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Vice, S. (2020) 'Never forget': fictionalising the Holocaust survivor with dementia. *Medical Humanities*, 46 (2). pp. 107-114. ISSN 1468-215X

<https://doi.org/10.1136/medhum-2019-011782>

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'Never forget': fictionalising the Holocaust survivor with dementia

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Accepted 18 February 2020

ABSTRACT

This article asks what the reasons are for the frequent linking of the image of the Holocaust with that of dementia in contemporary discursive and representational practice. In doing so, it analyses some of the numerous 21st-century examples of fiction, drama and film in which the figure of a Holocaust survivor living with dementia takes centre stage. It explores the contradictory cultural effects that arise from making such a connection, in contexts that include expressions of fear at the spectacle of dementia, as well as comparisons between the person living with that condition and the inmate of a concentration camp. Detailed consideration of novels by Jillian Cantor and Harriet Scott Chessman as well as a play by Michel Wallenstein and a film by Josh Appignanesi suggests that the fictions of this kind can appear to provide solace for the impending loss of the eyewitness generation, yet also offer potential for a model for caregiving practice for those living with dementia in broader terms.

This article considers why 21st-century fictional representations of Holocaust survivors suffering from dementia are so numerous. In such portrayals, survivors are shown in the process of losing the very faculty of memory that is foundational to their cultural significance. Memory is seen as crucial to survivors' highly valued ability to testify first-hand to the reality of genocide and warn against the dangers of dehumanisation. This bleak irony, that individuals who are considered as the embodiment of 'never forgetting' are themselves no longer able to remember, appears in a wide variety of cultural forms and discourses. Yet, rather than its including a total loss of recall, in all the fictional examples analysed here, the survivor's dementia is characterised by the resurfacing of elements of a painful history in the present. Thus, the tendency for those living with dementia to lose short-term before long-term memory is given a historical significance. While critics such as Burke (2016), Maginess (2018) and Zeilig (2014) have put forward convincing arguments that literary representations of dementia are of value to caregivers and medical practitioners,¹ I will ask whether such an effect continues to be evident in these Holocaust-related works, or if their focus is too individually and historically specific to have any wider relevance.

There is great novelistic and dramatic potential in the underlying clinical plausibility of dementia as it appears in the examples to be discussed here, in which 'memories return with such intensity that they are experienced as "real events"'.² This is

especially so when the returning events are those of the Holocaust. In these examples, dementia is presented as the ultimate expression of trauma, by showing it to share the same symptomatology of forgetting, acting out and intrusive flashbacks.³ The notion of dementia in these fictional examples is the occasion for the return of a past whose details have been suppressed, so that they have gone unacknowledged by the survivor and are unknown to her or his family. In this way, memory-loss paradoxically entails retrieval, but only during the last moments before the end of the survivor's life. This scenario draws on the psychological possibility that 'unprocessed' suffering will resurface in later life, while also giving each text a plot centred on the fictive staples of mystery, suspense and unexpected revelation.³ These texts continue the narrative patterns that often characterise fictions about dementia, including elements of a detective story or the enabling of a romance.⁴ However, the wartime context in the present examples gives these plot elements a more specific role, in which detection is aimed towards the uncovering of painful past experiences, romance constituting their possible redemption. Part of the present article's concern is to explore the difficulty of maintaining a convincing balance between the detail of the historical atrocity and of a cognitive disorder.

However, establishing a likeness between the state of dementia and what David Rousset has called the 'concentrationary universe' takes place in other ways with consequences that are less reparative.⁵ The emotional effect of extreme regret and distress about a patient's state on the part of relatives or other onlookers can give rise to such a link, so that the long-term care-ward is seen to resemble a concentration camp, its inhabitants akin to camp prisoners or even to the *Muselmänner*, the camp's 'non-men', in Primo Levi's description, those who are 'already too empty to really suffer'.⁶ Elements of the extreme negativity and fear expressed by this public discourse arises from a view of dementia, in Hannah Zeilig's phrasing, as 'a complex, unknowable world of doom, ageing and a fate worse than death',⁷ itself appears and is explicitly debated in fiction. As we will see, horror at what is judged to be the vanishing of personhood can be held by people who are themselves living with dementia, as well as those around them.

Yet, as I will argue, recent novelistic representations, including Jillian Cantor's *The Lost Letter* (2017) and Harriet Scott Chessman's *Someone Not Really Her Mother* (2004), sidestep these unsettling implications, smoothing out both the distressing and the defensive elements of linking dementia and



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To cite: Vice S. *Med Humanit* Epub ahead of print: [please include Day Month Year]. doi:10.1136/medhum-2019-011782

the Holocaust. Where a comparison between dementia ward and concentration camp is made within the plot, as is the case in Michel Wallenstein's 2012 play *Flight*, it is presented as an element of the survivor's misplaced fears and eventually laid to rest. In these fictive portrayals, the image of a Holocaust survivor with dementia plays a consolatory role as the embodiment of reassurance about the impending end of the era of the Holocaust eyewitness, as their stories are successfully entrusted to the next generation. My final example, Josh Appignanesi's short fiction film *Ex Memoria* (2006), similarly ends with an image of consolation, but in this case for the person with dementia herself rather than the succeeding generations. In this work, the dementia of a Holocaust survivor is the means both to show the crucial need for a 'person-centred' approach to the disease, and to represent a compelling portrait of an individual in its grip.⁸

FICTIONAL INNER WORLDS

Fictional representations of the survivor living with dementia customarily present the story through the eyes of someone from a later generation. However, although the emphasis is on the survivor's story being passed on, efforts are made to hint at the survivors' continuing selfhood and agency despite their memory-loss, and even sometimes to represent an approximation of their inner world, as shown in the following examples by Jillian Cantor and Harriet Scott Chessman.

Jillian Cantor's 2017 novel *The Lost Letter* is the story of Katie Nelson, whose Austrian-born father Ted lives in a 'memory care facility' after a diagnosis of Alzheimer's disease. The novel's plotline is divided between the past, that of post-Anschluss Austria in the late 1930s, and 1980s Los Angeles. It is narrated in the present by Katie as she gradually uncovers the details of her father's history, long kept secret by him and now, in his state of dementia, forgotten. Cantor's novel opens with a dramatic scene from the Austrian past, as Elena Faber, the Jewish protagonist of the novel's wartime narrative, drops a collection of envelopes containing false identity-papers into the snow at gunpoint. However, the fact that the novel's title does not refer to these forged papers, but to a love-letter for Elena from her non-Jewish lover and protector Kristoff, reveals its concern with romance rather than politics, even in this Holocaust-related context. Thus, we learn that the non-Jewish Kristoff's motivation in attempting to save Elena and her family from antisemitic persecution is not primarily ethical or political but romantic. In the novel's present moment of the late 1980s, Katie learns not only that her father Ted has hidden his history, since he turns out to be none other than the heroic 'good Austrian' Kristoff, but that his beloved Elena, with whom he lost all contact in 1939, is alive and well in East Germany. The novel's concluding with Kristoff and Elena being reunited by Katie's efforts after 50 years apart suggests that it is possible both to bring to light the occluded and forgotten facts of the past and also to retrieve those who were feared dead.

The lost love-letter's being opened at last by Elena when she meets Ted/Kristoff again in his Los Angeles care-home after half a century forms the novel's conclusion. This emphasis on romantic fulfilment makes the Holocaust background seem to be present largely in order to increase the reader's sense that true devotion can conquer even the most insuperable historical obstacles. The effort at wartime rescue in *The Lost Letter* is shown to be an example of a mythical love of a kind that Katie in the present herself wishes to experience.⁹ Elena's sister Miriam, who is tracked down in a Cardiff nursing home by Katie and her husband-to-be Benjamin, makes this plain in her account of the events of the past:

'What happened to Elena?', Benjamin is asking ...
'Presumably she went back to Grotzburg. She probably would've said she was going back to fight the Germans'. (Miriam) laughs bitterly.
'But I think she really went back for Kristoff'.¹⁰

It is this message, of a love that transcends all, which is passed on to the succeeding generation, in a transformation of historical atrocity into a narrative of life-stages. The Holocaust is rendered just as ahistorical in this fable of redemption as it is in the narratives of dementia that construct it in the very opposite terms as 'the abyssal point of humanity and terminus of hope'.¹¹

However, the portrayal of Kristoff's dementia partially succeeds in 'challenging unthinking assumptions' since he is shown still to possess sufficient 'personhood' to resume a long-lost romance, even if he conforms to stereotypes in such other ways as seeming to have no agency and performing no investigation on his own account.¹² Yet dementia is not the novel's concern for its own sake, and in Kristoff's case, it is used as the pretext for Katie to take on the role of detective. The alternations of her father's lucidity between 'good' and 'bad' days take place to suit the plot as much as to portray the course of the disease. Dementia acts to free Kristoff from having to keep his secrets any longer, transforming memory-loss into a form of truth-telling. Indeed, the facts are so suddenly and easily acknowledged—Katie notes that when she finally addresses him as Kristoff rather than Ted, her father 'smiles a little, as if he's been waiting for me to say it forever'—that it begs the question of why they were hidden in the first place.¹³

Harriet Scott Chessman's 2004 novel *Someone Not Really Her Mother* represents the inner world of Hannah Pearl, a Holocaust survivor living with dementia, through the literary device of free indirect discourse, in which Hannah's voice is presented to the reader through the narrator's perspective. Thus, we learn that Hannah was the only member of her family to survive the war after her parents sent her from occupied France to the USA via Britain.¹⁴ Free indirect discourse is used here to 'express character', in Virginia Woolf's phrasing, since, in her image of the writer's quest resembling a journey in a train-carriage, 'all novels begin with an old female in the corner opposite'.¹⁵ Such a narrative mode therefore has great potential to extend the 'subjective haziness' of such an 'old female's' state of mind to include memory-loss and confusion, in its use of a voice that hovers between omniscience and the character's consciousness.¹⁶ Such a method is used to show Hannah's inner world and the often mistaken way in which her family responds to her. As Sarah Falcus and Katsura Sako argue of dementia narratives more broadly, the use of varied voices, including that of the person living with dementia, deftly conveys the conflicting viewpoints of a family setting.¹⁷ The dangers of misunderstanding a person living with dementia are exposed by this means, even more so in Hannah's case where she is reacting to the details of a hidden history of wartime exile and bereavement.

The potential for free indirect discourse to show that Hannah's memory-loss and her survivor status are intertwined is clear in the interior monologue accompanying her taking an ill-advised winter walk by herself:

On the—place to walk—lie a few bits of glass (*non!*), ice! What is this season? Hannah looks up as she walks [...] This is the season of greatest quiet. Letters stop coming, until a letter comes to turn the world to ice.¹⁸

In the novel's context, the elements of this apparently mysterious passage can easily be decoded. Hannah's verbal mistakes, such as being unable to remember the word for 'pavement' or

'sidewalk'—she calls it the 'place to walk'—are quickly followed by those that convey her difficulty in distinguishing past from present. The reader is already accustomed to such a state of mind on Hannah's part through her anxious responses to trigger concepts including trains, official documents and people wearing white laboratory coats. Hannah's increasingly frequent use of French, the 'real' language of her past, is represented here by the parenthetical interjection, '*non!*', which contradicts her mistaking wintry ice for glass, and also suppresses her recall of the smashed windows of Nazi violence. For Hannah, the passage of time follows that of the wartime past, the February weather in the present reminding her of receiving the notification of her family's deportation to Drancy at that time of year, news which turned 'the world to ice'. The meanings of Hannah's reactions of these kinds become apparent only gradually to those around her, most notably her daughter Miranda, for whom 'the skills of observation and interpretation' crucial to all dementia care must also include her increasing awareness of the historical background.¹⁹

In this way, because she has spent 'most of her life ... trying to forget', as Miranda puts it of her mother, a visit to a shoe-shop in the present turns into a scene from the past, a re-enactment of buying new shoes for Hannah's departure to Britain at the age of 15.²⁰ The child pleading with her parents not to send her away in 1941 is heard in the Connecticut shop over half a century later as Hannah cries out: '*Ne m'abandonne pas. Je veux rester avec toi*' [Don't abandon me. I want to stay with you].²¹ Miranda perceives an existential significance in her mother's entreaty:

Could it be that her mother's deepest sorrow is about something more even than the invasion by the Germans, or the Occupation, or what came after? [...] Could it be that, at the core, it's a question of love?²²

As in *The Lost Letter*, the lessons drawn by the child of a survivor parent with dementia concern the priority of timeless emotions over historical facts. Miranda's use of conditional phrasing, 'Could it be ...', suggests an initial surprise that a personal sorrow should supersede historical atrocity, and that her mother could mistake being sent away to safety for being rejected. Yet Miranda's viewing this 'ordinary logic' as 'misguided' is not a judgement against her mother's failure to acknowledge the wartime situation, but a sympathetic view of its personal meaning: Hannah is wrong to imagine that her parents did not love her.²³ Miranda's insight emphasises that, especially for children separated from their families, war might indeed be felt in terms of a 'catastrophic collapse of their private world'.²⁴ This accords with readers' sense of Hannah's vividly portrayed inner life, one that serves to offset the 'horror' they might otherwise feel about dementia's supposed 'erasure' of selfhood.²⁵ Yet such an insight is won at the expense of the personal realm supplanting that of history, both for the child Hannah once was, and for the novel as a whole.

As Victor Seidler puts it, in an account of the re-emergence of past suffering as an aspect of his refugee mother's dementia, in this case too Hannah's is 'a past calling to be addressed'.²⁶ Yet the conclusion of Chessman's novel offsets the fear of losing a mother to dementia and the return of a painful past, in its once again transforming historical loss into the compensation of life-stages, 'generational time and inheritance'.²⁷ The novel ends with Hannah's granddaughter Fiona placing her baby son in his great-grandmother's arms: '(Hannah) holds him close ... *To love that well*. Outside the glass, behind the child's head, the leaves shake with happiness'.²⁸ Hannah's thinking of Shakespeare, in

this case the final line of his Sonnet 73 about death's proximity enhancing the importance of love, suggests the extent of the ahistorical life-lesson to be gained. In *Someone Not Really Her Mother*, we understand through this portrayal of love for her descendants that Hannah is, in defiance of the novel's title, still really Miranda's mother. As Hannah's view of the leaves' 'happiness' suggests, it is implied that the future will annul the painful past.

The focus of Cantor and Chessman's novels on the triumph of romantic and family love in the face of Holocaust history exists to reassure the reader, as it does the second-generation individuals in the text, that loss can be restored. This implies that the end of the eyewitness generation will not be the cultural calamity that has been anticipated, if survivors' traumatic experience and knowledge can be incorporated into narratives of generational succession. This is even more the case when the events of the past are seen, as in these examples, from a North American perspective. Present-day Europe and Britain are viewed as the topographies of a barbaric or repudiated past. In *Someone Not Really Her Mother*, Hannah's unaccompanied visit to a drugstore is the scene for her perception of American exceptionalism of this kind. It is expressed in the terms of her confusion of past with present as she sees the shop's Valentine's Day window display and feels relief at the protected upbringing of her daughter, far from occupied France: 'Yes, Hannah knows this holiday in America [...] Hannah knows now that she brought Mir to this country, where one has hearts, and not the stars sewn on'.²⁹ The dementia of a Holocaust survivor is used here as a way to convey paradoxically reassuring truisms.

RECONCILIATION

By contrast to Cantor's and Chessman's novels, in which survivor guilt on the part of individuals who escaped occupied Europe haunts the present, Michel Wallenstein's 2012 play *Flight* centres on the subject's direct experience of the camps. Although *Flight* shares the plot-device of children learning about their parents' historical suffering only when it resurfaces in the context of dementia, here the action's focus is on the survivor rather than her offspring. The central role of an official caregiver is also a distinctive feature of *Flight*, the prominence of that individual and her unorthodox approach drawing the audience's attention to the importance of treatments and responses other than those of biomedical science in the face of an unhealable condition.

The plot of *Flight* is determined by the psychology of its protagonist, the Viennese-born Judith Mills, whose status as a survivor is gradually revealed to the other characters and to the audience. As the play opens, Judith has just arrived in an 'assisted living' facility in New York on account of her dementia, where she is helped to settle in by her son Andrew and the 'activities director' Linda, while over the course of the play we witness her cognitive decline. As Suzy Evans puts it in a review, 'as (Judith) sinks into mental oblivion, repressed memories of her experiences in Nazi concentration camps come out', implying that the 'oblivion' is causally linked to the emergence of 'repressed memories'.³⁰ In a version of the discourse that likens the world of the camps to that of dementia, it is Judith herself who ascribes equal victimhood to both states, as she laments: 'I thought I was done with indignity and misery in this life'.³¹ This utterance acts as a clue to the nature of Judith's wartime past for the audience and Linda, as well as setting the scene for a debate between the two women about the nature of living with memory-loss. Linda's acknowledging conceptions of selfhood other than those

associated with the “display and nurturance” of cognitive or intellectual abilities’ acts to counter a limited view of what it means to be human that, as Zeilig argues, is one of the hardest to dislodge in responses to dementia.³²

As reviews of Wallenstein’s play note, the requirements of the plot in this case supersede a convincing representation of Judith’s condition. While Frank Scheck, observing that, ‘Judith is suffering from a fast-acting form of Alzheimer’s disease’, takes such speed to be a medical symptom, Ken Jaworowski sees it as a dramatic flaw, in his argument that the ‘rapid decline of her health rings false’.³³ Wallenstein and the other writers discussed here claim that their portraits are based on real-life examples, suggesting an authenticity arising from observation: that of his aunt in the playwright’s case, his grandmother in Appignanesi’s, personal acquaintance with a survivor on the part of Chessman, historical research in Cantor’s.³⁴ However, fictional requirements often override those of medical plausibility, even if they perform other valuable functions such as placing ‘existential questions about personhood and human life’ centre-stage, rather than focusing on the ‘financial or resource-related concerns’ that might preoccupy professionals, or indeed family members, in real-life cases.³⁵ Thus, in *Flight*, the speed of Judith’s decline has an emotional and dramatic rather than a medical role. The play represents her fear of being consigned to the home’s ‘South Wing’ for long-term dementia patients as her memory worsens. Although Judith’s alarm at such a fate is presented sympathetically, its clearly mistaken basis in her resurfacing memories of the war allows the idea of a likeness between the camp and the dementia ward to be challenged. After a chance glimpse at the South Wing’s sequestered world, Judith exclaims to Linda:

JUDITH: If I ever get near that state, I want to die. Do you understand? These soulless bodies, roaming the corridors aimlessly like zombies. I won’t have it.³⁶

Judith’s fear-filled utterance echoes the detail of comparisons between geriatric ward inhabitants and the concentration camp *Muselmänner*, prisoners who are examples of the ‘living dead’ lacking souls, or what Primo Levi calls ‘the divine spark’.³⁷ Yet this is not a philosophical or polemical observation on Judith’s part, but an aspect of her mental state. It is her own memories of which she is shown to be afraid.

Judith’s revelation of surviving the world of the camps takes the form of a monologue spoken in Linda’s hearing, as a dramatised equivalent to Hannah’s confused perceptions in *Someone Not Really Her Mother*. While Hannah sometimes mistook her great-grandson for her own child, here Judith thinks that Linda is her late husband John:

JUDITH: I never thought I would ever wear a dress again. And eat chocolate? And go dancing? And fall in love? Do you still love me, John? I know you’re tired of me asking all the time. God, I hope this isn’t a dream. I hope I’m not going to wake up in my barracks, aching, hungry and smelling of filth.³⁸

Since it takes place on-stage, the reality of Judith’s coming to believe that she is back in the wartime past assumes the form of a hallucination that is acted out as we watch. Judith’s taking Linda to be a camp Kommandant to whom she must prove that she is worthy to live shows the extent of her viewing the South Wing as the ‘terminus’ not only of hope but of existence itself.³⁹

JUDITH: I haven’t done anything wrong, *Herr Kommandant*, I swear. And I am not tired. I am fit for work. See?

Judith starts doing jumping jacks

LINDA Judith, it’s me, Linda. Stop that, you’ll hurt yourself.⁴⁰

Ironically, the resurfacing of Judith’s fear in the present means that she is more likely to be sent to the very place she views as the reincarnation of the camp’s world. Yet this scene of cognitive confusion is beneficial in continuing the play’s ability to imply that the sense of a patient’s not feeling at home in a residential care facility, with its rules, uniformed staff and inscrutable procedures, risks seeming to an already traumatised individual like a threatening return of the wartime past.⁴¹

Indeed, Linda’s attempt in *Flight* to cajole Judith into accepting her transfer to the long-term ward takes the form of a dialogue in which the human value of those living with dementia is debated:

JUDITH: I don’t want to go to the South Wing ... They will beat me and I’ll become a vegetable.

LINDA The people in the South Wing are not victims and they are not vegetables ... every life is worthwhile, even the lives that seem pointless to us.⁴²

Linda’s phrasing here is a riposte both to Judith, whose fear that she will be mistreated as she was in the camp reveals why she views others as disposable, and to the Nazi-era discourse of ‘*Lebensunwertes Leben*’ (life unworthy of life).⁴³ It is also a ‘subversion’ of the much more commonplace negative conceptions of dementia held in the public sphere which all these texts attempt to challenge.⁴⁴

In the case of *Flight*, it is the carer who poses an alternative view of life in the long-term care-ward, since the patient cannot. Both ‘practical’ and ‘conceptual’ questions about responses to dementia are dramatised in the form of the dialogue between Linda and Judith quoted above.⁴⁵ Yet, despite the play’s acknowledgement of the particular horrors of the camps, to an extent that one reviewer describes them as ‘luridly’ presented, its conclusion is one of individual reconciliation.⁴⁶ The different parts of Judith’s life are harmonised in relation to the mnemonic object of a kite, as hinted at in the play’s title. One of the concluding pair of kites is remembered from a pre-war children’s party, the other from the world of the camp and they are seen together at the play’s end to ‘blend into each other and dissolve into one’, signalling Judith’s ‘flight’ to a peaceful death.⁴⁷ This, it is implied, will free her son Andrew to achieve personal fulfilment. Once more this takes the form of romantic success, in contrast to Andrew’s unsatisfactory relationships with women shown earlier in the play, as the stage direction suggests: ‘by the end of the play he is well on his way (to) becoming the man he always dreamed to be’.⁴⁸ Judith’s final success in integrating ‘memories of horror and loss’ with those of the present takes place offstage in her final moments, and follows the pattern that the most significant recuperative effect is one experienced by the next generation.⁴⁹

THE PATIENT’S PERSPECTIVE

My final example, Josh Appignanesi’s short autobiographically-based fiction film *Ex Memoria* (2006), represents a Holocaust survivor with dementia by the unusual combination of two very different generic forms, those of art cinema and an instructive film aimed at health professionals. The film’s title, meaning ‘from memory’ or ‘out of memory’, suggests this double approach: while memory and its disorders are a central topic in cinema history, as hinted at in the allusive use of Latin, they are equally at the centre of medical practice.

On an immediate level, the title’s memory-loss refers to the dementia of the central character, Eva Lipszyc (Sara Kestelman), who is the resident of a care-home for the elderly. The film opens in the past, with a sequence set in a forest, out of which walks a young, blonde woman (Natalie Press) wearing a summer dress

of a style signalling a 1940s setting. She approaches the camera in a deliberately theatrical way, evidently trying out a role, while calling goodbye to her brother Adek (Piotr Kowalik), whom we do not see. The sense of a performance is increased as she applies make-up while studying herself in a compact mirror. This hint at preparation for a romantic, or, as we might imagine, life-preserving role, is interrupted by off-screen shouting in Polish and German, accompanied by the sound of vehicles and gunfire, which causes the young woman to clap her hand over her mouth in horror. We hear the urgent cry, 'Eva!', from her still unseen brother, conveying both entreaty and despair, and her anguished answering call, 'Adek!'

A final close-up on Eva's distraught face is followed by an abrupt cut to a present-day setting. We see a head-shot of an older woman seated in a wheelchair, whose first words are a demand: 'Go home now!' The sharp shift between scenes itself establishes that this is the same woman in later life, as confirmed by the fact that both young and older Eva have 'honey-coloured' hair, are shown applying lipstick and speak in Polish.⁵⁰ Eva's first words sound like a response to what happened in the forest. Her plea to 'go home' is of a kind familiar from representations of people living in care facilities, on whose part such requests convey a feeling of unease rather than a reasoned suggestion. However, in the light of the film's opening sequence, the older Eva's words might also sound to the viewer like a reference to the wartime displacement she has undergone, and her wish for the losses of family and country to be repaired.

Although the film's impressionistic mode means that no diagnosis is stated, the fact that Eva is living with dementia is conveyed by her anxiety and confusion in the present, coupled with what is shown to be a strong emotional attachment to scraps of long-ago memory. The viewer's access to the dream-like forest scene of the film's opening means that we recognise the reason for Eva's joyful greeting to her mystified grandson Jacob (David Birkin), 'I thought you were lost, Adek!'. This represents both the confusion of a figure from the past with someone in the present and a response to traumatic and unresolved bereavement. Eva is shown to inhabit the realm described by Åsa Craftman *et al*, in a study of the 'devastating outcomes of inadequate understanding of a person's past experiences', as the 'Holocaust-as-present'.⁵¹ Eva's status as a survivor therefore intensifies what we might expect of any person living with dementia. It does so by making even clearer the potential for those surrounding her in the present to misread her utterances and actions as expressive only of cognitive disorder and possessing no other significance or logic. In Eva's case, the underlying thread that gives her reactions coherence is her Holocaust experience, but, it is implied, there is likely to be a cohesive pattern of this kind for any such patient, whether it arises from a traumatic life experience or simply the 'persistence of personhood' within the condition of dementia.⁵²

The film's perspective follows Eva's, meaning that her expressive face is almost always in focus, while other characters appear in blurred and fragmentary form in the background, only parts of their bodies visible as they work around Eva or talk over her head. Eva is pushed along in her wheelchair by an invisible carer, the camera remaining level with her shoulder, in uninterrupted travelling shots which offer a real-time vision of seemingly 'never-ending' corridors.⁵³ The soundscape is presented from Eva's perspective, consisting of barely intelligible snatches of utterance from other patients, the sound of piano keys being randomly struck, and the clank and whirr of a lift from which menacing-seeming clinical machinery is unloaded.

By contrast to this sensory 'immersion', the only contextual information the viewer gains is from fragments of the conversation taking place around Eva.⁵⁴ The 'active thinking' required of the film's audience in order to interpret her behaviour could be seen as a version of that required from those working in care settings.⁵⁵ This mode of representation is a further instance of the film's dual generic identity, as both art-work and instructional film. The verisimilitude, subjective realism and elements of authorial presence in *Ex Memoria*, with its concluding dedication to Appignanesi's grandmother, all conform to David Bordwell's use of these criteria to define art cinema, while also suiting its status as an educational film which shows, rather than informing us about, the isolation and misapprehensions suffered by a woman living with dementia.⁵⁶ The absence of clear causal links between events and the narrative's lack of a definitive conclusion equally suits the two purposes. Such features are true both to art cinema and to the state of dementia that the film seeks to represent.

The role of the Holocaust past of a survivor with dementia in the case of *Ex Memoria* has elements in common with the earlier examples discussed here, and, like them, one of its characters is a descendant who does not know their parent's full history. Yet, in contrast to the other examples, in this case the details of such a history continue to be withheld. During a visit from her family, the camera lingers on Eva's apparently 'blank' and averted face as we hear her daughter Helena (Julie Legrand) in the background telling a visitor, who is looking for a home for his Polish mother, that her mother is 'quite happy' in this place. Helena adds that her own Polish-born mother Eva 'made it through Warsaw' during the war and 'avoided the Ghetto, somehow'. For the very reason of its brevity, this exchange has a central role in the film's dualities of genre (art-work and instructional film) and subject (dementia and the Holocaust). It confirms the viewer's sense that Eva's condition is both that of dementia and of a traumatised subjectivity. At the same time, although it is clearly inaccurate to describe her as 'happy', the viewer is aware that Eva's circumstances would require only small adjustments for her to be more contented.

Helena's use of the adverb 'somehow' implies only a vague apprehension of her mother's wartime history, suggesting that greater knowledge of Eva's past might ensure that she was given more suitable recognition and treatment. Helena's uncertainty might make us think back to the film's opening scene in the forest. The absence of any narrative explanation for this enigmatic sequence includes our remaining unsure if it is a memory or a vision, and we are given only oblique hints at the reasons for Eva's survival. While Devorah Baum convincingly reads the life of Hena Borenstein, on whose story Eva's is based, as an instance of 'female heroism', Andrea Capstick suggests that the actions of the young woman in the film, of entering the forest glade and applying lipstick so close to the German menace, could imply that 'she has had to collude with Nazi officials in order to secure her freedom'.⁵⁷ The film's openness to such a wide range of interpretation supports both its aesthetic and its educational roles.

However, in its brief 15-min running-time, *Ex Memoria* functions precisely by raising and not answering questions of this kind. Wartime events are not presented as part of the biography of a Holocaust survivor, either Eva's within the fiction or that of Appignanesi's grandmother. Rather, they offer, in this extreme form, tokens for the ways in which the circumstances of those living with dementia, and thus those caring for them, might be improved. It is made clear in the film's denouement what a difference it would make if Eva were listened to, treated

with consistency and her reactions taken seriously rather than ignored—as they are, perhaps most distressingly, when her fear at being undressed to use the toilet is overridden. In this way, *Ex Memoria* is a striking example of the way in which artworks and a humanities-influenced approach can contribute to clinical practice. In this case, a heightened awareness of the importance of empathy, by dramatising the need for attention to patients' subjective perceptions, is promoted through a fictional medium.⁵⁸

The ending of *Ex Memoria* enacts the possibility of such a transformation on the part of medical staff, by building the effect of empathy of this kind into the plot. For the first time, a carer (Shaun Dooley) fully enters the frame on a level with Eva, so that his whole body and face are visible to the viewer, by kneeling down and taking her hand. He does so in response to Eva's distraught appeal, 'You have the wrong one! It isn't me!' The double significance of this utterance is clear, as one befitting the circumstances of anyone feeling out-of-place in a dementia care-home, while also being a hint at the specific subterfuges that must have been necessary for Eva to survive the war. Such duality is foundational to the film's emotional and educational effect. This carer's kneeling down to look at Eva face-to-face is a kinetic expression of his willingness to enter her world.⁵⁹ Although Eva talks as if from a wartime past in which she had to engage in sexual barter to save herself, the carer, whose responses are of the present, does not need to know any of the story's details, even assuming they are accessible, to respond in a way that soothes her fears:

EVA (*urgently*): Yes, that's right, you'll help me with my papers and I'll help you. [...] You can do anything you want with me! And you'll help me with my papers, they're at home, waiting for me. Anything you want, right now!

(*pause*)

CARER (*solemnly*): Everything is in order.

The pause before the carer's response conveys his 'embarrassment' at Eva's offering herself to him, but is also a space for his active thinking in preparation for what he will say.⁶⁰ By responding 'mindfully' to what Martina Zimmermann calls Eva's 'emotional emergency',⁶¹ in a way that acknowledges the affect, even if not the fact, of what she is communicating, the carer is able to establish an equilibrium for them both, as suggested by Eva's calm assent to his concluding proposal of a 'nice cup of tea'. The carer's apparently small-scale action has significant implications, as an instance of 'the rational discernment of the subjective perception of a situation', with the goal of better supporting 'medically relevant decision-making'.⁶²

Yet the film's last moments return to a sense of ambiguity as the worlds of the Holocaust past and dementia-filled present are shown by using the same imagery. A close-up shows Eva smiling for the first time, as she looks upward in an 'enraptured' manner.⁶³ The very final shot leaves the care-home to return to the forest glade, now empty of people. It is accompanied on the soundtrack by a piano rendition of J.S. Bach's *Aria and Ten Compositions in the Italian Style*, emanating from outside the fictional world. There is an apparent restoration of order here, in which the discordant sounds of the care-home piano are replaced by the accomplished playing of a highly patterned piece of music, and, as the image of the forest suggests, Eva's re-entering the scenes of the past. The pianist Angela Hewitt has discussed the idea of Bach's composition returning at its conclusion to the aria underlying the 10 variations, using a phrase that equally applies to the film it accompanies: 'it is moving to return

to the mood of the opening'.⁶⁴ In *Ex Memoria*, such resolution points to an acceptance of the future, even though it can only be that of the subject's death.⁶⁵

Some critics have suggested that the 'gaps' in Eva's story can usefully be filled in by a reading of Lisa Appignanesi's account of the history of her mother Hena Borenstein, Josh Appignanesi's grandmother, in *Losing the Dead*.⁶⁶ It is certainly the case that this memoir makes a fascinating complement to the film, not least in its representing an alternative method, one of fact-finding and interpretation, by which to respond to the dementia of a family member. As Lisa Appignanesi says, in the face of Hena's Alzheimer's disease, 'I would like to give my mother's past back to her, intact, clear, with all its births and deaths and missing persons in place'.⁶⁷ She seeks to account for such behavioural mysteries also represented in the film as her mother's conviction that people were stealing from her, Hena's frequent recourse to 'flirtation mode', and habit of lifting her 'blue eyes ... to the skies for spiritual authority', a version of what we see at the film's end.⁶⁸ However, by contrast to the conventional and 'clear' form of *Losing the Dead*, the power of *Ex Memoria* rests on its brevity and obliquity. This makes it a paradigmatic narrative about the impossibility of shaking off a Holocaust past even when memory is disrupted, at the same time as turning that scenario into one relevant to situations of dementia-care more broadly.

CONCLUSION

In each of the fictional examples discussed here, the representation of a parent's mysterious Holocaust-related past draws on the cultural value placed on survivors, and offers an example of dementia in the aftermath of traumatic early-life experiences. It does so by acknowledging 21st-century anxiety at the vanishing of the eyewitness generation, through the image of survivors who are still alive but can no longer remember. More precisely, they cannot distinguish 'memory recall' from present episodes, so that past affronts cannot easily be 'integrated into current life circumstances'.⁶⁹ Survivors with dementia symptoms of this kind embody a 'living loss' for family members and other onlookers, since they are still alive but cognitively absent, although giving the next generation a last-minute chance to retrieve a threatened history.⁷⁰

Despite their necessary reliance on specific and extreme historical events, these Holocaust-related fictions about survivors with dementia also constitute a paradigmatic example of the importance of an approach that takes 'genuine account of the subjective as it relates to the patient'.⁷¹ In these examples, the behaviour in the present of the person living with dementia can only be understood in relation to their hidden wartime experience, making these cases a model for how to approach any such individual by combining medical with 'humanising' care.⁷² The texts discussed here achieve this effect with varying kinds of emphasis. All of them make clear that the inner world of the person with dementia is not wholly erased by their condition and could instead be considered as hidden or obscured.⁷³ Its features emerge in the form of symptoms and behaviours that can only be deciphered with a high degree of attentiveness. However, in the case of the novels by Cantor and Chessman, the persistence of selfhood is shown by means of emphasis on a timeless romantic and family love, in a way that avoids having fully to acknowledge the implications of the very historical trauma on which their narratives depend. Wallenstein's play *Flight* is notable for its challenging perceptions of a likeness between two 'dreaded' conditions, that of dehumanisation in the camps

and loss of selfhood through dementia,⁷⁴ by showing a former prisoner herself to be capable of making such a category error. However, it is Appignanesi's film *Ex Memoria* which approaches most closely to integrating the portrait of a survivor with that of a person living with dementia. Indeed, for this reason, the spectacle of Holocaust affronts intruding into the present becomes a template for other such resurfacings within conditions of dementia.

As we have seen, each instance of Eva's actions, refusals and utterances in *Ex Memoria* emphasises the need for close scrutiny of the detail of the seemingly senseless confusion undergone by anyone living with dementia. In this way, the more specific are the hints at her history, the more general their application is. Although the Holocaust is such an extreme event and its survivors' experiences so individual, it is precisely the moment of its turning from an event in living memory to one of historical record that opens up the opportunity for it to function as a template for any dementia-related reliving of the past of this kind.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting or dissemination plans of this research.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement There are no data in this work. No data available.

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