The Monument of Memories as a place/space of multifarious rhetorical action

Meagan K. Winkleseth

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The Monument of Memories as a Place/Space of Multifarious Rhetorical Action
by
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Thesis

Submitted to the School of Communication, Media and Theatre Arts
Eastern Michigan University
in partial fulfillment of the requirements

for the degree of

MASTER OF ARTS
in
Communication

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March 15, 2020
Ypsilanti, Michigan
Dedication

To Sally Bennett Olczak and the Alzheimer Society of Windsor and Essex County.
Acknowledgements

First, I would like to thank Sally, the CEO of the Alzheimer Society of Windsor and Essex County, for agreeing to do an interview with me about the Monument of Memories. As you mentioned, it was surprising to receive an email about the Monument from someone in Michigan eleven years after it was emplaced in Jackson Park. Nonetheless, you and your team welcomed me with kindness and generosity. The information and resources you provided have been invaluable, and I still fondly reminisce about our conversation.

Second, I would like to thank the members of my thesis committee: Nick Romerhausen, Jon Carter, and Raymond Quiel. I am indebted to the guidance, knowledge, and support that you have given me not only during the process of constructing my thesis but also throughout my master’s program. I have learned so much for each of you about the importance of communication and being an inquisitive student, well-rounded scholar, and grounded instructor. I will carry your wisdom with me as I progress in this field.

Third, I would like to thank all the other adept instructors and professors I have encountered during the seven years I spent learning and growing within the School of Communication, Media & Theatre Arts. I would like to thank Dennis O’Grady, Michael Tew, and Jenny Kindred for inciting my love of communication and inspiring me to pursue a career in the field. You have greatly impacted my life and I cannot thank you enough.

Fourth, I would like to thank my fellow graduate assistants. I cannot imagine tackling this journey without your support, perspective, and humor. I look forward to staying in touch with all of you after we graduate! Finally, I would like to thank my family for your endless love, support, and guidance. I would not be where I am without you.
Abstract

The number of people living with some form of dementia globally is growing. The absence of a cure, combined with this rapidly increasing presence of dementia, has directed attention away from fostering an understanding of the disease as it is socially experienced and toward the intricacies of determining its neurological properties. This study analyzes the Alzheimer Society of Windsor and Essex County’s Monument of Memories as a cultural form with the potential to (re)frame how the experience of dementia is socially conceptualized in Windsor, Ontario, and beyond. Specifically, I employ theoretical and methodological insights from participatory critical rhetoric, postmodern architectural language, and metonymic reduction to characterize the Monument of Memories as a place/space of multifarious rhetorical action.
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**Chapter 1. Introduction**

Dementia is a chronic disease that harbors many symptoms affiliated with the deterioration of a person’s cognitive functions, social faculties, and (most notably) the capacity to participate in activities of daily living (Jeong, Kim, & Chon, 2018, p. 5). Researchers at Mayo Clinic (2018) depict dementia as an ambiguously vague disease that includes various symptoms that have grave effects on a person’s overall well-being (e.g., struggles with communication, rationality, memory, navigating routine tasks and bodily functions, disorientation, emotional and psychological health, fear and anxiety, acceptable normative behavior). It is with this description that the pernicious nature of dementia can be merely detected; as an elusive condition, dementia’s characteristics change in each new case. A Fact sheet from the World Health Organization (2019) reveals that there are approximately 50 million people who have dementia globally with practically 10 million new instances arising annually. That same fact sheet estimates this number to reach 82 million in 2030 and 152 million in 2050 (World Health Organization, 2019).

The number of people living with dementia globally is steadily growing, and because the majority of dementia caregivers are proximal family members, the “number of caregivers and the amount of time spent caring for dementia patients” will increase at a similar rate (Jeong et al., 2018, p. 6). Family members enact caregiving roles for most people living with dementia, which is a significant distinction when contrasted with who engages caregiving for other diseases (Jeong et al., 2018; World health Organization & Alzheimer’s Disease International, 2012). Within the milieu of dementia and thus the context of this written work, *dementia caregivers* refers to adult children or spouses and *dementia patients* are their aging and/or elderly parent or significant other who has dementia.
The time spent managing dementia’s sporadic nature can cause dementia caregivers to suffer irrevocable collateral damage as they become increasingly victimized by the physical, emotional, and psychological effects associated with the care of this disease (Eisdorfer et al., 2003). It is important to acknowledge that the experience of dementia is shared and typically familial. As an incurable disease that is growing exponentially on a global scale, dementia necessitates varied investigation that may engender innovatively beneficial perspectives.

Dementia, as a dualistic construct, is difficult to delineate. Its evanescence in form, content, and frequency is damaging to the diverse population of people it inhabits and their caregivers. As an abstract paradox typified by an idiosyncratic process of concurrent dehumanization and personification—in which the mind is consumed and the body is reanimated with a permanent occupant of pathologic liminality—dementia ultimately stifles its hosts’ discursive faculties and makes them nearly imperceptible for caregivers to grasp and meaningfully manage (Marvin, 2006, p. 67). As such, dementia broadly constitutes a mosaic of collective isolates: It is a “communal phenomenon” whose very sense of community is parceled and largely inaccessible due to medically informed, schematically ageist discourses that stigmatically detach dementia patients from their authentic bodily, lived experience (Blair, 2006, p. 52). Said discourses, which manifest in “textualizing [mass] mediated [messages],” fracture and reconfigure dementia’s corporeal, social existence in simplified and dismissive ways (Marvin, 2006, p. 70).

These incomplete representations are easier to digest for dominant cultural publics that fear the defamed afflictions of aging with dementia (Evans, 2018). They obscure dementia’s vast, processual complexity and reduce its patients to nothing more than the cognitive function of memory through repetitive representations that commemorate dementia as a calamitous
deterioration of life and self (Vasil & Wass, 1993). Dementia patients and caregivers (by association) remember and are remembered pathologically as the loss of cognition and socially as the vanishing of meaningful existence. The hegemonic peddling of these characterizations that render people living with dementia as devoid of sufficient humanism cause the immensely humanistic experience and dialogue of dementia to become lost and forgotten (Blair, 2006).

Peregrinating the intersection of dementia and collective memory studies reveals that such dominant commemorations of dementia comprise a place of rhetorical significance rooted in discursive confictions (Blair, 1991). Many global cohorts of dementia patients, caregivers, and advocates have increasingly constituted counter public enclaves that can and do confront dominant notions that defame people living with dementia (Mansbridge, 1996). These enclaves, as Fraser (1992) expressed, function as both places “of withdrawal and regroupment,” as well as “training grounds for agitational activities directed toward wider publics” (p. 124). They form supportive spaces in which said groups can construct the experience and dialogue of dementia according to their authentic lived experience, thus garnering protection from the effects of harmful dementia stereotypes while generating opportunities to challenge the popularized negative portrayals of dementia (Mansbridge, 1996).

The Alzheimer Society of Windsor-Essex County, the Alzheimer Foundation of America, and the Lewy Body Dementia Association are just three examples of these counter public enclaves. They “circulate counter-discourses” through the distribution of educational materials, classes dedicated to the accurate representation and treatment of dementia, informational digital clips, and several other resources and initiatives “to formulate oppositional interpretations of [dementia] identities, interests, and needs” (Fraser, 1992, p. 124). These enclaves “expand [the] discursive space” that encompasses dementia, subsequently creating alternative “deliberation and
argumentation” for how dementia should be understood and remembered (Fraser, 1992, p. 124). The symbolic contestation for the dominant agency to memorialize and signify dementia in contemporary public discourse is crucial. As Blair (2006) explains, the agenda(s) of the present manipulates how the past is framed and activated. The flourishing ubiquity of dementia and its effects behooves the continuity of commemorative reconfigurations that refine and alter past understandings of dementia, such as the Alzheimer Society of Windsor and Essex County’s Monument of Memories.

**Statement of Purpose**

The purpose of this work is to perform a rhetorical analysis of the Alzheimer Society of Windsor and Essex County’s Monument of Memories, which memorializes the communal experience of Alzheimer’s disease and other forms of dementia in Windsor and Essex County, Ontario, Canada. Against the backdrop of collective memory studies, the Monument of Memories constitutes a rare form of material commemoration due to its concern with a pandemic health phenomenon. In this project, I hope to capture how the Monument of Memories generates a sense of homeostasis for a disease that greatly impacts the residents of Windsor and Essex County and that systematically affects millions of people around the globe. My goal is to explore the ways in which the Monument of Memories acts as a place/space of multifarious rhetorical action.

The absence of a cure, combined with the rapidly increasing presence of dementia, has directed attention away from fostering an understanding of the disease as it is socially experienced and toward the intricacies of determining its neurological properties (World Health Organization, 2018). Economic and cultural capital is invested in medical regimes of power to objectively mark the nature of dementia and address (or alter) the abnormality of its chemical
makeup to thwart its fatal effects on the social body (McKerrow, 1989). As such, dementia is primarily situated within a scientific discourse surrounding chronic neurodegeneration, or a biology of loss, and developing the means for controlling it (Jasinski, 2001). However, the latter cannot be achieved without the traction of an aesthetic discourse that humanizes the experience of dementia (Jasinski, 2001). The Monument of Memories is a wellspring of rhetorical action that must be tapped in order to gain insight into this interplay.
Chapter 2. Literature Review

Collective Memory

Collective memory, as an eclectic heuristic, exceeds interdisciplinary bounds and evades conceptual definitude (Harris, Paterson, & Kemp, 2008). For several decades, the study of collective memory has pervaded scholarship across the humanities and social sciences, particularly that of communication studies and rhetoric (Zelier, 1995; Blair, 2006; Wertsch & Roediger, 2008; Dickinson, Blair, & Ott, 2010; Phillips, 2004; Houdek & Phillips, 2017). Though prone to various interpretations and applications that obscure a constitutional exactness, contemporary theorists generally agree that collective memory transcends (but does not omit) individuals’ cognitive aptitude for retrieving past information (i.e., personal and/or individual memory) to engage commemorative activities shared by social groups (Zelizer, 1995; Wertsch & Roediger, 2008; Dickinson et al., 2010). The prominent works of French sociologist Maurice Halbwachs are vital to this understanding of memory as “an activity of collectivity” (Dickinson et al., 2010).

Halbwachs (1992) asserted that collective memory is socially constructed via societal frameworks (e.g., family, religion, social classes) that individuals belonging to a certain social group constitute and use to conjure recollections that inform their collective memory which subsequently defines their community and relation to it. As Halbwachs (1992) stated, “No memory is possible outside frameworks used by people living in society to determine and retrieve their recollections” (p. 43). Here, the interdependence between individual and collective memory is lucid. As Halbwachs (1992) explained, “One may say that the individual remembers by placing [themselves] in the perspective of the group, but one may also affirm that the memory of the group realizes and manifests itself in individual memories” (p. 40). The discourse amongst
individuals within a social group functions to (re)construct and circulate pertinent “recollections of the past” (Zelizer, 1995, p. 214) that can then attend to their collective “concerns, issues, or anxieties” of the present within larger social frameworks (Dickinson et al., 2010, p. 6). Therefore, though “collective memory endures and draws strength from its base in a coherent body of people, it is individuals as group members who remember” and cultivate collective memory (Halbwachs, 1980, p. 48).

Halbwachs argued that collective memory “is essentially a reconstruction of the past in light of the present” (Coser, 1992, p. 34). Social groups select and adapt certain portrayals, figures, events, and actions from their collective history over others to accommodate their present needs and/or address the “beliefs of their current moment” (Dickinson et al., 2010, p. 8). In this sense, a group’s collective memory is never static nor completely accurate (i.e., in accordance with the historical record) but always variable and synecdochic. A group’s understanding and manipulation of the past hinges on its present state (i.e., as the group’s goals and character shift, so does its use of the past), thus rendering collective memory a processual phenomenon (Zelizer, 1995; Dickinson et al., 2010). Furthermore, the collective memory of a group is an active, mosaic representation that is optimal for said group’s current purposes (Blair, 2006); it is not a passive, preservative recitation of past occurrences but rather a strategic reconstruction based on the “ever-changing codes by which [groups] delineate, symbolize, and classify the world around [them]” (Lowenthal, 1985, 210). Halbwachs (1992) corroborates this conception, expressing that “because [collective memories] are successively engaged in very different systems of notions, at different periods of our lives, they have lost [and will continue to lose] the form and appearance they once had” (p. 47).
As representations of the past, collective memories are partial. In other words, “no single memory contains all we know, or could know, about any given event, personality, or issue” (Zelizer, 1995, p. 224). When certain aspects of the past are selected and employed for current usage, others are deflected and forgotten. The construction of memory within social collectivities, as such, extends into the sphere of public contestation in which “divergent groups dialogically [clash] with each other over the present meaning of our shared pasts” (Houdek & Phillips, 2017, p. 3). Communication and rhetorical scholars pursue investigation within these forums of commemorative debate in order to gauge how diverse, yet associated groups (i.e., connected via the occupation of space within social institutions and systemic structures) employ “public meaning-making practices and [engage in] contests over the past” (Houdek & Phillips, 2017, p. 3). These disputes illuminate how varying social groups construct conflicting claims about who has the authority to remember and shape the structure of sociopolitical institutions via the application of certain collective memories that superimpose social order and a dichotomy of inclusivity and exclusivity upon social groups (Zelizer, 1995; Dickinson et al., 2010; Houdek & Phillips, 2017).

The process of collective memory, then, is controversial and subjectively biased. It is suspended within the realm of the symbolic as a phenomenon discursively constructed to determine “the nature of power” and who controls it (Bodnar, 1992, p. 15) within current social hierarchies that configure identities according to perceived membership in social groups that are privileged or oppressed in societal structures (Blair, 2006). The heuristically productive nature of memory studies, especially the prolific investigation into how collective memory creates, sustains, and challenges social power schemata, has fostered much scholarly inquiry into the
distinction between collective memory and (the field that has typically dictated the past) history (Zelizer, 1995).

However, this inquiry is not new. Since the 1930s, a declared difference between collective memory and history has been that collective memory is “subjective and immediate” while history is “objective and mediate” (Collingwood, 2005, p. 366). Pierre Nora’s account of this distinction, which has been significantly cited by other memory scholars (Dickinson et al., 2010), conceives collective memory and history to be essentially antagonistic to one another for several fundamental reasons. Nora (1989) positions memory as a malleable construct that is rooted in the present and contingent on the proclivities of particular social groups, while pinpointing history as a specific static framing of the past that “claims universal authority” on account of “belonging to no one” (pp. 8-9). Nora (1989) besmirches history as a nomadic notion whose lack of responsibility for its indiscriminate affiliations “annihilates what in reality has taken place” yet engenders very real and often detrimental implications for various social groupings (p. 9). History is predeterminately destined to the timeline and progression of past events, which necessarily renders it unable to adequately represent the range of diverse standpoints that accompanied and molded said events (Nora, 1989, p. 9).

Collective memory, on the other hand, is “borne of living societies” and “remains in permanent evolution, open to the dialectic of remembering and forgetting, unconscious of its successive deformations, vulnerable to manipulation and appropriation, susceptible to being long dormant and periodically revived” (Nora, 1989, p. 8). Nora (1989) notably asserts that collective memory wields the past with a purpose to foster the preservation of demarcated existences through its ascribed locale within concretized sites and spaces, making it a dependable instrument (that is unrestricted by a historical lineage of “accurate” sequential occurrences) by
which to characterize the surrounding world via establishing a formidable and presence within it (p. 8-9). Said concretized sites are predominantly referred to as what Nora (1989) terms lieux de mémoire or commemorative “boundary stones of another age” that are erected not for the construction in and of themselves; they are called into being by communities and identities that would otherwise be whisked away by “the movement of history” and a society that intrinsically repels preservation due to its preoccupation with “the new over the ancient, the young over the old, [and] the future over the past” (p. 12). Lieux de mémoire as constructed manifestations are detached from historical meanings and events and thus “have no referent in reality…they are their own referent” (Nora, 1989, p. 23). As such, lieux are polysemic and can infinitely take the form of many interpretations (Nora, 1989).

Nora (1996) explains that his conception of lieux de mémoire stems from medieval and ancient rhetoric and the “tradition of mnemonic techniques” as described by Frances Yates who details how the Greek art of memory was founded upon the “systematic inventory of loci memoriae, or memory places” (p. xv). Specifically, Yates (1966) discusses how the art of memory involved the mnemonic technique of impressing “a series of loci or places” or images onto an orator’s memory that they could use to create a “memory palace” or organized mental placement of memories from which to correctly recall and recite public speeches (p. 2). The study of memory within Communication Studies and Rhetoric has, therefore, long been dedicated to the manifestation of memory within place and/or space (Yates, 1966; Wachtel, 1986; Nora, 1989; Zelier, 1995; Houdek & Phillips, 2017). Over the past several decades, communication and rhetorical scholarship has investigated collective memory via a variety of lieux or cultural forms, such as monuments (e.g., Dunn, 2014; Dunn 2017; Reyes, Schulz, & Hovland, 2018), memorials (e.g., Blair, Jeppeson, & Pucci, 1991; Blair 1999; Blair, 2001), burial
sites (e.g., Dunn, 2011a), statues (e.g., Dunn, 2011b), museums (e.g., Hasian, 2007; Cram 2016; Romesburg, 2014), and significant commemorative artifacts (e.g., Blair & Michel, 2007; Rand, 2007).

Interrogating their content, these lieux preserve the ordinarily extraordinary, quotidian experiences (both individual and collectivistic) of vernacular communities and marginalized people (i.e., Vietnam War victims and veterans, LGBTQ+ people, Holocaust victims, and victims of the HIV/AIDS epidemic). Through their presence, they capture the faint voices and narratives of collective isolates whose lives, and more bluntly, existence would fade into the forgotten nothingness that accompanies society’s “out-of-sight, out-of-mind” mentality. The meaningful and lasting commemoration of these groups’ shared experiences and identity is subsequently best remembered and preserved when “anchored in space” via tangible artifacts (Wachtel, 1986, p. 212).

Collective Memory and Cultural Forms

Communication studies and rhetoric, as previously introduced, have had a vested interest in exploring how the collective memory of particular social groups is materialized in cultural forms. Naturally, actuating this curiosity in material artifacts has not been without its challenges. The tradition of interrogating written and oral discourses (i.e., deliberative, forensic, and epideictic) has monopolized rhetoricians’ attention since the field’s inception (Blair, 1999). Expanding rhetorical consciousness to conceive material artifacts as greater than strictly “characteristic of the rhetorical context” (i.e., “the physical setting, or sociocultural environment, of the rhetorical text”) is a laborious, intimidating venture (Blair, 1999). Yet the imminent potential of cultural forms to do rhetorical work is ineluctable because of their incessant nature; not only do they direct attention to the partisan a/effects or forces that exist “beyond the goals,
intentions, and motivations of [their] producers,” but also to understand their operation (Blair, 1999, p. 23). Blair (1999) observes that “our usual rhetorical models” of “speech and writing” are habitually ephemeral—they eventually evaporate into thin air or are stored away in hidden peripheries (p. 17). Cultural forms have a “recalcitrant presentness” that procures and emanates the particularly epideictic discourses of social collectives that would otherwise fade or become veiled without their assiduous material circulation that transforms them into collective memories (Blair, 1999, p. 17).

However, when collective memories are ascribed by and for a social group to a cultural form external to the group’s conceptualization, these forms embody that memory and the group relinquishes authority to control its interpretation. Young (1993) states that cultural forms are initially shaped within a group’s vision to “best serve [its] interest[s],” but “take on lives of their own” upon creation and are “often stubbornly resistant to the [group’s] original intentions” (p. 3). When officially established in public spaces, memorials incur a multiplicity of interpretations as the polity engages with their emplaced textuality and architectural form, and herein lies the difficulty of catalyzing the potential of cultural forms to do rhetorical work. Members of social groups feel anxiety when the collective memories that define them are enshrined within material structures (Blair, 1999, p. 22). They fear what they are or what they will become when “manifested materially” because they no longer “belong to [them],” but rather the polity of prolific interpretations (Foucault, 1969, p. 216).

It is at this juncture of empowered production and abdicated control that collective identity and existence as such is “transitory [and conceivably] destined for oblivion” (Foucault, 1969, p. 216). Foucault (1969) articulates that rhetoricians “avert [the] powers and dangers” (p. 216) that come with elucidating the “issues of consequence and partisanship beyond that of the
[producer’s] goals” (Blair, 1999, p. 23) when succumbing to their anxiety and subsequently “evad[ing] [the] ponderous, awesome materiality” of groups’ production of collective memory (Foucault, 1969, p. 216). Blair (1999) asserts that rhetoricians must heed the call of cultural forms to investigate their symbolicity beyond the bounds of their creation, in order to glean a better understanding of collective memory’s endurance and influence within societal systems of interlocking power structures. To take up this call, I will explore how communication and rhetorical scholars have theorized the rhetoricity of specific commemorative sites beyond their cultivation of collective memories by exacting two pointed themes that permeate the literature concerning the materialization of collective memory: the visual and permitting space for possibilities and the omnipresent communality. Rather pointedly, each theme is rooted theoretical assumptions and buttressed by pertinent examples from the field. I then briefly explore how collective memory has manifested within health communication to thoroughly contextualize my work with the Monument of Memories.

**The visual and permitting space for possibilities.** Peterson (2001) criticizes Foss’s scheme for evaluating visual rhetoric because it begins analysis of material forms with critics identifying an image according to their own proclivities, thus automatically deflecting aspects of the scene and “making [snap] assumptions about the visual elements that they perceive” (p. 22). In the following steps of assessment, critics prescribe how images should be perceived based on these assumptions which, as Peterson (2001) states, “put[s] the (interpretative cart before the perceptual) horse” (p. 22). All visual elements of the scene are “interpreted in light of the image” the critic has created upon casting their eyes over a material scene which severely limits inquiry into what it does rhetorically (p. 22). Essentially, the producer’s interpretation of the phenomenon substitutes singularly for that of the critic’s interpretation.
Peterson offers an alternative schema that advises critics to refrain from imposing their proclivities and idiosyncratic, mental frames of interpretation onto material forms. She, instead, implores rhetoricians to begin with “the sensory visual stimuli” or “building blocks” that constitute the cultural form as a whole (Peterson, 2001, p. 23). Placing emphasis on visual elements without immediately referring to the whole exposes critics’ biases and permits space for the possibilities that accompany “democrati[c] critical discussion[s]” about material forms (Peterson, 2001, p. 25). Centralizing visual elements in the discussion of various lieux and conceptualizing their rhetoricity illuminates the way in which collective memories are materially constructed and employed to “shape perceptions and persuade…viewers [to adopt] particular ways of thinking” about certain social groups, their position within social hierarchies, and their inclusivity or exclusivity within dominant discourses (Peterson, 2001, p. 25). This schema is evident throughout the purview of reviewed literature.

In their postmodern, critical analysis of the Vietnam Veterans Memorial (VVM), Blair et al. (1991) emphasize how the memorials visual elements (e.g., “color, size, shape, geometry, placement, material, and inscriptions”) “do not speak with one voice”; they, combined with the larger symbolicity of the memorial, speak in opposition to each other (p. 281). Blair et al. (1991) explain that these aspects “offer diverse messages” and “do not add up to a correct or synthetic interpretation” of the memorial, thus permitting space for the possibility of multifarious interpretations that can be thoughtfully debated amongst scholars who have theorized the diverse ways Vietnam war veterans are collectively remembered and forgotten (necessarily shaping the ethos of veterans’ identities in society, as constructed in cultural forms and historical accounts of the war) within the memorials memoryscape (p. 281). Blair et al. (1990) did not analyze the VVM with a particular image of its materiality in mind but rather interrogated the merits of its
many elements, allowing their inquiry to create room for diverse interpretations about how Vietnam veterans and the war is collectively remembered within society, social enclaves, and the intimate confines of interpersonal relations.

**Omnipresent communality.** Memorial space is communal space (Blair, 1990). Though lieux may be viewed and described individually, “it is almost always part of a collective experience” as people move through a commemorative site amongst the company of others (Blair, 1990, p. 48). There is often a juxtaposition regarding communality at memorial sites between who is preserved and how, particularly as it pertains to the circulation of past recollections. In other words, Blair (1990) claims that cultural forms “construct communal space, prescribe pathways, and summon attention on the whole person of the audience” while also acknowledging that they call for the communal consideration of longevity in which groups are granted a sort of eternality in material commemorations (i.e., how this constant presentences emanates from the commemorative site; p. 48-49). The notion of a commemorative space exposing omnipresent communality is evident throughout the purview of reviewed literature.

Blair (2001) discusses experiencing the Holocaust Memorial Museum in Washington, D.C. as the intense presence and absence of community upon entering the museum with a larger group but being detached from this group while peregrinating the materially structured path of the museum. She details the (de)construction of community in a distorted and scarred space where the only sense of communality was felt through a strong urgency for convergence. The museum’s path structured the commemoration of the Holocaust by reproducing notions of absolute terror, “creating discomfort and teaching somatically,” and preying on people’s need for connection with others via the commonality of acute disorientation and the awareness of impending death (Blair, 2001, p. 287). Here, collective memory is fostered via the prescription of
movement of space that was experienced separately with an eye always toward the communal by its very absence. It is the longevity of the museum’s a/effect that calls into question how groups are remembered and memorialized honorably or otherwise.

**Collective Memory and Health Communication**

Collective memory within contemporary health communication studies is rarely found in physical sites of memory. Rather, it is often positioned within the exploration of authentic narratives concerned with various health phenomena. One example comes from Tullis (2013), who was able to commemorate valuable insights pertaining to the particularly emotional experiences and narratives of hospice patients toward the end of their lives, as well as how emotion (more generally) is “suppressed or privileged” in such health communication research settings (p. 206). Though not extensively, rhetorical studies have examined the intersection of collective memory and health phenomenon within material sites, precisely as it pertains to the noticeably discursive NAMES Project AIDS Memorial Quilt, which commemorates the HIV/AIDS health crisis as it disproportionately and fatally a/effect ed gay men.

Blair and Michel (2007) describe the Quilt as a radically reverberatory artifact of public memory that is (a) significantly democratic for how it embeds difference (i.e., of vernacularized identities and the ways that they should be understood and importantly enshrined) within our nation’s political fabric, and (b) remedial in its function to allow people to lament the tremendous loss the outbreak of HIV/AIDS engendered (p. 620). Blair and Michel (2007) also characterize the Quilt more broadly and in reference to its structural whole by juxtaposing it with the VVM (explaining how it extended the VVM’s rhetoric in progressive ways that greatly aided in shaping “the vigorous culture of national commemorative building in the late twentieth-century United States”) and later with the Oklahoma City National Memorial and the September
11, 2001, commemorative projects (connoting the Quilt’s rhetoric as trailblazing for future commemorative works; p. 595).

Rand (2007) conversely explores how the Quilt’s discourse of mourning gave gay men a restrictive platform that garnered some social recognition and thus agency earlier on in the HIV/AIDS crisis while simultaneously restricting possibilities for aggressive activism and social change—a preservative prohibition whose continuity permeates contemporary LGBTQ+ health advocacy (pp. 655 & 673). Though such memorialized discourse of mourning could become a conduit for the powerful emotion of anger (*History Is a Weapon: The Queer Nation Manifesto*, 1990), it inherently conserves constriction to social change (Rand, 2007, pp. 655 & 673). The scholarly work of placing the AIDS Quilt (as a prominent artifact of health phenomenon) within the frame of public memory serves to effectively solidify rhetoric’s ability to contribute to health communication research in culturally defining ways.

There is a need for research within the field of health communication concerning the preservation of public health memory in material sites. As a result, I propose to address said need through the exploration of the Alzheimer Society of Windsor-Essex County’s Monument of Memories located within Jackson Park in Windsor and Essex County, Canada. The Monument’s commemoration of Alzheimer’s disease (the most common form of dementia) and other dementias will be explored through the lens of participatory critical rhetoric (Middleton et al., 2015).
Chapter 3. Method

Participatory Critical Rhetoric

“Understanding the world—or some small fragment of it—requires studying it in all its wonder and complexity” (Fetterman, 2009, p. 33).

Participatory critical rhetoric is a nascent, multiperspectival approach to investigating in situ rhetoric or “rhetoric in its embodied and emplaced instantiation” (Middleton et al., 2015, p. xv). More specifically, in situ rhetoric is concerned with the discursive actions that ordinary communities use to manage the exigent trials and tribulations that pervade their daily lives (Middleton et al., 2015). Participatory critical rhetoric subsequently infuses qualitative methods of data collection with rhetorical criticism to seriously consider “what can be learned from the everyday rhetorical practices that are often dismissed as too mundane to warrant critical attention” (Middleton et al., 2015, p. xiii-xiv). As such, participatory critical rhetoric is concerned with theorizing field-based rhetoric while centering the role of the critic (Middleton et al., 2015). It focuses on the critic’s agency and varied engagement in fieldwork to “observe, participate with, document, and analyze” the vernacular discourses that symbolically (re)articulate a marginalized community and its character (Middleton et al., 2015, p. xv).

The significance granted to quotidian live(d) rhetorics necessitates the critic’s presence in “the moment of rhetorical invention” rather than external to its immediate and complex manifestation (Middleton et al., 2015, p. xiv). This emphasis sutures the gap between the critic and rhetorical practice that traditional criticism sanctions (Middleton et al., 2015). Participatory critical rhetoric counters traditional characterizations of the critic as the be-all-end-all authority that objectively evaluates the effectiveness of rhetors/rhetorics based upon certain rational rhetorical criteria (Middleton et al., 2015). When positioned on the same plane as rhetors and
audiences, critics can gain access to locally situated and ephemeral rhetorics that afford them the “opportunity to stand with, for, and among” the communities they study (Middleton et al., 2015, p. xiv). As a result, the critic’s focus importantly shifts toward examining the community they interact with in “ways that have effects beyond descriptive or evaluative critiques of [that] communit[y]” (Middleton et al., 2015, p. 12).

This intimate participation reflects participatory critical rhetoric’s commitment to the intellectual tradition of critical rhetoric (Middleton et al., 2015). Middleton et al. (2015) explain that their choice to firmly establish participatory critical rhetoric as a critical framework stems from its roots in critical rhetorical ethnography and rhetorical field methods. The former merges ethnography and critical rhetoric to generate a methodology rooted in activism that critics employ to “advocate alongside vernacular organizations, arguing for their causes” (Hess, 2011, p. 128). The latter consolidates the inciteful functions of performance studies and ethnography with critical rhetoric to generate an approach that orients critics toward identifying the discursive potential of marginalized communities and uncovering how their “voices are or can be deployed in ways that (re)construct more emancipatory power relations” in larger cultural discourses (Middleton, Senda-Cook, & Endres, 2011, p. 389). Participatory critical rhetoric synthesizes these perspectives to constitute a critical praxis “in which critics not only analyze rhetoric, but also seek to intervene in structures of power and engage with communities by doing rhetoric” (Middleton et al., 2015, p. xvii).

The critic’s subjectivity is privileged “within the act of criticism” (Middleton et al., 2015, p. 10). They are asked to do rhetoric by taking on the role of “inventor” with the agency to critique power through the discourses they create (McKerrow, 1989; McGee, 1990). Participatory critical rhetoric goads its proponents to “look toward a future yet unrealized”
(McKerrow, 1991, p. 76) and to seek reformation to unjust power relations that constrain the freedom of the communities they participate with by adopting a mindset toward permanent criticism (McKerrow, 1989). McGee (1990) explains that critics, as consumers of discourse, activize this critical orientation through the creation of texts from discursive fragments found within socio-cultural milieu. These texts, as McGee (1990) contends, must be “suitable for criticism” (p. 288)—critics must configure texts that “illuminate otherwise hidden or taken for granted social practices” that are harmful for people with a lesser subject status and generate alternative meanings and/or interpretations that can advance the interests of marginalized communities (McKerrow, 1989, p. 102).

As previously mentioned, participatory critical rhetoric’s consideration of the critic’s role is dictated by their presence at the site of rhetorical invention. In what follows, I will delineate participatory critical rhetoric’s conceptualization of the critic’s embodied critical presence as it relates to place/space. Within participatory critical rhetoric, the degree of participation available to the critic in a place of research varies depending on the community with which they engage, the types of rhetorical forms at play, and the material site of rhetorical production. My participation with the Monument of Memories was limited to observation in Jackson Park during my visit this past August and an interview with the Alzheimer’s Society of Windsor and Essex County to better understand the vision behind the Monument’s emplacement (Middleton et al., 2015). This is to say that my interaction in the field primarily occurred between me, the Monument, and its location in Jackson Park.

The Monument’s instantiation was minimally mediated by previous rhetorical events and the conversation had about its inception during my interview with the Society. As such, my presence as the critic seemed intensified while peregrinating Jackson Park; I developed a
personal sense of attachment with its landscape through the time I spent within it. Therefore, the choice to focus on the concepts of embodied critical presence and place/space is appropriate for the task of structuring and enlivening my fieldwork in Jackson Park. After describing these two concepts, I will detail my process of data collection which will involve contextualizing my embodied critical presence in the place/space that constitutes Jackson Park.

**Embodied critical presence.** To partake in participatory critical rhetoric is to directly experience rhetoric as it unfolds. The critic’s embodied critical presence at the moment of rhetorical invention grants access to rhetoric that may be excluded in written reproductions (Middleton et al., 2015). From observing how an audience immediately responds to an instance of rhetoric to participating in a community’s discursive practices, the critic assumes various roles and gains different perspectives upon entering a rhetorical field of engagement (Middleton at al., 2015). Broadening the scope of what the critic can see, touch, hear, smell, and taste expands opportunities for gathering information and capturing the wonderment of emplaced rhetoric. Being sensitized to this greater range of stimuli advantageously positions the critic to consider the many elements—conversations, weather, practices, locations, emotions, discursive strategies, and so on—that constitute the rhetorical actions and character of a community or place, which requires their processes of text construction to become more intricate and methodical.

Participatory critical rhetoric necessitates critics to develop a consciousness for the ways in which their bodies, research practices, and intent impact rhetorical invention. In other words, critics must take part in *rhetorical reflexivity* (Conquergood, 1991). For Middleton et al. (2015), a critic is considered rhetorically reflexive when they “remain willing to account for themselves” and “the impact they have on the critical process” (p. 66). Participatory critical rhetoric conceptualizes this impact by framing the critic—their mind and body—as a critical instrument.
with rhetorical consequences (Middleton et al., 2015). In other words, when the critic enters the field to “better understand rhetoric’s cultural construction,” their experiences and sensations become just as salient and important to investigate as the artifact in question (Middleton et al., 2015, p. 67).

Middleton et al. (2015) contend that this investigation of the critic as a critical instrument ensues through the critic’s recognition of their personal orientation in relation to the community they study and creation of self-accounts within written works to clarify the uses of their body and mind while in the field (p. 67). As such, participatory critical rhetoric “privileges the body as a site of knowing” (Conquergood, 1991, p. 180). It is through the critic’s “active, intimate, hands-on participation and personal connection” (Conquergood, 2002, p. 146) with rhetoric as it occurs “within the material landscape and place of rhetorical production” that the critic can begin to access the multiplicity of meanings that constitute the community they study (Middleton et al., 2015, p. 18). This necessitates an exploration of participatory critical rhetoric’s considerations of place/space as the conceptual arena through which the essence of in situ rhetoric can be captured and communicated.

**Place/space.** An embodied critical presence calls for a greater understanding of the ways and space impact the critic within emplaced rhetorical action. Middleton et al. (2015) define place/space as “an interrelationship between sets of spatial norms and particularized performances in places” (p. 94). Any field of rhetorical production is predicated on the intricacies located on both sides of this relationship. Although the interplay between place and space is ambiguous, it “can be generally argued that space is more abstract than place” (Middleton et al., 2015, p. 94). Endres and Senda-Cook (2011) explain that “the connection
between place and space can be described as one of particular to general” (p. 259). More specifically, they express that

place refers to particular locations (e.g., a city, a particular shopping mall, or a park) that are semi-bounded, a combination of material and symbolic qualities, and embodied. For example a city is semi-bounded by city limits (semi-bounded because these limits can be a matter of debate, change over time, or be re-drawn within a single year), includes material structures like buildings and roads, has symbolic meanings such as being perceived as a college town or an urban metropolis and is experienced on a daily basis by the people who live, work, or visit it. Space refers to a more general notion of how society and social practice are regulated (and sometimes disciplined) by spatial thinking (e.g., capitalist mode of production or gendered notions of private and public spaces).

(Endres & Senda-Cook, 2011, p. 259-260)

Place and space are not external to the processes of discursive action. They are social constructions that influence each other and (re)produce meaning according to the “unique material, symbolic and embodied qualities” of their particular locality, as well as the “broader social structures and practices” that shape various spatial systems (Endres & Senda-Cook, 2011, p. 260). Middleton et al. (2015) further explicate this interrelationship between place and space by emphasizing how place is processual.

Participatory critical rhetoric conceives rhetoric as “an emplaced activity” that always “happens with a place (that is always already interrelated with space)” (Middleton et al., 2015, p. 94). Here, the operative word is “with”; place is not a static container for rhetorical action. On the contrary, place “is more aptly seen as a performance wherein bodies, built environment, natural environment, and discourses interact” (Middleton et al., 2015, p. 94). Place is in constant
symbolic and material motion and is perceived as stable when the performance that sustains it is buttressed by sets of spatial norms and practices (Middleton et al., 2015, p. 94). Cresswell (1996) captures this cycle in stating that,

place is produced by practice that adheres to (ideological) beliefs about what is the appropriate thing to do. But place reproduces the beliefs that produce it in a way that makes them appear natural, self-evident, and common sense.” (p. 16)

However, the appearance of naturalness or common sense is merely a façade. Place, along with the various beliefs and vernacular practices that produce it, can become unstable with the introduction of new spatial norms. It is clear, then, that place/space is fluid and thus “open to transgression and challenge” according to human interaction and meaning making (Middleton et al., 2015, p. 94).

Its processual character also renders place/space as “one intersectional rhetorical form that contributes to the whole of rhetorical experience” (Middleton et al., 2015, p. 96). Participatory critical rhetoric holds that the emplaced and embodied rhetoric it theorizes is created through the confluence of rhetorical forms (e.g., words, images, bodies, etc.) and “experienced through the merging of senses” by critics when they enter the field (Middleton et al., 2015, p. 96). Place/space is not just a context composed of externalities or physical structures “having no other meaning beyond what appears as commonsense evidence of one’s competence in performing according to community standards” (McKerrow, p. 271); its participatory qualities—human enactment of spatial norms and execution of particularized performances to (re)construct or disrupt the function of rhetorical action—effect consequences on the intersecting forms of an emplaced rhetoric. It is the interplay between rhetors and audiences or members of a community that animate the intersectionality of place/space within fields of emplaced rhetorical
encounters. Their embodied actions are inextricable from the (re)production and/or disruption of place/space, and it is the embodied critical presence of the critic that can access these in situ rhetorical forms through methods suitable for the place of research.

**Data Collection**

The qualitative methods of data collection that constitute my fieldwork and underpin my analysis of the Monument of Memories are participant observation and interviewing. In what follows, I will delineate how my embodied critical presence was situated through the role of “observer-as-participant” to optimize my immediate experience with the various rhetorical forms that (re)produce Jackson Park and the Monument (a description of Jackson Park as a place/space of rhetorical invention will be explored in the next chapter, “Chapter 4. Peregrinating Through Jackson Park”; Lindlof & Taylor, 2002). I will then describe the interview I conducted with the CEO of the Alzheimer Society of Windsor and Essex County who acted as an informant for the inception and emplacement of the Monument of Memories.

**Observer-as-Participant.** Middleton et al. (2015) state that “observation allows critics to account for their own interaction with the place/space” they are investigating, and assuming the role of observer-as-participant afforded me this empowered agency when moving through Jackson Park (p. 101). Lindlof and Taylor (2002) classify the observer-as-participant as enacting a particular “generic character”—or “range of actions, obligations, and rights that go with being in a certain relation to others in a social system”—that is primarily concerned with observing one’s environment (p. 143). As an observer-as-participant within Jackson park, my interaction with the material and spatial milieu of its instantiation was predicated upon being physically there (Lindlof & Taylor, 2002). My embodied critical presence, in other words, was firmly emplaced within Jackson Park’s natural, built, and social topography and enacted through the
obligation to watch, smell, listen to, and touch its various rhetorical forms; I occasionally intermingled with other people while in this place/space, but these interactions were sparse and did not exceed a smile or nod of acknowledgement. However, physically being in Jackson Park was not the only factor contributing to my embodied critical presence.

Middleton et al. (2015) explain that the critic’s physical presence in the field of research is insufficient when not accompanied by the acknowledgement of their past experience with places/spaces of rhetorical invention:

While the critic’s physical presence in the place of research, or place of rhetorical invention, is an important first step to participatory critical rhetoric, it is not sufficient. Emplaced rhetorical critics recognize and bring their own history with places/spaces to each field encounter. Understanding rhetoricians’ bodies and minds as related to their sense of place helps to recognize what rhetoricians bring with them to the field that affects their interpretation. Critics are influenced by their personal history with place and spatial practices, which influences how they will encounter the place/space of the field.

(p. 101)

My personal history with the spatial practices of recreational places animated my emplaced physicality while conducting fieldwork in Jackson Park and activized my approach to observation. Growing up playing and watching sports within recreational settings somewhat like Jackson Park grounded my embodied critical presence through a sense of spatial familiarity and thus comfortability with navigating the park’s terrain. The sense-making mechanisms that vitalized my observation and reinforced my embodied critical presence were jottings and pictures of the field.

Enacting the role of observer-as-participant meant balancing my focus between
“suspending immediate concerns with writing” fieldnotes to optimize my immersive presence in Jackson Park and directly producing cursory written accounts or jottings of important rhetorical forms and impressions as they occurred to “preserve [their] accuracy and detail” (Emerson, Fretz, & Shaw, 2011, p. 21-29). Emerson et al. (2011) define jottings as “brief written record[s] of events and impressions captured in key words and phrases” to jog the critic’s memory later (p. 29). Jottings are (typically) hastily written and intended to “translate to-be-remembered observations” into more elaborate fieldnotes and detailed descriptions of the place/space later (Emerson et al., 2011, p. 29). Given that human interaction was limited within my fieldwork, subsequent jottings were primarily directed toward capturing significant impressions of Jackson Park’s physical landscape over people’s actions and dialogue (though these elements were not entirely excluded).

The contents of my jottings broadly involved sensory stimuli which eventually led to a more specific focus on the feelings they invoked. I accounted for the overall infrastructure of Jackson Park by subjectively dividing and interacting with each section, taking notes of my initial impressions primarily through what I could see and hear (smell and touch were secondary), as well as the kinds of people present/absent and their (inter)actions; the noises that characterized the atmosphere; the paths and trails that directed movement; the natural and built structures and their location within the landscape; and anything that challenged or violated my expectations for the park as a recreational place/space (Emerson et al., 2011). This also involved taking many pictures to supplement my jottings and ensure I could remember its layout while finalizing my full written notes. Once I withdrew from the field and began creating complete notes, my jottings (as supplemented by the pictures I took) concerning significant sensory stimuli pointed to “general impressions and feelings” about the park’s place/space and the Monument of
Memories’ rhetorical form(s) that eventually allowed me to see how various experiential
elements from my fieldwork “fit together in meaningful patterns” (Emerson et al., 2011, p. 34).
This is to say that my jottings (as supplemented by the pictures I took) were key to making sense
of my embodied critical presence and observations, as well as forging a methodically coherent
narrative account of my peregrination through Jackson Park and at the site of the Monument of
Memories.

**Interviewing.** An initial google search for the Alzheimer Society of Windsor and Essex
County’s Monument of Memories was fruitful for a general understanding of its donative
function within the organization. As latently advertised on the Society’s website, donating
money in exchange for an engravement on the Monument is headlined with the following
persuasive proposition: “Leave Your Mark On Our Community And Make A Lasting Impression
In the Lives of People With Dementia” (Monument or Memories, 2019). Priority is conferred to
the Society as all “donation[s] stay in Windsor-Essex [to] help” provide classes, support, and
further resources for its dementia patients, caregivers, and advocates (Monument or Memories,
2019). The immediacy of one’s monetary contribution is promptly perceptible through the
Society’s active implementations, and later through the permanent engravement of a loved one’s
name. However, information regarding the Monument’s inception and presentational form
required greater insight from within the organization. Specifically, I conducted an interview with
Sally Bennett Olczak, the CEO of the Alzheimer Society of Windsor and Essex County.

The interview was conducted after gaining institutional review board (IRB) approval
from the Eastern Michigan University Human Subjects Review Committee (UHSRC; see the
Appendix) and informed consent from Sally to audio record the interview and identify her
position with the Alzheimer Society of Windsor and Essex County in this research. The
interview guide consisted of 13 questions concerning the Monument’s inception, the process of its creation, its engravings, and reactions to its presence. The interview was recorded and transcribed using the Rev Recorded app suitable for iPhones, and the resulting transcript has been stored in a password-protected computer file. The audio recording was deleted from the app after transcription was complete.

The interview lasted for approximately two hours and took place at three different locations: The Alzheimer Society, the Monument of Memories in Jackson Park, and in Sally’s car while driving through Downtown Windsor, Ontario. The goal of this interview was to garner background information about the Monument to better contextualize my observation at the site of its instantiation in Jackson Park. As the CEO of the Alzheimer Society of Windsor and Essex County, Sally acted as an experienced informant that provided me with key insight into and resources about the Monument that I could not have accessed otherwise (Lindlof & Taylor, 2002). Her involvement with the Monument’s inception in 2006 through its emplacement within Jackson Park in 2008 and beyond rendered Sally a prime subject whose knowledge and passion allowed me to realize the Monument’s deeply meaningful significance to the Society (S. Bennett Olczak, personal communication, September 6, 2019). Sally’s responses to the interview questions will be used to inform the narration of my experience in Jackson Park in the following chapter.
Chapter 4. Peregrinating Through Jackson Park

Figure 1. Jottings from my fieldwork in Jackson Park, Windsor, Ontario, Canada. August 12, 2019.

Flipping through my black pocket notebook to determine a point of entry into documenting my transient fieldwork in Jackson Park, I settled upon the final two pages of my jottings pictured in Figure 1. Naturally, my eyes were drawn to the bottom of the last page. Deliberately written in all capital letters, underlined, embellished with an exclamation mark for added emphasis, and excessively traced until it was imprinted into the compact page for bold and mindful effect, “HOMEOSTASIS!” constituted my final jotting and emotional state. I had just finished interacting with the Monument of Memories and was sitting on one of the four benches positioned around its perimeter when I wrote this down. Putting pencil to paper for this jotting was intuitive yet vague; predicated upon an intense feeling of stability that was not present when initially interacting with the Monument. It was not until I juxtaposed this visceral sense against the entirety of my experience in Jackson Park that I could see its purpose within a larger pattern of multifaceted and diverse spatial norms.

Located on the southeast corner of Ouellette Avenue and Tecumseh Road East in
Windsor, Ontario, Jackson Park is a semi-bounded place that was strategically established during a time of economic and social turmoil (International Metropolis, 2014). A year prior to the historic and devastating Wall Street Crash on October 24, 1929, Cecil E. Jackson (the Mayor of Windsor at the time) had “publicly present[ed] the idea of purchasing a 64-acre parcel of land owned by the Windsor Jockey Club” (International Metropolis, 2014). Although he received significant pushback, Mayor Jackson continued to advocate for the parkland purchase after the Crash under the presumption that “some form of federally-sponsored economic aid would by necessity be forthcoming” to fund the purchase and that the many Windsorites soon to be unemployed could then have a source of income through working construction on the federally funded project (International Metropolis, 2014). The Windsor City Council, after much debate, yielded to Jackson and approved his proposal in December 1929. Thankfully, Mayor Jackson’s presumption was correct.

Jackson Park came to fruition in 1938 and was aptly named after the Mayor who fought for its establishment and greatly promoted the well-being of his community in doing so (International Metropolis, 2014). Though the benevolent essence of its origin remains, the park’s material structure has significantly evolved since its inception. Its infrastructure has changed in tandem with variations in spatial thought and the subsequent addition of several commemorative monuments and areas/structures for team sports and play units that have attracted a diverse range of visitors (International Metropolis, 2014). The park’s accommodating lineage and extensive range of social activities suitable for people of all ages and multifaceted backgrounds has made Jackson Park “one of Windsor’s foremost attractions” (Tourism Windsor Essex Pelee Island, n.d.). This was evident from the beginning to the end of my fieldwork. When driving to Jackson Park, I initially intended to park in the lot outside of the Queen Elizabeth Sunken Gardens—one
of the park’s most prominent sites. Upon arrival, however, construction trucks and workers pervaded the entrance to the Gardens which eliminated that option. After seeking directions at a local Burger King, I eventually found an alternative entrance to a secluded area located toward the back of Jackson Park and partially separated from its central place/space of rhetorical invention by Ouellette Avenue. Although I did not know it at the time, this unexpected redirection allowed for greater insight into the social character of Jackson Park through the progression of three spatial themes: (a) activity, (b) life and growth, and (c) commemoration.

**Activity**

![Figure 2](image1.jpg)  
**Figure 2.** Jackson Park’s play unit is composed of a playground and miniature water park designed for children from 18 months to 12 years old as directed by the “Welcome” sign (imaged on the left). August 12, 2019.

Equipped with a creative play unit and basketball court, this specific area of Jackson Park is structurally designed for active recreation. The play unit consists of a relatively new playground and waterpark for children 18 months to 12 years old, as indicated on the welcome sign (see Figure 2). Being a warm day in early August, I was surprised to see only a few families using the space. Nevertheless, the sound of laughter filled the air as children climbed on interconnected play structures and splashed in the puddles that pooled at base of leaf shaped sprinklers while their parents supervised nearby. The atmosphere was youthful and completely
familiar. Although I had not played on a playground or in waterpark since I was a child, the social practices engaged by those present—sliding down the big twisty slide, careening through the cool water of a sprinkler, climbing on the monkey bars, and hiding behind play structures when “it was time to leave!”—were indicative of my fondest memories growing up. The most notable and unexpected feature within this area was the “Rock-N-Ship,” an accessible play structure that was donated to Jackson Park by the Windsor Accessibility Advisory Committee “for all to enjoy” (see Figure 3). I had never seen an accessible play structure for children with disabilities in a public play unit before. The Rock-N-Ship combined with the sign marking its existence constitute a conscious recognition of its novel emplacement in a normatively active space that typically excludes people who have disabilities, thus (re)constructing who is allowed and/or considered able to participate/be represented in Jackson Park.

![Rock-N-Ship](image)

*Figure 3. Jackson Park’s play unit is composed of a playground and miniature water park designed for children from 18 months to 12 years old as directed by the “Welcome” sign (imaged on the left). August 12, 2019.*

The underpass created by the interjection of Ouellette Avenue allowed for easy access to Jackson Park’s central place/space of rhetorical invention. Once I sauntered through the underpass, I came upon the park’s lawn bowling greens which had risen a gay pride flag up one of its flag poles—more insight into who can participate/be represented in Jackson Park. It was at
this moment I realized the Park was not enclosed by a fence or physical barrier; this seemed to blur spatial distinctions and generate an aura of open access. Although some of the prominent sports areas advertised on the City of Windsor’s website were not completely accessible due to refurbishments and renovations, it was clear that this section of the park was structurally dedicated to competitive and organized activities. From the lawn bowling greens to tennis courts, soccer and rugby fields, an open grassy area for cricket, and five baseball diamonds, this section was designed to promote community involvement through different forms of sports recreation. There was a game of cricket taking place in the open grassy area when I was passing through, so I stopped to watch for a while. I had seen cricket on television before, but I had never been physically present at a live game. It was amusing to see the players banter between pitches while their families cheered earnestly on the sidelines. This dynamic, though culturally and logistically different, reminded of the years I had spent playing softball during the dog days of summer—a time when friends were made and bonds were formed over the will to win and a shared space of enthusiasm for a great game.

Life and Growth

While shifting into the front section of Jackson Park, the open field of activity significantly transformed into a lush arena of many plants and floral arrangements. This shift marked a noticeable change in terrain. Although Jackson Park is primarily a built environment that reflects the changes enacted to its evolving infrastructure, the areas of active recreation felt more uninhibited by the structured pathways that began to delineate where to venture and how. This was especially apparent while approaching the famed Queen Elizabeth II Sunken Gardens (see Figure 4). There were four entrances with brick paths that sloped downward and converged into an intricate walkway weaved between botanic configurations and sculpted fountains. I stood
at the top of a side-entrance before descending into the Gardens. A maintenance worker was busy watering various sections of plants while a few passersby stopped to briefly admire the arrangements and artistic embellishments before continuing through the park. Reliving this encounter through my fieldnotes, I recalled from my interview with Sally that the Gardens have remained popular over several generations due to their beauty which has brought people together for different ritualistic occasions (S. Bennett Olczak, personal communication, September 6, 2019). Be it graduations, prom pictures, engagements, or weddings, the continued growth of the Gardens (re)vitalizes a space of cohesion and celebration regardless of what may be taking place outside of Jackson Park.

As I moved around the Gardens, it was easy to get lost in their beauty. The sculpted fountains, symmetrical brick paths, and intricately patterned, regal constructions of various perennials, tulips, and annuals briefly blurred distinctions between what was natural and built through an aura of serenity. The sunken mystique of the Gardens was distancing; though it constituted the lowest, most grounded place in the park, its uniquely constructed beauty (which greatly differed from how the other recreational sections were structured) engendered a tranquil aesthetic that momentarily made me forget about the social practices (re)producing the rest of the park. In this regard, I would characterize the Gardens as transportive—an inventive place of ceremonious spatial practices which prompted me to reminisce over my own celebratory experiences. Several benches commemorating individual experiences of conventional socio-cultural milestones (such as anniversaries) line the periphery of the Gardens, leading me to assume that others have felt the same way and were moved to materially manifest those experiences. When finally emerging from the enchanted haze of the sunken mystique—ascending to the grounded level on which the rest of the park functioned—I noticed that this
The commemorative practice of personal memorialization transcended the Gardens; my tranquility shifted to reverence.

Figure 4. Images of the Queen Elizabeth II Sunken Gardens in Jackson Park. August 12, 2019.

**Commemoration**

Throughout Jackson Park, there are plaques, benches, and newly planted trees commemorating personal and/or individual memories of families and loved ones (see Figure 5). They extend into the areas of active recreation and ceremonial space of the Queen Elizabeth II Sunken Gardens, coloring their social practices with spatial norms of remembrance. Many of these tributes were scattered in the grass outside of the pathways; as I walked amongst and between them, I felt conflicted. Although it was permitted and expected for people to defy these structured paths to view the personal memorials (as I quickly learned by watching others engage in this transgressive spatial practice), it contradicted ingrained cultural assumptions and rules of social etiquette to avoid walking over places resembling gravesites out of respect for those they immortalized. Nevertheless, I am glad I defied this rite of avoidance. Physically being in the presence of these personal memorials, unrestrained by social regulations and spatial bounds, allowed me to perceive the grounds of Jackson Park as uniquely sacred and communal. The
plaques, benches, and trees granted material significance to the lives and stories of people who presumably lived in or near the larger city of Windsor, publicly imposing their memories into the vernacular fabric of the community that ostensibly affected them in some way. Interestingly, these personal tributes are positioned close to and/or around larger memorials and monuments (or cultural forms), aptly enacting the foundation for their collective nature.

*Figure 5.* Instances of personal/individual commemoration on plaques, benches, and the base of trees in Jackson Park. August 12, 2019.

Jackson Park is home to four distinct cultural forms that memorialize war and genocide: The World War II Air Force Memorial, which commemorates Windsor’s WWII veterans and veterans in general; the Land, Air, and Sea Memorial, which commemorates all people in Windsor who have served or continue to serve in any war; the Holodomor Monument, which commemorates the “man-made famine perpetrated by Joseph Stalin in the Ukrainian Soviet Socialist Republic in 1932 and 1933 that killed approximately 10 million Ukrainians” (City of Windsor, n.d.); and the Srebrenica Monument, which commemorates “the Srebrenica genocide [of] 1992 to 1995 [that] involved the execution of more than 8,000 Muslim Bosnians in southeastern Europe, and forced 30,000 others to flee their homes” (this monument in Jackson park is “the first official form of commemoration outside of Bosnia”; La Grassa, 2019). Each of
these memorials importantly represents a diverse range of people within (and outside of) the city of Windsor. Jackson Park, as one of Windsor’s most popular attractions, constitutes a centrally located place or platform to publicly honor their cultural histories.

Although my interaction with each of these memorials was spatially and structurally different, it was my combined experience of them that proved most significant. In researching public memory and immersing myself in the ongoing discourses that pervade the academic field, I quickly learned that the material commemoration of war and genocide is a common practice in public sparks. Thus, the presence of the memorials in Jackson Park broadly uphold conventional norms for public commemoration while also giving voice to cultures and people whose preservation is not typically prioritized. They communicatively perpetuate the importance of seeing individual experiences and lives within instances of mass chaos such as war and genocide; the personal memories enshrined in plaques and engraved in benches that surround these larger cultural forms produce an omnipresent reminder of this function.

**The Monument of Memories**

The Monument of Memories is located behind the Queen Elizabeth II Sunken Gardens and along the same structured pathway as the Holodomor and Srebrenica Monument. Positioned between the Holodomor Monument and the Monument of Memories is the Soroptimist International Women of Windsor Garden with a marked plaque that commemorates the Windsor chapter’s 50 years of serving the community and making it a better, more equitable place for women and girls—again, more insight into who is represented in Jackson Park. After approximately an hour and 45 minutes of scouring Jackson Park and making jottings of notable observations, I had finally approached the Monument of Memories. I stood directly in front of the Monument’s largest obelisk but remained on the structured pathway along which it was
located. Toeing the line that separated this main pathway from the walkway leading to the Monument, I realized that to come face to face with the Monument of Memories was to come face to face with dementia in Windsor (see Figure 6).

![Monument of Memories](image)

*Figure 6. The critic approaching the Monument of Memories in Jackson Park. August 12, 2019.*

Illusively imposed within the Monument’s black granite surface and positioned behind its appellation, my reflection made me uncomfortable and reflexive. I had spent months learning about dementia prior to visiting the Monument and became familiar with the many ways that the disease de-systematizes the lives of all those it affects. So, to see myself within the Monument, as the silent and immobile culmination of that de-systemization, was jarring. I speculate that this discomfort was further augmented by the simultaneous occurrence of the park’s reflection in the largest obelisk. As I discovered through my fieldwork, Jackson Park constitutes a place of rhetorical invention that systematically comprises a community of egalitarian meaning. Its various discursive, symbolic, and historical elements (re)converge to generate a public, recreational space that reflects the diversity of the larger community in the material forms and spatial practices cultivated atop its infrastructure. As such, Jackson Park seems to constitute,
through cognizant spatial norms and social activities, a microcosm of equitable idealism where the experiences of people and groupings that are potentially marginalized within the larger socio-political places/spaces of Windsor may be acknowledged and celebrated. The tranquility I previously felt clashed with my knowledge of dementia’s de-systemization and disrupted the patterned order of place/space that I had experienced up to this moment—the Monument of Memories, within my first impression, was an emotionally anomalous cultural form within a larger pattern of stable reverence.

Moving closer to the Monument allowed me to see the three smaller tombstones symmetrically staggered behind the larger, defining obelisk (see Figure 7). These smaller tombstones are roughly half the height of the largest one; their granite surfaces are pointed east and west while the largest tombstone’s granite surfaces are pointed north and south. All four of these structures which comprise the Monument of Memories are positioned within the area of a circle that has been visibly delineated around their materialization. Four pathways of faded black title diagonally extend out from the circle and lead to four benches evenly situated around the Monument. Each bench had a plaque with the names of families affected by dementia. These
four benches, though squarely facing the circular area in which the Monument is emplaced, are not situated in such a way that allows for a clear view of the text engraved on each tombstone; their position upon the tiled diagonal paths makes it so they face each other, allowing for one to see through the spaces between the tombstones (see Figure 8). So, if I were to number each bench off from left to right or west to east, bench one would face bench three while bench two would face bench four.

*Figure 8. An example of the cross-sectional placement of the benches around the Monument of Memories. August 12, 2019.*

I was a bit hesitant to interact with this constructed instantiation. I perceived the line that encircles the four tombstones as communicating a subtly cautionary spatial boundary that was to be avoided or crossed at my own discretion. Initially, I yielded to the former assumption. I worked my way around the outside of this circle, viewing each tombstone from the vantage point of an *invisible onlooker*—perceiving the monument more as an “object of contemplation,” “specimen in a display case,” or as neurons under the magnification of a microscope rather than a cultural form of critical, interactive engagement (Kress & van Leeuwen, 2006, p. 119). Circling the periphery of the monument, somewhat like a hawk circling its prey, I was able to garner a
lucid interpretation of the content engraved on either side of the tombstones. Each of them seemed to espouse distinct yet interconnected narratives which provided commentary about the nature of dementia in relation to the Alzheimer Society of Windsor and Essex County and broader socio-medical discourses. As I slowly moved around the Monument, quickly jotting down notes pertaining to its content, I became aware of my reflection amongst and between the four tombstones within the circle. I was suddenly no longer an invisible onlooker; with the acknowledgement of my reflection and the immediacy of my gaze mirrored back to me, I was literally and figuratively interpellated into the circle—summoned to fully forge a relationship with the Monument’s cultural form.

Being within the area of the circle between the tombstones obfuscated my focus. Any movements, sudden or otherwise, evaded perception as they were mirrored within the tombstones as my reflection swiftly shifted from one to the next. I could not mentally grasp the character of my position within the Monument due to a feeling of displacement consuming my embodied critical presence. Reflexively reliving this abrupt shift in roles and placing it within the contextual knowledge I have about dementia, I came to perceive the objective position that I embodied outside of the circle as resembling the way that dementia is socially and medically framed in public discourse. People living with dementia are seen as less-than-human things to be observed and scrutinized (like neurons are scrutinized under a microscope), primarily in hopes of finding a cure or methods of prevention and secondarily as a means to distance the disease from the human experience. To be outside of dementia, or unassociated with it, is to be unaware of its progressive feeling of loss—of not being able to identify who and where you are against the backdrop of the world around you (as evidenced in the tombstones reflection of various sections of Jackson Park). I tapped into this feeling while within the Monument. My role as the critic was
rightfully displaced from objective outsider to subjective sympathizer who had ephemeral access to the lived experience of dementia.

While in between the tombstones, I became more attuned to the lack of balanced stability dementia begets as a socio-scientific ecosystem—this was augmented by the tombstones’ separation which reinforced the notion of de-systematization in dementia. I also came to understand the Monument of Memories as uniquely different from the memorials commemorating war and genocide. Though war, genocide, and pandemic are instances of mass chaos, dementia is ongoing without a foreseeable end. This directs attention away from fostering an understanding of or identification with individuals’ lived experience of the disease, placing greater importance on producing large scale scientific order. Regardless of the ostensible fact that the latter needs the former to be realized. Eventually, I saw the faded black tile pathways leading to the benches outside the Monument as offering a refuge for conscious respiting (see Figure 9).

Sitting on bench one, which I later came to realize commemorated Sally’s family experience of dementia (S. Bennett Olczak, personal communication, September 6, 2019), my orientation as the critic shifted once more. Recovering from the displacement from within the Monument, I admired the sculpted landscape around the site of the Monument and the familiar plaques commemorating family members and loved ones at the bases of trees behind it. My time within the Monument’s structure, amongst and between the tombstones, was significantly different from my time outside of it. The Monument of Memories gave me the opportunity to better understand dementia through the combined rhetoricity of its structure and content. The experience of the Monument seemed to function as a corrective measure that fostered a fleeting yet potent feeling of balance/equilibrium. The displacement of its structure combined with the
humanizing a/effects of the Alzheimer Society’s engraved communal narratives seemed to allow for an understanding of dementia as both socially and scientifically implicated rather than primarily having relevance in medical discourse. Realizing that the Monument of Memories securely fits within the larger pattern of Jackson Park’s multifaceted diversity of equity through its espousal of similar commemorative and active spatial norms, I allowed my visceral sense of stability, however transitory, to inspire my final jotting: **HOMEOSTASIS!**

*Figure 9. The displaced critic and path to refuge for conscious respiting. August 12, 2019.*
Chapter 5. The Monument of Memories’ Narrative Function

The Monument of Memories and Postmodernity

The Monument of Memories’ material structure is indicative of postmodernity. This necessitates the consideration of its architecture as “a form of social discourse” (Jencks, 1988, p. 15). This discourse displays the values of the Alzheimer Society while also producing its own cultural rhetoric on the conceptualization of dementia using “partisan and meaningful language” (Blair at al., 1991, p. 266). The Alzheimer Society’s Monument of Memories constitutes a physical site that overtly conserves the experience of Alzheimer’s dementia patients, caregivers, family members, and advocates living and deceased (S. Bennett Olczak, personal communication, September 6, 2019). Presented by the society as “a way to remember and be remembered,” the Monument is four black granite tombstones firmly cemented on plinths within the egalitarian place/space Jackson Park has conferred to its instantiation (Monument of Memories, 2017).

Positioned within the delineated circle, the larger of the four functions as the defining obelisk which dictates the function of the other three and the particular comprehension of their collective organization. Each tombstone is signified by text: the larger of the four with the Monument’s title and description, and the other three with the names of community partners and Alzheimer’s and dementia victims, caregivers, family members, and allies. Surrounding the circle in which the collectively isolated cenotaphs are located, are four black park benches diagonally placed across from one another with purposeful precision. Each bench sits at the base of a path composed of faded black titles that carve a direct, short, and sturdy route to the clefts that exist between each tombstone. These benches situate pedestrians within a literal and figurative rhetorical position of reflection to quietly contemplate the experience of dementia.
Reestablishing the character of the Monument’s form sufficiently facilitates a succinct exploration of its language as a relatively postmodern architectural piece.

Blair et al. (1991) explain that postmodern architecture’s language is predicated on three principles: (a) a repudiation “of unities or universals,” (b) consideration of the “use of context,” and (c) the espousal of “an interrogative, critical stance” (p. 267). First, the Monument of Memories refuses to communicate a universal conception of dementia via both its visual and “symbolic fragmentation of unity” (Blair et al., 1991, p. 267). The Monument, as previously described, is constituted of parceled stone configurations that visually reject dementia as monolithically dialogic while simultaneously, through the associated proximity of said configurations, demonstrating the unity of dementia within the surrounding community. Symbolically, the Monument’s fragmentation portrays dementia as a collective experience which exists along lines of immense similarity that strengthens unification but, due to the inevitable isolation dementia patients and caregivers encounter with the disease, is often lessened and never fully attainable.

Second, the Monument of Memories was “carefully set in its context” with its placement in centrally located and historic Jackson Park so it could be easily adapted to the community and people it represents via an embodied “sympathetic [awareness of] its natural setting” and built environment (Jencks, 1981, p. 126). The Monument’s placement in a local, esteemed public park whose natural colors, greenery, abundant floral arrangements, and myriad of other aesthetic elements (Peterson, 2001, p. 23) cultivate a peaceful and calming aura that creates the rhetorical space necessary for the Monument to reflect the darkly confounding and deeply despairing experience that stereotypically typifies dementia that a desolate or sterile context would not have underpinned (Middleton et al., 2015). Furthermore, said park setting accommodates the
sensibilities of people who visit the Monument to remember a loved one or their broader experience with dementia as natural settings have been found to nourish emotional states, physical health, and a “sense of wellbeing” (Hillis, 2019). This context is antithetical to dementia’s often vertiginous and chaotic personification (Kiper, 2015); its character, though strategically constructed, is neutral and allows the Monument to speak for itself.

Third, the Monument of Memories takes an “interrogative, critical stance” by the very act of its manifestation (Blair et al., 1991, p. 269). The Monument’s physical presence fosters an exigent wellspring of unanswered questions concerning the cultural character of dementia which could incite greater discursive action within arenas of critical health communication (Blair et al., 1991, p. 269). The central outcome of the Monument of Memories incarnating this postmodern architectural language and critical standpoint is its now articulated ability to conjure “multivalent readings” that allow for a multiplicity of diverging messages about dementia to be received (Blair et al., 1991, p. 269). This possibility for multiple meanings at the site of the Monument provides the necessary theoretical framework from which to launch a pointedly effective analysis of its textual and visual symbolicity (Blair et al., 1991, p. 269). In what follows, I will interpret the narrative function of the Monument’s text etched within each of its black granite tombstones.

My narrative analysis of the Alzheimer Society’s Monument of Memories is divided into three sub-sections. I will begin by explicating the ageist discourses mentioned at the outset of this project, characterizing them as comprising a socio-medical metanarrative that is challenged and displaced along three readings posed by the Monument’s textual language. Specifically, I will detail three oppositional counternarratives espoused within the Monument’s representational content: the past/present narrative, community narrative, and personal narrative. These narratives render the Monument’s text potently effective for the task of disrupting negative discourses that
distort and confine the public’s understanding of dementia to the pathologizing aspects of the sphere of medicine. This will grant a clear perception of the Monument’s activized language, presenting new ways to think about and discuss dementia.

**Dementia’s Metanarrative**

Mass mediated portrayals depict dementia as a silent but deadly “catastrophic crisis” (similar to that of natural disasters) that can strike at any time, progressively zombifying bodies and likening them to “the living dead” (Zeilig, 2012, pp. 260-261). Kaplin and Chivers explain that the most salient depictions of dementia are racialized and gendered sensationalized with a common plot of an emotionally removed family member who heroically cares for their loved one with dementia as they are agentless in their old age (2018). Such vividly symbolic representations isolate the body in ways that strip people with dementia of their “personhood and social status” in public mainstream society (Marvin, 2006, p. 70). Dementia patients’ dehumanization occurs medically via the disease’s pathological nature and socially via public repudiations. This discursive nullification of existence is seemingly enacted with the implicit and/or explicit purpose to disengage dementia—and its tethered co-conspirator, age—from the human experience, relegating it to the fourth age or the last stage of life just before death reserved for the deteriorating oldest old (people over the age of 80; Gilleard & Hiigs, 2015).

Fear is mobilized to vilify and acutely affect other people living with dementia within the present day. These individuals are sidelined and positioned as insignificant and temporally fleeting victims of age, making public disregard for their existence palatable. Subsequently, commercialized and glorified depictions of health and youth proliferate mass media as aspired valuations of living, effectively masking the inevitability of aging processes (stereotyped as the enemy of health and vitality) which increasingly involves the experience of dementia (Ageism,
2002). Age discrimination stems from the growing normalization of longevity, where individuals are living well into their 80s and 90s, and the threat it poses to several social systems (e.g., primarily healthcare in which negative portrayals of dementia permeate the field of neuroscience; Kaplan & Chivers, 2018). Consequently, dementia becomes even more salient with this burgeoning longevity.

People living with dementia are relegated to the pathologizing aspects of the sphere of medicine. Their bodies, and more precisely their minds, are medicalized and their humanity is rendered absent and forgotten. They are portrayed as void of subjectivity and inconvenient for healthcare systems by pertinent neuroscientific studies whose depictions are permeated through mass mediated characterizations (Kaplan & Chivers, 2018). This is damaging to all those affected by dementia. The bodies and minds of people living with dementia (along with the bodies affiliated with dementia to a certain degree) can only be perceived as substantive in medicalized scenes that pathologize their being via ageist assumptions. Three oppositional counternarratives posed by the Monument of Memories disrupt the pathologically normalized medicalization of dementia in mainstream social discourses (Blair et al., 1991, p. 265).

**The Monument of Memories’ Past/Present Narrative**

The past/present narrative marks the Monument’s function and is located on the largest of the four tombstones (see Figure 10). To obstruct the hegemonic medicalization of dementia, this account first destabilizes time with the supplication of a particular “nonsequential temporal patterning” (Zelizer, 1995, p. 222). The parent narrative of Dr. Alois Alzheimer discovered Alzheimer’s dementia been uprooted from 1906 and “strategically rearranged” within the ever presence of the monument’s defining structure (Zelizer, 1995, p. 222). Emphasized from this historical zeitgeist is Dr. Alzheimer’s characterization of Alzheimer’s dementia as “a
progressive, degenerative brain disease with no known cause or cure” (Alzheimer Society Canada, 2019). This linguistically direct opening statement deliberately invokes the frightening uncertainty and sense of urgency that ostensibly accompanied the onslaught of dementia during the period encompassing 1908 and positions it within the present day to situate all those who read it within the most visceral experience of dementia—its initial and sustained, idiopathic manifestation. The description further explains that the Monument was erected to commemorate not only the Alzheimer Society of Windsor-Essex County’s 25th anniversary but also the “centennial of Dr. Alzheimer’s discovery” (Alzheimer Society Canada, 2019). This socially reconstructs time in a way that simultaneously situates the Monument’s physical existence “in the past” occurrence of Dr. Alzheimer’s discovery in 1906 “and present” occurrence of its emergence in 2006 (Lowenthal, 1985, p. 241), symbolically conveying a particular timeline of dementia’s existence.

Figure 10. The past/present narrative is located on the largest of the four tombstones. August 12, 2019.

Said content illustrates, contrary to the medicalization metanarrative and its effects, that dementia has a traceable past and a historical genesis (Alzheimer Society Canada, 2019).
However, the true origin of Alzheimer’s dementia, as discussed in greater detail in the next chapter, is ambiguous and inaccessibly locatable. Although we know roughly when it was coined, we do not know when it first appeared in a human brain due to the ancient philosophical assumption of early civilizations that “mental decay [was] a normal part of ageing,” as well as the lack of medical advancements and resources during said historical period that could have more accurately approximated the disease’s inception (University of Queensland Australia, 2017). The reconfiguration of time to conjoin the past and present experience of dementia, taken together with the description’s bold restatement of the well-established fact (University of Queensland Australia, 2017) that Dr. Alzheimer’s “work was the first to change the common belief that cognitive impairment was a normal part of aging” (Alzheimer Society Canada, 2019), generates the requisite agency for the Alzheimer Society of Windsor-Essex County to entify its particular being as a consequential cultural enclave whose mission harbors social utility outside of itself (Zelizer, 1995, pp. 222 & 230). This succinct linguistic representation of the Society reestablishes the actuality that dementia is not a natural transient consequence of growing old as typically depicted in mainstream mediated portrayals. Dementia’s epidemicity as an abnormality in aging processes and serious health crisis gaining greater social attention is politicized by this lieux and the publicity of its wording, therefore rejecting the metanarrative that strips dementia patients of their subjectivity.

The Monument of Memories’ Community Narrative

The community narrative is located on both sides of the smaller tombstone positioned across from the largest tombstone in its limited text and prominent display of logos (see Figure 11). What makes this narrative significant is how these elements discursively fashion the Monument’s contextual space and subsequently aid in “defin[ing] the boundaries” of its
commemoration (Zelizer, 1995, p. 223). Two of the most prominent organizations inscribed on this structure are the Canadian Auto Workers (CAW)/Travailleurs canadiens de l’automobile (TCA) and The Windsor Star (Alzheimer Society Canada, 2019). The CAW/TCA is in the city of Toronto. Home to “6 million people,” Toronto is Canada’s “largest and most populous city” (Canada Visa, 2019). Before its merger with Unifor in 2013, the CAW constituted “one of Canada's largest and highest profile labor unions” and currently “incorporates workers in almost every sector of the economy” (Canadian Auto Workers, 2019). The Windsor Star has served as the beacon of daily news in Windsor-Essex County for approximately 125 years (About Us: History of The Windsor Star, 2019). Located close to the Monument of Memories on 300 Ouellette Avenue, The Star’s communal voice has carried a lot of weight over the past three centuries and is amongst the most popularly read metro newspapers in all of Canada with “more than 200,000 people visiting one of The Star’s platforms” every week (About Us: History of The Windsor Star, 2019).

The reified support emanating from the permanent engravement of the CAW/TCA’s and Windsor Star’s logos make a rhetorically substantial “Community Difference” in the way that dementia is understood in Windsor-Essex County and perhaps Canada as a whole (Alzheimer Society Canada, 2019). As leading figures in the Society’s surrounding community, the logos of the CAW/TCA and Windsor Star affect dementia as it is understood in its dominant metanarrative. This metanarrative pushes dementia patients, caregivers, and allies to the margins of society by confining their lives to the pathologizing aspects of the sphere of medicine which causes them to “struggle [in] gain[ing] a voice” that can accurately shape the memory and remembrance of dementia (Zelizer, 1995, p. 230).
Figure 11. The community narrative is located on both sides of the smaller tombstone positioned across from the largest tombstone. August 12, 2019.

The inception of the Monument of Memories and its inscription of the CAW/TCA and Windsor Star as “Community Partners” on their own cenotaphic structure figuratively represents dementia’s refusal of its medicalization in mainstream discourses (Alzheimer Society Canada, 2019). It points to the abounding influence and acknowledgement dementia has in various social and highly visible public contexts that are socially (re)constructed by a significant polity which (when positioned and interpellated as such) may transform into a suitable rhetorical audience with sufficient agency to affect positive change in the public imaging of dementia (Alzheimer Society Canada, 2019). In important ways, the memory that is preserved through the communal narrative in this particular tombstone acts as the “social, cultural, and political glue” that serves to granitize the Monument of Memories public character and continued rhetorical significance. This is to say that this tombstone in particular seemingly functions as a conduit for much political discourse involving dementia because its narrative via the CAW/TCA and Windsor Star logos can conjure a direct conversational link between the Alzheimer Society of Windsor and Essex County and larger community concerning how to talk about, consider, and address
dementia. This is particularly salient within the Canadian Flag and Canadian maple leaves engraved as part of the CAW/TCA logos. The etching of these national symbols suggest that the Monument of Memories’ utility is not solely localized to the Alzheimer Society of Windsor and Essex County but rather has the potential to a/effect national conceptions of dementia across Canada. Their appearance within the Society’s “Community Partners” suggests that this change in perception could be achieved via local community engagement, support, and outreach (Alzheimer Society Canada, 2019).

The Monument of Memories’ Personal Narrative

The personal narrative is located on the smaller tombstone that is adjacent to the largest tombstone in the names it displays (see Figure 12). The Monument of Memories is a lieux of the masses—the millions of people who have experienced Alzheimer’s disease or other forms of dementia. Be it is those “who have lived with Alzheimer’s disease,” those “who have supported the cause,” and/or those who have acted as committed and “unconditional” caregivers (Alzheimer Society Canada, 2019), each remembered name is indicative of a story, an experience, a dialogue of dementia (Ashabranner, 1988, p. 38). The Monument’s existence and main function revolves around “giving people the opportunity to etch [dementia] memories into stone and celebrate the lives of loved ones,” which directly opposes the medicalization metanarrative over one defining feature: dementia patients, caregivers, and allies subjectivity (Alzheimer Society Canada, 2019).

The Monument of Memories reframes dementia patients’ lives as worthy of remembrance through appellative acknowledgement. Recognizing people who have encountered dementia in some form via the engraving of their name is one of the most genuine ways to honor and make a reclamation of their “sense of personal identity” (Deluzain, 1996). Each name
on this tombstone of the Monument is distinct and parceled by way of a white filled-in circle to effectively humanize the personhood behind the appellation. The juxtaposition of the seemingly indented white lettering against the sheer black granite background renders every name perceptible to the senses. These names are disembodied from their dementia (or demented affiliation). They are not regulated nor confined to any particular sphere of societal operation; their existence is theirs alone, no longer inhibited by the disease. They are carved in stone for reverence and reflection which restores their dignity. The presentational form of the Monument provides dementia patients, caregivers, and allies a “durably fashioned” and “anchored” respite to simply be understood nothing more than what they are—human beings who experienced one of life’s anomalous diseases with fault and courage (Zelizer, 1995, p. 232). It is here that the visuality of the monument can be understood as espousing an ironical character that begets a chasmic rift of incongruity between dementia and memory.

Figure 12. The personal narrative is located on the smaller tombstone that is adjacent to the largest tombstone in the names it displays. August 12, 2019.
As a significant relic of public memory, the Monument of Memories and its commemoration of dementia “is external to the human body” and thus completely disengaged from the “individual [function of] memory” (Zelizer, 1995, p. 232), the lack of which constitutes the defining conventional wisdom of dementia (as established earlier in this essay). The monument’s structuration and function of preserving the memory of Alzheimer’s disease and dementia patients’, caregivers’, and allies’ experiences metaphysically sits beside and mirrors (through a form of anti-duplication) the individualized loss of memory that typifies the clinical and medicalized denotations of Alzheimer’s disease and other dementias (Hariman, 2008, p. 249). It is with this mirroring that dementia’s inextricable relationship becomes destabilized and incongruous. The Monument’s physically immovable structure and engravings that permanently memorialize and remember dementia patients (who, by medical definition, do not have any connection to said activities), defy what makes Alzheimer’s disease and other dementias what they clinically are. Through this incongruity between dementia and memory, a more authentic perspective of dementia can be gleaned. The monument’s collective engravement and subsequent public memory of dementia patients’, caregivers’, and allies’ lives can open people up to the understanding that dementia is more synonymous with the human spirit and tragedy (which are typified by hardship, loss, triumph, defeat, and ultimate demise) than any mainstream portrayals of their insidious socio-medicalization. Here, the Monument of Memories does the important work of linguistically fostering identification amongst and between people who have encountered or been victimized by dementia and those who have not through its textual rhetorical forms. In the next section, I employ Burkean understandings of metonymy to argue that the Alzheimer Society of Windsor and Essex County’s Monument of Memories constitutes a
cultural form analogous to Alzheimer’s neurodegeneration. The conclusion will consider the various forms of rhetorical action that intersect at the site of the Monument of Memories.
Chapter 6. Charting the A/Effects of Plaques and Tangles

The discourse of Alzheimer’s dementia is rooted within an idiopathic biology of loss. Though associated with several complex brain changes, the disease is metonymically reduced to the neurological processes of beta-amyloid plaques and neurofibrillary tau tangles. “Plaques” and “tangles” are toxic proteins that gradually infiltrate the brain, eviscerate chemical interactions among neurons, and culminate in Alzheimer’s magnum opus: cell death and biological deterioration. These terms have engendered concrete and mechanistic understandings of Alzheimer’s dementia since their coinage as the “hallmarks” of neurodegeneration by Dr. Alois Alzheimer in 1906, reducing human potential to degenerative motion upon diagnosis (Alzheimer’s Association, 2019). The global presence of Alzheimer’s dementia is rapidly increasing, and the metonym of neurodegeneration abates public discourses of this pandemic health concern to scientific realism.

People inhabited by the disease are, consequently, devoid of quintessential substance on account of the metonym’s totalizing narrative; perceived as dehumanized vehicles of deterioration that ephemerally manifest the biology of loss, their being is devalued as they are declared socially dead. This hinders the administration of palliative care and downplays the need for remedies outside of scientific contexts that can motivate people to manage the blatant absence of a cure and slow development of preventative methods through attuned cultural action and social argument. Inducing a poetic orientation of Alzheimer’s dementia is crucial. I argue that the Alzheimer Society of Windsor and Essex County’s Monument of Memories constitutes a cultural form analogous to Alzheimer’s neurodegeneration. The Monument’s material architecture metaphorically embodies the scientific metonym of neurodegeneration (as it is
constructed by the informationalist logic of plaques and tangles) to (re)humanize Alzheimer’s biology of loss and create a poetic space of consubstantiality.

In what follows, I contextualize my argument by first exploring the association between Alzheimer’s dementia and the cultural conception of social death as a doxatic impetus for metaphorical arguments that shape pernicious beliefs about the experience of the disease outside of medico-scientific contexts. I then delineate the metonymic reduction of Alzheimer’s disease to the neurological processes of plaques and tangles and explore how the Monument of Memories constitutes a visual metaphor which embodies neurodegeneration. I will conclude this study by reflecting on the ways in which the participatory critical rhetoric (Middleton et al., 2015), postmodern architectural language (Blair et al., 1991), and metonymic reduction (Burke, 1969) render the Monument of Memories a place/time of multifarious rhetorical action.

Alzheimer’s Dementia is(n’t) Social Death

[Alzheimer’s] biology of loss is complicated and not entirely predictable; but in every case, memory, language, and motor control eventually slip away until a person finally sinks into silence and immobility. One could write volumes on the meaning of this gradual dissolving of a person—mustn’t it mean something? (Tisdale, 2018)

Alzheimer’s disease antecedes dementia as an idiopathic brain condition with obscure beginnings. Believed to exist within the brain for approximately 20 years before symptoms emerge, Alzheimer’s causes small neurological changes over time (Alzheimer’s Association, 2019, p. 5). As years pass, the effects become salient. Alzheimer’s disease is epitomized by chronic neurodegeneration when neurons or nerve cells in associated brain regions (particularly the hippocampus and cerebral cortex) have been synaptically disconnected, structurally “damaged or [completely] destroyed” (Alzheimer’s Association, 2019, p. 5).
magnum opus. As neurological dysfunction and the immanent biology of loss pervade with increasing severity and conspicuity, neuropsychological symptoms arise. Individuals begin to experience “the loss of memory, the impaired ability to understand or produce speech, and the inability to recognize things or people” (Zimmerman, 2017, p. 72), which subsequently “interferes with [their] ability to perform everyday activities” (Alzheimer’s Association, 2019, p. 5). At this manifest juncture of obstructed participation, individuals are “said to have dementia due to Alzheimer’s disease or Alzheimer’s dementia” (AD; i.e., “the most common cause of dementia”; Alzheimer’s Association, 2019, p. 5).

Jargonistic distinctions aside, diagnosis often denominates social death, or “a situation in which there is absence of those behaviors which we would expect to be directed towards a living person and the presence of behaviors we would expect when dealing with a deceased or non-existent person” (Kastenbaum, 1969, p. 15). The diagnosis of AD is conceived to affix a persona of dehumanized, non-citizenship to those bearing its symptoms through the preliminary naming of social death (Sabat, 2002). Subsequently, social death deprives individuals diagnosed with AD of “their human rights” and marginalizes their idiosyncratic journey through the different stages of the disease (i.e., mild, moderate, and severe; Gilloard & Higgs, 2015, p. 262). AD, under the guise of social death, conceals the lived experience of its a/effects—the increasingly permanent displacement of conscious agency that biological and social de-systematization begets.

Meanwhile, AD’s biology of loss is authorized to augment the “clinical and neuropathological features” of the disease and prioritize the development of a cure despite a lack of success in this endeavor (Lock, 2013, p. 1). I am concerned with the discursive process of constraint that exists between the diagnosis of AD and the cultural conception of social death as the impetus for
metaphorical arguments that shape pernicious beliefs about the experience of the disease outside of medico-scientific contexts.

Notions of loss pervade the medical and scientific literature that characterizes AD. Discursive representations, in each case, somatically connect socio-cognitive symptoms of declination with certain microscopic facets of neurodegeneration they are declared to overtly mirror. This constructs an enthymeme which blatantly shapes public perceptions of AD (Zimmerman, 2017). Caregivers, patients, and advocates come to medico-scientific discourses for guidance and leave with the oversimplified inference that AD is the loss-of-self (Zimmerman, 2017). Consequently, this conclusive force has metamorphosed into a (re)constitutive social construct susceptible to deleterious symbolic mobilization. Linguistic depictions of AD as zombification, war, uncontrollable natural disaster, and crisis have been deployed in public exhortations to impel political action toward promoting the continuity of clinical investigation (Zeilig, 2012). However, they invoke a harmful and “pervasive sense of horror about AD” which hinders the administration of palliative care (Zeilig, 2012, p. 260).

The enthymematic loss-of-self constitutes the conditions for social death to be considered an operative form of doxa or conventional wisdom (McGee, 1990). Social death is the taken for granted assumption that AD implies the absence of one’s essence or “loss of personhood while the individual [afflicted with the disease] is [still] alive” (Gilleard & Higgs, 2015, p. 262). With a diagnosis, social death is accepted as truth and activates specific beliefs about the subjects of AD through metaphorical arguments that frame the disease as “a vast, natural or monstrous force that we must fight” (Zeilig, 2012, p. 261). These caricatures ground their validity in the undiscussed doxa of social death to definitively conceptualize AD as “something external of us” that seeks to steal individuals from themselves (Gilleard & Higgs, 2015, p. 262). This doxatic
process is a “source of grievance” that usurps the experience of AD, negating the immense liminality that is consecutively prompted by the disease (McGee, 1990, p. 281).

AD incites an embodied experience of pervasive liminality (Birt, Poland, Csişke, & Charlesworth, 2017). In other words, diagnoses situate individuals within a permanent “in-between experience of both having and not having” the disease until the former inevitably overpowers the latter in conjunction with Alzheimer’s magnum opus (Bruce, Sheilds, Molzahn, Beuthin, Schick-Makaroff, & Shermak, 2014, p. 38). The journey from mild to moderate to severe AD does “not entail chronological, unidirectional passage along an illness trajectory marked by pathological changes and health driven structures” as generically delineated in medico-scientific discourses (Bruce et al., 2014, p. 200). Instead, it is vernacularly marked by varied “changes in cognitive function” that idiosyncratically disrupt and threaten individuals’ “previous certainties of the form and function of [their] social roles, statuses and planned life trajectories” over time (Bruce et al., 2014, p. 201). Each case of AD is rooted within an individual’s unique lived experience; the cognitive changes that disrupt their life are differently encountered according to a specific amalgamation of personal attributes (Hurt, Burns, Brown, & Barrowclough, 2010). Nonetheless, AD’s contradictory disruptions—“the terror of suddenly not knowing where you are, the gradual realization that [your] memory and processing skills are receding,” or the fleeting moments of lucidity where your pre-illness social status unexpectedly materializes—disturb “the equilibrium of life” for individuals afflicted with the disease and those closely associated (Bruce et al., 2014, pp. 200-201).

Individuals living with AD are perpetually caught in-between changing cognitive functions and their successive embodied symptoms. Thus, the emplacement of AD within socio-cultural systems of normative action is incessantly elusive. The recalcitrance of its liminality is
“resistant to representation and thus frequently elicits paradoxical description(s)” that more or less amplify uncertainties about its character (Meyer, 2008, p. 80). Bruce et al. (2014) explain that the “English language does not easily accommodate paradoxical experiences …where there is an in-between at play” (pp. 38), hence the tendency for public discourse to mobilize symbolic structures that socially signify AD as a crisis or disaster. It is easier to induce cooperative political action toward curing or preventing the pandemic that is Alzheimer’s dementia when it is stylistically positioned outside of humanness and relegated to the specialized realm of scientific discourse. However, the experience of AD is merely detectable and typically evades conceptual definitude due to its ambiguous liminality. The cultural imperative of social death and enthymematic loss-of-self repress or silence the uncertainty that overwhelmingly typifies the experience of AD. They doxatically create a false sense of security around what AD is and how it functions, calling upon the ambiguous discovery of its reductive pathogenesis in 1906 to do so.

Alzheimer’s Metonymic Reduction

The medical and social nature of Alzheimer’s dementia is marked by a lineage of uncertainty, particularly as it pertains to its scientific scheme of orientation. In this section, I will begin by briefly sketching the specific case in which Dr. Alois Alzheimer identified the clinical and neuropathological features of a new and unusual disease now known as Alzheimer’s dementia. I will then trace AD’s metonymic reduction to the neurological processes of plaques and tangles as permitted by the orientation of localization theory. Lastly, I will explore how the Monument of Memories introduces a humanistic, poetic orientation in an era where localization is still present but no longer sufficient through its metaphorical form.

In 1901, Dr. Alzheimer met a 51-year-old woman named Auguste Deter while working as a senior physician at the Asylum for the Insane and Epileptic in Frankfurt am Main (Lock,
2013). Dr. Alzheimer, being an established psychiatrist of his time with extensive knowledge concerning “the class of conditions known as [senile] dementia,” was captivated with Deter’s demented case and constructed “a remarkably extensive clinical history” of her symptoms (e.g., forgetfulness and erratic behavior) to gain insight into the neuropathology of her brain (Lock, 2013, p. 31). When Auguste D. (as she came to be referenced in medical literature) died in 1906, Dr. Alzheimer promptly “requested that he be given her brain for autopsy” as he strongly believed it harbored a new and unusual disease (Lock, 2013, p. 32). With the advancement of staining techniques and “aid of [his eminent] microscope,” Dr. Alzheimer discovered what are now considered to be the hallmarks of AD: beta amyloid plaques and neurofibrillary tau tangles (Lock, 2013, p. 32).

In November of 1906, Dr. Alzheimer shared his research at the meeting of the South West German Alienists and declared that he had discovered a “distinct disease process” through the identification of plaques and tangles as the neuropathological sources of August D.’s clinical changes in behavior (Maurer & Maurer, 1986, p. 163). His report was rejected by many at the meeting who rebuked “nosological specificity” and expressed opposition for “the possibility that specific pathological anatomy accounted for named mental illness” (Lock, 2013, p. 34). However, a prominent shift toward localization theory, as a scientific scheme of orientation, propelled the identification of plaques and tangles into their namesake and solidified Dr. Alzheimer’s discovery in the early 20th century as a form of dementia. Localization theory, put simply, is the “idea that localized changes in the brain cause mental illness” (Lock, 2013, p. 35). Lock (2013) explains that localization has dominated AD research for over 100 years and further elaborates on its character:
Localization is a theory in which neuropathological changes in the brain are assumed to be causal of specific behavioral changes in persons. Thomas Sydenham, the 17th-century English physician, was among the first to argue that diseases are facts of nature waiting to be “discovered” and that they exist as entities, entirely independent of human intervention. Such an understanding contributed greatly to the acceptance of localization theory. In practice, adherents of localization theory [(referred to as somaticists or somaticizers)] do not acknowledge mind or consciousness as having relevance in AD causation, although their very existence is not dismissed outright. (p. 5)

Dr. Alzheimer was considered a somaticizer amongst his peers despite the disclosed sentiment that it was not his intent to “reduce the condition of dementia entirely to neuropathology” (Lock, 2013, p. 29). Nonetheless, his quest to “establish irrefutable links between clinical changes and pathology seen at autopsy” (Lock, 2013, p. 29) most certainly rendered his decision to favor the narrowly localized and sometimes myopic magnification of the microscope (as a primary measure for enacting his mission to advance psychiatric treatment of dementia) “an instance of adequate means-selecting” that promoted his discovery (Burke, 1984, p. 10).

Although AD faced much skepticism for roughly four decades after its coinage due to various uncertainties regarding the validity of predicating the disease upon the processes of plaques and tangles, adherence to the tenets of localization theory eventually concretized their influence in the 1970s (Lock, 2013). However, the a/effects of localization have greatly transcended scientific contexts in the 21st century, infesting socio-cultural discourses through the impetus of social death upon the diagnosis of AD. The theory’s deeply ingrained reliance on the notion of disease as external to human action has infiltrated laic perceptions and underpinned symbolic condemnations of AD while insidiously perpetuating the enthymematic loss-of-self. As
such, localization theory in the current era of AD is caught within what Burke (1984) would call a “trained incapacity” (p. 7). Localization theory is so ensnared within the processual, terminological interplay between plaques and tangles that it cannot make room for “serious possibilities in any other system of production and distribution” (Burke, 1984, p. 7). This has been evidenced in stalling efforts to find a cure for AD using localization’s explicit focus on the links between changes in the brain and clinical behavior:

Repeated efforts have been made to delineate with ever more accuracy the clinical and neuropathological features of Alzheimer’s, with the ultimate objective of finding a cure. However, despite many billions of dollars poured into research over the past several decades, no cure has been found, and, at present, only four drugs are available by prescription that variably alleviate symptoms for a period of some months, often with side effects, and by no means in all patients. (Lock, 2013, p. 1)

Localization theory has not produced results that contribute to palliative care for the steadily increasing populations living with AD. Further, it does not accommodate the current shift in medico-scientific discourses from finding a cure to routinizing methods of prevention and considering “social and environmental variables implicated in dementia risk,” thus rejecting the notion that AD exists outside of human intervention (Lock, 2013, p. 6). Nevertheless, and in spite of its trained incapacity and now faulty instantiation of means-selecting, the tenets of localization theory still significantly shape public perceptions of AD and reduce the various interconnected, complex relationships within and outside of the brain to neurodegenerative motion by way of plaques and tangles. I contend that the contemporary shift in medico-scientific discourses from finding a cure for AD to implementing preventative measures functions as an adequate and corrective instance of means-selecting which creates the necessary argumentative
space to demonstrate how AD’s scientific metonym of neurodegeneration constitutes an unique
type of invention when interpreted through the Monument of Memories’ metaphorical form.

Functioning within the realm of scientific realism, AD’s metonym of neurodegeneration
is concerned with the processes of beta amyloid plaques and neurofibrillary tau tangles in the
brain. It is not concerned with the effects that its totalizing narrative of loss has on the
individuals living with AD—this lies within the realm of poetic realism where degenerative
degrees of being produced by socio-cultural perceptions of the disease which strip individuals of
their quintessential substance are addressed through an amalgamation of social corrections.
Burke (1969) explains that the telos of metonymy is “to convey some incorporeal or intangible
state in terms of the corporeal or tangible” (p. 506). As previously established, the disease lacks
conceptual definitude; the experience of AD is typified by multifarious liminality, which, at best,
engenders paradoxical descriptions that do not fit neatly within standard structures of language.
This is frustrating as the (sub)consciousness of this permanent displacement evades lucid
expression because it is not a tangible state. The complexities of the disease and its
idiosyncratically liminal experience are thus reduced to the biological motion of plaques and
tangles. The “reduction of [this] higher or more complex realm of being to the terms of
[latter]…less complex realm of being” makes AD more tangible under the magnification of a
microscope or through the advances of brain imaging and in resources delineating the processes
toward its magnum opus.

The human brain constitutes a complex system that enables an extensive range of both
biological and social action. Billions upon billions of neurons, or “specialized cells that process
and transmit information via electrical and chemical signals,” send messages throughout the
body to promote aforementioned action (National Institute on Aging [NIA], 2017). More
specifically, neurons are composed of a cell body, dendrites, and an axon. A neuron’s cell body is a receptacle for the nucleus “which houses the genetic blueprint” that dictates the cell’s functioning (NIA, 2017). The dendrites of a neuron are “branch-like structures that extend from the cell body” and receive messages from neighboring neurons (NIA, 2017). A neuron’s axon is positioned “at the end of the cell body opposite the dendrites,” transmitting messages to neighboring neurons through its “cable-like structure” (NIA, 2017). The NIA (2017) synthesizes these composite parts to explain their system of interaction:

Neurons are constantly in touch with neighboring brain cells. When a neuron receives signals from other neurons, it generates an electrical charge that travels down the length of its axon and releases neurotransmitter chemicals across a tiny gap, called a synapse. Like a key fitting into a lock, each neurotransmitter molecule then binds to specific receptor sites on a dendrite of a nearby neuron. This process triggers chemical or electrical signals that either stimulate or inhibit activity in the neuron receiving the signal. Communication often occurs across networks of brain cells. In fact, scientists estimate that in the brain’s communications network, one neuron may have as many as 7,000 synaptic connections with other neurons. (para. 3)

The operation of these communicative processes is pivotal to healthy neurological function. AD, however, de-systematizes this interaction which ultimately causes functional deterioration and cell death. The balanced connections amongst and between neurons are eviscerated as the disease disrupts their networks and causes widespread chaos within the brain—damaging localized areas in the brain that impact memory, language, reasoning, and so on. The hallmarks of AD play a pivotal role in this mass destruction of cells through their methodical processes.
Beta amyloid is a multi-formed protein typically found in the brain. Within the occurrence of AD, “abnormal levels of this…protein [toxically] clump together to form plaques that collect between neurons and disrupt cell function” (NIA, 2017, para. 10). Tau is also a protein typically found in the brain that “binds to and stabilizes microtubules” which support the cell body (NIA, 2017, para. 11). Neurofibrillary tangles form when “abnormal chemical changes cause tau to detach from microtubules and stick to other tau molecules, forming [toxic] threads that eventually join to form tangles inside neurons” (NIA, 2017, para. 11). These structures obstruct synaptic connections and interaction between neurons. When beta amyloid plaques “reach a tipping point,” tau tangles spread rapidly throughout the rest of the brain (NIA, 2017, para. 11). The progression of this processual infiltration of neurological function causes cells to lose their ability to communicate. Dendrites and axons begin to wither away and shrink into the neuron, which shrivels up into a black, prune-like shell of its former vitality until there is virtually nothing left—total neurodegeneration and cell death (NIA, 2017). As the neuropathology spreads, there is a marked increase in the clinical symptoms experienced by those living with AD (NIA, 2017).

Burke (1969) states that “the limits of science qua science, do not go beyond the statement that, when certain conditions are met, certain new conditions may be expected to follow” (Burke, 1969, p. 505). This operation of correlation is evident in Alzheimer’s neurodegeneration through the metonymic processes of plaques and tangles. When these hallmarks toxically manifest in the brain they conditionally or contractually oblige cell death to successively follow and further constrain human action to their biological motion through the materialization of certain behaviors or symptoms as permitted by localization theory. Burke (1969) goes on to explain that as it shifts “into the social realm, involving the relation of [person]
to [person], mere correlation is not enough” (p. 506). The localized link between metonymic neurodegeneration and behavioral outcomes does not exist within a vacuum—there are corporeal social, cultural, and political consequences for the quotidian, embodied experience of AD and how it is depicted. Questions of individuals’ substance while living with the disease are all consuming as the motives of their atypical (inter)action, which adhere and do not adhere to normative social conduct, vacillate between what AD actually permits and the possibility for defiance (Burke, 1969). Ambiguity is located within the potential slippage from AD’s scientific metonym of neurodegeneration into the social arena of the disease when tangible consequences are acknowledged.

The hallmarks of plaques and tangles seek to metonymically foster a concretized and totalizing narrative of AD under the guise of localization that positions its reduction as “natural.” Yet its informationalist logic has become less and less mechanistic with the development of new technologies (Lock, 2013). Although plaques and tangles are considered amongst scientists as “prime suspects” of “cell death and tissue loss” within the AD brain, other unknown factors are believed to contribute (Lock, 2013, p. 46). Furthermore, it has been found that plaques and tangles are more accurately understood as molecular factors within varying genetic contexts or “underpinnings” that are more or less conducive to the neurodegeneration of AD, thus displacing their metonymic operation (NIA, 2017). This further illustrates the ambiguity of AD’s neurodegenerative reduction by highlighting the potential for AD to manifest and a/effect individuals differently. As Burke (1969) explains, “since no two things or acts or situations are exactly alike, you cannot apply the same term to both of them without thereby introducing a certain margin of ambiguity” (p. xix). This ambiguity generates space for both greater scientific and poetic action as the “truth” of localization, which grounds the metonym of plaques and
tangles, is no longer sufficient for understanding AD. Though once totalizing, the reductive narrative of plaques and tangles now constitutes a part of AD’s neuropathological whole rather than the whole itself. The 21st century has broadened both scientific and public understanding of AD, demonstrating that a reduction to clinical and neuropathological features along with the assumption that the disease is external to human action is harmful to accurate perceptions of the experience of AD. The move toward incorporating more comprehensive understandings of AD rather than solely relying on the metonym of plaques and tangles creates the opportunity for metaphorical extensions.

The Monument of Memories’ Analogic Intervention

The Monument of Memories presents an analogic intervention. Its unique cultural form is analogous to neurodegeneration and thus translates AD’s metonym of localized plaques and tangles (i.e., thus the biology of loss) outside of scientific contexts. The Monument does the important work of not only foregrounding the vision/mission of the Alzheimer Society of Windsor and Essex County, but also capturing the tension between AD’s deep roots within localization theory and the emerging shift which seeks to produce a more comprehensive approach to the disease. Burke (1969) defines metaphor as “a device for seeing something in terms of something else…[a form which] brings out the thisness of a that, or the thatness of a this” (p. 503). The Monument’s structural form is visually indicative of AD’s scientific metonym of neurodegeneration. Its black granite tombstones resemble Alzheimer’s magnum opus: cell death and biological deterioration. All four tombstones individually positioned within a demarcated circle though separated from one another, like degenerated neurons within a dying brain that have been synoptically disconnected. The Monument, its fragmented pieces which augment the essence cell death, are positioned within a public setting for maximized perception
as if being magnified under a microscope. The Monument borrows defining features from AD and constructs an adequate selection of means that honors the biology of loss through the infrastructural characteristics of neurodegeneration but denies through an absence of characteristics, its association with localization theory and reduction to plaques and tangles. As such, the Monument comprises a visual metaphor that brings out the thisness of the biology of loss while also leaving argumentative room for a rejection of the orientation of localization theory and establishment of a particularly strong, corrective rationalization (Burke, 1984, p. 65). The Monument captures the paradoxical experience of AD in a way that the English language cannot. Its physically experiential form espouses the contradictions of the disease and avoids habitual categorization of linguistic representations produced in medico-scientific discourses which ten to significantly shroud AD’s a/effect.

Firmly situated within its borrowing of the images of cell death, the Monument of Memories refutes various tenets of localization theory. The Monument abstractly challenges the link between localized neuropathology and specific behavioral changes and the belief that AD is external to human action through the replicated experience of liminality one engages when stepping in-between the tombstones. The feeling of being amongst and between degenerated neurons (tombstones) and seeing your reflection within the deteriorated cell body wall (black granite surfaces) generates an alternative perception of AD as individually experienced according to one’s personal attributes and lives. Furthermore, in “carrying-over” cell death from the realm of neurodegeneration, the Monument metaphorically juxtaposes AD within the complete de-systematization of the individual brain against AD within the commemorative, communal system constructed by Jackson Park (Burke, 1969, p. 504). The Monument draws upon the incongruity of its perspective taking to demonstrate that although Alzheimer’s magnum
opus is inevitable, it can be better supported against the backdrop of a community that seeks to stabilize its de-systematization with comprehensive care and treatment with some form of homeostasis for individuals living with AD. Its form calcifies cell death just before total degeneration, as if to honor the belief that the essence or core of people living with AD is still present despite decline in memory and reasoning (Alzheimer’s Society, (n.d.). The Monument of Memories’ metaphorical form and emplacement with the stabilized community of meaning in Jackson Park grant it “a center of authority” in both AD’s biology of loss and movement toward valuing action outside of scientific contexts to garner “a greater spread and permanence…of human desires” to be remembered in spite of AD’s degenerative nature and live the remainder of life with one’s humanity intact.
Chapter 7. Conclusion

The goal of this study was to explore the ways in which the Alzheimer Society of Windsor and Essex County’s Monument of Memories acts as a place/space of multifarious rhetorical action through the theoretical and methodological insights of participatory critical rhetoric (Middleton et al., 2015), postmodern architectural language (Blair et. al., 1991), and metonymic reduction (Burke, 1996). Each of these perspectives yield unique considerations of the Monument’s rhetoricity. Participatory critical rhetoric’s conceptualizations of embodied critical presence and place/space, as they were enacted in Jackson Park and recounted in narrative form, allowed for a comprehensive view of the Monument’s symbolic function. Peregrinating Jackson Park engendered an understanding of its (non)normative social practices and exposed the ways in which it constitutes a space of diverse rhetorical action. As such, my use of participatory critical rhetoric greatly expanded what could be seen in relation to the Monument’s emplacement, producing the recognition that its materialization is the park is a part of a larger system of vernacular commemoration. My reflexive observation at the site of the Monument revealed that it is a complex cultural form in need of its own expedition. Although the Monument’s landscape does not provide a set path for methodic movement, it constructs a journey that synecdochically (re)produces an experience of dementia in which the liminality of the disease is perceptible through a sense of displacement while amongst and between the Monument’s four tombstones. This feeling of being inside dementia is juxtaposed against assuming a position as an invisible onlooker through the instantiation of four benches around the Monuments which prompt one to observe the experience with little interaction. Being present at the Monument of Memories against the backdrop of Jackson Park provided insight into its scope or rhetorical action as a commemorative and interactive place/space that would have otherwise
gone undetected.

Situating the Monument of Memories within the frame of postmodern architectural language meant viewing its structure as “a form of social discourse” that both displays the values of the Alzheimer Society of Windsor and Essex County and depicts the nature of dementia in general (Jencks, 1988, p. 15). Delineating how the Monument repudiates a universal conception of dementia, is carefully emplaced within the context of Jackson Park, and has an interrogative critical stance that allows for polysemic considerations of the disease, I was able to more fully analyze and better characterize the engravings on the Monument’s structure as opposing social narratives. Specifically, juxtaposing the Monument’s past/present, community, and personal narratives against the typical metanarrative of dementia (which is predicated on the notion that the disease is equivalent to the loss-of-self) provided insight into how organizations like the Alzheimer Society of Windsor and Essex County can construct a different understanding of dementia through unique means such as the Monument that implore communities to literally and figuratively reflect upon the various a/effects of the disease.

Exploring the processes and a/effects of AD’s metonymic reduction was pivotal to accessing much of the Monument of Memories’ rhetoricity. As expressed, AD and other dementias are primarily situated within a scientific discourse surrounding chronic neurodegeneration, or a biology of loss, and developing the means for controlling it (Jasinski, 2001). However, such a localized focus on the neurodegeneration of AD, specifically on the mechanisms of plaques and tangles, marginalizes the idiosyncratic experiences of liminality that the disease begets thus contributing to the ideology of demented social death and its enthymematic loss-of-self. The Monument of Memories constitutes a corrective alternative to this reduction via its unique cultural form which metaphorically captures AD’s metonym of
localized plaques and tangles (and thus the biology of loss) and (re)frames it within a public
community of meaning that recognizes the paradoxical experience of the disease. Consequently,
the Monument of Memories as a metaphor for the biology of loss and experience of dementia
renders a space of hemostatic respite that can help humanize dementia in socio-cultural contexts.
Each of the three perspectives reviewed above constitute inquisitive points of entry into the
multifarious rhetorical action that the Monument of Memories constructs as an innovative
place/space for rethinking the character of AD and other dementias.
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Appendix: IRB Approval Letter

Aug 2, 2019 9:21 AM EDT

Meagan Winkelseth  
Eastern Michigan University, Comm Media and Theater Arts


Dear Meagan Winkelseth:

The Eastern Michigan University Human Subjects Review Committee has rendered the decision below for A Monument to Lost Memories: The Alzheimer Society of Windsor-Essex County’s Monument-of-Memories as an Affecting Visual Metaphor. You may begin your research.

Decision: Exempt

Selected Category: Category 2.(ii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording). Any disclosure of the human subjects’ responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, educational advancement, or reputation.

Renewals: Exempt studies do not need to be renewed. When the project is completed, please contact human.subjects@emich.edu.

Modifications: Any plan to alter the study design or any study documents must be reviewed to determine if the Exempt decision changes. You must submit a modification request application in Cayuse IRB and await a decision prior to implementation.

Problems: Any deviations from the study protocol, unanticipated problems, adverse events, subject complaints, or other problems that may affect the risk to human subjects must be reported to the UHSRC. Complete an incident report in Cayuse IRB.

Follow-up: Please contact the UHSRC when your project is complete.

Please contact human.subjects@emich.edu with any questions or concerns.

Sincerely,

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Any disclosure of the human subjects’ responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, educational advancement, or reputation.

Renewals: Exempt studies do not need to be renewed. When the project is completed, please contact human.subjects@emich.edu.

Modifications: Any plan to alter the study design or any study documents must be reviewed to determine if the Exempt decision changes. You must submit a modification request application in Cayuse IRB and await a decision prior to implementation.

Problems: Any deviations from the study protocol, unanticipated problems, adverse events, subject complaints, or other problems that may affect the risk to human subjects must be reported to the UHSRC. Complete an incident report in Cayuse IRB.

Follow-up: Please contact the UHSRC when your project is complete.

Please contact human.subjects@emich.edu with any questions or concerns.

Sincerely,

Eastern Michigan University Human Subjects Review Committee