

The story isn't over

Narrating a future with dementia in Guillaume Musso's *Central Park*

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In her introduction to *The Diseased Brain and the Failing Mind*, Martina Zimmermann writes that contemporary discourses present loss as the key concept for thinking about and understanding dementia and Alzheimer's disease. In this article, I focus on the perceived loss of the future in fictional representations of degenerative diseases such as Alzheimer's and the role that this anticipatory absence plays in the foreclosure of a life story. I suggest that what is often understood and assumed to be a lack of future in experiences of dementia may more accurately and reassuringly be represented as a change that foregrounds transformation rather than loss. Building on recent work in the philosophy of health and illness, dementia may more constructively be understood as a nonvoluntary but existentially 'transformative experience' to open up new ways of living that are not simply frustrating and restrictive but offer new ways of perceiving and orienting oneself in the world. By re-establishing the time and place of the future in literary discourses, we may contribute to attempts to reframe dementia as a turning point or new beginning, rather than a catastrophic conclusion. Through analysis of Guillaume Musso's *polar* thriller, *Central Park* (2014), I propose that the novel challenges dominant discourses of decline and despair to offer new ways of thinking about life with dementia that are meaningful, fulfilling, and future-oriented.

Keywords: Alzheimer's disease, narrative studies, narrative medicine, ageing, detective fiction, contemporary literature

Dans l'introduction à *The Diseased Brain and the Failing Mind*, Martina Zimmermann expose comment la démence et la maladie d'Alzheimer sont présentées, dans le discours contemporain, en tant que phénomènes de perte. Dans cet article, je me concentre sur certaines représentations fictives de ce que l'on comprend être la perte du futur provoquée par des maladies dégénératives, telles que la démence et la maladie d'Alzheimer, et le rôle joué par cette absence anticipative dans la forclusion d'un récit de vie. Je propose que la perte supposée par l'expérience de la démence puisse être représentée de façon plus précise et réconfortante par l'idée d'un changement qui met en avant l'image de la transformation, plutôt que de la perte. En m'appuyant sur des recherches récentes dans la philosophie de la santé, je propose que la démence puisse se construire comme expérience transformative, bien qu'involontaire, qui s'ouvre éventuellement sur une façon de vivre qui n'est guère frustrante ni contraignante mais qui propose de nouveaux moyens de comprendre et de

s'orienter dans le monde. En renouvelant le temps et l'espace du futur dans le discours littéraire, il serait possible de contribuer aux tentatives de recadrer la démence comme tournant ou (re)commencement de la vie. Par le biais du polar de Guillaume Musso, *Central Park* (2014), je propose que le roman remette en cause un discours péjoratif de déclin et de désespoir et tente plutôt de représenter la démence comme orientée vers un futur potentiel.

Mots clés : maladie d'Alzheimer, études narratives, médecine narrative, vieillesse, roman policier, littérature contemporaine

*We know how this ends.*¹

Dementia's losses

Cultural narratives of dementia are dominated by ideas of loss. In her introduction to *The Diseased Brain and the Failing Mind*, Martina Zimmermann writes that contemporary cultural and bioscientific discourses present loss as the key concept for thinking about and understanding dementia and Alzheimer's disease: 'When we think about dementia or Alzheimer's disease, we think about it in terms of loss: the loss of mental capacity, the loss of skills and agency, the loss of memory, identity and personhood'.² Although the loss of memory is by far the most recognized symptom in public discourses today, driving broader claims to deficit and decline, Anne Davis Basting argues in *Forget Memory*, a work attempting to realign social expectations of memory with the realities of forgetting, that the experience of dementia means more than just the abstract loss of memory; it also entails the concrete losses of social relations, economic value, and the 'simple freedoms that give us a certain dominion over our lives. Like a driver's license'.³ For Susan M. Behuniak, too, dementia typically engenders a series of losses both material and immaterial, 'such as the right to personal autonomy and claims to privacy, liberty, and due process' that carry not just social but political and legal weight.⁴ In this article, I consider a further

1 The epigraph is taken from Bruce H. Kramer and Cathy Wurzer, *We Know How this Ends: Living While Dying* (Minneapolis: University of Minnesota Press, 2015).

2 Martina Zimmermann, *The Diseased Brain and the Failing Mind: Dementia in Science, Medicine and Literature of the Long Twentieth Century* (London: Bloomsbury Academic, 2020), p. 1.

3 Anne Davis Basting, *Forget Memory: Creating Better Lives for People with Dementia* (Baltimore: Johns Hopkins University Press, 2009), p. 9.

4 Susan M. Behuniak, 'Towards a Political Model of Dementia: Power as Compassionate Care',

form of loss, that of the future, which is particularly prevalent in discussion of diseases that have no cure, such as amyotrophic lateral sclerosis or ALS, the disease referred to in Bruce Kramer's epigraph to this article, and in the context of time-limiting illnesses with 'no future', such as Alzheimer's disease.⁵

Drawing on narrative approaches, I challenge the dominant cultural image of dementia and Alzheimer's as diseases that restrict or even foreclose the future.⁶ In theories of narrative self-understanding, such as in the work of Paul Ricœur, the future is an important temporal marker in the hermeneutic interpretation of life and identity.⁷ The interaction between past, present, and future brings together the interpretative dynamics of memory, experience, and anticipation as changing expectations for the future compel evolving (re)interpretations of the past and present. This narrative unity is, for Ricœur, essential in the constitution of selfhood, but the phenomenological foreclosure of an anticipated future impairs the hermeneutic process.

In response to the question posed by Basting in *Forget Memory* – 'is there *more* than loss in dementia?' – I follow Rosalie Marie Ashworth's suggestion that what is often understood and assumed to be a lack of future in experiences of dementia may more accurately and reassuringly be represented as a 'changed future' that foregrounds transformation rather than loss.⁸ Echoing the goals of an edited collection by Lars-Christer Hydén, Hilde Lindemann, and Jens Brockmeier, *Beyond Loss: Dementia, Identity, Personhood*, I challenge the perception of loss in dementia to focus instead on how personhood and identity undergo 'processes of transformation and change [...] in close interaction and collaboration with other persons'.⁹ Looking in particular to the ways in which individuals with dementia remain active agents in the experiencing of their own lives but – like everyone – 'need the cooperation of others to live as well and fully as possible', I show how individuals may orient themselves towards a changed future despite, or even because of, dementia.¹⁰

Journal of Aging Studies, 24 (2010), 231–40 (p. 231).

5 Rosalie Marie Ashworth, 'Looking Ahead to a Future with Alzheimer's Disease: Coping with the Unknown', *Ageing and Society*, 40 (2020), 1647–68 (p. 1663).

6 Alzheimer's disease is the most common form of dementia. The two terms are often used interchangeably, but where possible I use the broader term dementia unless referring specifically to Alzheimer's disease.

7 Paul Ricœur, *Temps et récit III. Le temps raconté* (Paris: Seuil, 1985).

8 Basting, p. 46; Ashworth, p. 1663.

9 *Beyond Loss: Dementia, Identity, Personhood*, ed. by Lars-Christer Hydén, Hilde Lindemann, and Jens Brockmeier (Oxford: Oxford University Press, 2014), p. 7.

10 *Beyond Loss*, p. 7.

Building on Havi Carel's understanding of illness as a nonvoluntary but existentially transformative experience to argue that Alzheimer's opens up new ways of being-in-the-world that are not simply frustrating and restrictive but potentially affirmative and moving, I analyse Guillaume Musso's *Central Park* (2014) as an imaginative counter-narrative of dementia. This contemporary work of French fiction centres on a protagonist with early-onset Alzheimer's and deliberately breaks with past memories and identities to open up new possibilities for the future. In so doing, the novel challenges dominant discourses of decline and despair and offers new ways of thinking about life *with* dementia that are potentially meaningful, fulfilling, and future-oriented. Written by France's most read contemporary *romancier* and set in the United States, *Central Park* explores Western fears of memory loss, and dementia in particular, as it transgresses national and cultural borders. Fictional narratives offer broadly accessible insights into different experiences and events, and Musso's popular works are no different. Although I refute the straightforward claims that reading literature automatically facilitates empathic change, it may contribute towards an understanding of how others navigate different limitations and possibilities in the world.¹¹ While the work in question is purely fictional and employs a number of unrealistically optimistic scenarios that fail to resonate with the majority of those with dementia, it tentatively proposes a revision of the common tropes associated with fictional narratives of Alzheimer's disease and has the potential for wider application among literature and its readers.

Contributing towards a recent boom in French and francophone narratives of Alzheimer's disease, the novel reflects the global impacts of dementia as a transcultural phenomenon. Across the global North, similarities in economic and biomedical resources, alongside the social expectations of health and old age, facilitate a reading of this novel both within and against Western trends. The field of literary dementia research has long been dominated by anglophone research and novels, and much French-language research draws on an international corpus that includes francophone works alongside European literature more broadly.¹² Much

11 Avril Tynan, 'Mind the Gap: From Empathy to Erasure in Narrative Fiction', *Journal of Literary and Cultural Disability Studies*, 14.3 (2020), 353–69.

12 In Laëtitia Ngatcha-Ribert, *Alzheimer: la construction sociale d'une maladie* (Paris: Dunod, 2012), and Jean-Marc Talpin and Odile Talpin-Jarrige, 'L'Entrée en littérature de la démence de type Alzheimer', *Gérontologie et société*, 3.114 (2005), 59–73, the authors draw on both francophone works and a variety of other European examples. J. Bernlef's *Out of Mind* (1988), originally published in Dutch as *Hersenschimmen* (1984) and *Small World* (German 1997; English 2003), written by Swiss author Martin Suter, are among the most common non-anglophone examples in French-language research.

of the background for this article is thus drawn from anglophone sources but aims to demonstrate both the commonalities and potential differences within Western approaches and francophone materials. Promoting French and francophone research by drawing attention to the excellent contributions made by French authors in the field of dementia literature, this article highlights Musso's novel as a popular and highly accessible example of the ways that fiction can play with reader expectations of Alzheimer's disease to revise the anticipation of loss as the only narrative possibility.

Narrative futures

In *Narrative Knowing and the Human Sciences*, Donald Polkinghorne is concerned with narrative as a hermeneutic for understanding and finding meaning in actions and events. He describes narrative as a 'framework for understanding the past events of one's life and for planning for future actions'.¹³ In a healthy and hopeful understanding of a meaningful life, the future is what propels narrative (re)interpretation of the past and present: 'One's future is projected as a continuation of the story, as yet unfinished'.¹⁴ This role of the future in a narrative understanding of life is, however, problematized by the ageing process. In the field of gerontology, narrative is a heuristic for the study of ageing, and the nomination of 'old age' typically reflects a personal narrative devoid of future.¹⁵ Kate de Medeiros argues that cultural narratives of old age are imbued with the assumption 'that everything worth doing in a life is done in youth; all one can do in older age is think about what has been'.¹⁶

This is not the first time such a statement has been made. In *Rhetoric*, Aristotle's deliberation on the art of persuasion, he contends that the moral and emotional characteristics of human beings are not ubiquitous but configured across three distinct stages of life: youth, the prime of life, and old age. Grounded in Ancient Greek patriarchal traditions, Aristotle's teleologically-bound view of human life venerates the physical and emotional strength of adult men. The young, lacking experience and memory, can only look to the future with hope and expectation.¹⁷ The elderly, on the

13 Donald Polkinghorne, *Narrative Knowing and the Human Sciences* (Albany: State University of New York Press, 1988), p. 11.

14 Polkinghorne, p. 107.

15 Kate de Medeiros, *Narrative Gerontology in Research and Practice* (New York: Springer Publishing Company, 2014), pp. 63, 93.

16 Medeiros, p. 96.

17 Aristotle, *Rhetoric*, in *The Complete Works of Aristotle, The Revised Oxford Translation*,

other hand, aware that more life lies behind them than in front, can only look backwards towards the past:

They live by memory rather than by hope; for what is left to them of life is but little as compared with the long past; and hope is of the future, memory of the past. This, again, is the cause of their loquacity; they are continually talking of the past, because they enjoy remembering it.¹⁸

Complicit with his broader theory of physical cooling of the body's vital heat over time that occurs in all living beings and leads to cowardice, reticence, and apathy, Aristotle argued that the elderly have no interest in the future for they have no future.

Yet contemporary studies challenge the assumption of later life as predominantly past-oriented, emphasizing instead a focus on the present. For Laura Carstensen, Derek Isaacowitz, and Susan Charles, in their study of time through a socioemotional lens, placing restrictions on the lifespan forces people to focus less on the future or the past and more on the present. Against Aristotle's rather bleak treatise of old age, they find that older persons in particular, faced with a sense that 'time is running out', 'are mostly present-oriented, less concerned than the young with the far distant future. They do not dwell on the past, however, as popular stereotypes suggest. Rather, more than other age groups, they focus on the here and now'.¹⁹ Studies on the imposition of 'time-limiting' diseases, such as Alzheimer's disease, on socioemotional outlook suggest that the anticipation of limitations on future time may encourage participants to appreciate life 'rather than despair about loss'.²⁰ This potentially over-optimistic outlook must nonetheless be cautiously attended to, as increased appreciation of the present may be a mechanism to avoid the anxieties and fears linked to thinking about a future that has been 'snatched away' by illness.²¹ Although not all of those who are elderly face living – or dying – with dementia, and not all dementias afflict only those in later life, the weight of time restrictions is a fruitful perspective through which to explore the loss of the future in experiences of dementia.

From a narrative perspective, time-limiting diseases share much with the Aristotelian conception of old age. In the advent of old age, the 'narrative

Volume 2, ed. by Jonathan Barnes, trans. by W. Rhys Roberts (Princeton, NJ: Princeton University Press, 1984), pp. 2152–69 (II.12, 1389a21–25).

18 Aristotle, II.13, 1390a6–10.

19 Laura Carstensen, Derek Isaacowitz, and Susan Charles, 'Taking Time Seriously: A Theory of Socioemotional Selectivity', *American Psychologist*, 54 (1999), 165–81 (p. 168).

20 Carstensen, Isaacowitz, and Charles, p. 175.

21 Cited in Ashworth, p. 1656.

of decline' does not only reflect a socioculturally imposed image of frailty, senescence, and cognitive impairment but also refers to the presumed atrophying of narrative possibilities: what one can or cannot do (well) as they age and with whom one can share narratives rapidly reduces over time.²² Proposed by Clive Baldwin, Brian Cartey, and Jennifer Estey, such 'narrative loss' refers to the deficit of narrative opportunities as individuals age, including the loss of interlocutors, changes in narrative environments, and the decline of cognitive capabilities, potentially brought on by disease.²³ At the extreme, old age can also bring about what Mark Freeman refers to as 'narrative foreclosure': 'the sense that certain outcomes are inevitable, that things cannot be otherwise'²⁴ or 'the premature conviction that one's life story has effectively ended: there is no more to tell; there is no more that *can* be told'.²⁵ Freeman argues, from a phenomenological perspective, that in later life, the life story is no longer subjected to the dynamic processes of autobiographical construction and renewal because there is no 'future' worth writing the story for. It implies, as Bohlmeijer et al. note in their study of the ways in which narrative falters in later life, 'that one already knows the ending of one's life. No other alternative endings are considered as realistic': a dead end has been reached.²⁶ Although the studies mentioned here focus on ageing more broadly, age-related diseases such as dementia exemplify the dangers of narrative loss and foreclosure, not only biologically as is objectively the case in the progressive neurodegenerative damage brought about by cognitive disease, but also socially and culturally through the (lack of) expectations placed on those with dementia by others. Time-limiting diseases, typically configured in cultural discourses to close down future possibilities, may nonetheless be reconfigured to encourage not only a focus on the present but also on the future, albeit a future radically transformed by the onset of disease and its accompanying complexities.

22 Margaret Morganroth Gullette, *Aged by Culture* (Chicago: University of Chicago Press, 2004).

23 Clive Baldwin, Brian Cartey, and Jennifer Estey, 'Ageing, Spirituality, and Narrative: Loss and Repair', *Narrative Works*, 5.2 (2015), 1–24 (p. 7).

24 Mark Freeman, 'When the Story's Over: Narrative Foreclosure and the Possibility of Self-Renewal', in *The Uses of Narrative: Explorations in Sociology, Psychology, and Cultural Studies*, ed. by Molly Andrews, Shelley Day Sclater, Corinne Squire, and Amal Treacher (New Brunswick, NJ: Transaction, 2004), pp. 81–91 (p. 83).

25 Mark Freeman, *Hindsight: The Promise and Peril of Looking Back* (Oxford: Oxford University Press, 2010), p. 138.

26 Ernst Thomas Bohlmeijer, Gerben J. Westerhof, William Lowell Randall, T. Tromp, and Gary M. Kenyon, 'Narrative Foreclosure in Later Life: Preliminary Considerations for a New Sensitizing Concept', *Journal of Aging Studies*, 25 (2011), 364–70 (p. 365).

Finding a future

In Jason Danely's ethnographic study of ageing in contemporary Japan, he takes loss as a defining characteristic of growing old in the modern day but argues that, rather than signalling a void or lack, loss is 'meaningful for older adults, even if those meanings might be construed as "negative" in some instances and "positive" or adaptive in others'.²⁷ He demonstrates the transformative power of ageing in contemporary societies to create new structures and networks of relationships, responsibilities, and care. Loss, he argues, has the potential to forge new meanings and connections between selves and others and between past, present, and future. In popular culture, dementia and Alzheimer's disease are often framed in opposition to tropes of loss, denoting the starting point of narrative rather than its end or conclusion. Basting, for example, analyses contemporary films that employ memory loss as a productive prompt to trigger the 'promise of "new beginnings"'.²⁸ She finds that films such as *The Bourne* franchise (2002 dir. Liman; 2004 dir. Greengrass; 2007 dir. Greengrass; 2012 dir. Gilroy; 2016 dir. Greengrass), *The Majestic* (2001 dir. Darabont), and *50 First Dates* (2004 dir. Segal) invert the conventions of tragedy typically associated with memory loss to spark opportunities for the protagonists to rebegin or rebuild their lives, usually with the addition of love, resolution of the past, and moral recompense.²⁹ Although these films do not deal with age-related dementia specifically, they signal the potential applications of memory loss to a renewal or reconstruction of life.

In my own research I have found similar tendencies for restoration and reconstruction in some francophone films treating the topic of Alzheimer's disease, including *Se souvenir des belles choses* (2002 dir. Breitman) and *Une vie démente* (2020 dir. Sirot and Balboni), while others employ memory loss as a starting point for the unfolding of the *polar* plot, such as *Cortex* (2008 dir. Boukhrief) and *La Mémoire du tueur* (2003 dir. Van Looy). Thus, while Heike Hartung has suggested that dementia narratives oppose the linear structure of the *Bildungsroman* genre in particular because they 'define the limits of development by narrating the end of memory and consciousness'³⁰ and depict 'the dissolution of the autonomous subject',³¹ I would argue that

27 Jason Danely, *Ageing and Loss: Mourning and Maturity in Contemporary Japan* (New Brunswick: Rutgers University Press, 2015), p. 25.

28 Basting, p. 54.

29 Basting, p. 54.

30 Heike Hartung, *Ageing, Gender and Illness in Anglophone Literature: Narrating Age in the Bildungsroman* (Abingdon: Routledge, 2016), p. 172.

31 Hartung, p. 213.

the tendencies seen in these films suggest otherwise. These films, like the novel I examine below, conform to the developmental model by positioning loss as a catalyst for narratives oriented towards a future that generates new knowledge, new experiences, and new opportunities. Although not always positive and in many cases shaped by tragedy and uncertainty, these films refute the derisive claim that the onset of Alzheimer's is tantamount to a conclusion. It is thus possible, as Renée Beard, Jenny Knauss, and Don Moyer propose, to reframe dementia 'as an obstacle rather than an end'.³² They show that,

for some people [...] dementia is not an end but a beginning. It is a challenge that requires that those without memory loss imagine, just for a moment, that it is not all bad, all the time. As yet another obstacle to be overcome, dementia can be seen as a 'manageable disability'.³³

Literary fiction, like film, may offer us similar alternatives to popular discourses of loss in dementia by positioning Alzheimer's disease as a catalyst to narrative production that does not invalidate the intimate devastation wrought by the disease but instead helps to reframe the sense of inevitable conclusion and futile continuity as an impetus for new, alternative beginnings.

In her sensitive analysis of her own diagnosis of a rare progressive respiratory disease, Havi Carel argues that the reception of diagnosis as the closure of future possibilities is unavoidable in many respects, but that 'it may also open possibilities for well-being, intimacy, and posttraumatic growth in surprising and often overlooked ways'.³⁴ Building on L.A. Paul's philosophical notion of 'transformative experience',³⁵ in which certain decisions cannot be rationalised because the potential outcome is both epistemically and personally transformative, Carel contributes towards a rethinking of chronic disease as a beginning, rather than an end. Paul argues that major life decisions are often transformative and thus one cannot know in advance how a certain choice will effect change: the choice cannot, therefore, be based upon pre-existing knowledge or perspectives because only the outcome of the decision will provide that information. For Carel

32 Renée Beard, Jenny Knauss, and Don Moyer, 'Managing Disease and Enjoying Life: How we Reframe Dementia through Personal Narrative', *Journal of Aging Studies*, 23 (2009), 227–35 (p. 228).

33 Beard, Knauss, and Moyer, pp. 234–35.

34 Havi Carel, 'With Bated Breath: Diagnosis of Respiratory Illness', *Perspectives in Biology and Medicine*, 58 (2015), 53–65 (p. 64).

35 L.A. Paul, *Transformative Experience* (Oxford: Oxford University Press, 2014).

and Ian James Kidd, Paul's notion may be expanded in cases of illness to include *nonvoluntary* transformative experiences, that is, experiences that are unwilling or unsolicited but that are, nonetheless, both epistemically and personally transformative.³⁶

As a transformative experience, therefore, dementia marks a moment of profound disruption that opens the door for uncertainties: no one, including the patient, knows what will happen next. Understanding how illness is a transformative experience may help reframe the cultural discourses surrounding dementia as an experience of loss, suffering, and protracted death by offering a way to imagine 'a fulfilling life which is not socially scripted or the life the patient has wanted, but could nonetheless be a rich and satisfying life'.³⁷ In the following analysis of a contemporary work of French fiction, dementia transforms the patient's life in ways that signal the closure of some possibilities but also, and more importantly for the narrative, the opening up of others. Defying traditional tropes more commonly found in French literature of dementia, such as third-person narrative, unreliable narration, and a focus on the reconstruction of past relationships and identities, this popular work seeks to engage with the ways in which Alzheimer's disease may signal new beginnings and different ways of living a full and good life *with* disease.

Detecting a future with Alzheimer's disease in *Central Park*

In their study of narratives of Alzheimer's disease in French – including both texts originally written in French and works in translation – Talpin and Talpin-Jarrige discuss the 'entrée en littérature' of Alzheimer's disease from the 1980s onwards. They note not only the accelerated production of publications but also the generic expansion from works of testimony – *témoignage* – to those of fiction.³⁸ For Laëtitia Ngatcha-Ribert, this qualitative enlargement of the corpus to include not only literary fiction but also young adult literature and *bandes dessinées* coincided with attempts to dispel the 'tristesse apocalyptique' of the disease and to conjure an image of persons with Alzheimer's as agents of narrative.³⁹ The novel I explore here

36 Havi Carel and Ian James Kidd, 'Expanding Transformative Experience', *European Journal of Philosophy*, 28 (2020), 199–213.

37 Havi Carel, Ian James Kidd, and Richard Pettigrew, 'Illness as Transformative Experience', *The Lancet*, 388 (2016), 1152–53 (p. 1153).

38 Talpin and Talpin-Jarrige, p. 63.

39 Ngatcha-Ribert, pp. 260–62.

similarly opposes the slow, tragic, and uninspiring trajectory of dementia that proliferated in early testimonial works.⁴⁰

Guillaume Musso's 2014 detective thriller *Central Park* follows Alice Schäfer, a 33-year-old French police officer who wakes up on a park bench in Central Park in New York handcuffed to an unknown stranger. With no memory of how she came to be in New York, Alice and the stranger, who identifies himself as Gabriel Keyne, attempt to piece together the preceding night and find themselves embroiled in the search for a serial killer, Eric Vaughn, the murderer responsible for an attempt on Alice's own life two years earlier who ultimately killed her husband and unborn child. As the thriller unfolds, suspicion falls repeatedly on Gabriel, a jazz pianist unmasked as an FBI agent and subsequently Alice's prime suspect in the hunt for Vaughn. As Alice resolves to kill Gabriel, the narrative traces her memories of dismissal from work on grounds of illness followed by a diagnosis of early-onset Alzheimer's and reveals Gabriel's role not as an FBI agent but rather as a renowned psychiatrist.

As a classical detective fiction, *Central Park* navigates the dualistic narrative structure put forward by Tzvetan Todorov, in which the reader follows the story of the investigation to reveal the story of the crime.⁴¹ The denouement of the hunt for Vaughn both results in and is the result of the revelation of Alice's diagnosis, tying together the impeccably classical architecture of the plot as it simultaneously fills in the narrative absences of memory and mystery.⁴² At this turning point of the narrative, the true story emerges in retrospect: originally diagnosed in Paris with early-onset Alzheimer's, Alice also suffers from amnesia brought about by shock and her denial of the disease: 'chaque matin, à son réveil, sa mémoire se réinitialise. Elle ne sait pas qu'elle est malade et croit que, la veille, elle faisait la fête sur les Champs-Élysées'.⁴³ Transferred to a specialist clinic in New England, Alice escapes and is tracked down by Gabriel who seeks to lead her back to the facility 'en douceur, à ma façon et en suivant mes règles'.⁴⁴ The ensuing journeys across New York on the heels of a serial killer and back into Alice's recent memories, and the sense of danger and suspense roused in their pursuit of the killer are merely the result of an intricately

40 Ngatcha-Ribert, p. 261.

41 Tzvetan Todorov, *Poétique de la prose* (Paris: Éditions du Seuil, 1971), pp. 57–59.

42 George N. Dove, 'The Detection Formula and the Act of Reading', in *The Cunning Craft: Original Essays on Detective Fiction and Contemporary Literary Theory*, ed. by Ronald G. Walker and June M. Frazer (Macomb, IL: Western Illinois University, 1990), pp. 25–37 (p. 30).

43 Guillaume Musso, *Central Park* (Paris: XO, 2014), p. 391.

44 Musso, p. 403.

manipulated and choreographed ‘jeu de rôles psychanalytique’ designed by Gabriel.⁴⁵

Playing on Frank Kermode’s claim, in *The Art of Telling*, that ‘all narrators are unreliable, but some are more expressly so than others’,⁴⁶ dementia fictions often instrumentalize narratorial unreliability to produce irrelevance and even destructiveness in the text. In detective fiction, where readers are actively involved in the reading experience alongside the detective, this unreliability troubles the reader’s ability to follow the narrative in a truly coherent and sequential fashion. As George N. Dove, following Wolfgang Iser’s theorization of the transactional relationship between the reader and the text has argued, readers submit to the ‘total domination [of the genre] by the hermeneutic code’, identifying a clue and ‘anticipat[ing] its probable function in subsequent developments’.⁴⁷ Reading detective fiction is, therefore, a ‘hermeneutic experience’ that requires constant interpretation by the reader.⁴⁸ For Sarah Falcus and Katsura Sako, ‘[t]he narrative of detection demands significant reader involvement [...]. The reader of detective fiction does not simply witness the act of detection within the text but is expected to participate in the detection, making meaning of the text’.⁴⁹

Unlike a growing number of dementia detective fictions, however, such as Alice LaPlante’s *Turn of Mind* (2012), Emma Healey’s *Elizabeth is Missing* (2015), or Hélène Le Bris’s *Si je me souviens bien* (2019) in which the protagonist-detective is immediately sketched as an unreliable narrator,⁵⁰ *Central Park* promotes Alice’s reliability throughout. The novel intentionally shields the reader from potential clues that would identify the slippage in dates that ultimately leads Alice to realise her gap in memory not of one night but of an entire week.⁵¹ As such, the reader finds the entire narrative transformed

45 Musso, p. 412.

46 Frank Kermode, *The Art of Telling: Essays on Fiction* (Cambridge, MA: Harvard University Press, 1983), p. 140.

47 Dove, pp. 29–30.

48 Sarah Falcus and Katsura Sako, *Contemporary Narratives of Dementia: Ethics, Ageing, Politics* (Abingdon: Routledge, 2016), p. 119.

49 Falcus and Sako, *Contemporary Narratives of Dementia*, p. 119.

50 See Falcus and Sako, *Contemporary Narratives of Dementia*, pp. 114–43; Katsura Sako, ‘Dementia and Detection in *Elizabeth is Missing* and *Turn of Mind*’, *Contemporary Women’s Writing*, 10 (2016), 315–33; Marla Harris, ‘The Case of the Missing Memory: Dementia and the Fictional Detective’, *CLUES: A Journal of Detection*, 37 (2019), 51–60; David Orr, ‘Dementia and Detectives: Alzheimer’s Disease in Crime Fiction’, *Dementia*, 19 (2020), 560–73; Lucy Burke, ‘Missing Pieces: Trauma, Dementia and the Ethics of Reading in *Elizabeth is Missing*’, in *Dementia and Literature: Interdisciplinary Perspectives*, ed. by Tess Maginess (London: Routledge, 2018), pp. 88–102.

51 Alice comes to realizations that were never made available to the reader. Compare, for example, Musso, pp. 358–59 with pp. 84, 314, 322.

in the revelation of Alice's disease.⁵² At the moment that both the mystery and the investigation are resolved, the story ostensibly comes to an end as Alice is thrust into the horrors of her prognosis:

Je suis dévastée, laminée, à bout de souffle. Au terminus d'une chute sans fin qui a débuté bien des années plus tôt. Je ferme les yeux. Dans ma tête se détachent les fragments d'une histoire dont je connaissais déjà la fin.⁵³

Significantly, it is not Alzheimer's disease as such that transforms Alice's world but rather the realisation of her diagnosis.⁵⁴ Nonetheless, her reaction is emblematic of the narrative foreclosure typical to cultural ideations of the disease. Yet, in this particular case, there *is* more to the story. This concluding moment also performs a prospective function as a catalyst for a new way of living that gestures towards a future with dementia that is difficult and uncertain but also joyful and fulfilling.

Resolved to commit suicide as her final act of freedom while she is still able to do so, Alice is stopped by Gabriel with the promise of a future together in which she agrees to comply with the second part of a clinical trial to implant a cerebral pacemaker that will stimulate the activity of neurones in the brain, potentially provoking a subtle but significant improvement in episodic and spatial memory.⁵⁵ In the final words of the main novel and the epilogue, Gabriel offers to Alice a future with – and thanks to – Alzheimer's, the disease that brought them together in the first place: 'Je sais combien ce sera difficile, mais il y aura'.⁵⁶ The final part of the novel, positioned as an epilogue without a chapter number, posits a future scenario in which Alice submits to the clinic's treatment and has a child with Gabriel. Set apart from the rest of the novel, 'Il y aura...' gestures to a future life with Alzheimer's:

Il y aura des matins clairs et d'autres obscurcis de nuages.

Il y aura des jours de doute, des jours de peur, des heures vaines et grises dans des salles d'attente aux odeurs d'hôpital.

52 A similar phenomenon can be observed in Ian McEwan's *Atonement* (2001).

53 Musso, p. 425. Alice's perception of her future – 'dont je connaissais déjà la fin' – echoes the earlier citation by Kramer.

54 See Annemarie Goldstein Jutel, 'When the Penny Drops: Diagnosis and the Transformative Moment', in *Social Issues in Diagnosis: An Introduction for Students and Clinicians*, ed. by Annemarie Goldstein Jutel and Kevin Dew (Baltimore: Johns Hopkins University Press, 2014), pp. 78–92; Carel, 'With Bated Breath'.

55 Musso, p. 422.

56 Musso, p. 432.

Il y aura des parenthèses légères, printanières, adolescentes, où la maladie elle-même se fera oublier.

Comme si elle n'avait jamais existé.

Puis la vie continue.

Et tu t'y accrocheras.⁵⁷

Through the use of the future tense, Gabriel indicates a way of being (together) with Alzheimer's that does not conform to stereotypes of loss and isolation.

Recounted in the second person, this final section focalizes the voice of Gabriel addressing Alice. In contrast to the rest of the novel, in which the narrative largely focalizes Alice's experiences through the omniscient third person and, during flashbacks, the first-person voice, this epilogue reorients the reader towards an external viewpoint of the subject. Yet, rather than objectify Alice, Gabriel's perspective here challenges the limits and foreclosures imposed by Alzheimer's, animating her and ensuring she remains central to the story of her own life despite a shift away from first-person communication. In this epilogue, Gabriel participates in a shared or collaborative storytelling practice, a process Hydén outlines in *Entangled Narratives: Collaborative Storytelling and the Re-imagining of Dementia* in which the stories of persons with dementia may be co-told or scaffolded with the help of others.⁵⁸ Particularly in family settings, but also present in good healthcare facilities, Hydén notes that collaborative storytelling has a remedial quality in compensating for one person's advancing dementia by using prompts or repairing the given narrative, or by contributing to the story. Gabriel and Alice's narrative entanglement – her future told through his words – contributes to the construction of her future life with dementia.

Central Park shows how life with Alzheimer's instigates epistemic and (inter)personal changes as one person becomes more reliant upon those around them. At the same time, it shows that this experience is not unliveable but may even create new and more enjoyable ways of living with others in the future. Although Alice twice receives her diagnosis with despair – once in Paris and a second time outside the clinic in New England – the novel offers both Alice and Gabriel new opportunities for the future.

⁵⁷ Musso, p. 435.

⁵⁸ Lars-Christer Hydén, *Entangled Narratives: Collaborative Storytelling and the Re-Imagining of Dementia* (Oxford: Oxford University Press, 2017).

While Alice's own unborn child was killed by Vaughn, Gabriel's divorce means that he has been separated from his son, and the novel's epilogue suggests the reconstruction of a family as a viable future possibility for the new couple:

Il y aura...

De la sueur, du sang, le premier cri d'un bébé.

Un échange de regards.

Un pacte pour l'éternité.

Des biberons toutes les quatre heures, des paquets de couches empilés, de la pluie sur les vitres, du soleil dans ton cœur.⁵⁹

Projecting further still into the future, the epilogue continues:

Il y aura...

Une table à langer, une baignoire coquillage, des otites à répétition, une ménagerie de peluches, des berceuses fredonnées.

Des sourires, des sorties au parc, des premiers pas, un tricycle dans l'allée.

Avant de s'endormir, des histoires de princes terrassant des dragons.

Des anniversaires et des rentrées des classes. Des déguisements de cow-boy, des dessins d'animaux accrochés au frigo.

Des batailles de boules de neige, des tours de magie, des tartines de confiture à l'heure du goûter.⁶⁰

Central Park thus suggests how potentially valuable epistemic and existential changes may arise from experiences of illness as it offers both protagonists a chance to reconstruct their lives and worlds as a consequence of Alzheimer's and brings about both metaphorical and literal new lives in the process. In Gabriel's words, his job as a psychiatrist is to put people back together: 'C'est mon métier: reconstruire les gens, essayer de remettre de l'ordre

⁵⁹ Musso, pp. 436–37.

⁶⁰ Musso, p. 437.

dans leur esprit'.⁶¹ Although morally and methodologically problematic, Gabriel's manipulation of a phoney manhunt across New York enables Alice to understand her disease not as a death sentence that will destroy her but as an opportunity for reconstruction, renewal, and reliving.

The prognostic epilogue (albeit overly-)optimistically emphasises how Alice's Alzheimer's does not limit her future possibilities but, in disrupting the assumed script of her life, opens up an unexpected opportunity to have a child and be a mother, experiences that were previously taken away from her by Vaughn. Providing both an end for one narrative – the story of Alice as a police detective – and the beginning of another – the story of Alice as a mother – the novel reframes how Alzheimer's commonly imposes the conclusion of an active life story, and proposes a literary reimagining of a life that continues in illness in profoundly embodied, if unconventional, ways.

Although Musso's novel is only one example of the possibilities offered by literary fiction to play with phenomenological and narrative experiences of dementia, it defies a growing trend in literary renderings of Alzheimer's that explicitly position dementia diagnosis as the opening catalyst for the novel's main plot. Many French works drawing on themes of dementia and Alzheimer's disease – including Olivia Rosenthal's *On n'est pas là pour disparaître* (2007), Caroline Vié's *Dépendance Day* (2015), Gabrielle Tuloup's *La Nuit introuvable* (2015), Hélène Le Bris's *Si je me souviens bien* (2019), or Mélissa Da Costa's *Tout le bleu du ciel* (2020), along with the films mentioned above – disclose dementia diagnoses in the very first pages or opening scenes, setting up not only the unreliability of the narrator but also setting in motion a narrative track towards resolution, conclusion, and, invariably, death or a parallel incoherence. While her dementia diagnosis is *implicitly* the impetus for the plot, the *explicit* disclosure of Alice's Alzheimer's diagnosis is set up as the conclusion, creating a dementia novel that, for the reader, feels remarkably unlike a traditional dementia novel. Installing Alice's Alzheimer's diagnosis as the novel's apparent conclusion creates a new dynamic that opens out, with the help of the epilogue, towards any number of alternative endings that are tinged with uncertainty and fantasy but also with new opportunities, new relationships, and new means of communication.

61 Musso, p. 412.

Dementia: An open epilogue

Central Park focalizes an exceptionally rare case of early-onset Alzheimer's – Alice is only thirty-three years old and still biologically able to bear a child – and offers an unarguably over-optimistic prognosis of life with Alzheimer's punctuated by love and family that is incompatible with the most common occurrences of the disease in individuals over sixty-five years of age. Yet the novel instrumentalizes dementia not as a trigger for loss but rather as a means of overcoming former losses – the deaths of Alice's partner and child – to challenge the dominant metaphors of closure, despair, and death that permeate contemporary imaginaries. Dementia, in this fictional world, does not mean the end of life but rather the start of a new and different way of living that is uncertain and unconventional but positive, valuable, and productive. Reframing dementia in such a way disentangles the overwhelmingly negative stereotypes that surround the disease and tentatively marks a way of reimagining how societies and cultures may challenge our views of those with dementia.

This article has challenged the idea that dementia forecloses future narrative possibilities in a fictional work of Alzheimer's disease. Through discussion of Musso's thriller, I have argued that literature might help us to reframe dementia through the lens of an alternative but nonetheless viable future that is constructed and communicated collaboratively with others. While not disputing how dementia radically disrupts and redefines the lives of the patient and those around them, this article highlights that these disruptions need not always be frustrating, terrifying, and negative. Although Musso's presentation of the disease is dramatic and unrealistically optimistic in its conclusion, foregrounding technological advances more apt for a work of science fiction,⁶² it envisions a way of living well with illness that contributes towards the reduction of fear and loathing currently surrounding persons with Alzheimer's and dementia. Portraying Alice with agency, desire, and a deeply affective humanity towards others, the novel's open-ended epilogue does not offer conclusions but rather looks towards the future in all its uncertainty and ambiguity but undeniable opportunity.

62 See Lucy Burke's analysis of *Deep Blue Sea*, *Rainbows End*, and *Rise of the Planet of the Apes* in 'Imagining a Future without Dementia: Fictions of Regeneration and the Crises of Work and Sustainability', *Palgrave Communications*, 3.52 (2017), 1–9.