Artistic depictions of Alzheimer’s disease (AD) in mainstream culture have long tended toward the predictable and melodramatic. Tropes of loss, decline, and sadness predominate, with AD often personified as a ravaging disease that steals the self. However, thanks to the ascendancy of the person-centered care and culture change movements over the past decade, there has been a shift away from the hoary disease narrative and an increasing focus on the nuanced human aspects of the illness.

You’re Looking At Me Like I Live Here And I Don’t—billed as the first documentary filmed exclusively in an Alzheimer’s care unit and told from the perspective of a person with AD—is part of this trend. Set at a residential facility in Danville, California, the film follows Lee Gorewit, a 70-something woman with significant memory loss and aphasia, as she goes about her daily life in a locked unit over a 6-month period. Director Scott Kirschenbaum and his team remain conspicuously absent from the film, relying exclusively on the actions of Lee and her fellow residents to push the story forward. There are no “cut-in” interviews with nursing staff or family members, no authoritative “non-demented” narration to provide context or interpretation. Like Lee, the viewer is trapped in the locked unit and subjected to fleeting, episodic, and disorienting moments that are unanchored in time or meaningful context.

This production choice makes it difficult to discern a meaningful storyline or divine the motives of the filmmakers, but invariably succeeds in putting Lee in control of the narrative. Her aphasic monologues in front of the camera are jumbles of disjointed words, clichés, and non-sequiturs, but delivered in a steady and authoritative manner and possessing subtle biographical details. Thus, it feels as if the filmmakers are asking the viewer to see her “rambling” more empathically as an effort to reconstitute herself as mother, daughter, community member, lover, wife, worker, and native of Brooklyn. Indeed, the very presence of a camera in front of Lee imbues her with a subjective legitimacy—it does not matter what she is saying, it matters that there is still a person there, and that an audience cares about someone at the societal fringe whose voice has been all but annulled by an AD diagnosis.

Thankfully, the film makes no attempt at the apotheosis of Lee, but rather presents the raw dynamism of her character. We see her walking around the facility, interacting with others in a gregarious if slightly neurotic way, and then find her yelling cruel missives at other residents (“You are going to die!”). We see her animated by music, singing songs and dancing in rhythm, being pampered in a beauty salon, and then arguing querulously with another resident during a meal and crying alone in a chair. Witnessing this full range of emotions—depression, joy, pleasure, affection, irascibility, anger—is quite humanizing. Not unlike those of us outside the locked unit, Lee becomes herself in routines, in conversation, in relationship to other people who are alternatingly supportive and maddening. She is flawed, irrational,
capricious, and at times unbelievable, but also seemingly good-natured. Rather than a celebration of her life, the film simply serves as a window into it. It is respectful, but not sentimental.

In providing an expansive portrait of Lee, the film indirectly prompts the viewer to appraise the facility that surrounds her. Others have referred to psychiatric institutions as “zones of social abandonment” [1], depositories of human beings, or ex-humans, where nothing organizes one’s social value any longer. The person-centered care and culture change movements have made it their mission to reinvent the modern nursing home, end the segregation of the cognitively frail, and honor the personhood of those with dementing illness. Indeed, Kirschenbaum seems to adopt this critical lens in showing us extended scenes of residents half-heartedly playing balloon volleyball and other mindless games, wandering empty corridors, or lying in chairs with no human interaction until their misery turns to tears. We observe few “person-centered” interactions, see almost no attempt at arts-based care approaches, and observe no family member visits, even though they assuredly occurred on a daily basis. In the final scene, Lee is shown gazing through the locked door of her unit, terminally unable to exit. These scenes evoke alienation and dehumanization and serve as a gut check, asking the viewer if this sort of institutional care is really what we want for the elderly now and for ourselves in the future.

While certainly emotive, You’re Looking At Me . . . falls short of being groundbreaking. Most glaringly, the lack of editorial voiceover means that viewers will likely experience the film as a cinematic Rorschach test of sorts. Some will see a demented person wandering aimlessly and babbling incoherently; others may see a human being with a rich history struggling to be herself and occasionally flourishing (such as when she is dancing or speaking wistfully about Brooklyn). Without encountering any outside perspectives or being guided in considering the issues from alternative angles, the viewer is left only with their impressions of one subject at one institution, which are likely drawn from the preconceptions they brought to the film. The documentary does not transport the viewer, or actively attempt to inculcate new values or ideologies. Its goal seems to be the elicitation of empathy, and maybe that is ok.

Even so, the film can be read in ways that generate more provocative questions. For instance, in the opening scene, Lee ponders the question “What is Alzheimer’s?”, and meanders through several incoherent explanations. Ironically, her confusion reflects a larger societal uncertainty about AD, a condition that biomedical research has made little headway on over three decades [2, 3]. Is AD a discrete disease? Is it age-related? Is it amenable to a cure? If not, modern societies need to profoundly rethink relatively meager investments in brain health, caregiving infrastructure, and support for the persons and families who, like Lee, are affected by dementia. Further, the film could be interpreted as imbuing us with the ethical imperative to restore context and meaning to the lived experience of abandonment. How can we most effectively enhance the quality of life of people like Lee? Can we care for persons with dementia in non-institutional environments? In this way, the film seems to anticipate the rising international interest in developing Alzheimer’s-friendly communities and dementia villages that offer humane and livable environments.

In order to tease out these questions, the documentary would perhaps be most effective if used as a teaching tool for undergraduates, as well as students entering the health professions (e.g., medicine, nursing, social work, etc.). It may also have value in training specialized geriatric care workers who might scrutinize the practices of caregivers in the documentary. But ultimately, the lasting value of the film is to remind us of the powerful truism that steels us against the dehumanizing medicalized narrative of dementia: “Once you’ve seen one person with Alzheimer’s, you’ve seen one person with Alzheimer’s.”

REFERENCES