

## **Aging, Alzheimer's, and Precarity: Comprehending Vulnerabilities and Care Approaches in Select Indian Fictional Narratives**

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### **Abstract**

Aging and late-life realities are significantly determined by the experience of impairments, which introduces vulnerabilities, potentially resulting in a sense of devaluation due to dependence and an increased likelihood of facing disadvantages or unmet needs. The requirement for care, evaluated through instances of age-entailed cognitive and functional limitations, underlines the vulnerability associated with later age. Examining aging through the interpretive lens of precarity aids in configuring what it means to live a marginalized life with disabling conditions in contexts related to care, assistance, and support. With epidemiological studies emphasizing the projected surge of Alzheimer's in India, the intersectional paradigm of critical disability studies and precarity studies have proffered new approaches to interpret, produce, and narrativize knowledge related to age-specific diseases, their diagnosis, and their treatment. This paper focuses on examining how fictional deliberations - Anuradha Sharma Pujari's *Jalsobi: In the Shadow of Light* (2018) and Avni Doshi's *Girl in White Cotton* (2019) - configure precarity through the markers of frailty, vulnerability, and increased dependency in older Indian women with diminishing cognitive capacities. It engages with the experientiality of cumulative losses -memory, functionality, and agency during old age, attempting to create alternative discourses of care that can confront and respond to the underlying vulnerabilities of conditions like Alzheimer's.

**Keywords:** Alzheimer's Disease (AD), older women, precarity, vulnerability, frailty, dependency

## **Introduction**

The concept of “optimal aging” has gained prominence in gerontological discourse in recent years, entailing a proactive stance taken by individuals in their third age, typically those aged 65 and above, to maintain an active and health-conscious lifestyle (Fernández-Ballesteros et al. 2021; Aldwin et al. 2018). This proactive approach comprises various elements, including regular engagement in physical activity, following a nutritious diet, and sustained social interactions. The primary impetus behind optimal aging emerges from the desire to counter the prevalent narrative of decline often linked with advancing age. Thus, the practice signifies a departure from conventional perceptions of aging characterized by progressive deterioration and increasing reliance on support networks. Rather than succumbing to the normative constructs of old age and decline, proponents of optimal aging have promoted the notion that older individuals possess the ability and authority to shape their health and well-being and that through informed lifestyle decisions, they can perpetuate fulfilling and purposeful lives. Moreover, this paradigmatic shift in societal attitudes and strategies towards aging has redefined how individuals can actively engage in their aging process and practice self-nurturance during the later stages of life (Scharlach and Hoshino 2013).

However, the conceptual understanding and implementation of optimal aging that locate the aging experience away from the narrative of decline encounter significant challenges in contexts marked by age-related impairments such as Alzheimer’s disease (AD). Despite its unintentional nature, the emphasis on healthy aging, combined with historical and medicalized trajectories of impairment, has inadvertently reinforced perceptions of physical and cognitive frailties as markers of an “unsuccessful” or “failed” later life (Crăciun 2019). The increasing focus on maintaining health and vitality in old age often marginalizes those who experience typical aging-related declines, framing their experiences within a deficit model. Consequently,

this narrative can lead to stigmatization and a lack of recognition for the diverse ways in which older adults can lead meaningful and fulfilling lives, regardless of physical or cognitive limitations. Hence, it is imperative to consider the role and impact of degenerative diseases when analyzing the aging experience during the transitional phase of the life course. This consideration allows for a more comprehensive understanding of the complexities associated with aging, acknowledging both the biological and socio-cultural factors that influence this process.

Exploring the intersection of age and disability also enhances understanding of how functionality, competence, autonomy, and self-expression are compromised in the fourth age. This phase in late life, characterized by decline and vulnerability, is frequently stigmatized and feared, akin to a black hole that threatens those unable to withstand its effects (Gilleard and Higgs 2010; Dey and Tripathi 2024). During this life stage, the risk of adverse outcomes increases as the ability to combat illness, impairment, and external pressures significantly reduces (Higgs & Gilleard 2016). Socio-cultural conceptions of late-life frailties have also emphasized age and stage-based distinctions, defining the fourth age as a socially disempowered space (Gilleard & Higgs 2010). Additionally, the fitness industry and the pervasive influence of media endorsing the anti-aging culture(s) distinguish between individuals embodying “active aging” and those requiring care, perpetuating distinctions between the third age of vitality and the fourth age of decline (Higgs and Gilleard 2015; Holstein; Katz and Calasanti).

While contentions continue over the definition of active/optimal/successful aging, cognitive health has garnered significant attention, especially in light of the perceived “epidemic” of AD (Grenier et al. 51). This emphasis on cognitive health highlights the broader concerns about aging, where the fear of memory loss drives much of the discourse and policy

surrounding aging populations. Memory loss, in particular, is increasingly regarded as a sign of the transition from a healthy, active third to a dependent, incompetent fourth age. The underlying idea that AD is a manifestation of ‘failed’ or ‘fraild’ old age with loss of “selfhood” and “civilized body” (Katz and Peters 2008; Kontos 2004) is embedded in popular notions about cognitive impairment, coupled with dominant aging paradigms that value success and activity. Despite significant advancements in neuroscience and dementia research, many AD patients continue to face isolation, neglect, and abandonment, prompting the need for a new ethics of care (Basting 2009; Kontos et al. 2017, Dey and Tripathi 2022; 2024). Consequently, efforts to promote brain health have become a significant aspect of what it means to age successfully, influencing both individual and collective approaches to aging (Swinnen and Schweda 2015; Williams et al. 2012). Hence, it is significant to consider how memory loss, as a symbol of late-life precarity and risk, has been identified as a threat to the continuity of the life course, reinforcing a crisis model to define cognitive dysfunction.

This paper employs the concept of precarity as a framework to reflect on the vulnerabilities and uncertainties encountered by older women experiencing AD in fictional narratives. Using precarity as an analytical lens enables an understanding of the representation of AD in Anuradha Sharma Pujari’s *Jalsobi: In the Shadow of Light* (2018) and Avni Doshi’s *Girl in White Cotton* (2019). This approach provides a more nuanced understanding of the essential needs in later life, and fosters care approaches that are more closely attuned to the realities encountered by elderly individuals. Judith Butler’s perspective on precariousness provides a constructive framework in this context, enabling society to recognize precarity and vulnerability as interconnected elements of human sociality (2004). This recognition facilitates a more equitable politics of recognition, promotes ethical inclusion practices, and informs compassionate caregiving strategies. Relying on Butler’s ideas, Grenier et al. (2020) argue that

the pervasive nature of precarity at all stages of life fosters a relational model that can transform care practices and redefine the parameters by which individuals, particularly those with AD, are (de)valued. The paper uses these theoretical underpinnings to explore how our understanding of the necessary support evolves when AD manifests age-related precarity. Can the implementation of the precarity framework direct literary interventions designed to enhance care provisions for both vulnerable older women and their caregivers? This concern has prompted inquiries into the nexus between precariousness as an inherent aspect of the human condition and the construction, as well as response, to individuals deemed “frail” and “vulnerable” due to memory loss. Subsequently, the paper delineates the intricate interplay between AD-related precariousness and the broader landscape of care provision. The symptomatic analysis of the literary narratives identifies certain markers of precarity in the select texts and discerns how tension arises from the juxtaposition of ideals centered on independence and the manifestation of various forms of vulnerability, herein termed ‘precariousness.’

### **Identifying the Markers of Precarity in the Fictional Contexts of Alzheimer’s**

As a sociological construct, precarity delineates life trajectories characterized by pervasive uncertainties and vulnerabilities. Its utility is twofold, delineated by distinct conceptual deployments. Firstly, its application is in the economic realm, particularly scrutinizing precarious labor arrangements within market dynamics (Millar 2017). Secondly, a broader conceptual scope encompasses the intricate interplay between material conditions and cultural values, providing a more comprehensive understanding of vulnerability and uncertainty in various life contexts (Hillman et al. 2023). This conceptualization posits precarity not merely as a catalyst for the transformation of class dynamics but as a broader biopolitical phenomenon

that intertwines with individual selfhood and collective sentiments. From this standpoint, precarity emerges as a manifestation of enduring conditions inherent in social existence, elucidating individuals' pervasive sense of vulnerability, displacement, and despair. Judith Butler's scholarly contributions stand as foundational pillars within this discourse of precarity. For Butler, precariousness encapsulates a universal human condition stemming from the inherent interdependence among individuals, thereby rendering all susceptible to vulnerability (2004). Furthermore, she underscores the differential attribution of social value to certain lives and bodies while others face marginalization and exclusion. As a result, the marginalized, impoverished, and disenfranchised populations bear the brunt of precarity, contending with economic instability, physical harm, systemic violence, and coerced displacement (Kasmir and Stasch 2018).

Literary reflections on precarity have contributed to a better understanding of the concept's significance and relevance from diverse perspectives, thereby generating fresh insights into the experiences associated with age-related physiological and cognitive changes. Theorists have underpinned that literary manifestations have the potential to engender societal inclusion through collectivist paradigms that unite individuals across diverse socio-economic and geographical backgrounds, founded on a common recognition of inherent uncertainty (Butler 2009; 2012; Lawn 2017). To actualize this potential, a distinct sensibility must be cultivated that recognizes vulnerability as a shared experience. Literary engagement cannot single-handedly or comprehensively achieve this goal, but it can nonetheless nurture such a sensibility (Hogg and Simonsen 2023). Keeping in sync with this attempt to recognize and interpret narratives of age-entailed precarity, Doshi and Pujari have not only engaged with the experiential dimensions of AD and the realities of fourth age but have also elucidated narrative strategies for compassionately addressing this age-related precarity. Their works underline the

possible ways to mitigate the potential marginalization of older women as a result of their cognitive impairment.

In the context of AD, the significance of fictional narratives is not just contingent upon their representation of precarity but also on their ability to initiate new perspectives of representation and interpretation that challenge the conventional discourses of age-induced disablement. Expanding on the discourse surrounding vulnerability, Vrinda Dalymia's observation accentuates the nuanced interrelation between fragility and heightened dependency in later stages of life, invariably leading to the classification of individuals as "disabled" (Dalymia 2021). Hence, this study would probe into the interplay existing between older individuals who depend on others for assistance and their caregivers, elucidating the interconnectedness of their vulnerabilities. A detailed reading of the texts yields three significant threads of precarity associated with AD: frailty, vulnerability, and increased dependency. These markers have been further analyzed to provide substantial evidence for our assertions regarding the impact of cognitive decline on older individuals and its subsequent effects on caregivers.

### **Frailty**

Frailty is not only merely a marker of illness, decline, or a period of the life course where one is presumed to be closer to death. It is a multifaceted construct deeply embedded in socio-cultural discourses and practices that have emerged in tandem with contemporary ideas of autonomy and individual responsibility, including that of a healthy lifestyle (Lloyd 2012; Twigg 2015). Frailty is also very much situated in the medicalized interpretations of aging and as an able-bodied construct, with impairment and function classified according to deficient

models (i.e., scales measuring deficit in function rather than the ability to complete a task with or without assistance). However, in contrast to the concept of ‘successful aging,’ which has come under widespread criticism for its exclusionary connotations (Dillaway and Byrnes 2009), frailty is increasingly gaining traction across global contexts and within various spheres of application. Yet, there is a significant paucity of critical examination concerning its discourse within the literary domain, as well as the socio-cultural ramifications intertwined with its conceptualization and implications.

Frailty emerged within the context of managed care in the United States during the late 1980s, influenced significantly by the clinical practices of healthcare professionals. This period was marked by an emphasis on individual risk, which was quantified through standardized assessments of functional ability (Kaufman “Old Age, Disease, and the Discourse on Risk”; “The Social Construction of Frailty”) and the social imagination of decline. Consequently, these monistic approaches to frailty often remain largely unaffected by, or unaware of, the experiential realities of the condition, the contextual factors influencing frailty, and the interpretations and responses from both biomedical and sociocultural perspectives regarding older individuals characterized as ‘frail’. This gap in understanding is evident when examining the clinically identified indicators for determining frailty, which include weight loss, increased exhaustion, reduced mobility, weakened grip strength, decreased levels of physical activity, delirium, and incontinence (Rahman 2019). These indicators are interlinked, and their combined presence contributes to the comprehensive evaluation of frailty in an individual. However, it is imperative to acknowledge the inherent heterogeneity in individuals’ health and aging trajectories, as their vulnerability to frailty and the pace of functional decline can vary significantly from one person to another. This recognition foregrounds the necessity for personalized approaches to assessing and managing frailty, which take into account each



individual's distinct circumstances and requirements. Moreover, the fictional portrayal of AD emphasizes the nuanced experience of frailty, highlighting feelings of vulnerability, insecurity, and uncertainty that transcend mere cognitive decline.

Through their older female characters, Tara in *Girl in White Cotton* and Subarnajyoti in *Jalsobi*, these literary narratives illuminate the ways in which aging and dysfunctionality contribute to the development of frailty. Subarnajyoti's condition is described definitively through symptomatology like 'depression', 'hypochondrial delusion' and 'schizophrenia' (Pujari 80) and Tara's cognitive decline results in 'memory loss and personality changes' (Doshi 8). The characters' encounter with memory loss precipitates the gradual deterioration in their functional capacities. As Tara continues to struggle with retaining essential details about her daily activities, such as making phone calls, managing finances, remembering her address, and recalling past events, she begins to recognize the significance of these lapses and their impact on her abilities. This recognition marks a pivotal moment for Tara as she confronts the truth that her mental faculties are no longer as sharp as they once were, compelling her to face the reality of her diminishing cognitive function. When individuals come face to face with the reality of their diminishing physical or mental faculties, they experience a range of complex emotions, including disbelief and fear. This emotional reaction arises from the stark realization that their able-self is gradually diminishing, leaving them feeling vulnerable and uncertain about what lies ahead. Essentially, Doshi suggests that grappling with the loss of one's abilities can elicit a deeply unsettling experience, compelling individuals to confront the fragility of their own mortality and the limitations of the human condition.

The transition from a state of physical fitness to one of frailty is akin to the experience of being diagnosed with AD, signifying a turning point in an individual's life. It also begets the self-awareness of one's deteriorating health, which acts as a central aspect of the uncanniness

of the subject— “the penance of watching as things slip away” (Doshi 3). The phenomenon can be better elucidated by examining the potential association between frailty and cognitive and emotional processes, particularly within the framework of what has been denoted as the “frailty identity crisis.” This theoretical construct posits that individuals navigating challenging transitions from self-sufficiency to frailty may encounter maladaptive psychological reactions, resulting in an increasing sense of identity crisis and a deterioration of their psychological well-being (Fillit and Butler 2009). Thus, frailty is perceived as a transitional phase that lies between a state of robustness and functional decline (Lang et al. 2009). Subarnajyoti’s predicament, as explicated in *Jalsobi*, situates her in a state of transition fraught with personal indignity. Pujari characterizes this phase as marked by the presence of ailments, medications, and societal apathy when the once familiar world recedes, leaving her bereft of her entitlements, aspirations, preferences, and aversions, ultimately transforming her existence into a “living hell” (Pujari 51).

Subarnajyoti’s hospitalisation due to her fractured ribs introduces a different narrative concern. Her cries had fallen silent, replaced by a grim tableau of physical deterioration. Festering bed sores marred her once unblemished skin, while deep lacerations bore witness to the cruel restraints that bound her. Iron chains encircled her ankles, a desperate attempt to curb her restless movements. A cannula protruded from her forearm, a conduit for medical intervention amidst the raw wounds inflicted upon her most intimate parts. Despite her body becoming a landscape of affliction, Subarnajyoti’s spirit endured, tethered to the relentless passage of time, unwavering in its resolve to cling to life (Pujari 2018). With unwavering resolve, she expressed her determination to return home, refusing to surrender to the confines of her hospital room. Through her poignant words, she conveyed a sense of purpose and agency, emphasizing the importance of her existence and her aspirations for the future.

Subarnajyoti's profound reflections prompt us to question society's perceptions of aging and recognize the inherent dignity and resilience that endure even in the face of physical fragility and AD. It vividly portrays how cognitive decline and the natural course of aging frequently deprive individuals of their sense of agency and autonomy. Despite confronting such difficulties, Subarnajyoti demonstrates remarkable resilience, refusing to succumb to the incapacitating consequences of the illness (Dey and Tripathi 2024).

The fictional representations of AD in the texts also illustrate some primary indicators of age-related frailty, encompassing decreased mobility, diminished levels of physical activity, episodes of delirium, and occurrences of incontinence. As frailty has emerged as a prominent characteristic that defines the fourth age, Subarnajyoti's character seamlessly corresponds to this aspect, highlighting the detrimental effects of aging and cognitive decline on an individual's ability to exercise narrative and performative agency (Higgs & Gilleard 2015). At the age of eighty-one, Subarnajyoti had a medical record of hypertension and high blood sugar levels, along with other co-morbidities that posed challenges to her independent daily management. In fact, her declining mental health exacerbated her physical condition, rendering her heavily dependent on her daughter and maids for routine activities such as bathing, eating meals, and going for evening strolls. As time advanced, Subarnajyoti's struggles with forgetfulness and delusions escalated, leading to heightened episodes of screams and frenzy. As these outbursts grew in both frequency and intensity, they became increasingly difficult for her daughter, Malini, to comprehend. She grew fearful, questioning whether this somewhat "deranged woman" (Pujari 17) was her mother. These instances of confusion and distress posed significant difficulties for her caregivers, as they found themselves grappling with the profound impact of her cognitive decline on their capacity to communicate effectively with her.

Much like Subarnajyoti, Tara displays a delusion that complicates her interactions with Antara. She increasingly struggled to differentiate between reality and fantasy, confusing her relationships and perceptions. This blurring of lines extends beyond mere forgetfulness; instead, it affects every aspect of her life, leaving nothing definite or dependable. Tara's experiences underscore the disorienting nature of cognitive decline, where even the most fundamental elements of identity and connection become confused and uncertain. As Antara bears witness to the decline of her mother, she observes a gradual deterioration that encompasses the most fundamental aspects of existence. She watches with a profound sense of sadness as her mother loses the ability to articulate words, manage bodily functions such as bladder control, and ultimately, perform the instinctive act of breathing. This progression elicits a profound sense of helplessness and sorrow in Antara as she witnesses her once-vibrant and capable mother reduced to a state of profound dependency and fragility (Dey and Tripathi 2024). Therefore, the discussed textual evidence serves to reinforce the concept that fragility contributes to precariousness, resulting in a residual condition among individuals experiencing AD. This state of fragility hinders individuals from asserting or embodying alternative narratives or identities as their cognitive decline advances. The consequences of this are significant, as it underscores the profound influence of memory loss on the fundamental elements of an individual's self-perception and ability to act.

### **Vulnerability**

Numerous scholarly studies within the field of social sciences elucidate the conceptual dichotomy between the categorization of frailty and the subjective experiences intertwined within an individual's life trajectory. This differentiation highlights the contrast between the objective state of 'being' frail and the subjective perception of 'feeling' frail (Grenier 2006).

The distinction also encompasses instances marked with the presence of vulnerability, insecurity, and uncertainty. Such narratives of older individuals profoundly reflect the vulnerability that arises from physical and cognitive changes over time, loss, and their own mortality, as well as that of their families and friends (Lloyd et al. 2014; Lustbader 2000). They also know how their needs can influence their routines, daily lives, and overall experiences (Grenier; Kaufman; Nicholson et al.). Thus, vulnerability, as a fundamental element of the human condition, is notably conspicuous in the lives of older people contending with age-related impairments. This elevated sense of ‘feeling’ vulnerability is attributed to the interplay of diverse factors, including physical constraints, societal perspectives, and systemic obstacles that intensify the difficulties they encounter regularly. It renders older individuals more prone to experiencing physical harm or injury compared to their younger and able-bodied counterparts and suggests an elevated susceptibility to emotional distress and various forms of psychological issues.

Within the context of AD, multiple faculties get compromised, like agency competence [1], task competence [2], decisional competence [3], and societal competence [4], predisposing older individuals to greater vulnerability, which is marked by heightened dependence and a feeling of disempowerment. Past traumatic experiences and continued exposure to stressful incidents also trigger vulnerability in old age and precipitate depression, which takes a significant toll on cognitive health. Initially, the cognitive functions that tend to decline first in individuals with this condition are commonly short-term memory and language abilities. These declines can subsequently result in visuospatial and motor impairments. Furthermore, skills related to information assimilation and recalling also deteriorate, which affects the processing of new information. However, as the condition progresses, it extends to impact established knowledge and comprehension. Despite this decline, consciousness remains intact,

indicating that individuals remain keenly aware of their gradual deterioration (Dey and Tripathi 2022). Particularly noticeable are the personality changes, as previously held values, character traits, and a sense of self gradually diminish. With the progression of AD, this process of self-unraveling is characterized by an erosion or ‘unbecoming’ of one’s identity.

Tara and Subarnajyoti, due to their respective traumas and cognitive impairments, demonstrated a vulnerability factor, indicating that they were prone to developing negative, unfavorable, or derogatory perceptions of themselves. These self-perceptions reflect deeply ingrained core beliefs that are activated when the depressive self-schema is triggered in subjects experiencing a loss of autonomy associated with aging and impairment. Essentially, their cognitive dysfunction makes them more likely to adopt self-defeating thought patterns, which worsens the expression and effects of depressive symptoms. For Tara, her loveless marriage, subsequent divorce, strained relationships, and estrangement from her daughter furthered the feelings of abandonment that impacted her mental health drastically. With the onset of Alzheimer’s, Tara shows signs of psychosis that disrupt the peace in her daughter’s life. This disruption is manifested through a series of events, including experiencing nightmares, wandering outside the home in the middle of the night, and engaging in destructive behavior like setting fire to Antara’s drawings. Similar situations arise when the garments are discovered in the laundry basket. This prompts her to question whether an additional occupant in her residence is using her personal belongings- “Who is this other woman? Is it one or several?” (Doshi 43). These instances show how past trauma interacted with her present, underlining how unresolved or repressed psychological distress exacerbates the condition further with the onset of AD. Tara’s delusional behavior and actions reflect a vulnerability stemming out of emotional neglect and psychological abuse, compelling her to manifest control in her life that concomitantly harms her daughter’s well-being.

Behavioral irregularities, depression, and schizophrenic tendencies are also apparent in Subarnajyoti, which manifest as a fear of solitude and sudden demise. Her anxiety escalates noticeably when her daughter leaves for work, indicating a heightened distress in separation and an inability to maintain coherent thoughts. This depicts a common occurrence of Subarnajyoti's emotional turmoil, with Malini, her daughter, unable to alleviate her suffering but providing comfort nonetheless. Despite her diligent care, the vulnerable mother also exhibited a lack of trust in the household servants, expressing grievances of neglect. This routine occurrence starkly contrasts with past perceptions of Subarnajyoti's strength and resilience, as she now appears vulnerable, shedding light on the profound impact of aging and cognitive decline on one's sense of identity and agency. Her outbursts, marked by inexplicable screams, happen without apparent cause, and she strongly denies any wrongdoing when questioned about her behavior. According to Malini's recounting to the doctor, Subarnajyoti's life journey was filled with challenges she bravely faced. However, she unintentionally neglected to express her emotions during these difficult times. The responsibilities of taking care of her ailing husband, dealing with his eventual death, and coping with the premature loss of her son made Subarnajyoti increasingly vulnerable, yet she hardly allowed herself any time to mourn. Consequently, as she grew older, there was a cumulative burden of suspicion, distrust, and weariness from past experiences, all of which had a detrimental effect on her cognitive well-being. This can be better understood by analyzing how the process of grief and mourning divulges important aspects of our identity, exposing the intricate connections that bind us to others. These connections not only shape our sense of self but also define us as individuals. According to Butler, loss not only creates a fragile sense of collective identity since eventual loss is an inevitable part of being human but also highlights the vulnerability inherent in our social interconnectedness. Loss and vulnerability, thus, arise from our status as socially constructed beings, intricately tied to others and susceptible to the potential rupture of these

connections, leaving us exposed to various forms of harm.

Of particular significance is Butler's concept of grief and mourning as forms of "dispossession" (Butler 2004), where the loss of another person leads to a profound transformation within ourselves. In this process, we not only mourn the absence of the other but also experience personal turmoil as the sense of self becomes destabilized. This state of dispossession reveals our innate tendency to depend on others for one's own sense of identity and existence, emphasizing the interconnected nature of human existence. However, in Subarnajyoti's situation, she became the primary source of support for her family, always appearing composed even in times of dire crisis. Although she yearned for companionship, she found it difficult to express her emotions, which led to feelings of paranoia in her later years. As her children grew up and pursued their own lives, Subarnajyoti became even more isolated, focusing on household tasks to fill the engulfing emptiness. Consequently, the recurring theme of her desire to return home and shoulder her responsibilities appears frequently throughout the text. In Tara's situation, the feeling of dispossession gets articulated when during Antara's visits, she requests her to call friends who have long since passed away. These vivid portrayals of the disease not only depict the struggle for self-control but also underscore the difficulties encountered by older women in concealing their susceptibility to "degeneration and infantilizing regression" (Watson et al. 74).

Butler also emphasizes the importance of the body in her analysis, as it is through the body that we encounter and interact with others, exposing ourselves to their influence, both positive and negative. According to Butler, this bodily vulnerability forms the foundation of ethical connection with others, emphasizing the essential interdependence of human life (2004; 2009). Upon Subarnajyoti's admission to the hospital due to a fractured leg, her condition reached a pivotal point. Although her heart and kidneys were functioning normally, Malaini



found limited comfort in this fact as she foresaw further challenges ahead. Subarnajyoti's body had already shown signs of bed sores, and a bout of diarrhea further exacerbated the situation. Malini's apprehensions intensified when the nurses conveyed their frustration, revealing constraints in their capacity to meet Subarnajyoti's needs by stating that they could only change her diapers twice. Her body became a "festering wound" (Doshi 206). As Malini watched the supine form with a sense of helpless horror, she harbored the fervent desire for her mother to depart as she was unable to endure witnessing her suffering and incapable of providing any assistance. Doshi, too, employs the metaphor of a "rotting vegetable" (Doshi 2) that serves to emphasize the stark contrast between Tara's previous vitality and the relentless toll of AD, which transforms her into a mere shadow of her former self. Memory loss has transformed Tara into a "battery-operated doll" whose functions are deteriorating (Doshi 5). The failing body makes Antara reflect upon her capacity to love and take care of her mother as her life draws to an end. The old body becomes the site that poses pertinent questions to the daughter of whether it will be possible for her to offer assistance when her mother loses the recognition of both herself and those around her. The caregiver's narrative here serves to contextualize the prospect of their potential neglect, drawing parallels to the way society often treats older individuals experiencing AD, thereby aggravating their vulnerable state.

The age-related frailties increase the risk of life-threatening bodily failures, leading to greater reliance on medical interventions and family assistance. This infirmity experience profoundly interrupts, if not disrupts, the normal rhythm of life, revealing the inherent vulnerability of the human condition for Subarnajyoti and Tara. It leaves them feeling subject not only to the dictates of biological life, which operates according to its laws, but also to the decisions made on their behalf by caregivers who wield significant power over their lives. These changes highlight the profound challenges and vulnerabilities experienced by the older

characters in their daily lives, emphasising the multifaceted nature of ageing and its physiological impacts.

### **Increased Dependency and the Interpersonal Dynamics of Caregiver and Care Receiver**

Analyzing instances of bodily and cognitive impairment, particularly those classified as frailty or vulnerable, highlights the precarious nature of aging. Hanne Laceulle, a humanist philosopher specializing in aging studies, views these occurrences as manifestations of “existential vulnerability” (Laceulle 4; Grenier et al. 77), emphasizing the shared experience of vulnerability that comes with aging. Within this conceptual framework, the provision of care, traditionally viewed as a manifestation of dependence and more recently understood through functional concepts of risk and frailty, represents a juncture when an individual’s life is increasingly dependent on others, whether professionals or family members, as articulated by Butler. She asserts that “part of what a body is, is its dependency on other bodies and networks of support” (Butler 103). In alignment with Butler’s perspective, Cavarero posits the existence of “two poles” inherent in vulnerability: wounding and caring. Given that the vulnerable body is inherently subject to both, it remains “irremediably open to both responses” (Cavarero 20). Hence, given our inherent nature of dependence and interconnectedness, it is clear that our reliance on others for care contributes to the vulnerability inherent in our shared condition. Older people experiencing different forms of impairment who are essentially dependent face an additional layer of vulnerability because they rely on the care of others. As a result, they are more vulnerable to precarity because their ability to maintain an adequate level of well-being is linked to the precariousness experienced by carers.

In later life, supportive, reliable, and well-resourced relationships can be an important source of stability and continuity. Individuals are not only limited by their own bodies but also by the influence of others, whose functionality and availability determine the extent of support they may receive. Furthermore, it is critical to consider interdependence beyond immediate contexts and to recognize the long-term impact of reciprocal relationships, particularly in light of the precariousness associated with aging. This includes recognizing situations in which previous assistance provided or received may shape current expectations of reciprocal support (Hagestad and Settersten 2017). Pujari and Doshi's literary contributions within this discourse of caregiving assist in delineating the patterns of thought and behavioural tendencies exhibited by the characters, fostering empathy and deepening comprehension of the challenges faced by both patient and caregiver (Marini 2016). The narrative acknowledges, accommodates, and interprets their personal experiences. The fictional events not only convey objective information about senile cognitive decline but also reveal the fears, silences, and implications associated with the burden of caregiving.

As the progression of AD is characterised by a gradual unravelling and dissolution of the self, caregivers, as observers, endeavour to discern remnants of personhood amidst diminishing self-expression in the afflicted. Witnessing this loss of self can evoke profound emptiness in caregivers. Nonetheless, the adult daughters persist in seeking and attributing the last traces of selfhood to their infirm mothers. The diagnosis of AD in *Jalsobi* and *Girl in White Cotton* triggers a sense of vicarious shock and simultaneous empathy within the caregivers—Malini, and Antara. In *Jalsobi*, the mother-daughter care reciprocity becomes evident when Malini takes on the responsibility of caring for her mother's sleep, meals, and daily needs, effectively emerging as Subarnajyoti's caretaker as she regressed into a child-like state. Malini felt a deep sense of guilt as she realized that despite the memory loss, Subarnajyoti retained her

indomitable spirit, characterized by an “insatiable thirst for life” (Pujari 86). Her apologetic declaration, “I will never be impatient with her again! I will do everything I can to comfort and care for this once brave and amazing woman...” (Pujari 82), underlines a more empathetic approach to interactions and practices of caregiving. She confides in her husband that she would wake up twice during the night to ensure that her mother is getting sufficient rest, prioritizing her well-being over my own need for sleep. Moreover, she attentively organizes her dietary regimen for all meals and manages daily necessities like laundry, leaving no detail overlooked. However, despite her devoted care, Subarnajyoti consistently harbors suspicion towards her and frequently accuses Malini of neglecting her needs.

Similarly, in *Girl in White Cotton*, Antara is deeply disturbed by the unsettling realization that she is losing her mother “a little bit every day” (Doshi 260) to AD, which leads her to reassure her mother that she will take care of her. She adopts a regimen for her mother involving a diet rich in various fats and introduces a probiotic regimen, displaying strict adherence and dedication to Tara’s dietary requirements. Antara also meticulously monitors her mother’s ketone levels and records them, aiming to do the needful to promote cognitive improvement. She also records various aspects of my mother’s daily routine, including the time she usually falls asleep at night, the moment her reading glasses gradually slip down her nose, and even the number of Mazonin fillos she has for breakfast. Moreover, Antara accompanies her mother wherever possible, ensuring her safety by double-checking bills before payment and confirming that she wears her seatbelt when traveling. This approach reflects a commitment to addressing different caregiving factors and seeking redemption through collaborative efforts to improve Tara’s condition. Consequently, the imminent prospect of Tara succumbing to Alzheimer’s disease compels Antara to address the emotional and psychological

requirements of the older individual, resulting in a reversal of roles as she assumes the role of caregiver for her mother.

It can be further argued that as human dependency stems from our innate desire for deep and meaningful relationships with others, the loss of such connections causes profound sorrow and has a significant impact on our well-being. Hence, precarity can also result from what Settersten refers to as “unlinked lives” (219), in which individuals’ relationships are disrupted or terminated, resulting in losses or gains. Furthermore, it is critical to understand how previous episodes of absence, neglect, or abuse can persist or resurface in people’s later years. The realization of vulnerability may surely inspire care, love, and generosity, but it may equally inspire abuse, intimidation, and violence. Indeed, circumstances marked by a lack of embeddedness within a supportive network of interdependent relationships result in what Hagestad and Settersten (2017) call the “most naked forms of precariousness.” The precarious instances of neglect and ill-treatment primarily emerge from the burnout experienced by many caregivers, who are predominantly female. The burnout experienced can manifest in two primary ways- the first is characterized by intense bonding, excessive involvement, and reciprocal dependency. The second involves avoidance, which is characterized by emotional detachment, denial, and withdrawal from the parent with AD (Figley 2002). The strain of avoidance and repulsion becomes evident when Antara, grappling with her mother’s decline, bitterly remarks, “How can we let this hideous creature (Tara) poison our home?” (Doshi 120). This reflection is steeped in abjection and lacks empathetic consideration for her mother’s condition. The mother-daughter relationship depicted in Doshi’s narrative is further strained as Tara’s sudden decline in health adversely affects Antara’s personal and marital life, necessitating her complete focus on her mother’s well-being. A poignant incident occurs when Tara, in a state of delirium, sets fire to Antara’s drawings, symbolizing her exertion of control

over her daughter's life and capacity to inflict harm on Antara, even in her vulnerable and incapacitated state.

The significant absence of emotional connection or involvement between Subarnajyoti and Malini is also noticed when the latter mentions that her mother is effectively absent from their lives despite being physically present. The stark portrayal of the mother's prolonged silence and lack of response, lasting for an entire month, portrays a deep sense of detachment and emotional distance. The lack of verbal communication or any indication of consciousness, such as opening her eyes, emphasises the extent to which Subarnajyoti has retreated from the surrounding world, leaving behind only the primary, involuntary breathing function. These instances foreground how Malini experiences feelings of discomfort and embarrassment as she witnesses the profound transformation in the once agentic mother, gradually losing her competence and regressing into a state of non-personhood.

Therefore, she, too exhibits a similar disregard reinforcing aversion towards her mother when she exclaims, "You can't even begin to understand the hell that I am living in; Nobody can!" (Pujari 67). "Not supposed to relax! Not supposed to sleep!" (Pujari 66) highlights the sense of filial obligation that hampers positive care dynamics, depriving the caregiver of respite. The significant absence of emotional connection or involvement between Subarnajyoti and Malini is also noticed when the latter mentions that her mother is effectively absent from their lives despite being physically present. The stark portrayal of the mother's prolonged silence and lack of response, lasting for an entire month, portrays a deep sense of detachment and emotional distance. The lack of verbal communication or any indication of consciousness, such as opening her eyes, emphasizes the extent to which Subarnajyoti has retreated from the surrounding world, leaving behind only the basic, involuntary function of breathing. These instances foreground how the adult daughters experience discomfort and embarrassment as

they witness the profound transformation in their once agentic mother, gradually losing her competence and regressing into a state of non-personhood.

Research findings also indicate that older individuals facing cognitive impairment often face the stigma associated with the diagnosis of memory loss. They know the negative societal perceptions attached to this condition (Bartlett and Brannelly 2018). This awareness leads to a strong sense of shame among older Indian individuals, which significantly affects their relationships with their families. The case of Subarnajyoti exemplifies this, as she longs to return to her home, which symbolizes a site where she can locate her autonomous self. Unable to comprehend her cognitive decline, she strongly felt that her daughter's acts of "feigned kindness" (Pujari 52) were a deliberate strategy to prevent Subarnajyoti from leaving and returning home, ultimately confining her within the house. However, her daughter exacerbates these deeply ingrained anxieties by scolding her and stating that she cannot go back home because "no one has come forward to take your responsibility!" (Pujari 76). This further intensifies fears related to increasing dependency due to memory loss and the expectation of prolonged suffering in old age before death (Kitwood 1997) rather than encouraging an appreciation for intergenerational interdependence. Subarnajyoti's frantic remarks, "You are angry because I have become a burden on you. You don't want me here. Did I come here voluntarily? Where would I go now? I am destitute" (Pujari 58), vividly captures the overwhelming sense of burden and ignominy experienced by both the care receiver and the caregiver within the family dynamic.

In Doshi's narrative, despite acknowledging her forgetfulness and diminishing abilities, Tara is resolute in reinstating her position within her family. She instructs her daughter to prioritize her mental well-being rather than fretting over Tara's condition. When she enquires about her daughter's pregnancy and well-being, it is yet another occasion where she attempts

to demonstrate that she is coping well. By undertaking such actions, the older subjects assert their significance and worth within the family, striving to retain control over their lives and reinforce their identities despite the hurdles posed by memory loss. Despite her former prowess in memorization and culinary expertise, she now struggles with basic recognition, even failing to recognize her daughter on occasion. Consequently, when Tara attempts to conceal her declining abilities by projecting determination, it underscores her efforts to preserve her self-esteem and evade the stigma associated with being labeled as “insane” in her interactions with others.

However, in the context of AD, there also arises a critical necessity to acknowledge the significance of the body beyond its physicality, embracing the notion of the ‘body subject’ (Merleau-Ponty 1962). This conceptual framework illuminates the intricate relationship between the self and the corporeal vessel, highlighting how habitual bodily tendencies persist despite the cognitive decline and remain integral to the individual’s subjective experience. Consequently, the pursuits comprising a person’s existence predominantly unfold within a physical form, inherently suited to bodies, such as engaging in regular household activities. Despite instances where bodily activities are restricted, as exemplified by the lives of Subarnajyoti and Tara, their existence, nevertheless, remains profoundly embodied. Hence, the question persists regarding the feasibility of conceptualising a person-life devoid of embodiment. Such contemplation necessitates the envisioning a mode of existence detached from physical embodiment, yet encompassing activities and interpersonal connections sufficiently resembling those integral to the recognition of personhood.

The body, endowed with inherent concrete and reflective qualities, autonomously responds to situational demands, thereby wielding influence over the constitution of the individual self (Kontos 2003). This notion finds resonance in the portrayal of characters like



Subarnajyoti and Tara, whose narratives depict a convergence of corporeal, psychological, and narratorial losses, as evidenced by the expressions/ gestures of their bodies —manifested as anger, suspicion, mistrust, and consternation. Despite their apparent lack of self-consciousness in the present moment, glimpses of their former selves intermittently emerge within the narrative. Here, the self is not a continuous entity but rather an episodic one, wherein memories are recalled in fragments, primarily influenced by affective experiences. Consequently, instead of relying on psychological continuity, these individuals construct their sense of self upon affective continuity, shaped by memories and imbued with emotions such as hunger, fear, or anger (Nayar 2021). These emotional expressions demonstrate that individuals in advanced stages of AD continue to respond to stimuli, interact with their environment, and contribute to co-creating their lived experiences.

### **Conclusion**

The concept of precarity holds significant importance in the discourse surrounding AD, and it goes beyond practical challenges and delves into profound philosophical inquiries about existence and caregiving. The theoretical and philosophical standpoints on precarity have facilitated researchers studying personhood, agency, and dignity within Alzheimer's. They aim to challenge prevalent assumptions about the quality of life for those with cognitive decline. This critical examination emphasizes the urgent need for compassionate and inclusive care practices that affirm individuals' inherent dignity and humanity, regardless of their cognitive abilities or age-related impairments. Hence, by employing frameworks like precarity we can develop a deeper understanding of the vulnerabilities and needs of elderly individuals, especially those facing AD.

As a consequence of Butler's arguments, perceptions surrounding fragility, dependency, and impairment in aging research are being reevaluated, emphasizing these conditions as probable experiences over the lifetime rather than as inevitable medical outcomes of aging (2004). The role of intimate social relationships, particularly within familial contexts, as primary arenas for perceiving, articulating, and imbuing precarious experiences has also garnered attention. As a result, families have been denoted to play an important role in disseminating or mitigating precarity among individuals. Although relationships place significant constraints on individual trajectories, they also imbue life with profound meaning, a principle that holds true even in the later stages of life. These insights have provided a foundation for creating more inclusive and supportive environments for aging populations (Grenier et al. 2020). Thus, through the lens of precarity, this paper sheds light on the relevance of frailty, vulnerability, and increased dependence within the aging process, particularly concerning the care and support of individuals with AD.

Furthermore, the analysis of select literary narratives provides valuable insights into the lived experiences of older women, acting as a catalyst for improving care provision and challenging ageist narratives. Through these interventions, authors like Doshi and Pujari have attempted to elucidate a more compassionate and dignified approach to aging, one that acknowledges and addresses the inherent precarity of the human condition. Their fictional narratives have helped realize a society that values and respects the entire spectrum of human experiences throughout life. The engagement with the texts *Jalsobi* and *Girl in White Cotton* has also underlined the sensitive nature of age-entailed vulnerability and adversity, emphasizing the significance of cultivating caregiving strategies that promote novel avenues for personal growth and social connections. Dubuc et al. (2013) also proposed an integrated care pathway framework designed to address the health needs of both healthy seniors and those

with disabilities or chronic illnesses. This comprehensive model prioritize the needs and expectations of individuals and their informal support networks, rather than focusing solely on their diseases. Such perspn-centred and intergrated care services is particularly crucial for ensuring that individuals living with frailty do not feel depersonalized or anonymized within the healthcare system. Therefore, participating in caregiving and relying on it should not be merely regarded as an undesirable form of dependence to be completely avoided but instead, as an acknowledgment that such intergenerational reciprocity is inherent to human life. When care is deliberately structured, it can unveil fresh possibilities for harmonious coexistence with others and lead to positive outcomes that are truly momentous (Hamington and Flower 2021).

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### Notes

1 The notion of agency competence is fundamental to the development and acquisition of all other competencies. It serves as a prerequisite for leading a minimally independent human life. Agency competence encompasses the ability to formulate purposes freely and to appreciate the essential means to attain those purposes, irrespective of their nature. This capacity for current or future action constitutes a crucial criterion for being recognized as an agent, as it empowers individuals to meaningfully interact with their surroundings and autonomously pursue their objectives.

2 It is an academic measure that comprehensively describes and evaluates various activities, such as speech or physical mobility.

3 Decisional competence is a term used to describe an individual's aptitude to comprehensively grasp relevant information, recognize the potential consequences of different options, and effectively articulate their preferences, empowering them to make informed decisions about their welfare and affairs.

4 Societal competence encompasses the demonstration of a diverse array of task and decision-making capabilities by an individual, enabling them to engage in independent interactions within a given society or community without compromising their own or others' well-being.

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