take up her title *Somebody I Used to Know.* The use of the pronoun represents a distancing technique which estranges the self from itself and gives the wounded storyteller someone to speak to. The self thus becomes dialogic from the very first page. Mitchell imagines her split selves as "friends who have lost touch" and "now lead parallel lives". While describing her former self as frantic and the current one as "just sitting" and "just still", the difference she points at is, in fact, an ethical problem of mutual recognition. Can a later self honour an earlier without idealising her or using her as a yardstick for what is now lacking? And can an earlier self be recognised by a subsequent self that she herself could never have anticipated? Mitchell's self-addressed letters exemplify the ways in which bits of recollection and fragments of selfhood can be reconnected and re-inhabited. In one of her letters, Mitchell writes: "Do you remember your first day of work? I can still see you in that grey pinstripe suit, the smart white blouse underneath". Her letters evoke Foucault's discussion of Greek self-writing (Foucault and Hurley 1997), and Seneca's correspondence, in particular, in which letter-writing is a form of self-cultivation in which the author addresses the other person, thereby shaping his or her own self. Seneca's letters to Lucilius serve as a model for Foucault, who emphasizes that this exchange is a two-way process: "The process is mutual; for men learn while they teach" (Foucault and Hurley 1997). In the case of Mitchell's memoir, both positions in the exchange belong to the same, discontinuous "I".

Paradoxically, this distance plays a relational role, as can be demonstrated through the American philosopher Hilde Lindemann Nelson's concept of "holding" (Nelson 2001) someone's identity, which refers to the practice by which those close to a person preserve their identity, continuing to ascribe to them traits, commitments, and a history that they can no longer reliably claim for themselves. In this sense, Mitchell's present self is carrying out an act of identity-holding on behalf of her own future, more impaired self: constructing a counter-narrative ("you made it your mission to never forget") to the master narrative of dementia as pure erasure so that some version of her — be it her own later self or a carer reading the letter aloud — has a story to hold onto when she herself can no longer provide one. Frank also destabilises the boundary between the "wounded healer" and the "wounded storyteller" as he argues that they are not separate roles but "different aspects of the same figure" (1995). He suggests that the act of telling becomes a form of care: by articulating vulnerability, the speaker reconstructs their own sense of self through narration. For Frank, healing therefore might not be understood as cure or restoration but as the capacity to generate meaning and relational bonds. Considering his perspective, Mitchell's self-addressed writing involves a wounded storyteller speaking to, and attempting to care for, a wounded self who is also its own listener. *Somebody I Used to Know* thus exemplifies the central claim of narrative medicine according to which storytelling can transform suffering into a shared, communicable space of meaning. In this co-authored memoir, it should be noted that the idea of split pronouns and selves – although it reads as intrinsic to Mitchell's fractured subjective experience – originally belongs to Wharton herself. As she reminisces in her conversation with Mitchell: "The concept of the split narratives, which we used – the first and second person – came to me over the course of a couple of months." The memoir is constituted of multiple voices and shared practices and functions as a

collaborative enterprise weaving together Mitchell's daughter's diary, the blog, WhatsApp messages sent to Wharton and Wharton's own literary interventions. This shared authorship extends to an architecture of responsivity which is captured in Mitchell's remark on her writing process: "That writer in the night filling in the Post-It notes while I slept. I still couldn't tell you what's in my book. But if you read me a piece I would instantly know that it was me." By stripping away the illusion of unmediated immediacy, the memoir demonstrates that resonance and self-recognition can be recovered through the vital, collaborative distance of writing.

Healey's subversion of the detective genre relies on a form of generic distance: instead of employing an institutionally credible investigator, the novel introduces a character who has none of the three requirements presupposed by Todorov's classical account of detective fiction – a mind that can retain information, a procedure to accumulate evidence, and cooperating institutions. The structural distance is enacted through the double plot conflating Maud's present and past narratives: as the protagonist pursues the investigation of Elizabeth's disappearance, a pursuit which stirs her memory, drawing her back into the cold-case disappearance of her sister Sukey from the post-war era. Hartmut Rosa argues that today's society is governed by the obsession to control, manage and render the world available, what he calls "*Verfügbarmachung von Welt*" (making the world controllable). Traditional detective fiction epitomises this social tendency: the classical detective solves the case, thus stripping away the distance of a mystery and converting the crime into a neatly explained set of data. By contrast, *Elizabeth Is Missing* distances Maud from the drive of institutional mastery and operates around the other two concepts that Rosa sets against availability – *Unverfügbarkeit* (the unavailable, the unpredictable) and *Resonanz* (resonance). The crime story in the novel is then not resolved through deduction but is played back and resurfaces, triggered by physical sensations, as can be observed in the following passage:

Helen comes into the sitting room, breathing out sweet, cold air, and I'm a child again, in my warm bed, and my sister's icy face presses against my cheek for a moment, and her chill breath whispers over me as she tells me about the Pavilion and the dancing and the soldiers. Sukey was always cold coming home from a dance, even in the summer. Helen is often cold too, from so much time spent digging about in other people's gardens. (10)

The syntax performs the porosity of the two timelines as the present act of entering and the childhood scene are put together on a single level through the use of the link-word "and". There is no transition, no marker of passage either, and the line "I'm a child again" denies that the past belongs to the past, which, as I shall argue, constitutes the ethical claim of the novel. Maud's experience of the temporal slip is bodily and thermal: cold passes from Helen's breath to Sukey's cheek, and the final two sentences bind sister and daughter by it. Sukey is cold from distancing, and Helen – from digging. The sensory detail is acoustic and synesthetic, since Sukey's breath "whispers" and what it carries is "the Pavillion and the dancing and the soldiers" which, all together, construct a music-hall of bodies and voices. The reference to digging is also proleptic as by the end of the novel, Helen digs in the garden and finds human remains, and Sukey's long disappearance is finally resolved. The solution to the case thus already appears in the very beginning in the novel, in a few remarks so ordinary that they pass as the background noise of

Maud's domestic life and confusion. Paradoxically, by the end of the novel, the reader, who has gathered all the clues, repetitions and flashbacks from the text, comes to recognise that Maud certainly resolved the case before but simply forgot about it. The reader is thus drawn into the investigation and learns to listen to both gaps and repetitions. The narrative becomes a loop, a wandering of the overburdened mind which refuses to bury what still matters.

The narrative thus becomes an archive but not in Derrida's sense of the term (Corre 2024). For Derrida, an archive requires a place and an authority to gather and interpret it (Corre 2024). Maud's fragile archive, however, has no such place. No institution keeps Sukey's or Elizabeth's case, so the ground itself becomes the repository and the garden in which the broken gramophone records (referring both to Maud's memory and to the central discovery in the novel) lay buried, holds what the police file does not. Indeed, while going to the police station, Maud is seen but misrecognised and unheard, as can be observed in the following passage:

I look up. There's a desk on the other side of the room with a sign saying police reception. I read it aloud. A man is behind the desk, but I can only just see him through the shine on the glass divide […] I have been to the police station four times. I know because I have it written down. Four times, and they will do nothing. They think I'm a dotty old woman.

The glass wall implies the act of seeing from a distance, a form of regulation and surveillance. Consequently, the novel comes to privilege hearing as an ethical apparatus. Hearing is enveloping, filling, as in the recollection from Maud's past: "I held a shell to my ear, letting the hollow gush drown their voices". Maud's long-term memory empties the present of its competing voices so that something else can sound, "the unheard music of the past", even though her memory, like "a broken gramophone," lies buried and shattered into pieces. The ethical task is to become an active listener to the broken pieces of that gramophone. In his discussion of the sonorous experience, Ong (1999) conceptualises hearing as closer to methexic (from the Ancient Greek *méthexis*, meaning "participation" or "group sharing"). This sense of participation is highlighted further in the passage on the shell when Maud describes her sister seeing grass swaying and hearing music. She later inherits this synesthetic habit which persists, despite her dementia. Against the phenomenological idea that illness — here dementia — disrupts the relationship of the individuals with the world, *Elizabeth Is Missing* exacerbates the idea already expressed by Shaun Gallagher (1986) – Maud experiences the world differently but nonetheless deeply, letting herself be moved towards the past, towards the people and places that still retain meaning for her. Her memory archive becomes an archive of affect and sensation (Cvetkovich's archive of feelings, 2003), a space of reciprocity, as captured in the image of the hut that follows: the sea opens holes in the hut with salt, and Maud and her family respond by filling these holes. The act of filling is relational – here, between the family members but also with objects – in dementia, cognitive gaps filled with sonic and material traces that create a "moulded copy" – a co-creation that is not the original, moulded by the original trauma and the present deteriorating mental landscape. An ethical distance becomes a sculpting force turning away from clinical noise to construct a soundscape so that the listener can actually hear that what Maud is saying is not a noise, not a broken gramophone playing and replaying the refrain

Elizabeth Is Missing, but, in fact, the layered, relational memory that connects her, Elizabeth and Sukey as the women society has let go of. Forgetting is regulated: it can be symptomatic but it is also what society has neglected. The novel recovers a relational resonance, using the echoes between Maud's internal landscape and the lives of Elizabeth and Sukey to amplify the voices that society has silenced. The structural irony is that the reader recovers what other characters and institutions in the novel ignore – the deeply felt, relational archive that rescues Maud, Sukey and Elizabeth from erasure.

If *Elizabeth Is Missing* shows that the reader can recover what the institutions ignore, *The Illuminations* asks what that recovery demands of the person who cares for someone slipping into dementia. Her forgetting, to take up Ricoeur's discussion of forgetting, history and archives (Ricoeur et al. 2004), contributes to the unmaking of the archive. When her memory frays, what is at stake is not only the aspects of her identity that can disappear too, but also the vanishing of relational bonds, and, what the novel is particularly concerned with, the disappearance of the record of the person, as if they never existed. In *The Illuminations*, the distance that the illness imposes is also widened by Anne's secrecy. The character living with an early onset dementia is consistently described as discreet, pensive and resistant to disclosure, even with her own daughter Alice. Her secrecy is deliberate, her experience and knowledge consciously partitioned. As Alice observes, "She had kept [her secretive life] all back for her private self and and [for] her times in Blackpool" (186). Anne's habit of withholding, of keeping herself to herself, is further articulated when she reflects on the Memory Club:

there was just so much detail in a person's life and you did well to get rid of the half of it. If you were any good you protected yourself by holding on to this and forgetting that. And even the bits you keep are best kept in silence. (97)

Anne refuses to share too much information about herself. From her perspective, identity is not constructed through excess or confession but through careful selection, self-restraint and silence. Forgetting is not always a deficit or an absence, but can also function as a technique of self-preservation. Anne's elusiveness, however, is something that her grandson Luke perceives as difficult to decipher. When he looks out at the mountains while serving in Afghanistan, he recalls his grandmother and "her mysterious belief that truth and silence can conquer everything" (43). He asks a question — "Was she even real in herself?" — which may reveal his expectation that authenticity depends, to some extent, on visibility. When he returns home, he takes his grandmother on a journey to Blackpool, a city of illuminations. He is driven by a desire to uncover the concealed parts of Anne's life there, to understand his grandmother better. In Blackpool, he recognises that Anne's secrecy is shaped by constraint as her artistic life unfolds within a context that has limited women's creative agency. Her secretive self takes shape under the conditions of pregnancy, abandonment and the death of her child. In a world where words could spell danger – "the thing she could never say" (259) – Anne discovers that silence and self-restraint are her only shields. Her silence is an act of setting herself at a distance, and as Glissant would put it, an exercise of the right to opacity (Glissant 1996). This is why intrusion is dangerous. To press Anne back into her previous life, to make her narrate what she has put away, might look like an act of care, but in Kitwood's terms it becomes malignant social psychology: personhood, which Kitwood

understands as a standing conferred by others within relationships, is withdrawn whenever someone outpaces, invalidates or objectifies the person in front of them, despite their best intentions.

Rather than viewing distance as an obstacle, Luke comes to understand it as a meaningful perspective he can choose to embrace. His quest to locate his grandmother doubles as his own journey of self-discovery, emphasised by how he pulls away from both his mother's praise and from military history. Following a tragic mission where civilian lives were lost under the guise of helping the village, Luke rejects the narrative of honourable service. In a manner similar to the way the novel presents Anne's silence, he rejects the neat, externally enforced storylines. Traumatised by top-down control, he adopts Anne's way of seeing. The passage on Guernica illustrates the lesson that Luke learns:

He took a deep breath. He knew as she reached for the words that she was uncovering the old ground of their sympathy. She'd used the example to him way back in the past — of how some people looked at Guernica and admired its form but couldn't understand why it couldn't just be an aerial photograph. But form told its own story, she used to say. And now she was struggling to say it again as the road vanished behind them.

'I don't know what it was about,' she said. (…)

I know what you mean.

It's nice to have that, a person in your family who knows what you're talking about when you say about your work.

That's nicely put.

'It's important,' she said. (242)

The aerial photograph captures the view from above, connoting control, mastery and the whole picture, the perspective from which Roy Porter's "history from below" (Porter 1985) turned away from in favour of the patient's view. Anne's insistence that form "told its own story" emphasises a way of seeing that works from within. When Luke replies "I know what you mean", he does not supply the missing words, or force Anne to finish her thought, even as she admits she "doesn't know what it was about"; he responds to her without completing her sentence, and follows her into her rhythms, which, in turn, assures her that *her* meaning has been retained. This is what enables their exchange to reach resonance, as each speaker is moved by the other and answers without possessing or correcting. By honouring distance, Luke lets Anne's voice reach him. The same ethic governs Luke's presence elsewhere. He accompanies Anne in moments of clarity and in moments of confusion alike, and in another passage, he takes her hand, a gesture of affection that slightly redirects her memory without imposing meaning. Proximity honours absence: not everything will be recovered, and not everything should be. What Luke observes in the photographs Anne took in her youth is the same attention to presence, the glow and the glint in an eye, and her self-portrait, "the shadow of a woman and her camera against the grey pavement" shows the artist as an oblique trace. The passage on her artistic self fixes the condition: "Most of the time she

felt distant from her old artistic self, but some days, especially in sunshine, the feeling came". Distance becomes the norm, and reconnection appears intermittently, unforced. This is perhaps why the bond between Luke and Anne is so special, in contrast to Anne's relationship with her daughter or with her neighbour. Alice's and Maureen's care is the dependency work of the family: continuous, asymmetrical and strained (Kittay 1999). Luke's care, on the other hand, is intermittent and unstrained, and the space it leaves lets Anne remain an influence on him, to remain the "teacher" in Martina Zimmermann's (2017) sense of the term, and not merely a recipient of help, which in turn helps her maintain her self.

2.3 Objects as the Extension of a Relation

The Illuminations, Elizabeth Is Missing and *Somebody I Used to Know* all converge on the objects placed between individuals: the Post-it notes and the photographs, the fragments of objects in the cabinet, the bingo game, the plate. These objects are not neutral, as they function as mediums through which recognition is made, withheld and/or regulated.

Mitchell's advocacy reverberates around various objects. Her blog, memoir and what she calls "the memory room", the space in which she gathered photographs to remind her of her life and her family, all create a prosthetic memory – to find a form of continuity for herself and for those around her. But more importantly, they also externalise a self so that Mitchell can reach other people. The passage on the Bingo game played during a Dementia Friends session shows how this externalisation of self plays an important relational role: "On the table in front of them are bingo cards. They have different words written on them: Alzheimer's, progressive, living well, short-term memory." The diagnostic lexicon is printed on a card and put on a table. Dementia becomes an object in the literal sense: something that can be handled, shared and played with. When Mitchell says "I've deliberately started with a fun game", she announces her initiative and authorship, while the mood seems to lighten under her direction. The incomplete sentence "Dementia is not a natural part of…" forces the group to interact and fill in the sentence, so that when they "shout in unison" the word "Bingo!", it becomes a collective act of knowing. The hierarchy between informed professional and passive recipient is inverted. The person with dementia sets the rules, distributes the cards and holds the knowledge, while the others receive it while playing together. When the game is later followed by the speech, Mitchell notices her "hands shaking ever so slightly", which indicates that her performance of control does not remove vulnerability. Both competence and impairment are brought together, leading to a double recognition – Mitchell cares for her audience's understanding while remaining the person who needs care. The relational circle also widens, from the family who must be told to the strangers who become, by the extension of the game, something like friends.

Mitchell's memory room, on the other hand, becomes a domestic counterpart of this advocacy work. Post-its and photographs facilitate her movement through the house, and from the enactive perspective, they are the means by which a living body keeps interacting with and responding to the world. *Elizabeth Is Missing* follows the same principle – Maud's scribbled notes are more than mere reminders as they are also there to enact her competence, prompting the next action and organising her investigation.

Competence becomes a relational and enacted phenomenon distributed across body, object and environment, and not something innate or internally stored.

However, this is also where the limits of extension appear, and where Clark and Chalmers's optimism surrounding the "extended mind" (Clark and Chalmers 1998) needs re-examination. Maud's notes cannot compensate for loss and they often expose her. Anne's photographs and her letters to Harry also expose her: what is placed outside the head can be read and, more importantly, misread by others. This is what the novel warns the reader about – the danger of voyeurism. Objects thus belong to the economy of exposure. The domestic object that should secure routine can become the site where competence is publicly tested. While in the restaurant with her daughter Helen, Maud breaks the plate and, paradoxically, this becomes for her a means of reasserting the control. By destroying the object, she refuses to be managed through it.

The Illuminations shifts the question from the person who uses the object to the relation that holds it. Anne's photographic practice and the cabinet of broken plates, shells and fragments of objects are not mere archives. The shells do not hold history. But they are means by which one generation reaches and recognises another, and Luke's attention to the objects, the attention that his grandmother taught him, turns this into a relation. Indeed, objects are nothing without the labour of the relation. The object does not speak for itself, and cannot guarantee recognition. What Anne teaches Luke, however, through the concept of cabinet is the recognition of a shared relational vulnerability. The cabinet creates a space where one's consciousness is exposed to the Other (See Levinas in Marder 2009). Attention to detail, to tiny objects collected in the cabinet, becomes a shared commitment, enabling characters to recognise and respond to one another.

That objects acquire meaning through relation also indicates that objects are governed, regulated. Mitchell's phrase "a bus ticket for a brain" illustrates this idea with irony: her diagnosis is made legible to institutions through a token, a pass that grants access and defines status. The memory room, her writing practices and the bingo cards thus belong to this regulated world of tickets, forms and assessments. This recalls Fitzgerald and Callard's claim about the entanglement and also indicates that objects are entangled with infrastructures, services and policies which decide which objects count, who may hold them and what they license. Mitchell's advocacy thus becomes political, apart from being relational, for it takes the instruments of regulation and rewrites them as instruments of participation. Finally, objects extend the mind, but they also involve exposure which goes beyond the individual. The recognition of both impairment and strength depends on how objects are shared, who interprets them, and what labour of relation keeps them alive.

3.Conclusion

Elizabeth Is Missing, The Illuminations and *Somebody I Used to Know* reconfigure the experience of dementia within both humanistic and clinical discourse by transforming the very notions of selfhood, memory, recognition upon which relationality traditionally depends. As Nash et al. (2023) suggest, "there

are always larger stories that could be told – narratives of patients, their loved ones, and caregivers that are not easily squeezed into traditional clinical formats". By tracing the trajectory from the sense of rupture and the loss of recognition following diagnosis, through the intentional recovery of resonance across self-imposed distance, to the archives of affect and the material agency of everyday objects, this article demonstrates that contemporary British narratives studied here illuminate how illness as well as our attitudes to the individuals with dementia call for a radical restructuring of relationality. As the representation of dementia is often constructed through a taxonomy of loss in both clinical and social settings, the individuals concerned risk being defined by what they have ceased to be. The narratives therefore relocate the self in dementia from cognitive incapacity to shared practices, a shift that invites us to reimagine both medical discourse, social validation and healthcare. Indeed, the loss of cognitive fluency does not entail a loss of relation. Paul Ricœur's distinction between *idem* and *ipse* in relation to identity (Ricoeur 1984; 1990), shows that although biographical continuity *(ipse)* is impaired in dementia, the commitment to others *(ipse)* persists: Mitchell's pronominal distance becomes a form of ethical listening, Maud's sentient archive and her quest for Elizabeth enact presence and responsiveness without recall, and Anne's ethics of attention, alongside Luke's joint attention with her, bring to the fore the relationship constructed through the mutual effort to remain attentive to each other.

These observations entail important implications for narrative-based medical training, care ethics and healthcare practice. The humanistic effort to see the person beyond the diagnosis must be joined to a commitment to sustain relationality, treating people with dementia as "knowledge partners" (Hsu et al. 2024) rather than mere subjects of care. This also calls for a critique of "the patient's perspective" (Wickman 2025), which, by privileging an individual viewpoint, may isolate patients from others and, in Nash et al.'s terms, squeeze them into a prescribed role, when what matters is the entanglement intrinsic to human existence. Although the present study has limits as the narratives studied here are mediated by novelists and ghost-writers and not fully provided by persons with advanced dementia and therefore the "knowledge" they offer is necessarily relayed, they make the presence, not diagnosis or cognitive and social competence, the measure of what it means to remain in relation. This reorientation acquires particular significance in the context outlined in the introduction, where technological mediation, administrative pressures, medical burnout, social acceleration and capitalist imperatives of productivity increasingly erode the conditions of attentive person-centred care.

Declarations

Author Contribution

Klaudia Kopiasz is the only author of this manuscript.

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