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白居易哭悼詩探析

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摘要

哭悼詩是中國古代詩歌花園中一朵異彩獨呈的奇葩。白居易一生共作 91 首哀挽哭悼詩，面對親友亡故，他通過夢境企圖溝通生死，詰問上天嘗試扭轉命運；無奈絕望中，白居易陷入迷惘，思考生命的意義，進而在詩歌中表達自己對生活的留戀，體現對生命的珍惜。本文論析白居易哭悼詩的思想內涵、情感特徵；從整體上把握其哭悼詩的藝術特點和價值。

關鍵字：白居易、哭悼詩、死亡、剝奪理論

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壹、前言

儒家歷來懷抱重生輕死的人間情結。相對於「死」的意識，孔子更重視「生」的價值。然則，死是「他者」的體驗，畢竟活著的人沒有死亡的直接經驗，對死亡的焦慮、恐懼，以及人死後的世界，孔子雖有不甘，卻也坦然接受所有的死亡。[1]孔子曾說：「君子疾沒世而名不稱焉。」[2]錢穆（1895-1990）釋此句云：

> 君子學以為己，不務人知，然沒世而無名可舉，則君子疾之。蓋名以舉實，人之一生，不過百年，死則與草木同腐，奄忽隨化，一切不留，惟名可以傳世，故君子以榮名為寶。……此亦君子愛人垂教之深情厚意所寄。故名亦孔門之大教。孔子作《春秋》而亂臣賊子懼，懼此名而已。世不重名，則人盡趨利，更無顧慮矣。[3]

正是這種對生命有限的慨歎，對生死順逆的哲思，引發對生命的重視，進而成就儒家積極向上的人生理想——「修身、齊家、治國、平天下」與人生三不朽——「立德、立功、立言」，以對世俗生活、生命的執著與豁達來超越死亡。

只是，「凡生於天地之間，其必有死，所不免也。」[4]生命只有一次，因此，自身的死亡不可能在個體生命還存在之時有所體驗；至若他者的死亡，我

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[1] 《論語》記錄孔子說「死」38 次。孔子認為人「自古皆有死」（〈顏淵〉），必死是事實，也是世界自然的變化。他兩次說顏回「不幸短命死矣」（〈雍也〉、〈先進〉）；說子路「不得其死然」，說自己的兒子「鯉也死」（〈先進〉）；更自嘲是「後死者」（〈子罕〉）。惟顏回之死給他帶來致命打擊，令他哀嘆：「天喪予！」（〈先進〉）認為這是人無法左右的天命。

[2] 魏·何晏注，宋·邢昺疏，《論語注疏·衛靈公》，《十三經注疏》（板橋：藝文印書館，1985），頁 140。

[3] 錢穆，《論語新解》（北京：九州出版社，2011），頁 382。

[4] 張雙棣等注釋，《呂氏春秋譯注·節喪》（北京：北京大學出版社，2011），頁 266。

們卻可以如海德格（Martin Heidegger, 1889-1976）所言，透過「在側」的位置，[5]體驗他人死亡的懸臨。死亡為哀悼文學提供萌生發展的機會，因了悟生命肉體無法替代、複製，故「哀死」的同時或之後，無可避免地實現從「哀悼死亡」到「思考死亡」的情感轉變。失去親友之痛伴隨而來的對死亡的思考，不僅提升作品的深度，也為人們探索生命的意義提供出口。[6]而這些或表現對死亡的悲悼，或抒寫人生苦短的無奈詩作，「表面看來似乎是如此頹廢、悲觀、消極的感嘆中，深藏著的恰恰它的反面，是對人生、生命、命運、生活的強烈的欲求和留戀。」[7]

逝者已矣，生者如斯。為表達對亡者逝去的傷悼之情及追念之意，白居易（772-846）一生共創作91首哀挽哭悼詩作，悼挽對象包括親友、賢士，乃至愛憐之物。面對親友相繼亡故，詩人透過詩歌創作的自我敘說，哀悼死亡並進一步探索、反思自身生命的經驗與意義。本文運用美國耶魯大學教授雪萊・卡根（Shelly Kagan, 1956-）的剝奪解釋理論（The Deprivation Account）[8]對死亡本質特徵的詮釋，析論白居易哭悼詩中由死亡所引發豐富深刻的情感內涵與生命意識，並嘗試把握其自我書寫與生命創化的意義及價值。

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[5] 海德格說：「我們並不在本然的意義上經歷他人的死亡過程，我們最多也總不過是『在側』。」見（德）馬丁・海德格著，王慶節、陳嘉映譯，《存在與時間》（臺北：桂冠圖書股份有限公司，2002），頁 325。

[6] 孫宗美，〈試論儒道思想對中國古代悼亡詩的影響〉，《廣播電視大學學報》，2006 年第 2 期，頁 25-27。惟孫宗美專指夫妻間喪偶後生者哀悼亡者之悼亡詩篇，筆者以為大凡生死隔絕的悼挽傷逝均可為人們提供從傷悼死亡到思考死亡的表述機制。

[7] 李澤厚，《美的歷程》（北京：中國社會科學出版社，1989），頁 85。

[8] （美）雪萊・卡根（Shelly Kagan）著，陳信宏譯，《令人著迷的生與死：耶魯大學最受歡迎的哲學課》（臺北：先覺出版股份有限公司，2015）。

貳、概念界定與理論資源

一、哭悼詩概念界定

中國古典文學圍繞著死亡產生的各種哀挽哭悼作品，形成蔚為大觀的哀悼文學。追念死者的悼亡作品可遠溯《詩經》；自〈邶風・綠衣〉、〈唐風・葛生〉開啟觸景生情、睹物思人的追悼模式起始，[9]後世悼亡文學莫不受影響。清代趙翼（1727-1814）《陔餘叢考》推究悼亡詩作歷史淵源時說道：

> 壽詩、挽詩、悼亡詩，惟悼亡詩最古。潘岳、孫楚皆有悼亡詩，載入《文選》。《南史》：宋文帝時，袁皇后崩，上令顏延之為哀策，上自益「撫存悼亡，感今懷昔」八字，此「悼亡」之名所始也。〈崔祖思傳〉：齊武帝何美人死，帝過其墓，自為悼亡詩，使崔元祖和之。則起於齊、梁也。[10]

趙翼指認西晉潘岳（247-300）、孫楚（？-293）是最早寫作悼亡詩的詩人；「悼亡」一詞出自宋文帝劉義隆（407-453），主要意涵為「撫存悼亡，感今懷昔」；其後齊武帝蕭賾（440-493）親作悼亡詩傷悼美人。作為詩體名稱，「悼亡詩」於焉而生；隨潘岳三首悼念亡妻之作被定名為悼亡詩伊始，「悼亡詩」以作品本身的情感意蘊及《文選》對後世文學發展的深遠影響，終被約定俗成為悼念亡妻的專有名詞，而非廣義的哀悼亡者的詩歌類型。

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[9] 古人認為〈邶風・綠衣〉是莊姜因失位而傷己之作，〈唐風・葛生〉為征婦怨說之作，裴普賢以為前者是詩人悼念亡妻之作，後者乃喪偶者悲切感人之悼亡詩。見裴普賢編著：《詩經評註讀本》（臺北：三民書局，1982），頁97-99、435。

[10] 清・趙翼撰，樂保群、呂宗力校點，《陔餘叢考》（石家莊：河北人民出版社，1990），頁397。

《文選》所歸納的 37 類文體中，詩體下的「哀傷」類共收錄包括：嵇康〈幽憤詩〉、曹植〈七哀詩〉、王粲〈七哀詩二首〉、張載〈七哀詩二首〉、潘岳〈悼亡詩三首〉、謝靈運〈廬陵王墓下作〉、顏延之〈拜陵廟作〉、謝朓）〈同謝諮議詠銅雀臺〉、任昉〈出郡傳舍哭范僕射〉等，9 題 13 首詩；創作年代多集中在漢末魏晉南北朝時期。總體而言，13 首哀傷主題詩作，前 6 首哀悼人生、社會；後 7 首抒寫悼念亡者的悲哀。大抵潘岳之前中國詩歌未有專為某個人死亡而作的詩。[11]故論者以為蕭統（501-531）受宋文、齊武二帝影響，將潘岳 3 首追悼妻子的傷逝詩歌歸屬於「哀傷」類，並定章名篇為「悼亡詩」，[12]使「撫存悼亡，感今懷昔」詩作，從原本廣義對亡者哀悼之意，隨歷史發展過程成為文人約定俗成的狹義界定，悼亡於是成為一種專門的詩歌題材，專指悼念死去的妻子。[13]又論者或謂應將悼亡詩「視為夫妻間喪偶後，生者哀悼亡者的詩篇」。[14]然無論悼亡的內涵擴大衍生為悼夫、悼姬、悼妾，乃至悼念其他女子等，悼亡詩仍只是哀悼文學中的一個分支。[15]

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[11] 胡大雷，《文選詩研究》（桂林：廣西師範大學，2000），頁 243。

[12] 王立，〈古代悼亡文學的艱難歷程：兼談古代的悼夫詩詞〉，《社會科學研究》，1997 年第 2 期，頁 128-133。

[13] 胡旭《悼亡詩史》（北京：東方出版社，2010）為專研悼亡詩歷史的著作，作者將悼亡詩定位在對已經去世的妻妾進行悼念的基礎上，對先唐至清各個時期代表作家進行個案分析，某種程度填補悼亡詩研究專著的空白。

[14] 尚永亮，〈血淚哀歌生死戀情——中國古代悼亡詩初探〉，《江漢論壇》，1989 年第 4 期，頁 75。

[15] 王立結合主題學與心態史，從悼亡哀祭詩詞文賦中分揀出悼妻、悼友、悼子女、悼兄弟姐妹、悼妓姬之作及其不同情感取向，概括出五大藝術表現模式。見王立，《永恆的眷戀：悼祭文學的主題史研究》（上海：學林出版社，1999）。

歷來哀悼文學的研究主要集中在哀祭[16]文、悼亡詩詞、挽歌等特定文學體裁及題材。[17]面對死亡的不同階段，古代有相對應的不同文體來書寫哀傷。以《文選》為例，因應死亡與緊接的喪葬儀式而促生之文體有誄、哀、碑、墓誌、行狀、弔文、祭文等。中國古代傳統重視喪禮，尊重死者，對於亡者的思念哀傷與程度高低不一的稱頌，普遍存在於銘誄、墓誌、祭弔等文體中。這些受喪禮儀式與功利實用性質制約的文體，決定文章寫作目的和傾向；因文體、功用之不同，文本與喪葬禮儀間留存某些規則與習俗化的儀式；且由於「祭而兼贊」與「以寓哀傷」的書寫策略及宗旨，哀祭文類普遍趨向文辭疊沓、情感表現相近的共性。

相較之下，中國古代詩歌題材之大類的哀悼詩，無論在類型、內涵、文體乃至藝術表現上均明顯有別於哀祭文類。詩歌是人類語言最早的表現形式，正如陳世驤（1912-1971）所言：「早期詩藝創造衝動的流露，其敏感的意味，

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[16] 因應死亡而產生的各類文體，歷來學者遣詞不一。清代姚鼐《古文辭類纂》、黎庶昌《續古文辭類纂》、曾國藩《經史百家雜抄》，均以「哀祭」統轄祭、弔、悼賦、哀辭等體；今人徐國榮《中古感傷文學原論——漢魏六朝文士生命觀及其文學表述》（北京：中國社會科學，2001）則以「哀悼文」統括誄、挽歌、祭、弔、哀辭、哀策諸體。此外，亦有以「祭悼」為名概括者，如王立《永恆的眷戀——悼祭文學的主題史研究》。

[17] 本文以國家圖書館「臺灣博碩士論文知識加值系統」、中國知網 CNKI「中國優秀碩士學位論文全文數據庫」、「中國博士學位論文全文數據庫」為據，分別以「哀悼」、「傷悼」、「悼亡」、「挽歌」、「祭悼」、「哀祭」為查詢字詞，搜尋包括論文名稱、主題及關鍵詞等欄位，所得資料交互參照，自 1990 年迄 2020 年，共得碩博士論文 54 篇。3 篇博士論文：高勝利《潘岳研究》（揚州大學，2012），段春陽《潘岳文學創作與接受研究》（山東師範大學，2014），溫瑜《先秦至唐五代哀悼詩研究》（南京師範大學，2015），分屬詩人、主題及接受研究。51 篇碩士論文（臺灣 11 篇、中國 39 篇、馬來西亞 1 篇），悼亡與悼祭文類各 20 篇。以悼亡為主題的研究，在群體方面考察包括唐、宋、清初悼亡詩詞；作家研究以潘岳、元稹、李商隱、納蘭性德悼亡詩詞為主；比較研究分別探析中西悼亡詩美學特徵、作家作品特徵比較。哀祭文類，在群體方面則考察包括漢、魏、晉、六朝與唐代哀、祭、誄、弔等文類範式及情感特徵；作家研究有屈原、潘岳、李商隱；比較研究則探討《文心雕龍》與《昭明》哀祭類文體之比較等。其餘 11 篇，8 篇群體研究，4 篇集中探討漢魏晉六朝哀悼（挽）詩文之特徵及其美學，4 篇探討漢魏六朝的挽歌；1 篇作家研究，以潘岳哀挽作品為主；2 篇比較研究，為潘岳與陸機傷悼作品比較。

從本源、性格、和含蘊上看來都是抒情的。」[18]詩歌正是以這種獨有的抒情方式、高度凝鍊的語句，反映出詩人與社會生活的不同側面。本文以「哭悼」名篇，蓋源自白居易撫存悼亡詩篇多以「哭」為題。如〈夜哭李夷道〉、〈哭劉敦質〉、〈哭孔戡〉、〈病中哭金鑾子〉、〈哭李三〉、〈哭從弟〉、〈哭王質夫〉、〈哭諸故人因寄元八〉、〈哭皇甫七郎中〉、〈哭微之〉三首[19]、〈哭崔兒〉、〈哭崔常侍晦叔〉、〈哭崔二十四常侍〉、〈哭師皐〉、〈哭劉尚書夢得〉二首，共 18 首以哭為題；目的在區隔結合死亡與愛情兩大主題專為悼念妻子而作的「悼亡」詩，並彰顯白氏真情流露的傷悼之哀，故以「哭悼」為篇。

所謂「哭悼詩」，其「所指」近乎主題學意義上「類」的概念，而非文章學意義上指稱某一特殊的詩「體」。顧名思義，「哭悼詩」是生者表達對亡故者的悲痛傷悼之情與深切追念之意的詩歌；此處的「哭」非儒家喪禮儀式中的「禮哭」，[20]而是真實情感的宣洩。元代楊載（1271-1323）《詩法家數》說：

> 哭挽之詩，要情真事實。於其人情誼深厚則哭之，無甚情分，則挽之已矣。當隨人行實，要切題，使人開口讀之，便見是哭挽某人方好。中間要隱然有傷感之情。[21]

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[18] 陳世驤作，王靖獻譯，〈原興：兼論中國文學特質〉，《中國文化研究所學報》，1970 年，第 3 卷第 1 期，頁 138。

[19] 白居易〈哭微之〉第三首云：「從此三篇收淚後，終身無復更吟詩。」合收錄於卷 27〈哭微之二首〉共三篇。唐・白居易著，朱金城箋校，《白居易集校箋》（上海：上海古籍出版社，1988），外集卷中，頁 3891。本文所徵引白居易詩文作品皆以此書為準，以下引文僅於文中或附註標明頁數。

[20] 「哭喪」是儒家禮儀之一。在形式表現上，哭以涕淚為真，有聲腔之異、定規之數，哭或佐以言辭或搭配動作；而哭泣常見的相關變項，包括場合、位次、身分及男女之別，必要時得佐以「代哭」。參見彭美玲，〈凶事禮哭──中國古代儒式喪禮中的哭泣儀式及後世的傳承演變〉，《成大中文學報》，2012 年第 39 期，頁 1-48。

[21] 元・楊載，《詩法家數》，輯入清・何文煥，《歷代詩話》（北京：中華書局，1981），頁 735。

楊載區分哭挽詩的異同，謂其共同特點是「情真」、「事實」與「傷感」，差別乃在生者與亡者情誼之深淺厚薄。此說雖不誣，然實際造成兩種詩體不同的本質因素則在於挽歌詩的禮儀性、實用性及由此決定的創作主體之被動心態；相形之下，哭詩創作主體的主動性和自發性創作心態所賦予詩歌體式風格和藝術特質更為突出。

由於哭悼對象不同，哭悼主體傾注的情感亦分殊有別。然無論是對夫妻之情的追念、姬妾之逝的悵歎、喪子之痛的傷悼，抑或對朋友之義的懷顧、愛憐之物的悲憫等，這類詩歌各自形成不同的情感內蘊，同時也記錄人類強烈的求生欲望及種種超越生命意圖所蘊含的複雜生命觀，從而促使生命短暫的必然性成為需要反覆論證和體認的命題。

二、死亡的剝奪說

世人對死亡多懷抱著恐懼的情緒。然古希臘時代提倡快樂主義的哲學家伊比鳩魯（Epicurus, 341-270 B.C.）卻主張死亡對死亡者本身而言沒有什麼好或不好。[22]伊比鳩魯認為快樂和痛苦都須建立在經驗上，故人死亡後，顯然會失去所有感受能力，既然失去所有感受能力，當然也就不會有任何經驗，因此，不會有任何快樂或痛苦。由是，他得到死亡這個事件對死亡者本身而言並不是一件不好的事件的結論。由伊比鳩魯的死亡論斷引發至今尚未劃上句點的關於「死亡是惡」的爭論，其中以美國現代哲學家湯馬斯．內格爾（Thomas Nagel, 1937-）所提出「剝奪理論」具影響力。內格爾認為死亡是對生之美好的剝奪，而這種剝奪就是惡，這種惡無法用時間來衡量的。因此，對於死者而

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[22] 參見（美）雪萊．卡根著，陳信宏譯，《令人著迷的生與死：耶魯大學最受歡迎的哲學課》，頁 256-261；傅皓政，〈論死亡之剝奪說〉，《國立台灣大學哲學論評》，2015 年第 50 期，頁 1-26。

言，雖然無從經驗和感知，但死亡於他毋庸置疑的是惡。[23]雪萊・卡根延續此說，從價值比較層次上論斷死亡之惡，認為在與生存的比較意義上，死亡意味著生命、一切善的可能性的喪失。

本文藉由卡根的剝奪說探討由死亡所引發的深刻情感內涵及其與傳統文化的關係。卡根指出，人們可透過三種不同方式區分一件事情可能帶來的壞處。一是本質上的壞處：事情可能在本質上帶有絕對且強烈的壞處，亦即壞處就在於自身的本質；如疼痛這種不好的感受是因其自身而成為惡的。二是工具性的壞處：事物本身沒有不好，卻因為其所導致的後果而變得不好，特別是可能導致某種帶有本質上壞處的東西；如失業本身不是惡，但它會導致貧困潦倒、生活無以為繼。三是比較性的壞處：事物以另一種方式對人有害；比較意義上的壞處，就如經濟學家所謂「機會成本」的概念，一件事物之所以對人們來說不好是因為在獲得它的同時，失去獲得更好事物的可能。[24]死亡正是第三種壞處，當人死亡之時，相較於生存的可能，死亡是不好的，這種惡並不是指死亡本身是惡，而是在與生的比較意義上來說是不好的。

卡根認為死亡的本質以剝奪性為主，同時並兼具終結性、必然性、普遍性、差異性、不可預測性及無所不在性等特徵。[25]根據剝奪說，死亡的核心壞處在於其剝奪人們值得擁有的生命；然死亡也終結年老時所遭受的種種不適與痛苦。同時，它又是無可避免地，凡人終將一死；且所有的人都無可避免地終將一死。此外，死亡還具備高壽或早夭的差異性，不知還剩多少時間的不可預測性以及無所不在的死亡風險等特性。在思考死亡問題時，時間不可逆的指向性是不容忽視；正是因為有時間的概念，人們才懂得珍惜活著的美好和懼怕死亡的剝奪，才會本然地在比較中意識到死亡的壞處。

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[23] Nagel, T. (1970). Death, *Noûs*, 4(1) , p.75.

[24]《令人著迷的生與死：耶魯大學最受歡迎的哲學課》，頁 255。

[25]《令人著迷的生與死：耶魯大學最受歡迎的哲學課》，頁 255-328。

參、白居易哭悼詩文本檢擇標準及分類

一、文本檢擇標準

白居易是個長壽多產的詩人。其哭悼詩作分散於諷諭詩、閒適詩、感傷詩、雜律詩及補遺詩文中，寫作年齡從 16 歲至 71 歲，幾乎貫穿詩人全部創作生涯。為全面考察白居易「哭悼」詩作之內涵及藝術特色，筆者以多元交叉檢索方式梳理判讀白居易全部詩作，以為本文主要文本分析之依據。

首先，本文以故宮「寒泉」古典文獻全文檢索資料庫中之《全唐詩》所收錄白居易詩為準，分別以哭、悼、哀、挽、傷、死、亡、逝、夢、憶、悲、淚、感、墓等哀挽哭悼詩常見的字詞為關鍵字，進行檢索判讀。其次，將上述所得詩作與朱金城箋校本作比對，進一步爬梳《全唐詩》所未收錄之白詩中有關哀挽哭悼之作。

二、白居易哭悼詩分類

經上述多層次交叉檢索與判讀，共獲得 91 首哭悼哀挽類詩歌，這些詩依寫作對象及性質區分，可細分為五類：悼親之作、悼友之作、悼物之作、挽歌詞及其他悼作。分述如下：

（一）悼親之作

「孝」是儒家倫理思想的核心，《中庸》云：「敬其所尊，愛其所親，事死如事生，事亡如事存，孝之至也。」[26]悼親詩的對象包含宗親之祖父母、父

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[26] 漢．鄭玄注，唐．孔穎達疏，《禮記注疏．中庸》《十三經注疏》（板橋：藝文印書館，1985），頁 887。

母、伯叔、子女、兄弟等，以及妻親、外親之舅父、表弟、姊夫、外甥等；哭悼對象的取捨，主要受古代宗法父權規制之影響。然弔詭的是，強調孝道的古人卻鮮少哀悼父母之作；相形之下，重視子嗣的傳統思想使得傷悼子女的詩作在比例上明顯高出許多。對此，古今學者皆有所關注。清人郭麐（1767-1831）《樗園消夏錄》曰：「詩近樂章，自古為詩以哭其父母，皆未有是。蓋至哀不文。」[27]說明父母之喪為至哀，詩人們為父母服喪期間言語需簡單質樸、不加藻飾，遑論作詩。錢鍾書（1910-1998）亦觀察到此現象並提出解釋：

> 歷世以居喪賦詩為不韙，何焯批點《文選》，於潘岳〈悼亡〉詩，重言證明其為作於「終制」「釋服」之後，「古人未有有喪而賦詩者」；蓋悼妻尚不許作詩，況哭親哉！……佻佚若袁枚，而《小倉山房文集》卷一八〈與某刺史書〉云：「足下在服中，不得爲詩；縱爲詩，不得哭父。」……汪懋麟《百尺梧桐閣詩集．凡例》第三則引《檀弓》、《曲禮》而斷之曰：「則居三年之喪，不當從事於詩、書明矣！……竊謂古今工詩者，於君臣、夫婦、朋友、兄弟之間，必三致意焉；獨於父母生死存亡，見於詩篇者，寥寥無聞，何歟？故余於居喪以後所爲詩，存而不刪，……祇用述哀，兼明余之不敢自欺耳。」[28]

錢氏引述多種材料說明何謂「居喪不賦詩」，其後學者所述，概不出其外。居喪不賦詩，堪稱古代文人對已逝親人至高無上的盡哀方式[29]。白居易集

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[27] 清．郭麐，《樗園消夏錄》，《續修四庫全書》（上海：上海古籍出版社，2002），第 1179 冊，頁 672。

[28] 錢鍾書，《管錐篇》（北京：中華書局，1979），第 3 冊，頁 1146-1147。

[29] 黃強，〈中國古代詩歌史上的千年約定——「居喪不賦詩」習俗探析〉，《文學遺產》，2010 年第 1 期，頁 170-181。

不見悼念父母之「悼親」詩[30]，箇中因由，或如清代袁枚（1716-1797）所云：「蓋至親無文，詩固言之文者也。不文，不可以為詩；文，則不可以為子，兩者相背而馳。故從來畫家無畫天者，輓詩無輓父者。」[31]正因至親莫如父母，至哀莫如父母離世，為人子女者豈能從容結構文字而為詩乎？[32]喪中不得為詩的禮俗，似乎為文學史上哀悼父母詩作的缺席提供合理解釋。檢視白居易哭悼詩作，悼親之作共 9 首[33]，哭悼對象包括女、兒、堂弟、女婿等後生小輩。詩人在哀悼親人過早結束生命的同時，也襯映出自己亦愈發靠近死亡，兩種心緒彼此交織，傷逝憂生之嗟更加強烈。

（二）悼友之作

在兒女情長被視作英雄氣短的中國社會裡，對古代文人來說，結識志同道合的知交乃人生一大幸事。從季札掛劍祭徐君、伯牙摔琴謝知音，到士為知己者死的千古佳話，無一不印證朋友的重要。封建社會中的人際網絡，與一己朝夕相處的不是妻兒兄弟，更多的是官場之交與文字之友。朱光潛（1897-1986）闡發此一現象說道：「中國詩言愛情的雖然很多，但是沒有讓愛情把其他人倫抹煞。朋友的交情和君臣的恩誼在西方詩中不甚重要，而在中國詩中則幾與愛情占同等位置。」[34]唐代科舉取士盛行，多數官員精通詩歌創作，彼此

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[30]「悼親」詩包括「哭親」詩與「思親」詩兩種。前者乃服中或服闋後作，後者是對雙親追憶感傷之作；兩者間固有情感激烈與含蓄，外射與內斂之不同，但內容與形式難有絕對差別。見黃強，〈中國古代詩歌史上的千年約定──「居喪不賦詩」習俗探析〉，頁 170-181。

[31]清．袁枚撰，周本淳標校，《小山倉房詩文集．與某刺史書》（上海：上海古籍出版社，1988），頁 1522。

[32]元和六年（811）四月，詩人母親落井而亡，他與弟弟白行簡辭官回下邽居喪。十月，白居易將祖父白鍠、祖母薛氏及父親白季庚靈柩遷下邽安葬，撰寫〈故鞏縣令白府君事狀〉、〈襄州別駕府君事狀〉，詳述祖、父事蹟，並及祖母、母親生平。

[33]除以詩歌哭悼親人，白居易還透過哀祭文，表達自己對已逝親人的沉痛追悼，如〈祭浮梁大兄文〉、〈祭符離六兄文〉、〈祭烏江十五兄文〉、〈祭弟文〉。

[34]朱光潛，《詩論》（北京：北京出版社，2009），頁 85-86。

間寫詩唱和，去世後作詩哀悼乃慣常現象。故諸類哀挽哭悼詩中，悼友之作所占比重極大。對於周遭朋友逝去的傷懷，詩人在發不平之鳴的同時，也慨嘆著自身多舛的人生與命運。關於古代悼友詩作的特點，王立（1953-）也表述道：

> 與血緣親情一類的傷悼之懷相比，悼友之情更偏重在現實交往中結下的實實在在的同道之誼，主體情感較多地參與其中，借悼友而感憤自身，發不平之鳴，因而此類作品對瞭解古代文人心態、士人情趣交遊，有著不可替代的較高認識價值。[35]

綜觀白居易一生行跡，朋友知交在他的心中占有極重要地位，故其哭悼詩中悼友之作數量最多，共有50首；[36]內容既有對知遇之恩、忘年之交去世的傷悼，更有對英年早逝者的義憤痛惜。詩人慣以物存人亡（空間穩定，時間不再）、撫今追昔（平行時空）、淒涼夢境（時空交錯）等表現方式，哀嘆生命的輕薄與短暫。知交零落所帶來的巨大失望，對白居易而言不僅是所處世界的幻滅、生命在人間的消逝隕落，同時還象徵著個人理想對現實環境的屈服。為了放下，白居易反覆吟詠記念著悲感的對象。正如李澤厚（1930-）所言：「對死的悲哀意識正標示著對存在的自覺。」[37]如此一來，詩人在面對生命情境時所寫下的悼友詩作，展示的不再只是傷逝，更演繹出對生命無時無刻的眷戀與眷念。

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[35] 王立，《永恆的眷戀：悼祭文學的主題史研究》，頁183。

[36] 白居易另有〈元相公挽歌詞三首〉，列於「挽歌詞」中；若加此3首，悼友之作共53首。

[37] 李澤厚，〈古典文學劄記一則〉，《文學評論》，1986年，第4期，頁70。

（三）挽歌詞

關於挽歌文體的起源，距挽歌流行較近的南朝劉孝綽（481-539）在註解《世說新語》時，雖分舉譙周《法訓》、《莊子》司馬彪注、《春秋左氏傳》與《史記》四個例子解說，終因「挽歌之來久矣，非始起於田橫也。然譙氏引禮之文，頗有明據，非固陋者所能詳文。」故其最後對挽歌緣始之評述是：「疑以傳疑，以俟通博」。[38]無論挽歌源頭為何，從史料大致可推測魏晉之交，人們於喪葬時有作挽歌的習俗。惟喪葬場合之挽歌應用與文人挽歌創作大不相同。任半塘（1897-1991）普查《全唐詩》，得各體挽歌 254 首，其中五律 237 首，占九成三以上。[39]對此，他提出如下解釋：「大概唐代朝野上下所流行之挽歌聲樂中，必有一支曲調，乃恰合五律體段者，為眾所共習，文人相逐著辭，久而定型，乃不論歌與不歌，既製挽章，必用五律。」[40]至於挽歌三章聯章創作體式，或謂配合祭禮中三奠之故，[41]或云受陸機、陶潛〈挽歌〉聯章體之影響。[42]

白集共有 16 首挽歌詞，12 首屬應制、獻贈與奉酬類，3 首悼挽官員，1 首未詳身分；創作體制一如任半塘所調查五律居最多數，共 10 首。詩人為帝王賦寫挽歌之舉，多與其政治起伏經歷相關聯。然無論哀挽的對象為皇室貴族、官員抑或平民百姓，挽歌由傳統的死亡主題逐漸轉化為喪葬禮儀、儀式、場面

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[38] 劉宋．劉義慶編，余嘉錫箋疏，《世說新語箋疏．任誕第二十三》（北京：中華書局，1983），頁 759。
[39] 任半塘，《唐聲詩》（上海：上海古籍出版社，2006），頁 424。
[40] 任半塘，《唐聲詩》，頁 425。
[41] 任半塘，《唐聲詩》，頁 426。
[42] 林育信，〈挽歌之禮儀與文體考察〉，《興大中文學報》，2004 年，第 16 期，頁 224。

的刻畫與書寫。[43]從白居易的挽歌詞中不僅可窺探唐代帝位陵替，[44]更可透過以喪葬畫面、儀式、場景為主要題材的書寫模式，進一步了解唐代送葬禮儀。如〈挽歌詞〉開篇描寫出殯場面：「丹旐何飛揚，素驂亦悲鳴，晨光照閭巷，輀車儼欲行」（頁 644）；從送葬者僅「妻子與弟兄」，可推測此詩所描寫對象可能是下層官員或平民百姓的簡素葬禮。而〈元相公挽歌詞三首〉言元稹葬禮：「銘旌官重威儀盛，騎吹聲繁鹵簿長」、「墓門已閉笳簫去，唯有夫人哭不休」、「送葬萬人皆慘澹，反虞駟馬亦悲鳴」（頁 1853）；萬人送葬的場面雖不免誇飾，亦顯示出唐代厚葬的文化禮俗；送葬行列中馬匹悲鳴聲與笳簫喪樂的諸多聲響，則交織營構出挽歌詞的死亡氛圍。

（四）代、答、和悼之作及其他

本類詩作所涵括對象或與哭悼者無直接關係，或難以歸類（如〈過顏處士墓〉），則概併入此範疇。白居易詩集中共有 8 首代、答、和悼之作，6 首過墓、詠墓之作。質言之，悼亡詩畢竟屬於較為特殊之題材與範疇，無論從情感或倫理上來說，都不適合唱和，況詩人代、答、和悼之作主要從勸慰或感同身受的同情視角來抒懷，其哀感終非親身經歷之真切深沉。過墓、詠墓之作則在於分隔陰陽的這一坏黃土，既是死者精神象徵與死後生命依附地，更提供後人紀念緬懷的具體憑藉。[45]由於對死亡議題的關注，墳墓、死亡地點等具備深刻意義的特殊地域，成為觸發詩人創作動機的關鍵。

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[43] 潘筱蒨，〈古今死亡對歌：挽歌之死亡主題的流變〉，《台北大學中文學報》，2020 年 3 月，第 27 期，頁 367。

[44] 鄭雅芬，〈大唐天子的輓歌——從《全唐詩》看唐代人臣對帝王的傷悼〉，《興大中文學報》，2009 年，第 26 期，頁 57。

[45] 歐麗娟，《唐詩的樂園意識（修訂版）》（臺北：五南圖書，2017），頁 311。

此外，多情敏感的詩人對日常生活陪伴自己的動物，尤其是仕宦生活所倚重的馬匹，因長期相處產生深厚情感，一旦死亡，總給主人帶來難言的傷痛。白居易有 2 首悼物之作，傷悼對象是同一匹白馬，寫作時間卻相隔 7 年。大和元年 12 月，詩人奉使洛陽，行至陝州縣西的稠桑驛，乘馭多時的白馬不幸死去。感念白馬陪伴他「北歸還共到，東使亦相隨」，四處遊歷、往來迎送之情，白居易收起白馬的鈎帶絡頭，為它寫下二十韻長詩，題在縣城廳壁。詩人首先極力讚美白馬出眾不凡：「能驟復能馳，翩翩白馬兒。毛寒一團雪，鬃薄萬條絲」（〈有小白馬乘馭多時奉使東行至稠桑驛溘然而斃足可驚傷不能忘情題二十韻〉，頁 1728）；次敘其馴順乖巧給自己帶來生活樂趣與日常幫助；最後表達痛失愛物後心中的感傷。多年後，詩人由洛陽往下邽途中，再次行經題詩的驛站，看到廳壁上猶留存當年所題之詩，復吟〈往年稠桑曾喪白馬題詩廳壁今來尚存又復感懷更題絕句〉絕句：「路傍埋骨蒿草合，壁上題詩塵蘚生。馬死七年猶悵望，自知無乃太多情。」（頁 2211）一匹隨時可替換乘馭的白馬，死則死矣，白居易卻是痛心感念，無怪乎其自嘆：「無乃太多情」。

肆、白居易哭悼詩的生命意識與藝術特色

現代心理學認為人們對死亡的態度會影響生活和成長方式，也影響衰老和生病的方式。[46]白居易對於死亡剝奪的意識大致來自兩個層面：一是「人病多憂死」(〈飲后戲示弟子〉，頁 2486）的疾病纏繞，所觸發對老病衰死的深沉憂慮；[47]二是面對「親故半為鬼」(〈南亭對酒送春〉，頁 444）的死亡與悲傷經

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[46]（美）歐文・亞隆（Irvin D. Yalom）著，易之新譯，《存在心理治療（上）——死亡》（臺北：張老師，2005），頁 63。

[47]有關疾病纏繞，已有多位學者從不同面向剖析探究，如：（日）今井清，〈白樂天の健康狀態〉，《東方學報》，1964 年 10 月，第 36 冊，頁 389-422；（日）埋田重夫著，李寅生譯，〈從

驗，所引申生命短暫、脆弱與無常的失落感。「鍾於情」的詩人，[48]在詩性經驗基礎上，自覺嚮往魏晉時期高風絕塵的任情與放達，並通過主體的追求與調整將魏晉風神體現在自我人格塑造和生活模式上。[49]當事來攪情，情動而形諸詩文，無論身處「兼濟」或「獨善」不同層面的思想階段，其生存哲學的共通處皆是強烈的情感特徵，既有「深知時俗情」（〈丘中有一士二首其一〉，頁64）的練達，也有「愛惡隨人情」（〈白牡丹〉，頁 39）的狂放，對「只在人情反覆間」（〈太行路〉，頁 171）的清醒認識，對「人非木石皆有情」（〈李夫人〉，頁 237）的深刻認同；更有對「多情」的感性抒發與理性規約，[50]如〈下邽莊南桃花〉：「村南無限桃花發，唯我多情獨自來。日暮風吹紅滿地，無人解惜為誰開？」（頁 735）〈劉家花〉：「處處傷心心始悟，多情不及少情人。」（頁 893）白居易的「多情」，更多展示在對親故知交亡逝的悲慟哭悼之中。佛家說人生有「八苦」：「生苦、老苦、病苦、死苦、憂悲惱苦、怨憎會苦、恩愛別離苦、所欲不得苦。」[51]活得夠久且「多情」的詩人一生盡嘗死亡剝奪所帶來的苦楚，然正是在不可逆的時間指向性中思考與面對死亡問題，白居易比其他人更懂得珍惜活著的美好。

視力障礙的角度釋白居易詩歌中眼疾描寫的涵義〉，《欽州師範高等專科學校學報》，2001 年 3 月，16 卷 1 期，頁 29-57；（日）小高修司，〈白居易（樂天）疾病攷〉，《日本醫史學雜誌》，2003 年 12 月，49 卷 4 號，頁 615-636；范家偉，〈白居易病者形象的呈現〉，《中古時期的醫者與病者》（上海：復旦大學出版社，2010）；何騏竹，〈白居易詠病詩中呈現的自我療癒〉，《成大中學報》，2017 年，第 57 期，頁 39-82；侯迺慧，〈身體意識、存在焦慮與轉為道用——白居易詩的疾病書寫與自我治療〉，《北大中文學報》，2017 年，第 22 期，頁 1-50。

[48] 白居易在貞元 17 年（30 歲）所作〈祭符離六兄文〉說：「聖忘情，愚不及情。情所鍾者，為居易與兄。」（頁 2652）又作於開成 4 年（68 歲）的〈不能忘情吟〉小序道：「予非聖達，不能忘情，又不至於不及情者。事來攪情，情動不可柅，因自哂，題其篇曰〈不能忘情吟〉。」（頁 3810）

[49] 蕭偉韜，《白居易研究的反思與批判》（蘭州：甘肅人民美術出版社，2008），頁 144。

[50] 蕭偉韜：《白居易研究的反思與批判》，頁 144。

[51] （日）高楠順次郎，渡邊海旭等監修，《大正新修大藏經．增壹阿含經．四諦品》（臺北：新文豐，1983），第 2 冊，頁 630。

一、從形象化的自我傾瀉到日常化的體驗昇華

哭悼詩的氛圍裡，最敏銳的是自我的存在感覺，故詩中屢現的「悲」、「哀」、「傷」、「驚」等負面情緒字詞恰正凸顯詩人自我的本體感覺。然則，欲敘寫此等抽象情感必得借用具象事物來表述，惟通過能知覺的物象所傳達出的回憶總是給人帶來痛苦，一如美國學者宇文所安（Stephen Owen, 1946-）之言：「寫作在把回憶轉變為藝術的過程中，想要控制這種痛苦，想要把握回憶中令人困惑、難以捉摸的東西和密度過大的東西；它使人與回憶之間有了一定的距離，使它變得美麗。」[52]在生命意識省思的過程中，縈繞於生活揮之不去的各種感傷必然成為生命記憶的一部分，同時也是對自我在時代中的存在作出最佳詮釋，是以白居易哭悼詩的寫作，除了是生命範疇下的紀念意義，更帶有深掘自我生命本質的意涵。

（一）暫將理自奪，不是忘情人

37 歲娶妻，翌年掌珠入懷，詩人給女兒取名「金鑾」，可知其寶愛程度。他賦詩敘說自己沒有曠達胸襟，不免格外憐惜世俗兒女情，女兒雖是身外牽絆，卻也是眼前最大安慰；因此，女兒才周歲，詩人已盼想長大嫁人的遠景：「若無夭折患，則有婚嫁牽。」為此，他叨唸應將歸隱山林計畫往後推遲十五年（〈金鑾子晬日〉，頁 480）。未料嬌憨可愛的女兒在 3 歲時猝然病逝，哀痛逾恆的白居易 4 年間共寫 3 題 4 首哭悼女兒的詩。在〈病中哭金鑾子〉中他哭述：

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[52]（美）宇文所安，〈繡戶：回憶與藝術〉，《追憶：中國古典文學中的往事再現》（臺北：聯經出版公司，2006），頁 159。

> 豈料吾方病，翻悲汝不全。臥驚從枕上，扶哭就燈前。有女誠為累，無兒豈免憐。……故衣猶架上，殘藥尚頭邊。送出深村巷，看封小墓田。莫言三里地，此別是終天。（頁 846）

詩題為「病中哭金鑾子」，詩人生什麼病不很重要，夢中驚醒，燈前痛哭，望著女兒的衣物、殘藥空留床頭，這「病」才叫詩人生不如死。

女兒夭折是時間難以醫治的傷痛，3 年後偶遇女兒乳母，詩人仍流涕無法忘情，再寫下〈念金鑾子二首〉：

> 衰病四十身，嬌癡三歲女。非男猶勝無，慰情時一撫。一朝舍我去，魂影無處所。況念夭化時，嘔啞初學語。始知骨肉愛，乃是憂悲聚。唯思未有前，以理遣傷苦。忘懷日已久，三度移寒暑。今日一傷心，因逢舊乳母。
>
> 與爾為父子，八十有六旬。忽然又不見，邇來三四春。形質本非實，氣聚偶成身。恩愛元是妄，緣合暫為親。念茲庶有悟，聊用遣悲辛。暫將理自奪，不是忘情人。（頁 529）

面對女兒死亡剝奪性的悲傷，毫無招架之力的詩人只能生發無限哀嘆：「朝哭心所愛，暮哭心所親。親愛零落盡，安用身獨存。」（〈自覺二首其二〉，頁 538）為擺脫痛苦，詩人借助《莊子》生命之紀在於「氣之聚散」[53]與佛法因緣和合的觀點來思考生死問題：「形質本非實，氣聚偶成身。恩愛元是妄，緣合暫為親。」努力依循莊禪不執著、不落一偏，包容渾化生死的兩邊，勉強「遣悲辛」，嘗試從精神上尋求解脫死亡剝奪的傷痛。

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[53] 《莊子・知北遊》：「生也死之徒，死也生之始，孰知其紀！人之生，氣之聚也。聚則為生，散則為死。」見清・郭慶藩，《莊子集釋》（臺北：漢京文化事業有限公司，1983），頁 735。

宋代晁迥（951-1034）《法藏碎金錄》說：「白樂天有詩云：『慙將理自奪，不是忘情人。』竊思『理』、『奪』二字正是予切用之法，夫御世之道，求理而已。」[54]對於白居易這首悼念愛女的詩，晁迥既不是要感受白居易喪女後的苦痛，也非認同詩人虛妄的消極；而是更積極地從這首無奈悲哀的詩中挑出「理」、「奪」二字加以發揮：「出世之道，理可廢乎。以理奪情，率由智勝，以理復性，率由力勝，若能智力兼備，理性相符，真學指歸，曲盡善矣！」[55]勗勉後人若能「智力兼備，理性相符」，即可踐履全真養性的真諦。

宇文所安也覺察白居易主體意識的自覺及此自覺與詩作間的微妙聯繫。他指出：「在白居易的詩中，我們看到主體為感情所打動，對這些感情來說，僅僅識『理』是不夠的。」[56]通過創作詩人對自己所感悟到情勝理的事實作出對比詮釋，這種對比「構成了一種反省式的詮釋行為」[57]。三年來的喪女傷痛，經由「以理遣傷苦」所獲得暫時的慰藉，輕易地被一次與女兒乳母偶然的相逢打破：「忘懷日已久，三度移寒暑。今日一傷心，因逢舊乳母。」「因」字將此刻的傷心與相逢聯繫起來，詩人終於省悟「理」對有情、多情人的有限作用。「暫將理自奪，不是忘情人。」是詩人對自己無法抑制的失女悲痛所作出的個人化詮釋，而此有感而發的詮釋背後所呈顯的正是詩人主體意識的自覺。面對死亡剝奪的終結性與差異性，白居易已然覺察「理」的局限性和「情」的難以克制，這種認識為詩人深入體悟和實踐生命的詮釋體驗態度提供理論資源。

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[54] 宋．晁迥，《法藏碎金錄》第 3 卷第 2 條，《文淵閣四庫全書》（臺北：臺灣商務印書館，1983）子部第 13 冊，頁 1052。

[55] 《法藏碎金錄》，頁 1052。

[56] （美）宇文所安著、陳引馳、陳磊譯，《中國「中世紀」的終結：中唐文學文化論集》（北京：三聯書店，2006），頁 66。

[57] 《中國「中世紀」的終結》，頁 65。

（二）世間此恨偏敦我，天下何人不哭兒

主體自省式的詮釋，雖寬慰詩人「非男猶勝無」的喪女悲痛。惟「不孝有三，無後為大」的無嗣之憂，仍是詩人難以釋懷的遺憾。白居易或直抒無子焦慮：「唯是無兒頭早白，被天磨折恰平均」（〈自詠〉，頁 1662）；或故作灑脫：「有室同摩詰，無兒比鄧攸。莫論身在日，身后亦無憂」（〈閑坐〉，頁 1311）；或艷羨他人：「遙羨青雲裏，祥鸞正引雛。自憐滄海畔，老蚌不生珠」（〈見李蘇州示男阿武詩自感成詠〉，頁 1387）；更與同病相憐的元稹相互安慰：「由來才命相磨折，天遣無兒欲怨誰。」（〈酬微之〉，頁 1531）年過半百而無子，白居易很能體會元稹詩書無人可傳的憾恨；當元稹對子嗣絕望時，白居易通過對比形式：「一聞無兒嘆，相念兩如此。無兒雖薄命，有妻偕老矣。」（〈和微之聽妻彈別鶴操因為解釋其義依韻加四句〉，頁 1429）既勸慰好友亦自我安慰還有妻子可以偕老。[58]

大和 3 年（829），元白無子之憾，終得償宿願。初到洛陽，詩人喜得貴子阿崔，同年冬，元稹也得子，白居易作〈予與微之老而無子發於言歎著在詩篇今年冬各有一子戲作二什一以相賀一以自嘲〉詩抒發喜悅心情。其後又作〈阿崔〉詩云：「謝病臥東都，羸然一老夫。……豈料鬢成雪，方看掌弄珠。已衰寧望有，雖晚亦勝無。」體現內心難抑的激動與憐愛之情。只是死亡剝奪的不可預測性及無所不在性威脅，始終縈繞心頭。喜獲麟兒的白居易一面歡欣擘劃：「弓冶將傳汝，琴書勿墜吾」，寄託詩書傳承的期待；一面又因金鑾子早夭陰影，忍不住擔憂：「未能知壽夭，何暇慮賢愚。」（頁 1938）

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[58]「對比」是一種既相互差別、又相互互補，既相互連續、又相互斷裂的結構關係與動態發展。萬物皆各不相同。各有差別，可是彼此又有互補的關係。見沈清松等，《哲學概論．實在及其原理——形上學的幾個基本問題》（臺北：五南出版社，2002），頁 295。

不幸地死亡再次剝奪白居易望子成龍的願望，阿崔於大和 5 年春夭折。傾注畢生期望的詩人，在幼子殤逝之際五內摧折：

> 掌珠一顆兒三歲，鬢雪千莖父六旬。豈料汝先為異物，常憂吾不見成人。悲腸自斷非因劍，啼眼加昏不是塵。懷抱又空天默默，依前重作鄧攸身。(〈哭崔兒〉，頁 1976)

詩人再度成為早夭死亡事件的生存者，在「字字沉痛」、「意甚平，而語則甚痛」[59]的詩中，抒發淒苦絕望的心境。晚年失子顛覆人老先死且被年輕人取代的期待，他不禁控訴蒼天:「世間此恨偏敦我，天下何人不哭兒？……文章十帙官三品，身後傳誰庇蔭誰！」(〈初喪崔兒報微之晦叔〉，頁 1978)

相較於 18 年前女兒夭折退居渭村的白居易，只能以「哭」、「念」、「傷」獨自咀嚼喪女之痛。晚年失去阿崔的傷悲，除〈哭崔兒〉，〈初喪崔兒報微之晦叔〉標誌詩人不再獨自孤單承受失子之痛；晚期密切往來的詩友劉禹錫（772-842）有〈吟白樂天哭崔兒二篇愴然寄贈〉：「吟君苦調我沾纓，能使無情盡有情。……從此期君比瓊樹，一枝吹折一枝生。」[60]以瓊枝生生不息開解老友的喪子之痛。面對劉禹錫的寬慰，悲傷難抑的詩人寫下〈府齋感懷酬夢得〉，對老友美好的祈願，他消極地以枯樹自喻：「勞寄新詩遠安慰，不聞枯樹更生枝。」（頁 1979）劉禹錫回以〈答樂天所寄詠懷且釋其枯樹之歎〉:「驪龍頷被探珠去，老蚌胚還應月生。莫羨三春桃與李，桂花成實向秋榮。」[61]針對「枯樹」句，劉禹錫以物寓情，對比春花和秋桂，凸顯秋天飄香結實成果的桂花不屈之品格，持續地為好友打氣。

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[59] 清．查慎行《白香山詩評》:「『掌珠一顆兒三歲』四句，字字沉痛。」《詩評》後附戴華附識云:「申鳧盟先生評老杜〈奉濟驛送嚴公〉詩三四一聯，最得詩中三昧……香山此詩三四兩句，意識倒裝文法，其意甚平，而語則甚痛，便覺含味無窮。」見《白居易集箋校》，頁 1976。

[60] 唐．劉禹錫著，陶敏校注，《劉禹錫全集編年校注》（長沙：岳麓書社，2003），頁 531。

[61] 《劉禹錫全集編年校注》，頁 532。

死亡與哀慟是人生必經課題，本來即無固定的詮釋。事件本身是哀痛的，對於崔兒夭亡，詩人不單打造一個屬於自己的悲傷小天地，更在與劉禹錫等人酬答往還的自我敘說過程中，漸次消解晚年失子的悲苦。一生面對多次死亡剝奪的傷痛並未耗盡他的心神，反而更加豐富其生命內涵。67 歲時，詩人僅存的二女阿羅為他添了外孫，他寄詩劉禹錫道：「梧桐老去長孫枝」[62]，延續 7 年前「枯樹」之喻。雖無子，但有外孫歡膝下，老懷亦足堪慰：「外翁七十孫三歲，笑指琴書欲遣傳。」（〈談氏小外孫玉童〉，頁 2536）

子女的殤亡使白居易承受巨大的情感壓力，詩人努力地在死亡的剝奪性、必然性、普遍性、差異性和不可預測性等特徵中尋找出一條自我調適之道。情緒重新依託和生命關注轉向，是詩人訪求自我依歸的重要方式。白居易將關注自我的情緒宣洩轉引進日常生活周遭，並寄感於友朋；雖然哀痛之情不會因為有朋友理解而消失，但正是在這般共情同理的共鳴中，個體難以承擔的情感意識昇華成群體遭遇的情感體驗。

二、拓印自我靈魂的自傳式書寫

一段生命的結束是促使人們思索生命意義和價值的重要契機，「人在死亡面前無形中也就得到了一種無法替代的審美觀照與創造的特殊心境」[63]。哀悼，就是活著的人與亡者的互動，更是活著的人面對死亡的感受。故而每一首哭悼詩都可以視為是白居易的自悼之詞，詩人如何記憶回憶亡者，意味著詩人日後也想被如何記憶回憶。當詩人凝視亡者，彷若亡者也凝視著詩人，正是在這種相互凝視過程中，生者與亡者的關係得以被確立，自我得以被形塑。

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[62] 〈談氏外孫生三日喜是男偶吟成篇兼戲呈夢得〉，頁 2418。

[63] 王立，《中國古代文學十大主題：原型與流變》（臺北：文史哲出版社，1994），頁 301。

（一）君埋泉下泥銷骨，我寄人間雪滿頭

一生知交遍天下的詩人，經過時間淘滌和現實考驗，與李建、元稹、崔玄亮、劉禹錫四人的感情最為真摯且長久。〈感舊並序〉說：

> 故李侍郎杓直，長慶元年春薨。元相公微之，大和六年秋薨。崔侍郎晦叔，大和七年夏薨，劉尚書夢得，會昌二年秋薨。四君子，予之摯友也。二十年間，凋零共盡。唯予衰病，至今獨存。因詠悲懷，題為感舊。（頁2493）

50 首悼友詩中，有 9 首傷悼四君子中最早辭世的李建，6 首哭悼崔玄亮，超過三分之一的詩作用以悼念追憶元稹。在元稹死後十餘年間，白居易總計共寫下 11 首直接悼念、5 首兼及之作，作品數量之多與寫作時間之長，詩壇罕見。對詩人而言，元稹死亡的剝奪感甚至超過兒子阿崔。[64]元稹死訊傳來，詩人第一時間寫下：「八月涼風吹白幕，寢門廊下哭微之。」（〈哭微之二首其一〉，頁1908）經過元稹舊居，看到毀壞無人的林園感嘆：「落花不語空辭樹，流水無情自入池。」（〈過元家履信宅〉，頁 1917）其他好友逝世亦勾起詩人對元稹的念想：「去年八月哭微之，今年八月哭敦詩。何堪老淚交流日，多是秋風搖落時。」（〈寄劉蘇州書〉，頁 1857）聽到別人吟唱元稹詩歌，黯然傷神：「時向歌中聞一句，未容傾耳已傷心。」（〈聞歌者唱微之詩〉，頁 2127）酒後偶見元稹詩卷，更是老淚縱橫：

> 今朝何事一沾襟，檢得君詩醉後吟。老淚交流風病眼，春箋搖動酒杯心。銀鉤塵覆年年暗，玉樹泥埋日日深。聞道墓松高一丈，更無消息到如今。（〈醉中見微之舊卷有感〉，頁 3835）

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[64] 大和 5 年春阿崔夭折，同年 7 月，元稹在武昌節度使任上逝世。

人世間的事物隨時間推進持續變異，只有死去的人不會有任何動靜。開成五年，元稹逝世 9 年，白居易猶不能釋懷。重壤幽隔的現實中，唯莊周曉夢的迷離幻境可令生死相通：

> 夜來攜手夢同遊，晨起盈巾淚莫收。漳浦老身三度病，咸陽宿草八回秋。君埋泉下泥銷骨，我寄人間雪滿頭。阿衛韓郎相次去，夜台茫昧得知不？（〈夢微之〉，頁 2423）

作為哭悼主體與客體重要媒介的「夢」意象，傳遞著詩人企圖逃避現實人生的殘酷，泯滅生死界限的最深刻情感。寄託尋夢，夢後感傷，「君埋泉下泥銷骨，我寄人間雪滿頭」，以亡友的「泥銷骨」對比自己的「雪滿頭」；一個長眠地下，一個蹉跎人間，令人不勝唏噓！高壽的詩人在目睹後生晚輩一個個離去，活著的人傷心慨嘆，不禁癡情地對逝者叨絮著近十年來人世間的種種變化。

會昌元年，70 歲的詩人與「香山九老」之一的盧貞交好，翻閱盧集，發現不少贈元稹的詩篇，有感而發，作〈覽盧子蒙侍御舊詩多與微之唱和感今傷昔因贈子蒙題於卷後〉云：「相看掩淚情難說，別有傷心事豈知。聞道咸陽墳上樹，已抽三丈白楊枝。」（頁 2507）「相看」句深描詩人的瞬間神態，傾訴至極的無聲之痛；「聞道」句領起，將詩意引至元稹墳頭的白楊樹，以歲月流逝之速，襯托悼念之情深。

（二）人生莫羨苦長命，命長感舊多悲辛

死亡是人生最大切割，這難以跨越的鴻溝，不僅分離且是永別。白居易在悼友詩中著力刻畫生死乖違的離散。在〈夢裴相公〉詩中，詩人再次藉由夢境溝通生死：

> 五年生死隔，一夕魂夢通。夢中如往日，同直金鑾宮。……既寤知是夢，憫然情未終。追想當時事，何殊昨夜中。自我學心法，萬緣成一空。今朝爲君子，流涕一霑胸。（頁 521）

生死永隔的兩人透過夢境追憶往事，重遊舊地，雖已習得佛教心法，理智上知道所有緣會皆是虛空，然夢醒悲思無限，終究涕泗霑胸。而正是「自我學心法，萬緣成一空」的矛盾，更突顯詩人對裴相公悼念的真摯與悲哀。

若可選擇，人的主觀意志普遍求生，惟客觀命運注定終將一死。退居下邽，詩人有〈效陶潛體詩十六首之一〉云：「早出向朝市，暮已歸下泉。形質及壽命，危脆若浮烟。堯舜與周孔，古來稱聖賢。借問今何在，一去亦不還。」（頁 303）認為生死變化太大，人命危脆就像浮動的烟，轉瞬即逝，縱使聖賢如堯舜周孔，一樣趨向死亡。死亡無比公平，所有的人皆不能置身事外。人生過程也許存在諸多變化，但終須面臨一死。江州時期，詩人寫下〈感逝寄遠〉云：「昨日聞甲死，今朝聞乙死。知識三分中，二分化為鬼。逝者不復見，悲哉長已矣。存者今如何，去我皆萬里。平生知心者，屈指能有幾。通果澧鳳州，眇然四君子。……何當一杯酒，開眼笑相視。」（頁 509）在聞聽多人接連去世的消息，感傷之餘不免慶幸平生知交四君子雖分隔萬里，總還能期待再一次舉杯暢談的機會。

比元稹早逝 10 年的李建是「四君子」中最先辭世者，〈感舊紗帽〉詩云：「昔君烏紗帽，贈我白頭翁。帽今在頂上，君已歸泉中。物故猶堪用，人亡不可逢。岐山今夜月，墳樹正秋風。」（頁 421）見故友所贈紗帽引發感懷，以對比意象：昔今、君我、黑白、物人、生死，申述物是人非，人命脆弱，一去不返的哀傷。在〈哭崔常侍晦叔〉中，詩人連用六個類疊句：「丘園

共誰卜？山水共誰尋？風月共誰賞？詩篇共誰吟？花開共誰看？酒熟共誰斟？」（頁 2010）將「吾道自此孤，我情安可任？唯將病眼淚，一灑秋風襟」的哭悼哀傷情懷層遞推進到最高點。

由於長壽，使白居易比別人更多目睹死亡一次次的逼近，好友們無論年長、同年或年輕者，一個個先他而去，使他更加深刻體悟死亡剝奪的必然性、普遍性和差異性。距〈感逝寄遠〉約四分之一世紀後，四君子中僅存的劉禹錫於會昌 2 年去世，耄耋之年的詩人哭道：

> 四海齊名白與劉，百年交分兩綢繆。同貧同病退閑日，一死一生臨老頭。杯酒英雄君與操，文章微婉我知丘。賢豪雖殁精靈在，應共微之地下遊。（〈哭劉尚書夢得二首其一〉，頁 2541）

白居易以簡練的語言對政治上志同道合，詩文上互為知音的劉禹錫致上最深摯的哀悼之情。這年冬天，詩人想起人生中幾位最親密好友都已作古，傷懷寫下〈感舊〉詩：

> 平生定交取人窄，屈指相知唯五人。四人先去我在後，一枝蒲柳衰殘身。豈無晚歲新相識，相識面親心不親。人生莫羡苦長命，命長感舊多悲辛。（頁 2493）

在失去四個好朋友後，一身孱弱的詩人雖已達觀看淡死生，只是這份淡然背後是許多「悲辛」積累而成。世人總想多福高壽，然長命百歲可能是一種必須承受更多孤獨、悲痛和辛酸的詛咒。

三、「詩人多薄命」的悼古與自傷

（一）茫茫元化中，誰執如此權

白居易從貞元 18 年登書判拔萃科，到元和 6 年丁母憂之前，是他最為亢直敢言的時期。期間有孔戡者，舉進士及第，昭義節度使盧從史辟為書記，從史為不法，戡極諫以為不可，後謝病歸洛陽。李吉甫鎮揚州欲辟孔戡為賓從，盧從史出於舊怨上書誣陷阻撓，未久孔戡鬱鬱而終。詩人有〈哭孔戡〉詩云：

> 洛陽誰不死，戡死聞長安。我是知戡者，聞之涕泫然。……平生剛腸內，直氣歸其間。賢者為生民，生死懸在天。謂天不愛人，胡為生其賢！為天果愛民，胡為奪其年！茫茫元化中，誰執如此權？（頁 8）

詩中雖看不出白居易與孔戡的交情，而詩人自命「我是知戡者」，可理解為「知」戡之含屈蒙冤，更「知」其「平生剛腸內，直氣歸其間」的剛直性情。詩人傷其賢才而不得用，認為賢者貢獻生民有功，其生死大限由上天決定，若天不愛人，為何生下賢人幫助生民？然若天真愛護生民，奈何又急著奪去賢者生命？故不免質疑：「茫茫元化中，誰執如此權？」詩人綜合運用敘事、議論、抒情等表現手法，表達出傷感、惋惜、怨憤等多種情感，增加了哭悼詩的藝術感染力。

時間停不止，青春留不住，青史功名亦難料，退而求取富貴也無所獲。人生的各種變化中有許多是不由自主的，尤其是死亡。詩人在 47 歲所作的〈浩歌行〉中感嘆年雖不大而人已蒼老，「把鏡照面心茫然」，緣此產生朱顏易逝之慨嘆，並引出人生命運的哲理思考：

> 賢愚貴賤同歸盡，北邙冢墓高嵯峨。古來如此非獨我，未死有酒且高歌。顏回短命伯夷餓，我今所得亦已多。功名富貴須待命，命若不來知奈何。（頁 629-30）

詩中既有珍惜時光之情，又有聽任命運之意，一切都由命中註定，非人力可以左右。這種宿命思想貫串於諸首哭悼故友賢士之作中。如〈哭李三〉云：「哭君仰問天，天意安在哉？」（頁 543）以問天的形式凸顯生死間的對立衝突。忠州時期，白居易遇到來自四川梓潼的朋友，得知當年一同催生〈長恨歌〉[65]的王質夫死訊，憶起當年同遊仙遊寺情景，悲痛寫下〈哭王質夫〉：「生別猶怏怏，死別復何如。……憐君古人風，重有君子儒。篇詠陶謝輩，風流嵇阮徒。出身既蹇迍，生世仍須臾。誠知天至高，安得不一呼。」（頁 598）詩人感嘆「千萬人中無一人」（〈期李二十文略王十八質夫不至獨宿仙遊寺〉，頁 749）的王質夫，「出身蹇迍」、「生世須臾」，天地毫無公平可言，故儘管至高無上的天人難以控訴，詩人仍要強作最後呼喊。

（二）但是詩人多薄命，大都好物不堅牢

由於多愁善感的天性與現實際遇不如意的相互生發，詩人藉由對古聖先賢、英雄志士或懷才不遇、壯志難酬的扼腕，或終逝人間、空留孤墳的悵惘，憑弔拜謁其墓並寄寓自我傷悼之感：

> 采石江邊李白墳，遶田無限草連雲。可憐荒隴窮泉骨，曾有驚天動地文。但是詩人多薄命，就中淪落不過君。（〈李白墓〉，頁 1099）

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[65] 陳鴻〈長恨歌傳〉載：「元和元年冬十二月，太原白樂天自校書郎尉於盩厔，鴻與瑯玡王質夫家於是邑，……話及此事，相與感歎。質夫舉酒於樂天前曰：夫希代之事，非遇出世之才潤色之，則與時消沒，不聞於世。樂天深於詩，多於情者也。試為歌之如何？」見朱金城：《白居易集校箋》，頁658-659。

詩以七律變體形式，藉李白傑出成就與坎坷命運、死後墓地荒涼和後世文壇暗淡，組成多重對比，結尾言未盡而意亦無限，賦予作品豐富深沉的藝術感染力。元和 10 年詩人遠謫江州，途中有〈讀李杜詩集因題卷後〉詩云：「天意君須會，人間要好詩。」（頁 956）把時命多舛和李杜兩人的文學成就聯繫起來，指出李杜的不幸，是因上天認為人世間需要傑出的詩而使其不得不如此。這種以為上天出於文學是必要的看法與前述上天因妒忌詩人與自己爭造化之功而懲罰詩人的觀點，乍看彷彿對立，然在更深層次上，這兩者又矛盾統一於詩人獨立於天而存在的觀念。

飽歷喪朋哭子之悲的白居易，在〈簡簡吟〉中更抒發一種對於生活中存在過而又消逝的美好之人與物的追念和惋惜之情：「大都好物不堅牢，彩雲易散琉璃脆。」（頁 698）詩人在哀慟簡簡早夭的同時，不忘以過來人身分安慰悲傷她的「丈人阿母」，同時把個人的悲哀提升到整體人生的高度；美好的事物正如易散之彩雲與易脆之琉璃，令人無法掌握，這使得整首詩的思想意境得以昇華。[66]

伍、結語

死亡剝奪經歷與哀傷體驗貫串白居易的一生。儒、釋、道兼修的詩人，[67]無論哪種思想占主導地位皆有一共通的特點，即天命難違的宿命與任運隨緣的自在；由是，詩人對自然世事既存有清醒和理智心態，但同時又滿懷傷感和感慨。作為充滿詩人氣質的俗世中人，白居易始終擺脫不了情與理的矛盾，尤其

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[66] 楊絳在《我們仨》中借用〈簡簡吟〉這兩句，抒發對愛女死亡之痛，彰顯其身為三口之家唯一活者的孤寂與無奈。

[67] 〈醉吟先生墓誌銘〉云：「外以儒行修其身，中以釋教治其心，旁以山水、風月、歌詩、琴酒樂其志。」（頁 3815）

當詩人有意地賦予詩歌自傳性質：「凡平生所慕、所感、所得、所喪、所經、所逼、所通，……開卷而盡可知也。」[68]這些寄寓人性共感之生命*衝突*與終極關懷的哭悼詩作，側重抒發個人真實感觸，真實記錄白居易人生中的各種死亡剝奪經歷，把關注焦點從社稷民生轉到個人體驗，真正達到切近人生的本來面目。

與生俱來的生死問題，儒家強調留名取義；然太多的生死別離，促使白居易由眼前的境聯想到堯舜周孔等聖賢的一去不還，進而對天道產生疑惑：「顏回與黃憲，何辜早夭亡？……物理不可測，神道亦難量。舉頭仰問天，天色但蒼蒼。」（〈效陶潛體詩十六首之十六〉，頁308）糾結徘徊於生死命題的詩人，在「藥誤不得老，憂死非因疾」的窘況下，投入「酒」的懷抱：「何如會親友，飲此杯中物？能沃煩慮銷，能陶真性出。所以劉阮輩，終年醉兀兀。」（〈對酒〉，頁530）這種與劉伶〈酒德頌〉的老莊哲理若合符契的思想，正是詩人無可奈何之餘用以排遣痛苦的體會。

白居易對死的悲哀意識標誌著對存在的自覺，人不是被死亡征服，而是接受死亡，透過焦慮更能體驗前所未知的豐富人生。從哭悼死亡到思考死亡，詩人心中開始浮現離死期不遠的預想，面對既往的元稹，白居易認為自己也將「繼往」[69]。於是，他著手整理詩文，大和 8 年集結洛下詩作，作〈序洛詩〉；大和 9 年編次生平全部作品，作〈東林寺白氏文集記〉，送藏於江州東林寺；開成元年，65 歲的詩人作〈聖善寺白氏文集記〉，編次總集藏於洛陽聖善寺。這些舉措不僅宣告詩人已做好面對死亡來臨的準備，同時亦顯現他已走過以「理」遣懷失敗並覺察自己「不是忘情人」階段。早年莊禪哲理雖然未

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[68] 〈醉吟先生墓誌銘〉，頁 3815。

[69] 〈祭微之文〉，頁 3722。

能抑制他的悲傷，但已為其深入體悟和實踐生命的詮釋體驗態度提供理論基礎。檢視晚期詩作，浸淫莊禪哲理既久的詩人，表達更多的是看空外物和自我的主體性的發掘。由是觀之，白居易哭悼詩中的自我敘說不再僅止是傷逝之悲痛哀婉，而是透過書寫死亡、哀悼死亡、思考死亡的歷程，創化其生命的意義與價值。

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The Study on Mourning Poetry of Bai Juyi

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Abstract

To mourn and memory the deceased, overwhelmed with sorrow, the poets wrote reams of poetry of grief, which were for the loss of parents and elders, conjugal affection, concubines and children, or for thinking of friendship, or pity for all beloved. Mourning poems is a beautiful flower in ancient times poetry in China. This article intercepts the Mourning poetry of Bai Juyi, discusses its definition, the development and from overall grasps its artistic characteristic and the value.

Keywords: Bai Juyi, Mourning Poetry, Death, the Deprivation Account

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Neurodegenerative and Life Narratives: Alzheimer’s Disease Re-considered and Selfhood Re-Negotiated in Dana Walrath’s Aliceheimer’s: Alzheimer’s Through the Looking Glass*

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摘要

黛娜・沃瑞斯(Dana Walrath) 2016 年出版的醫療圖像自傳《愛麗絲海默夢遊仙境：阿茲海默症鏡中奇遇》(*Aliceheimer’s: Alzheimer’s Through the Looking Glass*)不落俗套地重新探究照護者與病患共同面對阿茲海默症威脅時的持續性自我認同之狀態演變。此圖文並呈之醫療圖像回憶錄編織了一洞察力豐富的敘事三重奏，涵容了達娜・沃瑞斯的照護倫理、罹患失智症母親與其不可逆神經性退化疾病協商下自我認同之展現，以及他們如何與生活中無所不在的失智症照護日常。本文首先爬梳美國在近幾十年的新自由主義與自由經濟邏輯的社會脈絡下，失智症，特別是阿茲海默氏症，如何被建構與形塑成一獨特疾病樣貌：罹患失智症病人的生活常態如何被偏誤地理解為沃瑞斯所稱之「社會性死亡」(“Social death”)。而身處在此框架內，達娜・沃瑞斯的作品如何

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透過圖像醫療敘事的媒介，另闢蹊徑，為當代失智症論述提供多元化的策略詮釋。其次，本文透過多元疾病敘事之理論基礎及視角，探討作品中的圖像敘事策略結合非線性時間與非同時同步性記憶等概念，進行照護者與患者之間自我認同感重塑之文本分析與再詮釋。最後，論文探究本書優勢本位取徑(Strength-Based Approach)做為敘事策略，與較強調疾病無能為力面向的失智症敘事傳統做出區隔，開展另類的失智症與照護議題相關生命書寫之正向性。黛娜・沃瑞斯兼具作家、藝術創作者、醫學院教授及醫療人類學學者的多重身份，透過《愛麗絲海默夢遊仙境：阿茲海默症鏡中奇遇》展現人類在面對不可逆神經性退化疾病之關鍵時刻，依然能有不同凡響的生命美學態度。

關鍵詞：達娜・沃瑞斯、圖像醫療、時間性、敘事性、優勢本位取徑

Introduction

In her 2016 medical graphic memoir, *Aliceheimer's: Alzheimer's Through the Looking Glass*, Dana Walrath presents a compelling exploration of the sustained identities of both caregiver and patient as they grapple with Alzheimer's disease. This graphic memoir weaves a profound and insightful narrative trio involving Dana Walrath as the caregiver, her mother Alice's daily personal experiences with her neurodegenerative self, and the ubiquitous presence of Alzheimer's disease. Walrath, a multifaceted professional as a writer, artist, and medical anthropologist who teaches at the University of Vermont's College of Medicine, constructed this memoir to deviate from the conventional biomedical depiction of aging and dementia, spotlighting her mother's journey with Alzheimer's disease. Within the memoir, Walrath portrayed her mother's character as persistently constant, with alterations apparent only in her shifting spatiotemporal existence that represented her fluctuating perception and social experiences during the illness's progression. This stance diverges from the predominant societal narrative that often associates the illness's cognitive decline with a disintegration of the self (Kovan and Soled 227). Walrath employs unconventional vignettes and graphite approaches by utilizing torn fragments of Lewis Carroll's famous *Alice's Adventures in Wonderland* to visually depict the gradual revising of self-identity as Alice's previous self wanes. Walrath's account evolves through her personal journey of providing care for her mother, mapping the course of the disease in a series of poignant, illustrated vignettes that highlight humor, intimacy, and quotidian complexities.

Initially, Walrath depicts Alice as an individual who is gradually eroding, reflecting the conventional societal outlook on Alzheimer's disease. Yet, she challenges this narrative by emphasizing the persistent selfhood of Alice through a non-linear sequence of vignettes, each focusing on elements of Alice's shifting existential experiences in terms of location, time, and space (Kovan and Soled 238).

The narratives capture Alice's unique realities, for example, her hallucinations about World War II rationing or envisioning her late husband in a tree, thereby humanizing her persona. The memoir also charts Walrath's developing comprehension of her mother's experiences and sociocultural boundaries, validating the role of relationships in maintaining Alice's identity in the face of the disease. Ultimately, Walrath acknowledges Alice's cognitive faith in her as a caregiver, signaling a sense of selfhood that persists, challenging the stigma frequently linked with Alzheimer's.

Aliceheimer's takes the readers on a journey into Alice's vibrant social milieu, featuring a variety of characters like pirates, space-time travelers, friendly neighbors, and Walrath's deceased father. Walrath embraced this unique community, suggesting that reinterpreting dementia as an alternative state of existence, as a lens to a different reality, allows those living with the condition to serve as educators – worthwhile, genuine individuals contributing to the possibility of collective well-being. In this way, *Aliceheimer's* considers the disease as a socio-cultural phenomenon, and offers fresh interpretations towards the patients' actions. Walrath articulates that more than mere personal identification, it is the social roles, intentions, and behaviors that are significant, endorsing a phenomenological approach to selfhood rooted in socio-cultural dynamics. Thus, the memoir became a conduit for Walrath, her mother Alice, and the readers to redraw and renegotiate societal boundaries, cultivating a communal understanding.

Alzheimer’s Disease, the Role of Neoliberalism and Market Forces in the Last Decades

Aliceheimer’s: Alzheimer’s Through the Looking Glass focuses instead on an embodied concept of selfhood that defies the traditional biomedical narratives of aging and Alzheimer's disease fueled by neoliberalism and the market economy’s biased perspective on this particular illness. In the US, the concept of Alzheimer’s disease has evolved several times over the past century due to changes in circumstances. The first official use of the term took place in 1910, during the first phases of social turnarounds that dramatically changed the health of the population. At the time, only 4.3% of the U.S. population was over 65 years of age, but by 1970 the population had reached almost 10%, and the numbers are still increasing (*American Dementia* 42). As more Americans survive longer, people in turn gain more neurodegenerative changes in their brains and increase risk. Over the past few decades, the influence of neoliberalism and the influx of market forces have deeply shaped our paradigmatic concepts of disease and our strategies for resisting Alzheimer’s (*American Dementia* 62).

The changing demographics of a graying society intersected quite profoundly with the rise of neoliberalism in U.S. governmentality in the pivotal decade of the seventies, forever altering the Alzheimer’s paradigm, and neoliberalism has played a significant role in shaping Americans’ current understanding of Alzheimer’s disease. The unleashed free-market-based economy emerging in the seventies promised to pull lagging domestic and global markets out of the quagmire of stagflation, and it was also imagined as a period that would give birth to the type of revolutionary technological innovations presaged by 1969’s moon landing (*American Dementia* 43). The pursuit of a market bonanza has, in essence, warped decision-making and diverted funds away from psychosocial and preventive approaches.

The pervasive influence of neoliberal economics has transformed human society from most people’s work lives to the fundamental understanding of the human condition, including the impacts brought to the realm of well-being, health, and care system. Neoliberal economics emphasizes free markets, deregulation, and reduced government spending, advocating for minimal state intervention to drive efficiency and wealth creation. Critics, however, highlight its role in increasing income inequality, undermining public services, and promoting job insecurity. Despite its influence in shaping global economic policies since the late 20th century, the approach remains controversial due to its varied impacts on society and economy. Apart from its impact on laissez-faire markets, neoliberalism, considered an economic and political philosophy, underlines the significance of individual autonomy and advocates for minimal governmental interference in the comprehensive functioning of society. Liberal doctrine posits that individuals inherently gravitate towards autonomy and individuation, suggesting that safeguarding this elemental reality should supersede communal concerns. Contrary to pre-capitalist ideologies that underscored community integrity and cohesion, neoliberal frameworks thriving in capitalist societies in the 21st century promulgate the idea of an isolated individual navigating the marketplace to achieve personal completeness, embodying the archetype of the self-made individual (“Marketplace of Memory” 592). As Harvie illuminates, citing Foucault, in Western liberal democracies, neoliberalism permeates society not principally through government controls but via “governmentality” – a process by which individuals internalize certain knowledge and thus govern themselves (Harvie 3). It has become a social force that molds not just public policy but it is required not averse to use force to achieve its objectives.

The prevalent notion of the individual as a rational entity within the framework of neoliberalism has fostered a hypercognitive culture that prioritizes rationality and autonomy as supreme virtues. The tenets of market capitalism have gradually engulfed the realm of science, a phenomenon often scrutinized through neoliberalism's comprehensive economic and political purview (Whitehouse 107). In a broader sense of mental health problems, neo-liberalism has promoted a narrow and biomedical understanding of mental health issues, which focuses on individual pathology and ignores the social and environmental factors that contribute to mental distress (Beresford 33). The initiative has fostered a societal paradigm of disability, underscoring the obstacles encountered by individuals with disabilities as a reaction to their perceived impairments. The pervasive ideal of the person as a rational individual has led, under neoliberalism, to what Stephen G. Post calls a “hypercognitive society” (245). This has resulted in people with advanced dementia being seen as lesser persons both socially and legally. Within this framework, people who do not meet the threshold of rationality and autonomy as independent individuals, such as those with advanced dementia, are seen as lesser persons both socially and legally. The pervasive global influence of biomedicine, with its potent ability to remediate diseases and restore individual physical integrity, tends to overshadow its origins as a cultural construct. It characteristically identifies an ailment as a localized phenomenon within an individual’s physiological structure, instead of a possible construction by mainstream ideology generated in society.

The existing dominant discourse on dementia associates an individual’s cognitive decline with a loss of self. This perspective, anchored in a biomedical interpretive framework, shapes an individual's identity as reliant upon cognitive abilities and memory, two aspects greatly valued within Western cultural norms (Kovan and Soled 227). From a medical perspective, dementia is perceived as a pathological condition characterized by alterations in memory, linguistic abilities, attention, and other cognitive capacities that restrict routine tasks. In contrast, some cultures attribute illness not to individuals but to familial or communal entities. Biomedicine, despite its proficiency in alleviating diseases, often finds itself inept at dealing with chronic afflictions, cognitive disturbances, congenital conditions, or maladies that are incurable or progressively degenerative. Within the biomedical discourse, such states are often met with stigmatization and apprehension, a phenomenon that medical anthropology defines as “social death” (Walrath, *Aliceheimer’s* 4).[1]

In the context of dementia care, the prevailing cognitive approach, which neglects the integral role of values, emotions, and intuition in decision-making, often leads to the “social death” of individuals affected by the condition. This cognitive approach ignores the essential contribution in enabling individuals to determine personal priorities in decision-making. As a result, people with dementia are often excluded from decision-making processes in society, and their sense of autonomy and capacity is diminished by the attitudes and behaviors of those around them (Macdonald et al. 11-13). Therefore, challenging the stigmas and fears associated with dementia requires a shift away from the neoliberal emphasis on individualism and rationality towards a more relational and social understanding of the disease. This view encourages people to embody self-awareness and move away from a biomedical model of understanding dementia and recognizing the social demands and impacts of the disease on families, neighborhoods, and communities.

Analyzing the above diverse viewpoints reveals how neoliberal economics, focusing on individual autonomy and rationality, profoundly impacts dementia discourse. Since its emergence in the 1970s, neoliberalism's emphasis on free markets and limited government intervention has notably influenced contemporary perceptions of Alzheimer’s disease and dementia. This approach often prioritizes individual pathology, overlooking crucial social and environmental factors, leading to a culture that highly values cognitive abilities. Consequently, those not aligning with these standards, like individuals with advanced dementia, tend to be marginalized.

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[1] The author refers to the complete book title *Aliceheimer’s: Alzheimer’s Through the Looking Glass* as *Aliceheimer’s* in the essay. When quoting from the book, only the page number is provided in the in-text citations.

Moreover, this perspective often frames dementia as merely a cognitive decline, ignoring its wider social and cultural implications. Such a narrow view contributes to the “social death” of people with dementia, marked by stigma and exclusion from societal participation. The interplay between neoliberalism and dementia underscores the need for a shift towards a more relational and socially oriented understanding of the condition. This shift would involve acknowledging dementia’s effects on families and communities and emphasizing the significance of emotions, values, and intuition in the lives of affected individuals. A comprehensive, empathetic approach is necessary to counteract the stigmas associated with dementia, moving beyond a strictly biomedical perspective to embrace the condition’s multifaceted social impact.

To a certain degree, Walrath initiates the concept of embodied selfhood in her memoir to compete against the neoliberal biomedical model of dementia by providing an alternative framework for understanding the self in the later stages of dementia. The concept of embodied selfhood derives from phenomenological methodologies examining consciousness, emphasizing the self as mirrored through the societal and cultural underpinnings of corporeal experiences (Kovan and Soled 232). To Walrath, Alice’s self isn’t just a cognitive or mental entity of biomedical diagnosis but is deeply connected to her physical body and her mutual sensory experiences acting with the outer environments. Walrath cares for and emphasizes how Alice’s sense of self shifts and changes with the progression of Alzheimer’s disease. As Alice’s physical and cognitive abilities change, so too do her self-perception and interaction with the world. Walrath completely respects and interacts with Alice within this dynamic. The transformation in the depiction of the individual might have significant implications for caregivers, should it be efficiently integrated into their care provision methods.

Even though it is produced in an era of biomedical dominated by neoliberalism, *Aliceheimer’s,* utilizing the medium of graphic medicine, endeavors to delineate its own distinct trajectory and offers an innovative perspective on dementia care within the prevailing socio-economic construct of neoliberalism and market economy force. Addressing the comprehension of comics or graphic narratives, Scott McCloud introduces the concept of “closure,” suggesting that the relationship between images and text in comics, as well as between the panels, frames and even gutters, is simultaneously cohesive and disjointed, appearing interconnected while also being delicately tethered (140). However, it is precisely through the active involvement of readers, alongside their capacities to decode and transcode the implicit meanings within the comics, that a plethora of diversified pathways for reading and interpretation are unveiled.

Current dominant ideologies often associate dementia with negative implications, which contradicts their fundamental principles (Braedley and Luxton 5-6). Through the medium of graphic medicine, Walrath’s *Aliceheimer’s* promotes a more holistic, socio-centric model of dementia care, emphasizing the social determinants of mental health and the crucial role of family and community support and empowerment (McNicol 24). Thus, *Aliceheimer’s* emerges as a groundbreaking contribution to dementia discourse, acknowledging its societal ramifications and impacts on families and communities, instead of individuals only. It advocates for a paradigm shift from an exclusively biomedical understanding of dementia to a social framework, thereby positioning dementia as a societal concern rather than a personal medical crisis (Gilleard and Higgs 123). *Aliceheimer’s* serves as a counter-narrative to conventional dementia narratives, challenging the complex nature of neoliberalism and the principles of the free-market economy. Its use of the graphic medicine medium and disruption of linear narrative theory highlights the counterforces present within the dementia discourse.

Dementia Care, Life Narratives, and Graphic Medicine

Advancements in dementia treatments encompass a diverse array of approaches, venturing into the realm of non-pharmacological interventions and presenting a thought-provoking exploration. Within this landscape, one particular practice that stands out is life narratives. While psychotherapies hold promise in enhancing memory and cultivating positive thought patterns, and music and art therapy offer avenues for self-expression and cognitive stimulation, the captivating allure of life narratives demands attention (“The Dementia Guide” 35-37).

Life narratives that can be considered as life narratives and life narratives as well, offers a compelling reminder of the limitations of conventional medical approaches in addressing the complexities of dementia. This practice, involving collaborative efforts between patients and caregivers, employs props, film and music excerpts, and a scrapbook to capture and explore the significant memories and details that shape the patient's life journey. While empirical evidence indicates potential improvements in mood, overall well-being, and cognitive functions like memory, its true value lies in recognizing and celebrating patients as individuals with diverse skills and interests (“The Dementia Guide” 36). Patients with dementia are not viewed as incapable of exhibiting their active subjectivities and lucid cognition.

Recognizing the diverse nature of dementia care, there has been a historical progression in the field of life narratives within this context. Notably, life narratives deviate from conventional approaches, as they focus on the caregiver's perspective rather than solely on the dementia diagnosis. By fostering a deepened understanding of the unique personhood of individuals living with dementia, caregivers can provide enhanced quality of care, indirectly benefiting the patients. This shift in perspective acknowledges the intrinsic worth and humanity of each individual, thereby positively impacting their well-being and care experience (Chidgey 128). In a way, life narratives hold immense potential as a non-pharmacological intervention for dementia, nurturing personhood and enhancing the quality of life for patients facing this condition. By valuing their individual subjectivities and fostering meaningful connections between caregivers and patients, this holistic approach intends to transcend medical and pharmaceutical boundaries, positively impacting well-being and care standards. Life narratives go beyond written narratives and include a range of modes, including verbal and visual forms of expression. In their exploration of the role of narrative therapy in the dementia journey, Richard Freadman and Paula Bain undertake a comparative examination of political criticism within the sphere of scholarly autobiographical studies and theoretical frameworks of dementia care. They argue for the adoption of a person-centered model that challenges dehumanizing elements of the medical model and negative ideological perceptions surrounding the condition (“Life Narratives and Dementia Care” 106).

Distinctive graphic approaches as a way of life narratives, that delve into the depths of subconscious processes, fostering a profound connection between the creator and the reader, serving as striking examples of graphic medicine’s ability to capture the lived experiences of illness. This unique approach not only engages with the personal experiences of dementia but also plays a pivotal role in the social process of healing by generating shared social meaning (3, 5). In a 2014 TED Talk focused on *Aliceheimer’s* project, Walrath highlights the significance of the visual-verbal combination in compensating for memory loss and enabling the preservation of sophisticated content, emphasizing that patients with dementia possess a depth of sophistication despite their struggles with memory recall (Walrath, “Comics, Medicine and Memory” 07:00). The graphic form employed in Walrath's artwork not only allows for intricate depictions of Alzheimer’s but also facilitates the creation of iconographies that resonate with patients’ experiencing the condition. Thus, Walrath’s artwork serves not only as an illustrative representation of her narrative theory but also as an embodiment of it. Through her drawings and vignettes, conflicting narrative perspectives intersect and coexist, fostering connections between patients and caregivers, caregivers and readers, and indirectly linking readers with patients. This process engenders expansive circles of sociality, broadening the reach of understanding and empathy within the context of dementia (Walrath, "Comics, Medicine and Memory" 07:00).

The inclusion of creative visual art and assemblage in the portrayal of dementia care holds significant importance, particularly for readers less acquainted with the epistemological values and methodologies of the arts and humanities (Charise 196). Walrath's *Aliceheimer's*, through the unique lens of graphic medicine, offers an innovative approach to dementia care. It diverges from the dominant neoliberal and capitalist ideologies, which often present dementia in a negative light. Instead, *Aliceheimer's* promotes a holistic, community, and family-centric model of dementia care, highlighting the social determinants of mental health and the crucial role of family and community support. It repositions dementia as a social issue, contradicting the biomedical narrative that frames it as a personal tragedy. *Aliceheimer's* stands as a counter-narrative to conventional dementia accounts based on graphic representations, and disruption of linear narrative theory that underscores the counterforces within dementia discourse.

Within the realm of illness narratives, the graphic medium emerges as a powerful tool to bridge the gap between the inexpressible experience of illness, pain, and the need for communication and understanding. The intellectual underpinnings of Graphic Medicine can be discerned through an examination of Elaine Scarry's seminal work, in which she characterizes physical pain as "a state anterior to language" (11). Through the visual representation of the embodied experience of pain, Graphic Medicine transcends linguistic limitations and enables a deeper and more nuanced exploration of the subjective dimensions of illness. Ian Williams, a highly regarded figure in the Graphic Medicine movement, eloquently describes the result of this approach as a transformative “iconography of illness” (64). In embracing the power of comics as a medium, Graphic Medicine challenges the dominant techno-medical discourse that reduces patients to mere objects in imaging and instead aims to restore and amplify the rich subjectivities present in clinical encounters (Czerwiec et al. 2). By shifting the focus from the impersonal “universal patient” to the various lived experiences of individuals, Graphic Medicine provides a powerful platform for conveying the nuanced complexities of illness.

Aliceheimer's, captures Alice’s lived experiences of illness and offers an opportunity to showcase the inherent strengths of the graphic medium in tackling the formidable challenges posed by this disease, especially in relation to the conceptualization of subjectivity. As Walrath notes in her introduction:

> For Alice and me, the story was different. Alzheimer’s was a time of healing and magic. Of course, there is loss with dementia, but what matters is how we approach our losses and our gains. Reframing dementia as a different way of being, as a window into another reality, lets people living in that state be our teachers – useful, true humans who contribute to our collective good, instead of scary zombies. (4)

Through her visually captivating storytelling, Walrath documents her own personal journey living with her mother, Alice, who has Alzheimer’s disease. The graphic memoir offers a profound exploration of the impact of dementia on both the patients and their caregivers, presenting a deeply human and empathetic portrayal of the challenges faced by those affected by the disease. Walrath's evocative imagery and thought-provoking narrative highlight the power of comics as a medium for expressing and understanding illness experiences (Walrath 2016).

Walrath uses vignettes and graphite form, collaborating with her mother Alice to chronicle Alice’s quotidian life following her Alzheimer's diagnosis. They utilized the pages of Alice's favorite childhood storybook, Lewis Carroll's *Alice's Adventures in Wonderland*, tearing them to create their artwork ingeniously. This is a profound metaphor; they have deployed an intuitive collage technique where the medium itself – her mother's most-liked picture book – reverberates with nostalgic significance. More crucially, Carroll's imaginative landscape allows the narrative to venture into the quotidian realities of her mother's dementia as if Alice has also entered the adventurous world of another wonderland, a world given by Alzheimer's disease. The story seeps into the dynamics of their mother-daughter relationship, framing the mother's daily experiences with dementia as an adventure into an alternate reality, echoing the journey of Alice, Carroll's protagonist, in her descent into a different world. This alternative cognition and metaphor serve to subvert the traditionally pessimistic tone associated with narratives on dementia, instead offering a refreshing perspective and a constructive approach toward living in the present moment. This method imbues their narrative with an underlying note of positivity amidst the prevailing challenges.

The narrative of *Aliceheimer's* ingeniously incorporates elements from Lewis Carroll's story, exemplifying a world of unpredictability. The recurrent "Alice" motif ensures that her mother Alice remains the narrative focus, recognizing the conscious and unconscious selves on an equal footing. Through this approach, the mutable nature of a person living with Alzheimer's, oscillating between awareness and inattention, between short-term and long-term memory retention, is effectively portrayed (Fisher 42-3). The graphic memoir proposes a fresh perspective, suggesting that the lack of cognitive tethering often associated with Alzheimer's is not necessarily a dreadful scenario, as evidenced by Alice's contentment. Indeed, her imaginative sojourns offer moments of lightness in contrast to the profound gravity commonly associated with Alzheimer's disease.

Temporality and Memory in the Context of Understanding Dementia

Aliceheimer's creatively dismantles the linearity of narrativity and temporality, two elements that form the bedrock of traditional storytelling. Instead of offering a chronological account of her mother's journey with Alzheimer's, Walrath composes a fragmented narrative, mirroring the cognitive experience of a dementia patient. This non-linear narrative approach offers a poignant reflection of the disordered temporality experienced by those with Alzheimer's, challenging the reader to reconsider their understanding of narrative progression and temporal coherence. This disruption of the linear narrative is not merely an aesthetic choice, but it also serves to illuminate the subjective experiences of dementia patients, emphasizing their unique ways of perceiving and interacting with the world.

Alzheimer's disease profoundly disrupts a patient's temporal experience and narrative capacity, as it exerts a radical effect on their perception of time. The presence of plaques and tangles, abnormally functioning proteins in the brain, primarily affects the hippocampus, responsible for the formation of new memories and perceptions toward temporality. While older memories and emotional memories are relatively preserved, the progressive nature of the disease leads to noticeable detachment from immediate situations. Nevertheless, patients often maintain a sense of self over an extended period, interpreting past events as contemporaneous incidents while grappling with the challenge of assimilating present-day occurrences into their life narratives. This complex interplay between memory, temporality, and selfhood in Alzheimer's underscores the intricate nature of the disease's impact on the individual's lived experience. (Alzheimer's Society, "The Dementia Guide")

In light of philosopher Paul Ricoeur's seminal book *Time and Narrative* (1984), readers can cogently explore the profound impact of abnormal temporalities and the misplacements of successive memories on the narrative capabilities of dementia patients. Ricoeur's thesis posits a significant connection between narrative activity and the phenomenological experience of time, asserting that this correlation is not fortuitous but intrinsic (Ricoeur 52). Ricoeur contends that time assumes a human dimension when it is expressed through a narrative framework, and narrative acquires its fullest significance when it becomes intertwined with temporal experience (52). In this regard, it becomes apparent that an individual's narrative capacity is inseparably intertwined with their encounter with time. Consequently, given the disjointed nature of time experienced by Alzheimer's patients, their autonomous position within the prevailing narrative paradigm becomes essentially untenable in the dominant narrative economy of narrative theory.

At this moment of critical juncture, characterized by the erosion of the ill patients' self-identity and the loss of their recognizable personhood, Walrath poignantly refers to it as their moment of "social death" (4). In this evocative phrase, Walrath captures the profound impact of the individual's diminished social standing and the existential challenge they face in maintaining a sense of self and connection with others. The experience Walrath describes is common for patients with dementia, whom she refers to as "the usual dementia story" or "the zombie story" (4). In this narrative, individuals with dementia are depicted as living bodies without minds, while their loved ones endure heart-wrenching losses and wait for a cure (Walrath, "Comics, Medicine and Memory" 10:53). This portrayal of patients as zombies can be attributed to previous dominant dementia narratives, which primarily focus on the patient's inability to narrate their own stories. These practices operate based on a dichotomous understanding of narrative capability, whereby individuals are either deemed narratively disabled or not. This rigid framework lacks nuance and ultimately leads to the gradual erasure of the dementia patient's subjectivity and authorial voice (Walrath, "Comics, Medicine and Memory" 10:53).

However, in *Aliceheimer's,* this perspective on time serves to equalize and remove any hierarchical structure within the narrative realities of Alice and Dana. Both Alice, as the patient, and Dana, as the caregiver, engage in the experiences of memory, attention, and expectation, albeit in distinct manifestations. Their temporalities converge when viewed as different iterations or interpretations of a shared dialectical present. In the episode titled "Fairy Pirates," Alice grapples with an inability to pinpoint her exact location within absolute time and space. Instead, she navigates a maze of memory fragments: "Alice floats around in time" (29). When Alice engages in a discussion with Dana about the pirates, it dawns upon Dana that her mother's mind has regressed to the year 1954 (29). Rather than attempting to correct Alice's perceived temporal dislocation, Dana accompanies her on this temporal journey to 1954, collectively experiencing the events pertaining to the pirates. Through their imaginative dialogues laden with empathy, they engender a synchronicity of events, thus providing a shared experience within these divergent time frames. Neither temporal perspective is inherently correct or empirically false. This approach recontextualizes dementia as "a different way of being" that can be temporally compared to and aligned with the caregiver's experience (4).

The convergence of disparate temporalities, each carrying its own unique rhythms and trajectories, serves as a catalyst for the emergence of transformative narratives when they intricately intersect. In the episode denoted as "Light, Years, Later," the concept of a "frame of reference" is introduced (37). This "frame of reference" assumes a pivotal role when the mother's temporal orientation shifts, intermingling present and past. Given the progressive cognitive impairment and memory loss characteristic of dementia, expecting accurate recall of past events is counterproductive. The crux, therefore, lies in accompanying them in the present moment, in experiencing, co-authoring, or reinterpreting past events in a way that allows the present to unfold continuously. Consequently, the demarcation of time or the reference axis emerges as a crucial point of departure, a cornerstone from which all experiences can radiate. In "Light, Years, Later," rather than contesting her mother's belief that they are still enduring World War II and facing Japanese soldiers, Dana adopts a different approach. She leverages the communicative strategies her mother, a former biology teacher, is likely to comprehend, utilizing logic and rational explanations as her main tools: "Instead of insisting that the soldiers weren't there, we used another branch of science to interpret Alice's visions: space time travel, her special power, accommodated simultaneous realities. It's relative – I'm sure Einstein would have approved" (37). In lieu of attempting to rectify Alice's own perception of temporal progression, Dana chooses to adhere to the chronology constructed by her mother. She strives to comprehend her mother's emotive states in the given moment and partakes in this shared, albeit imagined, reality together.

In this dynamic interplay, Dana's intentional dismantling of narrative barriers that have the potential to undermine the authenticity of Alice's reality reflects a philosophical stance that echoes the foundational principles of disability studies. This perspective recognizes that environments and the sociocultural frameworks within which patients exist can impose disabling conditions comparable in their impact on the impairments experienced by individual bodies. By illuminating the profound influence of external factors on the lived experiences of individuals, this perspective challenges the prevailing notion that disability solely stems from inherent physical or cognitive limitations. Instead, it acknowledges the multifaceted nature of disability, embracing the notion that societal constructs and environmental constraints can significantly shape and constrain the lives of individuals with diverse abilities.

Aliceheimer's confronts the daunting task of navigating the profound temporal disruption inherent in severe illness, particularly the illness that disrupts the individual's perception of time in relation to the past, present, and future. Mark Currie offers a critical perspective on Ricoeur's differentiation between novels about time and novels of time, asserting that all narratives inherently revolve around the concept of time (3-4). Emphasizing that even seemingly straightforward narratives encompass multiple present times encompassing the events narrated, the act of narration, and the reader’s engagement, Currie posits that the phenomenology of reading challenges the very foundations of prolepsis (33). This challenge blurs the boundaries of past and future, raising questions about the anteriority of the past and the posteriority of the future. Consequently, there emerges a conflation of pasts occurring in the future and futures unfolding in the past, as cosmological time clashes with the perpetual present of phenomenological time. Drawing inspiration from Mark Currie’s exploration of Ricoeur’s ideas, it becomes evident that Walrath’s narratives, including those addressing dementia, inherently concern themselves with time, even if this temporal dimension is not immediately apparent. The presence of dementia, Alzheimer’s disease in particular, elevates time to both a formal and thematic preoccupation, as the concept of time in terms of life trajectory and mortality occupies a central position within the narratives of Walrath’s self and of her mother’s.

When it comes to portraying dementia, the form of graphic medicine is granted greater freedom to employ imaginative techniques and approaches in capturing the complex dynamics of temporality and non-linear narrativity. The narrative structure of *Aliceheimer’s* immerses readers in an experiential exploration of Alice’s lived encounters, accentuating the phenomenological dimension of time and memory. The text offers glimpses into multiple temporalities, foregrounding the intricate interplay between memory and its capacity to intricately intertwine past and present temporal realms. As Currie elucidates, fictional events often possess a layered temporal structure, wherein one temporal locus is embedded within another (36). A narrated memory exemplifies this complexity, as it functions as a mental event situated in the quasi-present of the narrative, simultaneously encapsulating both the time of its occurrence and the time it recollects. However, it is crucial to note that the narration of a memory diverges from the narration of the past itself, as the focus lies on the subjective act of recall undertaken by a character (Currie 36). The task of constructing narratives around dementia is inherently formidable due to the intricate nature of representing a condition that often entails linguistic impairment and memory loss. Dementia, by its very nature, poses a significant challenge to the continuity of life stories, which are fundamentally intertwined with the passage of time (*Contemporary Narratives of Dementia* 2-3). The pervasive influence of memory loss in both the lived experience of individuals with dementia and the portrayal of their lives further intensifies the notion that these individuals should be reconceptualized and, to some extent, transformed in our understanding (*Contemporary Narratives of Dementia* 2-3).

Memory, as Stephen Katz contends, is intricately tied to the concept of personhood. Katz deliberately selects specific instances from Western history and cultural issues to underscore the belief that our present-day neuroscientific and cognitive cultures surrounding aging are deeply rooted in the discourses and metaphors that have historically framed memory as the guarantor of civilized personhood (2-3). Moreover, individuals' interpretations of the relationship between memory, aging, and personhood actively shape the cultural narratives surrounding healthy and successful aging, which carries significant practical implications. Consequently, the inability to remember can be understood as an incapacity to construct a coherent self-narrative. In this context, dementia signifies not merely the forfeiture of narrative but also represents the dissolution of the self. As highlighted by Heike Hartung in her examination of dementia narratives in the 20th and 21st centuries, texts that portray the experience of dementia must grapple with the inherent limitations of narrativity (13). While acknowledging the challenges that dementia poses to storytelling, *Aliceheimer's* also asserts that the temporal essence of narrative offers both opportunities and obstacles at the same time. Walrath utilizes juxtaposition to construct non-linear narratives that transcend these limitations and effectively depict the lived experience of dementia.

A flexible sense of temporaries or time-traveling, a common occurrence in Alice's facing mental disorders, manifests recollections of her deceased husband, Dave in the episode titled "Up." Alice often sees her deceased husband, who succumbed to lung cancer in 2006, perched high in the branches of her maple tree. While the appearance of Dave is certainly an illusion engendered by Alice's dementia within the context of the broader world, it is critical to acknowledge that, from Alice's own subjective perceptions, this constitutes her ultimate reality; Dave really exists and stays high up in the tree. According to Walrath, Alice and Dave shared a profound bond, a relationship that Dana interprets through her father's symbolic arboreal presence. In due course, the significance of Alice's vision of Dave in the tree crystallizes-it encapsulates Alice's deep longing for him and her desire for reconciliation. When Alice gazes upward and sees Dave, Dana neither negates Alice's s experience nor discounts her perceptions. Dana does not attempt to correct her mother; instead, she recognizes that Dave is indeed in the tree and engages Alice in a deep conversation about her inner feelings. Dana understands that "when Alice looks up and sees Dave, her old self would never have called it heaven. But her new self is flexible enough to use the word heaven metaphorically" (27). The presence of the word "heaven" signifies a pivotal frame of reference, denoting an evolved state of new selfhood in her mother. It signifies an understanding of her mother's capacity to perceive Dave's transition into an alternative form of existence.

These memories prompt her to perceive his presence in the family courtyard's tree, engaging in conversations with him. During these moments, Alice becomes disengaged from the present situation, unaware of the passage of time. The duration of these experiences is beyond her control, as it is for patients under mental care, where activities do not influence the passage of time. Consequently, they do not engage in temporal regulation as a rigid sense of past, present, and even future. The introduction of new experiences challenges Alice's family, particularly her daughter Dana, to remain present at the moment, aligning themselves with Alice's temporal perception.

This example illustrates the caregiver's adaptation to the involuntary agency of the mentally afflicted individual.

“Wonderland” Narrativity and a Strength-Based Approach

Aliceheimer’s, offers valuable contributions to readers’ comprehension of dementia and sociality through the exploration of the narrative approach, rooted in the belief that reality is comprised of a multitude of productive, and interconnected narratives. In this regard, *Aliceheimer’s* resonates with Arthur Frank’s theory of illness narratives and provides a well-known and widely recognized framework for understanding the subjective experiences of individuals with the illness. Arthur Frank’s seminal book *The Wounded Storyteller* (1995), delineates three types of narratives: the restitution narrative, the chaos narrative, and the quest narrative. These narrative frameworks are deployed to analyze narratives that could be categorized as inherently complex, precarious, and debilitated. Such narratives are often proffered by individuals for whom the articulation of their experiences is particularly challenging, due to circumstances such as bodily injuries, cognitive impairments, dementia, physical pain, emotional grief, or neurological and psychological trauma (Hydén and Brockmeier, 2008, p.10).

The temporal disruption caused by Alzheimer’s challenges the foundational assumptions of the traditional linear narrative approach. Alzheimer’s, with its significant impact on memory, presents a unique narrative condition within this already distinctive category that echoes with Frank’s notions of “broken narratives.” Conventional narratives of dementia care are mostly considered broken narratives (Chidgey 129). “Broken narratives” denote a subject position where the individual faces challenges in articulating their experience of illness. This category encompasses the subject’s inability to effectively articulate their experience of illness. These intended fragmentary narratives encompass stories told by individuals who face difficulties in narrating their experiences due to various factors such as physical harm, disability, dementia, anguish, bereavement, or psychological and neurological distress (Hydén and Brockmeier 10). According to Frank, within the framework of broken narratives, illness not only becomes the central theme of the narrative but also significantly hinders the patient as a storyteller’s capacity to articulate their experience. Alzheimer’s disease, with its pronounced impact on the sufferer’s short-term and long-term memory, presents a distinctive narrative condition that adds to the already anomalous nature of broken narratives.

While Frank’s theory provides partial insights, its framework may not adequately address the complex narrative challenges inherent in the context of dementia, particularly in terms of offering effective remedial solutions. In his article “Beyond Narrative: Dementia’s Tragic Promise,” another narrativity theorist Mark Freeman critically examines the limitations of narrative theory in addressing dementia and suggests the value of going beyond traditional narrative frameworks. Drawing from his personal experience with his mother, who had Alzheimer’s disease, Freeman highlights the challenges posed by the coexistence of different realities related to past and present selves. This complexity contributes to the difficulty of navigating the dementia experience (Freeman 178). If the narrative theory addresses the narrative conflicts that arise between Alzheimer’s patients and caregivers due to temporal disruptions, these conflicts can be resolved by integrating the patient’s altered narrative reality and the caregiver’s current narrative framework. Caregivers and patients work together as partners, engaging in a collaborative storytelling process in which one leads with prompts while the other pieces together the fragmented speech. This process showcases the narrative capability of severe patients with dementia.

The innovative narrative paradigm Walrath introduces, not only builds upon but salvages Freeman's concept of transcending conventional narrative boundaries. To overcome the social origins of the stigma of Alzheimer’s disease, *Aliceheimer’s* proposes a strength-based approach that honors individual capacity, insight, and personhood from the initial diagnosis up until the final moments of life (Walrath and Lawlor 1002). A strengths-based approach refers to a positive dynamic that enables individuals to endure and thrive in the face of adversity, encompassing positive traits, thoughts, actions, resources, and resilience. The approach emphasizes using one's strengths to foster personal change, aiding individuals in identifying their strengths derived from both positive and negative experiences while contemplating their abilities and limitations (McCullough and Snyder 2-3). The objective is to assist individuals in discerning their strengths from past or present experiences, both positive and negative, and devise ways to apply these strengths to their future lives.

As Walrath indicates, the strength-based approach helps individuals with dementia maintain their sense of personhood and independence by locating personhood “in our vulnerability, our openness, our imagination, our non-verbal capacities, our ability to give and receive love, our dependency, and even our closeness to death” (Walrath and Lawlor 1003). By embracing these inherent human traits, people cease to assign personhood solely to their intellectual competencies and their socially molded adult minds. Identifying the continuity of these human traits despite the progression of the disease can reestablish a sense of optimism and connection for individuals with dementia, healthcare professionals, and caregivers.

In *Aliceheimer’s*, this strength-based approach helps to restore hope and overcome fear and loss and even goes further to repair, reconstruct, and redefine the relationships between Dana and Alice. In this transformative framework, Walrath conceptualizes Alice’s experience of dementia as a catalyst for liberation, liberating both herself and her mother from the confines of the preexisting mother-daughter narrative construct that had long defined their relationship. Here’s a conversation between Dana and Alice:

> "Dana, why are you so good to me?"
> "Because you are my mother."
> "I'm your mother?... I wasn't very good to you. I'm sorry."
> Unfinished business. That's one of the reasons she was here living with us. But I never imagined I would hear these words stated so simply.
> "Thanks."
> "So you forgive me?"
> "Of course."
> "How come?"
> "Because you did the best you could." I knew that if I wanted it, Alzheimer's would let us have this conversation every single day. (43)

In the above passages, "forgiveness" is in action, an operation that lets Dana and Alice redo the past. Ironically, it is exactly Alice's unawareness of her illness that facilitates Alice's freedom from emotional self-exposures. Alice relinquishes her maternal reservations and unburdens herself of the love and admissions that have been harbored within her, yet previously unexpressed. Thus, in this context, Alzheimer's disease emerges as a paradoxical blessing, creating an avenue for the mother and daughter to reconstruct and redefine their relationship.

For patients with dementia, there is the possibility of relinquishing their narrative identity, the "self that was," in favor of embracing a more transcendent "core self" devoid of individuality. This shift aims to alleviate the burdens of autobiography and existential anxieties. By paralleling and embracing the spirit of unlimited imagination in Lewis Carroll's *Alice's Adventures in Wonderland*, Walrath embarks on a profound journey of reimagining their connection beyond the confines of societal expectations and conventional roles. This narrative innovation reconfigures their narrative dynamics, providing a platform for the exploration of new dimensions of understanding, connection, and shared experiences within the intricate landscape of dementia.

Walrath's approach is underpinned by an astute recognition of the intricate dynamics of loss and gain, appearance and disappearance that re-characterize the experience of dementia. In releasing herself from the typical mother-daughter narrative that has traditionally outlined her relationship with Alice, Dana commences a pivotal expedition that surpasses traditional narrative paradigms. This shift symbolizes a significant departure from the norm, offering a unique exploration of their relationship dynamics. Within the framework of this creative approach, Dana navigates a profound shift in her perception of Alice, moving beyond the limited scope of autobiographical understanding treating Alice as a mother and embracing Freeman's concept of the core self viewing Alice simply as Alice. In the realm of Alzheimer's, Dana and Alice find the opportunity to reconfigure their shared past, forge new avenues of connection, and transcend the limitations of past grievances through the power of forgiveness and the construction of novel narratives (1). It is through this lens that Walrath perceives dementia as a transformative possibility instead of a tragedy, offering the potential for profound growth and reimagining of the self and relationships.

In *Aliceheimer's*, a poignant example portrays Alice, depicted as a bewildered figure made of shredded paper, a product of a mother-daughter collaborative creation, questioning and then redefining her daughter about their identities and past relationships:

> She had revealed her deepest fear – that she was no good. It was an intimacy born of Alzheimer's, expressed in its language of hallucinations, assertions and questions. "Are you feeling bad about yourself" I asked, … She swallowed hard. "I wasn't very nice. I wish I had done better." "You did all right." "How do you know?" Like a students of medicine, she wanted an algorithm, a system, proof. (33)

Then Dana tells Alice that everyone needs four basic things – “to be loved, to love others, to forgive others and to forgive yourself” (33). Alice takes a deep breath, then let it out, “[f]orgiving yourself is the hardest” (33). Dana replies, “[m]aybe you could cut your younger self a break?” (33). The subsequent dialogue that unfolds between the two characters underscores Alice's state of disorientation. She voices regret for her past conduct towards Dana and others, an aspect that the memoir doesn't overtly explore. In response, Dana exhibits magnanimity, affirming that Alice made the best decisions possible given her circumstances. This exchange encapsulates more than just an emotional reconciliation; it signifies the intricate dynamics of temporal agency.

Temporal agency here refers to Alice’s and Dana’s engagement with time, their shared past, and the present. Dementia reshapes their temporal understanding and pushes them to reevaluate their shared history while actively engaging with the immediate present. Alice’s remorse, for instance, signals a sort of temporal dislocation, where past actions spill over into the present consciousness. Simultaneously, Dana’s act of forgiveness is an instance of present-oriented engagement, signifying her ability to let go of past grievances. Moreover, this interaction underscores the evolution of their relationship. It illustrates how their shared experiences, marred by the everyday challenges of Alzheimer’s Disease, contribute to a shift in their perspectives, fostering a deeper understanding and empathy between mother and daughter. It also echoes the transformative power of illness, demonstrating how it can reformulate relationships and impart a heightened sense of immediacy and presence to daily activities. Ultimately, this exchange underscores the complex interplay of past and present, memory and forgetfulness, offering a nuanced exploration of the human condition in the face of dementia.

Moreover, Dana and Alice embody a kind of interrelated form of agency. A pattern of agency encompasses temporal aspects such as duration, frequency, and sequence, intersecting with existential agency, and identity agency, which collectively shape time-related activities in people’s daily lives. The other pattern of agency investigates future-oriented activities and the connection between allocation and agency in one's life course. Within the context of existential agency, characters with mental illnesses in many illness narratives tend to experience diminishing levels of agency, affecting their decision-making abilities and awareness of the external world. In contrast, caregivers assume an expanded role, assuming decision-making responsibilities on behalf of patients.

Agency throughout one's lifespan is intricately linked to distribution, wherein individuals tactically orchestrate their activities to influence their life trajectories. Identity agency is exemplified by individuals with mental illnesses who continue engaging in activities that hold personal significance. In *Aliceheimer's*, Alice exhibits moments of lucidity, expressing remorse for her past mistreatment of her daughter, and recognizing the importance of their relationship. Dana, as a caregiver, on the other hand, largely enacts their role under the umbrella of relational identity and agency, emphasizing the importance of providing a positive experience, comprehensive care, and a sense of love and security for her beloved mother. This graphic memoir offers a transformative perspective on the experiences of Alzheimer's disease patients and caregivers, steering away from the conventional biomedical model towards a more empathetic and humanistic approach. It promotes a reevaluation of societal attitudes towards Alzheimer's disease, focusing on celebrating the individuality and agency of sufferers like Alice, who are portrayed with dignity and respect for their unique identities and capabilities, despite cognitive challenges (Venkatesan and Kasthuri 80). To a certain degree, *Aliceheimer's* challenges traditional biomedical and socio-cultural narratives, advocating for a shift in perspective that emphasizes empathy and acknowledges the complexities involved in caregiving. It is exactly this inventive mode of symbiotic interdependence that cultivates an evolved manifestation of Dana and Alice's mother-daughter relationship.

In conclusion, the multifaceted narrativity and strength-based approach to telling the story have opened up a door for both Dana and Alice to a deeper and intricate conversation pertaining to personal predilections concerning medical involvement during life’s final stages, feelings of regret, acts of forgiveness, desires, gratification, inheritance, and relationships. These strategies for coping with dementia recognize the persistence of human qualities in individuals with dementia, such as vulnerability, openness, imagination, non-verbal competencies, the capacity for emotional exchange, reliance, and proximity to life’s end. Through recognizing these intrinsic human characteristics, Dana and Alice shift the focus from intellect and social constructs, thereby respecting the individual’s capacity, insight, and identity from Alzheimer’s initial diagnosis to life’s final breath.

Conclusion

The societal implications of dementia and Alzheimer’s disease extend beyond their clinical challenges, reaching profound cultural dimensions (Whitehouse et al. 320). By implementing appropriate familial and environmental strategies to combat dementia, we could improve human health and other life forms. Should human beings manage to transcend the narrow, molecular reductionist preoccupation with cures and evolve beyond the self-centered values towards a sense of responsibility for future investment and innovation, our survival and prosperity as a species might become a reality. People currently inhabit an era characterized by profound disarray in our collective cognition and distortion of our values. Dementia exemplifies a domain where our pledges and anticipations are misaligned with our world's actual outcomes and genuine constraints. It is now incumbent upon us to reconceptualize the idea of an aging individual who experiences cognitive decline towards the later stages of life, while still leaving behind a legacy that can either enhance or disrupt future societal existence, both on an individual and generational level.

Emphasizing the importance of imagination and creativity in understanding dementia and sociality, Walrath's artistic representational skills in *Aliceheimer's* exemplify a fresh perspective on how people can engage with dementia and sociality by patients, their families, and caregivers. It encourages a plurality of dementia narratives and challenges the monolithic, universal "horror story" often associated with the illness. Her approach provides linguistic flexibility and a viable language for expressing the narrative reality of dementia, offering freedom and respect to the authorial voice of individuals with dementia (Chidgey 142).

Aliceheimer's presents an alternative conceptualization of dementia, with some pivoting towards the distinction of selfhood from cognitive faculties, diverging from standard biomedical interpretations enhanced by the milieu of neoliberalism and market economy. Then, Walrath's strength-based narrative approaches help to challenge customary and oversimplified dementia stereotypes and emphasize the broad spectrum of experiences faced by individuals and families grappling with the same condition. Graphic memoirs, by visually embedding individuals within communities and connecting them with life-sustaining objects, prove an effective medium for narrating disease experiences. Incorporating the above three core elements, the visual representations and messages conveyed in *Aliceheimer's* can be particularly beneficial for caregivers and patients in comprehending their mutual experiences with the illness of Alzheimer's disease, thereby enabling them to provide holistic and alternative care.

Aliceheimer's: Alzheimer's Through the Looking Glass underscores the complexity of the cognitive landscape and promotes empathy and understanding, particularly in relation to progressive neurodegenerative diseases with no promising outcomes. Dana and Alice's memoir suggests that life need not be defined by illness and challenge superficial judgments and misinterpretations of disease. This narrative puts the end of life in a good light and illuminates the potential value in fragility, aging, and incapacitating disease, without disregarding the associated hardships. Dana and Alice navigate Alzheimer’s disease in a manner that neither denies its debilitating effects nor reduces the individuals affected to mere aggregations of their symptoms and behaviors. Rather, they acknowledge the multifaceted layers of identity that persist, likening it to an archeology of selfhood. The memoir, through its unique style and unconventional visual-narrative elements, seeks to provide a more comprehensive understanding of the Alzheimer’s experience from an observer's standpoint, while echoing the surreal nature of *Alice’s Adventures in Wonderland*. This unique approach encourages the reader to perceive Alzheimer’s not as a constant state of distress, but as a complex, fluctuating world that promotes recollection and frames experiences in a positive light.

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Neurodegenerative and Life Narratives: Alzheimer’s Disease Re-considered and Selfhood Re-Negotiated in Dana Walrath’s Aliceheimer’s: Alzheimer’s Through the Looking Glass[*]

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Abstract

In her 2016 medical graphic memoir, *Aliceheimer’s: Alzheimer’s Through the Looking Glass*, Dana Walrath presents a compelling exploration of the sustained identities of both caregiver and patient as they grapple with Alzheimer’s disease. This graphic memoir weaves a profound and insightful narrative trio involving Dana Walrath as the caregiver, her mother Alice’s daily personal experiences with her neurodegenerative self, and the ubiquitous presence of Alzheimer’s disease. This study initially examines the social context of neoliberalism and market economy logic in the United States over recent decades, exploring how this context has shaped the unique manifestation of dementia, specifically Alzheimer's disease, and how patients afflicted with dementia have been erroneously perceived as in a state of “social death.” Within this framework, the research scrutinizes how Dana Walrath’s *Aliceheimer’s: Alzheimer’s Through the Looking Glass*, through the medium of graphic medical narrative, forges an innovative path in dementia discourse. Subsequently, through a diversity of narrativity theories and perspectives, the article analyzes how the narrative strategies adopted by the graphic memoir integrate concepts such as non-linear narration and desynchronized memory. These approaches

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contribute to the reinterpretation and textual analysis of the reconfiguration of self-identity between caregivers and patients. Finally, the paper explores how the author differentiates her narrative strategies, which adopt a strengths-based approach, from the dominant narratives about dementia that emphasize the debilitating aspects of dementia. This approach forges the development of an alternative, positive, and inspirational approach to writing about dementia and caregiving. Dana Walrath as the author, in her multifaceted roles as a writer, artist, medical professor, and medical anthropologist, demonstrates through her work *Aliceheimer's: Alzheimer's Through the Looking Glass* a distinct aesthetic attitude towards life when faced with irreversible neurodegenerative diseases.

Keywords: Dana Walrath, graphic medicine, temporality, narrativity, strength-based approach