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Narrativizing Memory's End: A Critical Overview of Contemporary Indian English Dementia Narratives

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Abstract

This paper provides an overview of contemporary Indian English narratives of dementia, exploring the complex interplay between narrative strategies and the representation of dementia subjectivity, reflecting wider socio-cultural attitudes toward the illness. The study examines Indian fiction and non-fiction published in English since the 21st century in the wake of a firm disability consciousness globally. By analysing six concurrent caregiver memoirs and fictional texts produced in the Indian literary scene, namely, *In the Line of Alzheimer's: The Mission Continues* (2009) by S. P. Bhattacharjya, *Krishna: Living with Alzheimer's* (2015) by Ranabir Samaddar, *A World Within* (2014) by Minakshi Chaudhry, *Our Nana was a Nutcase* (2015) by Ranjit Lal, *Girl in White Cotton* (2020) by Avni Doshi, and *Mrs. C Remembers* (2017) by Himanjali Sankar, the research underscores the challenges in representing the lived experiences of dementia vis-à-vis issues of identity, memory, and aging. The paper explores the ethical dilemmas in narrating dementia – balancing agency, limitations of empathy, and politics of representation, alongside the convergence of biomedical and socio-cultural discourses that influence how dementia is portrayed, understood and treated. The study concludes with insights into contemporary dementia narratives and suggests future interdisciplinary research directions within the Indian context.

Keywords: Dementia, Narration, India, Fiction, Memoir

Introduction

With the rising older populace globally ("Ageing and Health" 2025), dementia has distinctly entered the global cultural imaginary, and discussions around it are no longer confined to the medico-pathological and socio-political discourses. Dementia, defined as a syndrome in which "there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement," is now prominently featured in TV series, cinema, novels, short-stories, poetry, memoirs, documentaries, and blogs (Bitenc 5). India too has witnessed a remarkable output in representations of the illness in cinema and literature in recent years.

This paper reviews the current state of representations of dementia in the Indian English literary scene in both fictional and non-fictional narratives. The three caregivers' memoirs analyzed in this discussion are *In the Line of Alzheimer's: The Mission Continues* (2009) by S. P. Bhattacharjya, *Krishna: Living with Alzheimer's* (2015) by Ranabir Samaddar, and *A World Within* (2014) by Minakshi Chaudhry. The paper also critically examines the novels *Our Nana was a Nutcase* (2015) by Ranjit Lal, *Girl in White Cotton* (2020) by Avni Doshi, and *Mrs. C Remembers* (2017) by Himanjali Sankar, and explores the ways contemporary Indian writers have responded to current trends of dementia discourses.

The cultural narrative around dementia, Martina Zimmermann affirms, is essentially one of loss such as "loss of speech, loss of language, loss of memory, loss of vision, loss of dexterity [and] loss of identity" (5). There is also a growing tendency to see dementia as the synthesis of old age and illness implying that old age itself is already configured in this discourse of loss (5). Raquel Medina in her analyses of Western cinema shows that the condition is frequently associated with the metaphors of the "zombie," "the hollow body," "tsunami," etc., implying negative readings of the disease (3). Other popular images include a "shell" of a pre-dementia self, a "child," a "vegetable," "the living dead" and other communication breakdown metaphors (Zimmermann 70-73) and these terms find counterparts in the biomedical and pathological discourses too. Against these, emerging debates in disciplines like the Medical Humanities and Disability Studies intensely focus on propagating alternative narratives of dementia with an aim to ignite discussions on care work, empathy, ethics, and non-normative ontologies (Bitenc 6). This approach which further probes deeply into cultural texts dealing with dementia has been able to yield a nuanced understanding of the lived experience of dementia across the world, a large number of which are literary texts in the form of fictional and non-fictional narratives. Despite being a global phenomenon, however, dementia has not been perceived and represented homogenously across different cultures and geographies; stigmatized stereotypes of this condition are still prevalent in global discourses, including postcolonial developing nations like India that still have a long way to go in generating a more inclusive and sensitive approach towards neurodivergence.

The present analysis confines itself to Indian English publications that have appeared since the beginning of the 21st century to the present. These texts have been selected as representative Indian narratives of the dementia experience produced alongside the rise of a disability consciousness. The paper examines the representation of dementia, highlighting specific issues related to the representation of dementia subjectivities, questions of ethics, and connects these to larger socio-cultural attitudes towards this illness. The study heavily draws from the narratological theories of Susanne Katharina Christ whose framework foregrounds dementia as a "narrative epistemological paradox" (36), in order to better explicate the narrative strategies used in the concerned texts. Her theories are able to account for the specific problems in narration that dementia entails and help authors and readers negotiate techniques of representation that may be appropriate for an illness like dementia. In the following sections, we outline the key differences between fictional and non-fictional narratives of dementia in terms of narrative techniques and ethical issues and further explore the discourses of dementia that find expression in literary representations of the illness. The study finally synthesizes the findings to gauge the current state of dementia narratives in India, drawing insights for future research and development.

Challenges in Narrativizing Dementia

Illness inspires a desire to narrate the experience, no matter how disjointed and chaotic it may be. It is, therefore, pertinent to ponder upon how dementia and narrative respond to each other as dementia disrupts the normative narrative of a person's life. One of the most interesting and unconventional observations comes from Kate Latham, who holds the view that dementia is the "most narrative of all illnesses" (27). She affirms that the "narrativity and the protean nature of dementia is what makes it useful and beguiling to writers who feel able to use it in a range of ways, such as allegory, satire, plot development and to ground a [fictional] text as contemporary social realism" (318). In contrast, Naomi Kruger's definition that "[…] dementia is, […], the inability to construct stories or to be assimilated by anyone else into a coherent narrative view of life" (109) underscores its uncomfortable relationship with narrative. In this conservative discourse, dementia is recognized as a threat to memory (Christ 25). And narration, being an exercise which is deeply connected to personal memory, becomes almost an extraordinary act for a person living with dementia (Linde 2015; Vanderveren et al. 2017).

Dementia is normatively associated with a narrative dysfunction called 'dysnarrativia'. Kay Young and Jeffrey Saver define dysnarrativia as "states of narrative impairment experienced by individuals with discrete focal damage in different regions of the neural network subserving human self-narrative" (75). As a consequence, persons with dementia are culturally looked upon as 'no-narrative' entities. Dementia is a progressive degenerative as well as a terminal disease, which means there is no coming back from the experience to tell the story of what it was like. It does not just lead to chaotic, disjointed or non-narratives, but also causes aphasia— a loss of language, speech and writing impairment. Thus, it has been argued that dementia is particularly "difficult to put into language" and resists verbalization (Christ 34). This difficult relationship between dementia and narrative has been garnering interest among researchers working on dementia narratives and many have worked on the poetics and politics of literary representation of dementia (Brockmeier and Hydén 2011; Hartung 2016; Falcus and Sako 2019; Christ 2022). Christ in her book *Fictions of Dementia* (2022) delves into the potentials of fictional narratives of dementia and considers questions related to ethics and the epistemology of dementia, how fictionalized voices can tell real stories of dementia, and what modes of representation may be useful in representing dementia subjectivity. Christ's study proposes that fiction and non-fiction be juxtaposed in attempting to understand dementia, as the two genres are complementary to one another rather than competing ones. The recognition of memoir as a narrative genre dovetails itself to the fact that memoirs are a combination of documentation and imagination and neither simply truth, nor lie (Worth 95). And fiction, with its imaginative license, can bring widely disparate experiences closer to the readers' experience of the world and ignore human limitations to make dreams, time-travel, other people's minds, etc. graspable (Christ 31). Therefore, a collocation of these genres in reading particular dimensions of the illness narrative might illuminate newer directions in literary research.

In the Indian context, research on dementia literature has been growing in recent years. Lawrence Cohen's *No Aging in India: Alzheimer's, The Bad Family and Other Modern Things* (1998) achieves a feat as it challenges notions of aging, senility, kinship, medicine, language and the nation in the Indian subcontinent. It is rooted in a sense that people's practices of thinking about society, culture, the body, and the nature of their times would benefit from sustained attention to age as a kind of difference, one particularly relevant to how individuals, groups, and events are imagined and articulated. Another work that deals at length with the demographics and cultural discourse around care-work, aging, 'senility' and dementia in India is *Unforgotten: Love and Culture of Dementia Care* *in India* (2014) by Bianca Brijnath. Her book is an in-depth discussion of the meanings of care in India, of "transformative practices" and "immutable change through care" (2). It interrogates socio-cultural stereotypes associated with dementia and aging and tries to answer pressing concerns regarding care practice and infrastructure development in the face of growing incidences of dementia in the country. In the line of Cohen's work, the Indian joint family features once more as a point of contention in the chapter titled "Dementia in recent Indian fiction in English" by Pramod K. Nayar, published as part of the anthology *Dementia and Literature: Interdisciplinary Perspectives* (2018) and delves into the politics of interpreting dementia through family and relationships. This essay affirms that representations of senility and dementia in India are fraught with the assumptions that the transformations that have seeped into family lives as a result of globalization bear considerable responsibility for the increasing instances of dementia, as it is thought of as an illness arising out of low social interaction, among other factors. Debashrita Dey and Priyanka Tripathi have read two dementia narratives, Anuradha Sarma Pujari's *Ashes Still Whisper* and Doshi's *Girl in White Cotton,* to arrive at nuanced understandings of the gendered subjectivity of women in relation to the experience of "aging into disability" (2024b) and their vulnerabilities for more empathic care approaches (2024a). While dementia focused scholarship in India has thus generated critical readings of the illness, it is yet to delve into its narratological aspects, which this paper tries to bring into focus.

Negotiating the Outsiders' Perspective: Narrative Strategies in Three Dementia Caregivers' Memoirs

Memoir is defined by G. Thomas Couser as follows, "As a nonfiction genre, memoir depicts the lives of real, not imagined, individuals" (15). It is a genre that takes its name from the term 'memories' on which it is based and is treated as a "record or re-presentation" of real humans' experiences (15). While historically, representation of non-standard ontologies in literature has been largely written through an ableist lens, the contemporary disability and illness memoir aims to "undo and/or overwrite prior representation: to offer compelling counter representation" (199). However, as a personal historical medium, the memoir raises certain ethical concerns that warrant critical attention.

In discussing the ethics of auto/biographical writing, Sidonie Smith and Julia Watson in their work *Reading Autobiography: A Guide for Interpreting Life Narratives* (2001) enumerate a list of ethical issues that plague the creative process of life writing (178). Narrativizing the self or another person in 'factual' writing, means divulging personal details and describing intimate scenes that may potentially compromise people's public image. In the case of persons living with dementia, many-a-times, acquiring proper consent might not be possible. As such the writing of their accounts by family members or caregivers becomes a complicated affair, and there is an immediate assumption of representational authority on the part of such narrators (178). There is also an epistemological gap that the narrator must deal with as the experience of what dementia 'truly feels like' is inaccessible to those who do not live with the illness. These memoirs, usually written by family caregivers/members implicate personal stakes for all the parties involved. While questions of commodification of other's suffering and unavailability of consent loom large over the 'outsider's' dementia memoir, the inherent 'non-narrative' nature of dementia creates a sort of conundrum around any effort to bring these stories to light. This practice of narrating for people who may not be able to tell their own stories, therefore, needs to be subjected to a model of critical examination that does not consider the aesthetics, politics and ethics of representation as separate paradigms.

In the Western literary world, dementia memoir has established itself as a genre in recent times, written by both caregivers and the people living with the illness with renowned works such as John Bayley's *Elegy for Iris* (1999), Thomas DeBaggio's *Losing my Mind: An Intimate Look at Life with Alzheimer's* (2002), and Wendy Mitchell's *Somebody I Used Know* (2018) to name just a few. Such texts have been crucial in generating a more sensitive approach towards both the depiction of the illness and the dementia-affected Other. In the Indian context, however, first-person accounts of dementia are a rarity and the caregiver memoirs have only recently made their mark in the Indian English literary scene. These memoirs, nevertheless, significantly contribute to expanding the dementia discourse across literary and cultural spaces. Recently published dementia caregiver memoirs, namely, *In the Line of Alzheimer's: The Mission Continues* (2009) by S. P. Bhattacharjya, *Krishna: Living with Alzheimer's* (2015) by Ranabir Samaddar, and *A World Within* (2014) by Minakshi Chaudhry chosen for close reading in this study foreground the ethical troubles that one must negotiate with while narrating the dementia experience of a loved one. These memoirs represent some of the ways in which Indian writers have been trying to put the dementia-affected subjectivity into narrative that requires a rewiring of perception and empathy on the part of the narrator.

S. P. Bhattacharjya's memoir about his wife's dementia titled *In the Line of Alzheimer's: The Mission Continues* is a text written to be of educative value to family caregivers. In his account, Bhattacharjya traces his experiences of living with his wife Sukla as she struggles with dementia and how transformative it has been for himself and their relationship. At the outset, the author-narrator concretizes his position as an observer and an informal carer as well as a retired military officer and a spouse. As a former army officer, he not only gives a unique perspective to the experience of caregiving but also to the experiences of the person living with dementia by including snippets of his army life. He describes her as a comrade who contributed to military work as much as he did, "as an army wife, Sukla was an asset to the unit, always in the forefront for organizing welfare activities of jawan's families— house-keeping, health care, education or self-learning activities […]" (2). The memoir gives ample space to the dementia patient's pre-illness life and the readers are able to appreciate her transition more empathetically. However, the onslaught of dementia disrupts this organized life and forces both husband and wife to adapt to their changing circumstances.

This memoir is quite unique in the way it incorporates a collage of photographs at the end of the narrative. This sequence begins with a photo of Sukla on her wedding day; then moves on to a series of photos with her husband, her children and relatives; in the garden and sometimes on foreign trips (Bhattacharjya 81). Gradually it shifts to Sukla's life after she was diagnosed with Alzheimer's. All of these images from her post-diagnosis phase, pertinently, capture Sukla in moments of joy, when she is smiling and interacting with others in her surroundings. Even as the pictures demonstrate the slow decline of Sukla during the terminal stage of her illness, they exude a feeling of warmth and comfort in Sukla's demeanour, suggesting her continued responsiveness to the environment around her, and underline the narrator's conscious effort to maintain the dignity of the patient. While the memoir is in the caregiver's voice, the camera in these photos focuses on Sukla. This photo album works as a reminder that the memoir narrates the story of two persons and not one. And in doing this, the photo album becomes, in Pramod K. Nayar's terms "a heteroclite" (118). The photos "in the AD narrative, […] are heteroclites that disrupt the identification of the person with AD as a non-person, and the narrative of the loss of the continuity with their past" (Nayar 118). The narrator's choice of ending the memoir with these photos is a subversion of the assumed authority of the narrating Self's voice; the Other here is not lost in 'translation' but given her own space and agency. The final photo in this album shows Sukla watching the traffic as her husband watches her (Bhattacharjya 88), and thus, a seemingly passive moment for Sukla is reconfigured in its aliveness as a reminder of her continuing personhood. This is also a move away from the logocentric mode of expression which allows the "postverbal" (Quinn and Blandon 2020) person living with dementia to communicate with the reader without limiting her to the standards of conventional practices of narrating. This enables the reader to meet the patient in her moments of joy, experiencing a life within a supportive environment and eventually to see beyond the grand narratives of 'loss of personhood' and appreciate her ongoing subjectivity.

In *Krishna: Living with Alzheimer's* (2015), Ranabir Samaddar, a political scientist, inscribes the journey of being a caregiver to his dementia-affected wife. Narrated by Samaddar, the memoir critiques the Indian biomedical system for its failure in handling his wife Krishna's dementia and providing her necessary safeguard from the onslaught of the disease, which was frequently accompanied by co-morbidities, infections, and loss of mobility. The text focuses on the later stages of Krishna's illness when she had already lost most of her linguistic faculty and memory and therefore, could hardly communicate through language. This stark portrayal of Krishna's final days at the hospital, however, evokes issues about privacy, consent and public image as much as it forces readers to recognize the memoirist's sense of authority and commodification of the Other person's life story.

Samaddar is not simply the narrator of this memoir, but also the focalizer— that is, someone offering a perspective through which the story is understood. For the most of this story, Krishna, the person living with Alzheimer's is quiet and passive, falling ill, receiving care but never directly being engaged with in the narrative. Samaddar largely talks about his own feelings, coping mechanism and learning experiences while Krishna's achievements before dementia hardly find space in the memoir. This marginalization gets challenged gradually when the narrator includes a direct excerpt from a resolution of the Calcutta Research Group. The document summarizes Dr. Krishna Bhattacharya's achievements in brief and concludes with a poignant eulogy describing how her family, friends and colleagues remember and continue to cherish her despite the pain and hardships of coping with dementia, "She was a dedicated educationist throughout her life and paid special attention to spreading girl-child education – particularly among the deprived sections of society. […] The members of today's meeting shall cherish forever, fond and everlasting memories of Dr. Krishna Bhattacharya" (26-27).

Written with the benefit of hindsight, the current "I" and the narrated "I" of Samaddar are quite distinctly present within the narrative— that is, there is a clear demarcation between the Samaddar of the past, taking care of Krishna and the one who learnt from his mistakes and is better equipped to reflect on their journey. Samaddar also mitigates the risk of generating a monolithic narrative through a skilful incorporation of different narrative genres including letters and journal entries, which turn this memoir into a heteroglossia of many voices and dissipates the overwhelming presiding power of the narrator's Self. For instance, the narrative quickly moves on from her eulogy to Samaddar's correspondences/letters with the doctors after the numerous lapses and anomalies in Krishna's treatment (28-34). He even catalogues Krishna's dietary menu word for word (84) and finally, the last few days of Krishna's life are narrated as journal entries—anecdotes with pathological accuracy: "August 20: Mouth breathing, saturation 88%, basal creps+, kept on 2 lit o2; saturation 98%, fever 100.4; BP and pulse ok" (139). While the caregiver's voice still dominates the narrative, Samaddar's memoir may offer ways to talk about the absences and to look for alternatives to address the gaps that only a patient's narration could fill. His polyphonic technique incorporates a range of "inserted genres" which is bound to generate diverse meanings for readers (Frow 2006).

In both of the above memoirs, the account of the caregivers' personal journey of coping with their respective life-partners' altered subjectivities, and a pronounced emphasis on recording the diagnostic process, the medications administered, the successes and failures of institutional treatment, and the efficacy of pathological tests are recorded. The documentation of such details represents the dementia-affected person's "diagnostic" identity (Nayar 30). However, this diagnostic identity authored and controlled by the biomedical apparatus, which is then mediated by the caregiver-narrator has a claim to objective factuality and threatens to drown out the dementia patient's agency with greater force and decisiveness. In these cases, it becomes imperative to read the "shadow narratives" (Nayar 28) which exist between the lines of determinacy and perform an expressive function for the dementia patient's subjectivity. For Nayar, "shadow narratives" have a disruptive power that can reclaim the narrative authority from the clinical apparatus as well as the caregiver-narrator and bring it back to the subject of dementia (28). Bhattacharjya and Samaddar's works are rich in these kinds of narratives and traverse the conundrums of narrating dementia, using strategies that allow the caregiver-narrator to sensitively portray the experience of dementia even from the outside. These memoirs employ innovative narrative strategies to challenge monolithic dementia narratives of loss of personhood, sensitize the socio-cultural attitude, humanize the biomedical reductive models of dementia and have thus been successful in mitigating the danger of completely erasing the dementia-affected Other's agency.

Minakshi Chaudhry's *A World Within* (2014)*,* on the other hand, is an author-daughter's narration of her father's dementia that does not demonstrate an intense penchant for formal experimentation. The memoir, very similar to the two narratives discussed earlier, focuses on the perspective of Chaudhry, who is not even the primary caregiver. Still, it captures the pulse of larger socio-cultural perceptions around dementia and attempts to narrate her father's enduring subjectivity by challenging conventionally limiting discourses. The memoir, although narrated in Chaudhry's voice, includes a diary entry by Dadoo (her father) as well. The entry shows Dadoo's quirky writing style which is replete with Hindi words (21). His entries show him experiencing certain preliminary signs of forgetting which would later escalate into dementia (22). For instance, he writes, "I don't know how to respond to these people's greetings. *I don't remember them*. I will just have to smile and nod" (22). The incorporation of this diary entry as a heteroclite, gives the reader a glimpse into Dadoo's own response to his forgetfulness and how he was trying to adapt to his changing subjectivity. Chaudhry's narration also switches between anecdotes from their life and descriptive chapters that deal with broader philosophical questions around the functioning of the human mind and the nature of dementia as an illness. However, in the act of narrating her father's dementia, Chaudhry emerges more as an observer than a caregiver. Her narrative perspective often seems to mirror the biomedical gaze that pathologizes the patient and is sometimes punctuated by strong metaphorical language that reinforces stereotypes. In one instance, she describes Dadoo's condition as follows, "He is at war with himself, trying to give meaning to things that he had always known but which are so unfamiliar" (57). Chaudhry's narrative includes an exhaustive list of metaphors like "an unfinished story", "a sentence whose grammar has gone wrong" (13), all of which align with the dominant perception of dementia. Nevertheless, she frequently tries to emphasize Dadoo's ongoing subjectivity through a number of shadow narratives which focus on the ways in which he resists forgetfulness. She particularly focuses on the events from Dadoo's past which he remembers more clearly than recent events and admits that these memories testify Dadoo's personhood (69). According to Chaudhry, Dadoo's unchanged responses to food post-diagnosis mark a continuation of identity that consoles his carers. In fact, he displays a special emotional connection with food and people every time Chaudhry enquires about his childhood/youth to test his memory. While Dadoo's dementia-related vulnerability is foregrounded in the narrative, Chaudhry is able to tell a story of patience and resilience too.

The persons living with dementia, in these three memoirs, are narrated in a way that shows how their subjectivities are constantly acting upon and responding to the caregiver-narrators as well as to their physical and social environments. Notably, all three memoirs are published by presses that identify as non-profit organizations and are overtly working towards social justice through representation of diverse stories and voices. Bhattacharjya's memoir had to be collected from the Calcutta Chapter of Alzheimer's and Related Disorders Society of India for the purpose of this research. The other two memoirs are also not widely marketed or read. The authors have admitted in their respective prefaces that these books have been written to inspire solidarity among people facing similar circumstances. As caregivers' memoirs, it is finally their sides of the story that we hear up-close in each narrative and despite formal experimentations, the voices of the ill persons remain in shadows.

The next section reads three fictional narratives to further examine some of the ethical and narratological questions in relation to fictions of dementia.

Narrating Non-normative Minds: Narrative Strategies in Three Dementia Fictions

Fiction, as a literary genre often used to narrativize dementia, must also tread carefully and attend to representational ethics while traversing the fine lines between nuance and misrepresentation (Sklar 171). While fiction is not obligated to be factual and 'accurate', nonetheless, "genuine narratological approaches to dementia fictions are a rarity" (Christ 11). As already seen in the case of memoirs, the one who narrates the tale makes a huge difference even in fiction (47). As an author and an outsider to the experience of dementia, Naomi Kruger points out how she had to grapple with the epistemic limitations of representing dementia and receive repeated criticism on her initial attempts to narrate from the primarily affected character's perspective in her novel *May* (233). She finally settled on a polyphonic narrative style to include multiple narrators to structure and narrate the tale of one person's life with dementia (235). Borrowing critical concepts from Susanne Katharina Christ, this section explores the idea of narrating "unlived experience" (Carson 12) and affirms that fiction offers the opportunity to move beyond situations in real life and enter story worlds where meanings may manifest differently. According to Christ, usually four modes of narration are available in dementia fiction, "the character with dementia, a narrating family caregiver, the family caregiver and the character with dementia together, or a [omniscient] narrator" (52). This section focuses on two modes of narration, first, the family caregiver narrator and second, the family caregiver and character with dementia narrators together as available in the contemporary Indian fictional texts chosen.

The novel *Our Nana was a Nutcase* (2015) by Ranjit Lal uses a young adult narrator (who is also one of the grandchildren and primary caregivers to the titular Nana or grandfather) to narrate dementia in a humorous and euphemistic style. Nana is initially presented as a sporty but authoritative figure in a household where the parents are mostly absent. Avantika, the narrator, however, teases the increasingly forgetful grandfather and often makes a "spectacle" of his oddness along with the other grandchildren (Hall 267). As Nana's condition aggravates, however, the children become more mindful of his actions. Avantika is the first to realize the full scope of changes that their Nana's diagnosis with dementia entails. Later, she laments in a poignant voice, "Nana, who had spent most of his life taking care of us, bringing us up, protecting us from uncouth boys in his gung-ho, hugely embarrassing, 'armed forces' style, was now afraid of being left alone" (108). Thus, a kind of maturity slowly creeps into the narrator's voice as the children gradually become aware of their altered positions in relation to Nana.

The self/other dynamic in the novel, threatens to become one-sided when Avantika and the rest of the children forcefully remove Nana from his place of residence to prevent his relocation to a care facility. Avantika tries to justify it by saying, “Sure we had sort of ‘kidnapped’ Nana (without his knowledge), but at least we had taken him to a place where he was happy” (141). But the grandchildren’s desire to remain with their Nana and their act of moving him out of Shadow House without permission from adults is presented as their heightened recognition of Nana’s continuing personhood. The grandchildren believe in Nana’s individuality and the novel underlines this perspective of the children against that of the adults who are quick to dismiss Nana’s agency and personhood. Towards the end of the narrative, Nana’s agency is restored when the grandchildren and their parents come to an understanding and the family accepts his pre-diagnosis authority on the household once again. Thus, the self/other dynamic in this novel keeps fluctuating as the narrator seems to be inconsistent in her approach to her dementia-affected grandfather and repeatedly complicates the power balance between the narrator and the narrated. As a young adult narrator, it seems natural that Avantika would struggle to form fixed opinions on dementia, and the author deftly connects her ambiguity to the discourses around senility, illness and personhood prevalent in the society at large. This is particularly evident in the title where Nana is described as a ‘nutcase’— which is simultaneously derogatory and affectionate, mirroring the conflicts between larger discourses of loss of personhood and assertion of post-dementia agency. Nevertheless, the grandchildren emerge as more adaptable to change and quickly recognize and accept their Nana’s cognitive Otherness. It closes with the suggestion that although Nana will progressively lose most of his memories and stop recognizing his grandchildren, their emotional connection will be sustained. This allows Nana to reclaim his position within the household and the story where he continues to be the playful grandfather but also the individual whom the grandchildren depend on.

At times, the limitations of the 'outsider' narrator reinforces rather than challenges the hierarchy and stigma around dementia. This becomes conspicuous in the novel *Girl in White Cotton* (2020) by Avni Doshi (published outside India as *Burnt Sugar*). It is a palimpsest of a strained relationship between a mother and daughter and their entangled traumatic pasts. The narrative is set in the present where Tara, the mother has started displaying symptoms of dementia and the narration is from the position of the caregiver-daughter Antara with a history of childhood abuse and trauma. Due to her unique position as a caregiver, there seems to be a violent attempt on her part to control her dementia-affected mother's narrative. However, the narrative constantly plays with ideas of un/intentional forgetting and remembering by the mother-daughter duo, and frequently destabilizes the narrator's representational powers.

Antara is highly fixated on her mother's cunning nature and spends much time in denial that someone like her mother could forget and need help to navigate her everyday life, "For a moment, I felt bad. It must be the worst kind of suffering— cognizance of one's own collapse, the penance of watching things slip away. On the other hand, I knew this was a lie" (3). Antara's narration straddles a fine line of paranoid ambivalence as she deals with the question of how much her mother remembers and how much is pretense. It is haunted by the epistemic gap that dementia entails and is aggravated by Tara's previously conniving nature. In an almost metafictional vein, however, Antara is conscious of her own limitations as a narrator and her ability to make meaning out of words and experiences, "[...] a word has a meaning and a meaning has a word. But I imagine other possibilities and see the heaviness of speech. […] There is so much to misinterpret" (43). These words by the narrator clearly hint at the unknowability of the dementia-affected Other and Antara's desperation to bridge that chasm. Throughout the narrative, Antara obsessively tries to make Tara remember and prevent her memory lapses by writing short notes to her, collecting old photographs and bringing up incidents from the past repeatedly (45-61). She finally confesses that she loves her mother, depends on her for identity and validation but she is also scared of Tara because of her unpredictability. For a mentally disturbed Antara, Tara is simultaneously a source of anguish and the anchor to her destabilized Self.

Tara's violent or forgetful responses to everyone (which are usual symptoms of dementia) are viewed by Antara as a disruption that creates a fiercely dangerous 'ambivalence' between the two (123). Antara tells us, "Where she [Tara] goes, there is no distinction between day and night, and the logic of time and age has no sway over her fear" (197). In fact, Antara is even suspicious of Tara's intentions and thinks that her mother is deliberately trying to hurt her. Antara never entertains any belief that Tara's dementia makes her passive in the way that popular discourse suggests. Rather, for Antara, Tara's dementia is the logical progression of a bodymind constitution that has always worked towards tormenting her. When Tara frequently mistakes Dilip, Antara's husband for Reza Pine (the man who used to be Tara's lover and later got into a relationship with Antara), it disturbs Antara and triggers not only her childhood trauma, but also makes her see an uncanny pattern (197). In fact, the clash of narratives between the two women and Tara's attempts to position herself as Dilip's wife (272), repeatedly challenges Antara's chronological sense of identities and relationships. She becomes concerned that her own hold on reality might be eroding because of her caregiving responsibilities. Later in the novel, when Tara seems to believe that she isn't really sick, Antara frantically insists that Tara accept the diagnosis given to her by the doctor (29). There is a blatant, almost violent, attempt to control and contain the narrative on Antara's part which is turned slippery by her mother's playful memory. This is also a point when a sort of polyphony enters the narrative as other minor characters are allowed to contest the narrator's voice. For instance, Antara's husband directly confronts her and accuses her of trying to curb Tara's agency by imposing her personal and the diagnostic narrative on her mother:

> 'She has to believe it.'
>
> 'You aren't an authority.'
>
> […]
>
> 'But she's forgetting things— important things.'
>
> 'Important to whom? She may want to forget— maybe she doesn't want to remember her friend is dead.' (29)

Dilip recognizes that Tara with her fluid memory would interpret and story her life and identity differently from the norm, but Antara is revolted by this idea. To her, Tara should be the 'knowable' Other against whom she can define her Self. This fluidity distinctly confronts the readers with the epistemic gaps that characterize dementia in general and Antara's narrative about her mother's dementia in particular. Thus, this novel provides an alternative narrative of dementia that does not cast the dementia-affected person as a passive and inferior subject who has lost control over the self and the world. Antara's own mental instability turns her into an unreliable narrator and it is difficult to ascertain how much of the narrative is real and how much of it is imagined. In this detached and critical account of the dementia-affected person, who is unpredictable and at times blatantly vindictive towards her own daughter, boundaries between the Self and the Other, the healthy and the ill get blurred and consequentially subverted. The discourse of dementia that emerges here is contradictory in nature as Tara and Antara share a very complex relationship of love and hatred, acquiescence and resistance. And the fact that Antara believes her dementia-affected mother to be capable of plotting against her, underscores Tara's ongoing subjectivity and agency. This text does not conspicuously aim at generating an empathetic understanding of this neurological illness. Rather, it underscores a tug of war between a mother and a daughter who remember and forget as per their own subjective narratives and where dementia, though a palpable concern, gets attached to the politics of family power play.

As evident from the analysis of both of these texts, the family-caregiver's narratives fiercely confront the readers with the epistemic gap encountered in dementia and often moves precariously close to aligning with the dominant discourses around the primarily affected person's personhood. The Other in both of these texts is narrated with a conscious effort to represent an ontological difference and subjecthood but the limitations of the 'outsider' narrator's mode reinforces the hierarchy between the Self and the dementia affected Other. While the opacity of the Other's subjectivity is starkly evident, the above narratives generate a sense of ambivalence to bring forth the ways in which dementia affects persons and relationships.

The novel *Mrs. C Remembers* (2017) by Himanjali Sankar uses first-person narration by both the caregiver-daughter Sohini and Mrs. C, the character living with dementia simultaneously in alternate chapters. The narrative probes into the inner life of the afflicted character as well as the caregiver. Mrs. Anita Chatterjee (Mrs. C) is initially depicted as a very methodical, diligent and determined lady who likes to be in complete control of herself and her home (17). When she begins to show symptoms of dementia, she thinks it is normal for her age, but Sohini realizes that she needs medical attention. Mrs. C's anxious nature worsens as her disease progresses, and she seems aware that she frequently misjudges situations due to the lack of contextual memory or repeats herself at certain occasions (125). The reversal of mother-daughter roles comes soon after, as Mrs. C no longer asks after Sohini's health or routine but Sohini has to do it for her (144). However, Mrs. C's narration reveals that she insistently believes herself capable of retaining her household duties and shows reluctance to give up her responsibility and control. Her narration becomes progressively disjointed— although she narrates coherently, the gaps in the narrative become conspicuous. For instance, after messing up the bathroom herself, she forgets and blames the daughter-in-law Malini for it (156). Then immediately in the next paragraph, she is extremely aware of her illness and contemplates suicide (156). This fluctuation in her thoughts and consciousness is something that an 'outsider' narrator would not have had access to. Sankar, through the conscious employment of dual narration acknowledges that certain experiences of dementia can be expressed only in the first-person insider's perspective, even in fiction.

Sohini's and Mrs. C's narratives, therefore, work in a complementary fashion as the answers that are inaccessible to one narrator can be found in the other's narration. For instance, a noteworthy change becomes apparent in Mrs. C's thoughts when her previous blind reverence for her husband starts giving way to something acrid— she begins to take almost all of his actions in a negative light and accuses him of conspiring with Malini to make trouble for her (163). Sohini notices this and ultimately concludes that perhaps such a pointed paranoia is the result of years of repressed emotions and a life of subservience and stoicism that her mother has led, "Her mind might have cracked because of how he [Sohini's father] always treated her. […] The only way she could have defied his authority was by losing her mind and that is precisely what she has gone and done. The ultimate subversion" (167).

The narrative ends with Mrs. C's narrative showing hints that she is plotting her husband's murder and Sohini's narrative reveals that she suspects her mother of plotting something that she is unable to decipher (186-192). Nevertheless, there is a suggestion that as Mrs. C's cognitive faculties decline progressively, she sheds the layers of her performative personalities and there is a gradual reversion to her true self— her inhibitions are melted down and latent desires manifest in the form of vengefulness. A woman who always lived under the shadows of her husband and never consciously resisted him, starts recalling her premarital life and develops a mind and identity of her own, even if quite precariously. Consequently, in this novel, the grand-narrative of 'loss of self' due to dementia is turned on its head to tell the story of reclaiming and rediscovering oneself. The multiperspectival mode dilutes the hierarchy between the Self and the Other to a considerable degree as both the involved parties are permitted narrative space to tell their side of the story. This mode of narration also invites the reader to take on a greater interpretative role as many of the plotlines generated by two different voices make sense only when the reader is able to draw connections (Christ 187). Christ in another context has pointed out that such "multiperspectival" narrations may offer a "more democratic, more inclusive and perhaps more 'neutral' mode for narrating dementia" (187).

In contrast to the memoirs, the three select novels are associated with big names in the publication industry like Harper Collins, Pan Macmillan, and Rupa Publications and have their own aesthetic and commercial concerns**.** These selected novels palpably display inclination to represent diverse stories and bring innovative perspectives to the telling of the dementia experience alongside varied other thematic concerns. While Lal's novel does not shy away from incorporating the serious subject of dementia in a child's narrative while confronting the risks of trivializing the illness, Doshi and Sankar's women-centric narratives lean more towards psychological realism where patriarchal structures of society also get subverted. Doshi's unsentimental and ambiguous take on dementia challenges the conventional readerly expectations and the first-person narration by Mrs. C is an exception in Indian English fiction. In short, these contemporary Indian novels have been able to create a space for imaginative leaps into the generally inaccessible recesses of reality through narratological experiments.

Conclusion

Despite their differences in terms of narrative experimentation and attempts to be inclusive, these selected contemporary Indian English memoirs and novels, underline how various narrative strategies may be used or developed to better represent the dementia experience and create an agential space for the subject of dementia within these narratives. The texts discussed above resist a general discourse around dementia that may be used to homogenize the condition and rather, give us contextually specific and nuanced representations of the illness. The narrators in the memoirs are have developed a certain idiom and strategy to navigate the problem of narrating an evidently opaque experience by making space for the dementia-affected individual's subjectivity to enter the narrative, even without a narrating voice. Both Samaddar and Bhattacharjya's memoirs experiment with a combination of genres by including journal entries, medical correspondence, dietary menus and photographs etc., to face the dangers of monolithic narration and generate a polyphonic vision of dementia through their writing. Similarly, fictional narratives have their own place within this body of niche literature. As Rebecca Bitenc explains, fictional narratives are very well suited to "exploring both the character's inner life, [their] relationship with others and with [their] physical world" as these place characters in a variety of possible social and cultural contexts (117). The texts *Our Nana was a Nutcase, Girl in White Cotton* and *Mrs. C Remembers* represent the dementia experience through unique and specific narrators. Their narratives enable readers to imagine and empathize with life worlds and situations that we don't encounter too often. Fictional narratives are also usually more descriptive and are able to simulate encounters with and experiences within the dementia-affected character's mind (117).

However, the dearth of first-person narratives, both fictional and non-fictional, reveals that much work remains to be done in the fields of dementia support systems, cultural discourses, research and infrastructure development in India. It is not difficult to understand that having the right support system for persons living with dementia is imperative in order to engage them in such creative pursuits. A healthy and active care system may make it possible for these people to begin telling their stories in their own voices or at least to feel that such a resistant enterprise is even possible for them. For fiction writers who are not living with the illness too, the enterprise of writing first-person dementia-affected narratives is challenging as they are required to step out of comfort zones for which considerable research and training might be necessary. Literary narratives are crucial in creating awareness and augmenting research in the right direction; hence, more inclusive and experimental narrations are required to develop newer ways of perceiving dementia. As dementia is by now, a 'recognized' part of Indian medical discourses, it is important that stories of this ailment are circulated to create the right kind of awareness about this 'eclectic' illness. It is only with more diverse narratives and imaginatively richer representations that a holistic development of awareness and person-centered care practice around dementia may be hoped for in India in the coming years.

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