Psychiatric Fictional Pathography: The Alzheimer's Brain in Lisa Genova's *Still Alice* and Samantha Harvey's *The Wilderness*

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Abstract
This paper discusses the use of fictional narratives as tools to gain insight into illness and, specifically, the workings of the extra-ordinary mind of people who suffer from Alzheimer's disease. I propose a definition for 'psychiatric fictional pathography', that is, for fictive accounts that describe the effects mental disease has on patients, witnesses, and ultimately readers. This paper aims at exploring how literary texts can help throwing light on obscure brain areas, through an analysis of the logico-scientific and narrative fictional accounts of the Alzheimer's brain in Lisa Genova's *Still Alice* (2007) and in Samantha Harvey's *The Wilderness* (2009), and through a reflection on the different ways in which these novels engage readers in the process of understanding mental illness.

Keywords: narrative, brain, Alzheimer's disease, *Still Alice*, *The Wilderness*.

1. Fictional Pathography: From Telling to Reading Illness Stories

Kintsugi is the Japanese art of mending broken ceramic vases with gold or silver dust and lacquer. Precious powdered metals illuminate the flaws of the shattered vessels, whose imperfections and fractures are transformed into the essence of their beauty. The objective of this repairing process is not merely to recompose the fragments and hide the cracks: this ancient art of golden joinery enriches the practical, economic and aesthetic value of what is broken. The gold repair restores the functionality of the object, while telling its story of breakage and renewal. The philosophy underlying the art of kintsugi reveals how narratives help understanding illness and dementia[1].

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[1] For the sake of brevity, I will use the terms Alzheimer's disease, Alzheimer's and dementia interchangeably, to indicate forms and sets of symptoms typical of neurodegenerative diseases.

Like golden joinery, story-telling and story-reading make visible and give new value and meaning to the 'broken' body and mind. When illness cracks the subject's physical and psychological wholeness, narratives can serve as tools for looking through those fractures, for seeing their preciousness, and, ultimately, for gaining insight into them. Illness is the crack that fractures the body and mind of the sufferer and causes a "biographical disruption" (Mattingly and Garro 2000: 17), as it marks a radical redirection of the trajectory of his/her life and brings about changes in the way the sufferer sees his/her life story (Brody 2003: 2ff). As Gay Becker points out, people experience inner chaos in the face of illness. This experience can trigger a process of revision of their past life, of redefinition of the future, and, in general, it can prompt a new understanding of the self and of the world (1999: 4ff).

The connection between illness and storytelling has been widely investigated. Since Hippocrates, diseases have been conceptualised and told as stories, having "a course, from their first intimations to their climax or crisis, and thence to their happy or fatal resolution" (Sacks 2007: ixf). Likewise, telling stories has always served as a means for making order from chaos, tracing connections, re-creating what is lost or forgotten, and making sense of the incomprehensible or of the unspeakable, by putting events into (logical, cause-effect, or temporal) order, or by putting dreams, emotions and experiences into words. This aspect of narratives about illness is examined by Anne Hunsaker Hawkins in *Reconstructing Illness: Studies in Pathography*. Hawkins uses the term 'pathography' to indicate an emerging literary genre, that is, autobiographical and biographical descriptions of "personal experiences of illness, treatment and sometimes death" (1999: 1). By focusing on "book-length personal accounts of illness" (p. 3), Hawkins turns our attention not only to the tale but also to the teller and witness, and not only to the illness but also to the person who is ill, whose "pathographical narratives offer us a disquieting glimpse into what it is like to live in the absence of order and chaos" (p. 2). As far as the suffering subject is concerned, these personal stories constitute an attempt to grasp the meaning of senseless and arbitrary experiences such as being ill. As for the witnessing subjects, these accounts can be a medium for observing and understanding illness.

The power of insight gained through story-telling and story-reading is the pivotal point around which subject-centred approaches to illness and medicine revolve. Oliver Sacks's stance on this matter is noteworthy: as physician, neurologist and storyteller, he investigates diseases as and through stories:

> To restore the human subject at the centre – the suffering, afflicted, fighting, human subject – we must deepen a case history to a narrative or tale: only then do we have a 'who' as well as a 'what', a real person, a patient, in relation to disease – in relation to the physical. (2007: x)

Seeing himself as both "theorist and dramatist" (p. ix), Sacks claims to be equally interested in pathography as case study and as case story, that is, in the symptoms of sickness and in the sick subject.

I would further elaborate these concepts by taking into consideration a specific kind of pathography that I would call 'fictional pathography', by which I mean the fictive account of illness, or narrative artworks that reconstruct and reflect on illness by employing the creative power of fiction. The latter's mimetic qualities offer the means for suspending readers' disbelief and for bringing them into the dramatised world. In and through pathographical fiction, vivid, persuasive and believable representations of the experience of sickness can be created, mental processes can be simulated, and emotive responses to suffering characters can be triggered (see also Hjort and Laver 1997). I believe that, by focusing on the fictional dimension of illness accounts, it is possible to bypass the dualistic opposition between case study and case story, or between illness and ill person, and instead to explore the more complex dynamics of illness, comprising a variety of subjects, who witness and bear witness to disease – patients, doctors, researchers, healthcare providers, caregivers, relatives, and readers. In fictional pathographical narratives, the subject is restored to the centre both as teller and as reader of the illness tale: the fictive dimension of the story implies that the focus is re-directed towards the audience, and towards narrative performance as well as aesthetic form. From this point of view, the act of reading fictional pathographies can be viewed as a hermeneutic strategy, by which artefactually re-shaped disrupting experiences, dramatic emotions and traumatic events can be framed, observed, and comprehended by readers. As in Mary

Dorcey's poem *Grist to the Mill*, fictional illness narratives are sites for the observation of and insight into diseases, since "this sorrow – / this irreparable loss", and "this commonplace and / unreported suffering" can be put to work by "honing them/ into an artefact – / something / […] that / can be looked at / and looked away from" (2001, ll. 27-28, 32-33, 40-47). The process of reading fictional stories of illness can be repeated multiple times, and each time from a different point of view:

> And so I determine
> to use them – the
> damage and indignities,
> piled day by day, onto
> the wreckage of self.
> To put them to service –
> like a scrap and bone
> monger –
> grist to the mill.
> for your sake –
> for mine. (ll. 59-69)

Once someone's life is shattered by the experience of illness, fictional pathographies can serve as tales of disruption and meaning-making, through which order, connections, and understanding can be restored or renewed, to a certain degree, for the sufferers and for the witnesses of suffering, including the readers.

2. "The most unaccountable of machinery": Telling and Reading Stories of Extra-Ordinary Brains

The power of fiction in pathography can be observed in what I would call psychiatric fictional pathographies – artefactual narrative accounts of mental disorders, which provide persuasive representations of the mental patterns of those who suffer from psychiatric illnesses, and bring readers into the depths of the human mind.

In a letter dated December 28, 1932, Virginia Woolf portrays the brain's functioning by underlining its unintelligibility and its paradoxical connection with storytelling: "My own brain is to me the most unaccountable of machinery," she claims (Woolf 1979: 140). If the novelist's task is to represent and comprehend human life and consciousness by using writing and language as hermeneutic tools, then the brain posits him/her a tough challenge: words can hardly disclose the complexity of this system. As a matter of fact, having declared the difficulty of this pursuit, in the same sentence Woolf accounts for the brain's many voices, processes, and dark areas:

> My own brain is to me the most unaccountable of machinery – always buzzing, humming, soaring, roaring, diving, and then buried in mud. (p. 140)

This paradox – accounting for what is unaccountable – lies at the core of the novelist's responsibility. In her seminal essay "Modern Fiction", Woolf elaborates on the non-linear and complex ways in which the mind functions:

> Examine for a moment an ordinary mind on an ordinary day. The mind receives a myriad impressions – trivial, fantastic, evanescent, or engraved with the sharpness of steel. From all sides they come, an incessant shower of innumerable atoms; […]. Life is not a series of gig lamps symmetrically arranged; life is a luminous halo, a semi-transparent envelope surrounding us from the beginning of consciousness to the end. (Woolf 1984: 149f)

In this famous passage, the functioning of an ordinary brain on an ordinary day is portrayed as incongruous and, to put it more bluntly, as clear as mud. Consequently, writers should shape their words and style to accommodate this "unknown and uncircumscribed" (p. 150) machinery. According to Woolf, this is the task of novelists:

> Let us record the atoms as they fall upon the mind in the order in which they fall, let us trace the pattern, however disconnected and incoherent in appearance, which each sight or incident scores upon the consciousness. (p. 150)

Considering the ordinary brain's resistance to representation and comprehension, it goes without saying that the Alzheimer's brain is even more incomprehensible and turbid – it is utterly unaccountable, yet it demands to be accounted for (Coppola 2015). Alzheimer's disease is a severe loss of global cognitive ability in a previously unimpaired person. It inexorably damages cognition, language, planning, memory, behaviour, attention, problem solving skills, and relational competences. These are key functions in the definition of human consciousness and personhood, and their deterioration ignites a process of isolation from the social and family contexts, and from the self. Ultimately, the inner world into which the dementia patient retreats is unreachable even for close relatives or long-term partners. The Alzheimer's brain is partly unintelligible to scientists and physicians too: despite recent progress in the neurosciences and neurotechnology, there are still functions and areas to be investigated. For this reason, an interdisciplinary approach, comprising medicine, neuroscience and literature, could provide insight into seemingly unintelligible brains and, ultimately, into consciousness.

It has been noted (Turner 1998; Hogan 2003; Lodge 2003) that research on the mind and literature are complementary. They share the same interest: investigating the active and unconscious mental processing that makes behaviour understandable. They share the same cognitive situation: disordered fragments of experience, reconstructed into narratives. And they share the same goal: understanding brain functioning, and the nature of human consciousness. Analysing the interdependence of scientific and narrative representations of consciousness, David Lodge states that "literature is a record of human consciousness, the richest and the most comprehensive we have" (2003: 10). However, research into the mind and literature do not share the same language, nor the same approach:

> science tries to formulate general explanatory laws which apply universally, which were in operation before they were discovered, and which would have been discovered sooner or later by somebody. Works of literature describe in the guise of fiction the dense specificity of personal experience, which is always unique, because each of us has a slightly different personal history, modifying every new experience we have; and the creation of literary texts recapitulates this uniqueness. (pp. 10f)

According to Lodge, when it comes to describing personal, individual experiences, mental functioning, qualia, perceptions, or non-verbal communication, literature can "give us a convincing sense of what the consciousness of people other than ourselves is like" (p. 30). Literary narratives employ mimetic strategies to reproduce experiences, evoke sensations, convince readers to enter fictional inner worlds. As Lodge puts it, a novel "plunges us immediately [...] into the stream of impressions, thoughts, feelings" that constitutes experience (p. 33). Taking on Lodge's view, we can formulate the following paradox: like empirical approaches to the mind, literature can provide descriptive and realistic accounts of consciousness, by employing non-empirical (*i.e.* imaginative, conjectural and fictional) devices. Free from the constraints of evidence, observation, data or the replicability principle, literature can imagine, suppose, deceit or distort, and so it can re-create seemingly scientific (yet) fictional accounts of the mind.

Rita Charon emphasises the interdependence and specificity of scientific and literary discourses. She distinguishes between logico-scientific knowledge and narrative knowledge, describing them as "irreducible to one another" and complementary. The first – logico-scientific knowledge – is "used to collect and evaluate replicable, universal, generalizable, and empirically verifiable information" (Charon 1993: 148). The latter is "always particularized" and it "seeks to examine and comprehend singular events, contextualized within their time and place" (p. 149). On the one hand, the research process is carried out by "detached observers"; on the other, by tellers "who actively participate in generating the stories they tell". In Charon's analysis, their languages are different too: logico-scientific language "must be nonallusive, nonambiguous, and reliable", whereas narrative language "resonates with multiple contradictory meanings, alludes to stories already told, and reveals affective as well as cognitive dimensions of the teller and of the subjects" (pp. 148f). I believe that the complementarity of scientific and narrative knowledge can be observed in psychiatric fictional pathographies, which can record the clear-as-mud working of the brain by employing both scientific and narrative language.

3. Re-Tracing the Pattern of the Alzheimer's Brain: Scientific Distance and Readers' Engagement

Still Alice (2007) by Lisa Genova and *The Wilderness* (2009) by Samantha Harvey are exemplary for their different representations of illness-caused disruption and the cracks in the Alzheimer's brain. Returning to the metaphor of kintsugi, we could say that, in *Still Alice*, Lisa Genova uses the language and perspective of cognitive science to narratively re-construct the 'broken' brain, as she draws a scientific literary portrayal of Early Onset Alzheimer's Disease. This story throws light on obscure brain areas by providing descriptions of their misfunctioning that are at once empirical and imaginary. In *The Wilderness*, Samantha Harvey employs fictional devices (such as free association, confabulation, interpolated stories, or an unreliable narrator) to re-create the functioning of the Alzheimer's brain. Both novels trace the shattered patterns of extra-ordinary and apparently unaccountable brains and engage readers in the process of interpretation.

The protagonist of *Still Alice*, Alice Howland, is a fifty-year-old university professor of psycholinguistics. She has published and has been lecturing on this topic. Readers are told these (and more) details about her life and professional curriculum in the first pages of the novel and are also informed that, during a seminar presentation, Alice "became suddenly stuck. […] She simply couldn't find the word. She had a loose sense for what she wanted to say, but the word itself eluded her" (Genova 2010: 10). The third-person narrator carefully describes this first, unexpected symptom of Early Onset Alzheimer's Disease – incorrect word substitution:

> As her mind scoured its corners for the word or the rational reason for why she'd lost it, her heart pounded and her face grew hot. She'd never lost a word in front of an audience before. But she'd never panicked in front of an audience either […].
> She replaced the still blocked word with a vague and inappropriate "thing," abandoned whatever point she'd been in the middle of making, and continued on to the next slide. (pp. 10f)

In Charon's terms, we can say that this paragraph shows the narrator's and the character's logico-scientific knowledge and reliability: readers are told of Alice's panic attack, they get a report on what happens to her body as she panics and on her reaction to this unexpected turn of events. Alice's (and Lisa Genova's, as a matter of fact) expertise in brain and language functioning resonates in the protagonist's and the narrator's use of language: the representation of Early Onset Alzheimer's Disease is rich in scientific terms and subject-specific descriptions. As we can see in the following extract, the narrator is omniscient and extremely well-informed on the topic of cognitive impairment:

> Her knowledge of Alzheimer's disease admittedly swept the surface only lightly. She knew that the brains of Alzheimer's patients had reduced levels of acetylcholine, a neurotransmitter important in learning and memory. She also knew that the hippocampus, a sea-horse shaped structure in the brain critical for the formation of new memories, became mired in plaques and tangles, although she didn't really understand what plaques and tangles were exactly. She knew that anomia, a pathological tip of the tongue, was another hallmark symptom. And she knew that someday, she'd look at her husband, her children, her colleagues, faces she'd known and loved forever, and she wouldn't recognise them. (p. 74)

In *Still Alice*, the description of the Alzheimer's brain is taxonomic and detailed, and the language is non-allusive, non-ambiguous, and reliable – in a word, logico-scientific. In general, the language in this novel is largely instrumental: specialised terms and expressions are used to provide detailed and evidence-based information about Early Onset Alzheimer's Disease symptoms, testing, diagnosis, treatment, and stages.

Alice's illness can be interpreted by readers accordingly, that is, as objective, universal, generalisable, and empirically verified. Even when the narrator uses narrative, metaphorical language, Alice's voice retains its characteristic science-centred timbre, as exemplified in the following description of the post-mortem Alzheimer's brain:

> She imagined her brain, bloodless, formalin-perfused, and Silly-Putty colored, sitting in the cup hands of a medical student. The instructor would point to various sulci and gyri, indicating the locations of the somatosensory cortex, the auditory cortex, and the visual cortex. The smell of the ocean, the sounds of her children's voices, John's hands and face. Or she imagined it cut into thin, coronal slices, like a deli ham, and adhered to glass slides. In such a preparation, the enlarged ventricles would be striking. The empty spaces where she once resided. (pp. 134f)

Particularly in the first part of the novel, as she traverses the first stages of Alzheimer's disease, Alice epitomises the interconnection between the patient's subjective experience of illness and the researcher's objective stance: Alice is directly affected by the disease and yet she describes it from a scientific, clinical distance. She is detached from her experience of the disease: at once patient and scientist, she approaches her own illness as a doctor speculating over medical treatments. Early Onset Alzheimer's Disease is observed from an objective and disengaged stance. For example, in the first stages, Alice is administered numerous neuropsychological and genetic tests: the NYU Story Recall test and screenings for APP, PS1 and PS2 mutations are described in detail. But other tests are mentioned: brain MRI, blood work, lumbar punctures, Stroop, Raven's Colored Progressive Matrices, Luria Mental Rotation, Boston Naming Exam, WAIS-R Picture Arrangement, Benton Visual Retention – "she understood exactly how they felt. […] They were designed to tease out any subtle weakness in the integrity of language fluency, recent memory, and reasoning processes" (p. 68). In this phase, Alice holds a dual perspective: she is both engaged and disengaged, both the subject being tested and the researcher who has studied these tests or has served as a negative control in her students' studies.

As her illness (and the narration) progresses, the margins of Alice's disengagement, between the researcher's and the patient's viewpoint, are blurred, and so is Alice's capacity to objectively grasp the meaning of her symptoms and her life experiences in general. Alice's attention shifts from symptoms of cognitive impairment to ordinary experiences (such as eating an ice-cream, or following the thread of a conversation), whose significance in the definition of her sense of identity she is now able to fully appreciate. However, even as she passes from objective to subjective observer, Alice's approach and the narrator's language are still logico-scientific:

> she ate her ice cream without dripping any of it onto the cone or her hand by using a lick-and-turn technique that had become automatic to her as a child and was probably stored somewhere near the information for how to ride a bike and how to tie a shoe. […] With each lick, she savored the delicious tastes of chocolate and peanut butter, demonstrating the intact activation of her brain's pleasure pathways […]. (pp. 116f)

In these passages, readers can witness the changing subject-illness and engagement-disengagement distance, and be in turn engaged in its re-definition: the novel displays various declinations of the logico-scientific approach to mental disorder – from the perspective of the patient and the researcher – and readers are encouraged to make sense of the blurred borders separating, but also connecting, these two perspectives.

In the first paragraphs of Samantha Harvey's *The Wilderness*, we also find the description of a common symptom of dementia. The *in-media-res* incipit illustrates the protagonist's incoherent train of thoughts:

> In amongst a sea of events and names that have been forgotten there are a number of episodes that float with striking buoyancy to the surface. There is no sensible order to them, nor connection between them. (Harvey 2010: 1)

Soon, a first sign of Alzheimer's – paraphasia – is visible: "To steady his lilting mind, he focuses on the pilot's thick neck and roll of collar, wondering what that material is called. It isn't leather, but something like leather, and quite a common thing, the sort of thing he should know" (p. 2). The following paragraphs show Jake's chaotic stream of consciousness, his associating multiple, and sometimes contradictory sketches from his past, as well as the narrator's focalisation on Jake's extra-ordinary mind. It is left to readers to reconstruct and strive to make sense of Jake's broken mental pattern: he is flying over a prison where his son is kept, and that he (now a retired architect) probably designed. The same symptom cracks the surface of Jake's ramble again:

> Even up here, unhinged and feeling like a puppet swinging from a string, he finds the reserves to worry over the loss of that word. Leather? No, not leather. But something like leather. The word skein comes to mind but he knows that isn't right, skein is just a word dumped in his brain from nowhere; a skein of wild swans, a skein of yarn. It is not about forgetting, it is about losing and never getting back – first this leather word and then the rest, all of them. (p. 8)

As we can see, readers plunge into the mind of the protagonist and follow his disconnected train of thought (the pilot, the word, another word – probably from his past –, swans and yarn). Jake's puzzlement over his past and present experiences reflects the displacement of the readers, who are not told that he is panicking, but can feel his panic, mainly from the use of evocative vocabulary: he senses some kind of danger ("unhinged"), of being out of control ("like a puppet"), entangled and trapped ("yarn", "skein"). The use of metaphors and similes to describe something as something else strengthens the idea that in this novel, unlike in *Still Alice*, symptoms of dementia are not interpreted and described but directly shown and represented, they are not reported and read but evoked and perceived.

Referring to Charon's distinction between logico-scientific and narrative knowledge, we can say that *The Wilderness* exemplifies the latter, even when it refers to scientific knowledge. After the doctor has given Jake a neurological description of what is going on in his brain, of its tangles and "the fibres that twist together and choke the neurons" (p. 178), the protagonist goes "back to that picture" (p. 179) and reshapes it into a poetic narration:

> A swarm of cells, a mass of dying strangled cells. Bramble hedges, unwholesome growth that chokes. His mind sees a garden being strangled by weeds which climb up and over the walls, suffocate the flowers, split the paving, cover the house, reach their wayward tendrils through the windows and find the people sleeping and pick at the locks of their hearts, unpick them until they are just dismantled machines. (p. 182)

This is a narrative representation, more than a logical description, of the Alzheimer's brain. The narrator does not tell us what the brain is like or how it functions but shows readers how Jake perceives it to be. An evocative image is drawn: basic scientific vocabulary ("cells", "mass", "growth") gives way to more allusive language ("swarms", "weeds", "tendrils"), then to the use of verbs and adjectives referring to suffocation and closure ("chokes", "strangled", "suffocate", "locks"), and to the portrayal of human beings and their hearts as "dismantled machines".

In *The Wilderness* the reading process is made up of acts of decoding of elusive and sometimes contradictory images. Unlike *Still Alice* – whose plot follows a linear trajectory, marked by dates, like a journal, and by the inexorable progression of the disease – Harvey's narrative moves along a spiral-like track: present, overlapping events and fragments of memories are intertwined with tales which ambiguously link back to Jake's life. Some of these stories are repeated, but in modified or summarised versions. Each interpolated narrative is scattered with puzzling cues, objects and memories (such as a leaf, letters, a tiger, or the colour yellow) that apparently point towards a deeper, yet only partially uncovered, meaning. Moreover, Jake's confabulations have abrupt, conflicting or open endings. Time speeds up, and then slows down. Repetitions, logorrhoea, inversions, and randomly associated thoughts reflect the spiralling trajectory of Jake's illness, which seems to inexorably surround and strangle him. These characteristics increase the narrator's and Jake's unreliability – "He feels to be the supreme unconfident author of his own life" (p. 200) – and the readers' displacement, the "feeling that one has been here before, and that time spirals rather than flows" (p. 251). Thus, *The Wilderness* spurs readers to actively participate in the meaning-making process, that is, to make order and trace the pattern out of conflicting and disconnected narrative threads.

Whereas in *Still Alice* Alzheimer's disease provides the language and the knowledge that spin the narrative, in Harvey's novel it provides the form and pattern of an extra-ordinary brain. Telling and showing, description and representation, logico-scientific and narrative language are the different strategies that characterise these psychiatric fictional pathographies and the readers' dis/engagement in the interpretative process.

4. Conclusions: Reading and Understanding

Virginia Woolf's image of the ordinary mind's chaotic pattern comes to mind again when we turn to the conclusive passages of *Still Alice* and *The Wilderness*: "let us trace the pattern, however disconnected and incoherent in appearance, which each sight or incident scores upon the consciousness" (Woolf 1984: 150). In my opinion, the endings of both novels invoke this image of tracing the pattern via narratives. In *Still Alice*, Lydia, Alice's daughter (who is now, in her mother's mind, simply "the actress"), reads aloud a monologue she is rehearsing. Then she asks Alice a direct (and seemingly complicated, for an advance-stage Alzheimer's patient) question: "just tell me what you think it's about emotionally" (Genova 2010: 292). The narrator records Alice's careful observation of Lydia:

> Alice watched and listened and focused beyond the words the actress spoke. She saw her eyes become desperate, searching, pleading for truth. She saw them land softly and gratefully on it. Her voice felt at first tentative and scared. Slowly, and without getting louder, it grew more confident and then joyful, playing sometimes like a song. Her eyebrows and shoulders and hands softened and opened, asking for acceptance and offering forgiveness. Her voice and body created an energy that filled Alice and moved her to tears. (p. 292)

The narrator seems to instruct readers by providing stage directions for interpreting Alice's actions and thoughts and, ultimately, the novel: Alice is described as scrutinising her daughter's voice, facial expression and posture, rather than listening to the words Lydia is reading aloud. This interpretative strategy proves to be successful: when the actress asks her mother what she feels, Alice manages to grasp the deep meaning of the text and replies "I feel love. It's about love" (p. 292). Similarly, readers are encouraged to trace the pattern connecting verbal and non-verbal communication, descriptive and poetic language, objective and subjective viewpoint, in order to reach beyond the literal meaning and understand illness, through the act of reading.

In the concluding paragraphs of *The Wilderness*, Jake is walking with "a man" (who is probably his son) and readers have access to his desert of forgetfulness, where thoughts, emotions and memories are "unspecific and free-floating" (Harvey 2010: 327). Despite the wilderness which is taking hold of his brain, Jake is able to retrace a pattern, and, within it, to glimpse an illuminating vision:

> Nothing is lost, those choices are yet to be made. As they walk on he looks up at the mesh that knits paths above him and searches out the pattern, and the patterns in the patterns, and the patterns inside those, until he has to close his eyes to the logic and settle for the yellow on the inside of his vision, which sparks, then rapidly fades. He grips the hand that has found his, opens his eyes, and walks on. (p. 328)

Jake's and the readers' inward journey into the Alzheimer's brain ends with a fleeting moment of insight: only with the "eyes close to the logic" is it possible to see the sparkling "yellow on the inside of his vision", and to start a new journey towards an unknown destination.

In Antoine de Saint-Exupéry's *The Little Prince* (1943), when the six-year-old protagonist shows adults his drawings of a boa constrictor digesting an elephant, they invariably fail to interpret them and merely see the outer, misleading picture of a hat. He keeps using the drawings to test grown-up's insight, attempting to find "a person of true understanding" (2017: 3), but to no avail. Fictional pathographies of mental illness can serve a similar purpose: alongside brain scans, neuroimages and empirical research on the mind, they can engage observers/readers in stories of psychiatric disorder and provide insightful glimpses into the shattered pattern of the Alzheimer's brain.

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