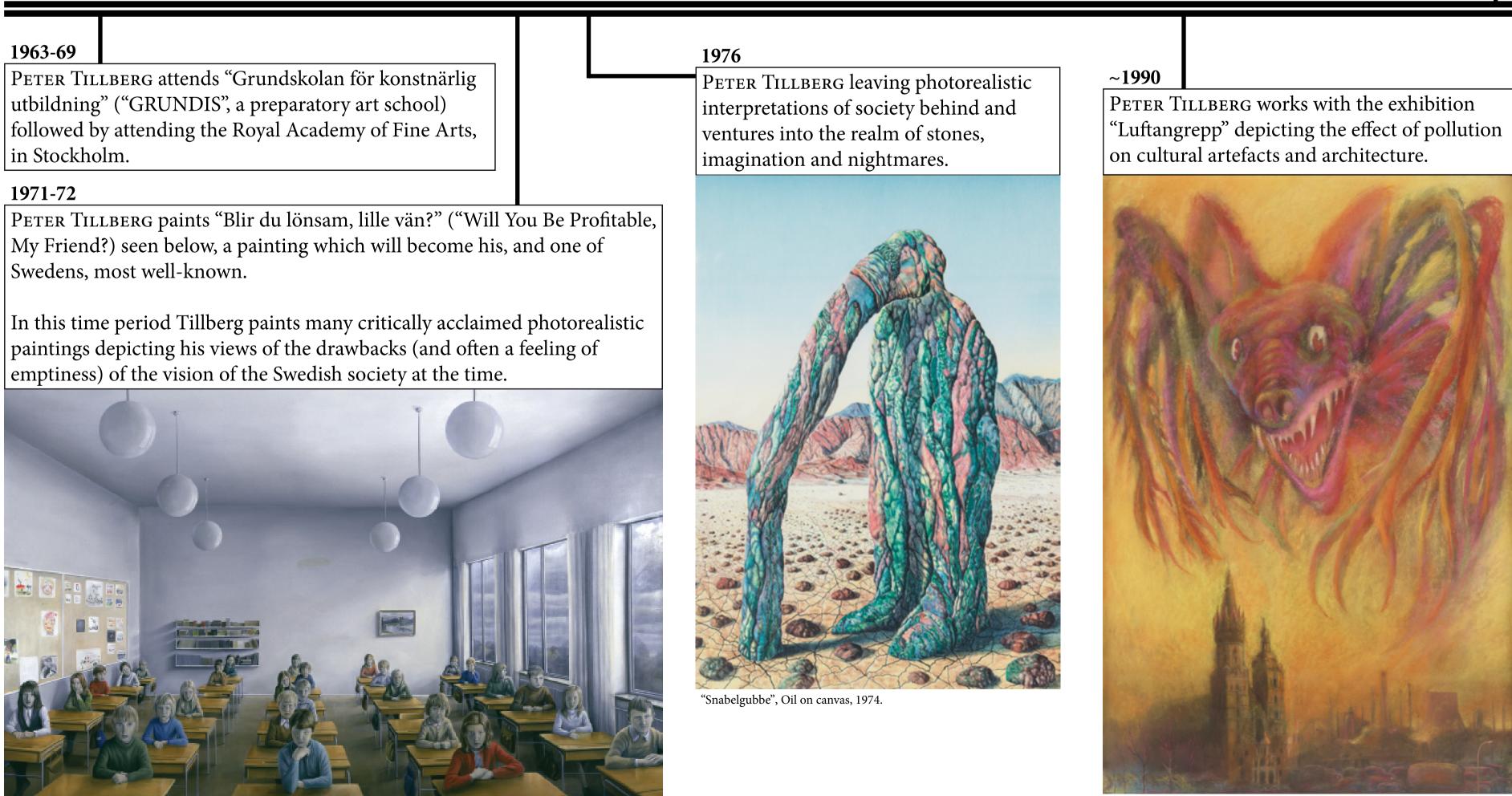
Peder Alton wrote in a review, about the exhibition "L'Algerie" for Dagens Nyheter:

"[...] in Peter Tillberg's new paintings we see a return of threatening concepts and 'the Unmentionable'. But this time he is not as bound to a specific theme. To speak of a greater freedom is perhaps hyperbole, but the paintings are not as bound to themselves, not as soulfully overloaded. Primarily they have an ease that surprises. Are the worry and the severity on their way out of Tillberg's paintings? To be more exact: the colors tend to sink to a deep purple hue and expose a fracture in existence, an opening resembling slashed throats, or some kind of thin membrane surrounded by small, trembling and tentative layers; a painting of a flame also resembles a swelling bud or an anemone.

Is everything mixed in the same bowl to see what appears at the surface? There is a documentary-like Algerian experience in the first thin "throat" images he now shows, a suggestion of knives and torn thin muscles, but also a classic Mediterranean theme but not Greek white and towering, rather an enigmatic metaphor for water and the deep, over something black and fantastic. But Tillberg is unable to make it work, it diverges in far too many directions at once and the threatening is now vague and general."



Blir du lönsam, lille vän?", Oil on canvas, 1971-1972.

First visit at the Memory Clinic in Tarascon, France. Initial clinical assessment shows signs of cognitive decline (MMSE 17/30). Due to having recently been diagnosed with depression and given antidepressants it was decided to schedule a follow up and a neuropsychological assessment in 2008.

2008

Neuropsychological testing shows significantly lowered global cognitive function, especially considering his age (61). Tests show loss of vocabulary, temporal disorientation, loss of concentration/focus, difficulty with initiation, difficulty with numbers as well as memory dysfunction.

It is reasoned that the effect of antidepressants is yet to come and that the language barrier (tests are administered in French) could possibly influence the test score. A brain scan along with renewed assessment and neuropsychological testing is scheduled.

Renewed clinical assessment shows anamnestic improvement of depressive symptoms. MRI of the brain is normal. Blood samples are normal.

Renewed Neuropsychological testing shows only slight improvement in testing of memory function whereas anamnestic episodic memories is starting to deteriorate. Language function is as before. Acalculia has developed. Global function is severely impaired with loss of independence. Artistic production continues relatively

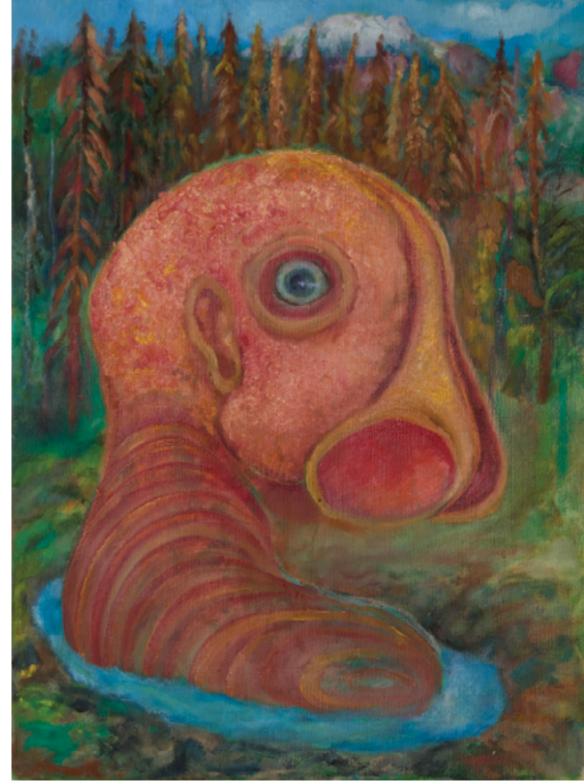
It is concluded that Peter is at high risk of Neurocognitive Disorder. He is diagnosed with Major Neurocognitive Disorder Due to Alzheimer's Disease, early onset (at 62 years old). Treatment with Donepezil begins.

"Krakow", Pastels on paper, 1991.

1996-2008

PETER TILLBERG along with his wife holds sketching courses. Peter sketches mostly with brushes he constructs himself from materials such as grass.

PETER TILLBERG starts to complain about his colours going bad. His wife notices he is unable to mix his own paints like he used to. He has trouble finishing paintings. His final oil paintings are made



Untitled Sketches, Water colours & Ink on paper, 1996-2008.

Untitled, Oil on canvas, late -00s.

2009

Treatment with Donepezil is well tolerated, only side effects are vivid dreams and occasional nightmares. Cognitively there's a slight improvement. He has started to accept his situation somewhat. Artistic/creative output continues.

Planning for exhibition of Sculptures in Sweden generates anxiety. Major organisational difficulties arises. Wife notices increased memory dysfunction and speech difficulties. Test results are similar to previous levels (MMSE 18/30).

Addition of speech therapy is made as well as reduction of total number of prescribed drugs.

2009

In a review posted in Smålandsposten, Thomas Lissing wrote about the exhibition "The Way Out":

..] just as with the exhibition in Hishult it is the humor that dominates in "The Way Out." The cunning, the artful, that which makes you wonder and provides warmth. Thus is my image of Peter Tillberg. Therefore *I* am also a little disappointed that these other images, pastels and paintings, are so flat. They are made in the same color scheme, lots of green, with soft shapes and evoke some kind of ties to nature that make me think about Karl-Axel Persson. But there is nothing more. Beautiful, perhaps, but without the depth I had come to expect, without humor, without surprises. The images feel more like universal fairytale illustrations, like harmonic descriptions of feelings. Sadly, they evoke nothing in me."

Symptoms remains stable although level of independence is reduced further. Exhibition in Sweden went well. Artistic output continues relatively unchanged.

Unable to administer MMSE, total temporal disorientation, unable to remember the 3 words.

Addition of Memantine to the treatment.

2010

A comment about the exhibition "Utanför fällor och fållor" published in Corren adds to what Lissing suggested in his review 2009:

"I can have objections towards repetitive motifs, you *acknowledge the intent and become muffled [...]. But* why would the artist emphasize this just to mythologize his message?

..] but the strongest impression gave the pastel painting "Huldran", which also says something about the portraying artists own duality and feeling of impotence towards the ambitious demands of perfection. "

Memantine is tolerated well. Mood continues to change for the better. Patient visited family over Easter and was stimulated and experienced increased artistic output afterwards.

Continued disruption of memory function, further reduction of language function (approaching aphasia) along with reduction of autonomy when it comes to execution of tasks. Unable to administer MMSE (total loss of orientation).

Contact is made with home care unit for support at

He slowly becomes more and more unable to feel "finished" with pieces of art, as if he can no longer appreciate when a piece is complete. He starts to add to already finished pieces with more paint, more driftwood, more screws, and so on. Piles of materials start to add up in the studio. Sometimes his process ends up destroying artwork. Periodically he is very aware of this and gets upset. His wife decides to take some prominent finished pieces from earlier in his career out of his



Photos from Peter Tillbergs studio in Mas-Blac-Des-Alpilles, France. Photos taken 2015 by Axel Holmbom Larsen.

The medication is further adjusted with removal of antihypertensive medication to avoid episodes of hypotension.

Patient can undergo testing (MMSE 7/29). Obvious memory dysfunction and aphasia. Treatment with Donepezil and Ebixa are at maximum dosage. Speech therapy continues.

Preparations are made for more support at home.

2013

Test results continue to decrease (MMSE 3/30). Treatment continues without adjustment. As does Speech Therapy. Support at home is discontinued.

Artistic output declines drastically as tendencies towards apathy rises. Daytime activities with artistic focus is found and helps elevate mood. Arrangements are made for temporary accommodations when his wife needs to visit

Previous tendencies for anxiety intensifies. Episodes of agitation, hallucinations and trouble sleeping arises. Medication is adjusted with addition of Cyamemazine which removes these symptoms effectively.

Daytime activities continue. Speech Therapy continues for a little while longer.

There's a sharp reduction of cognition and behaviour. Trouble arises with Circadian rythm. Tendencies of anxiety and unrest in care situations.

There appears to be no benefits with continued treatment with Donepezil and Ebixa. Adjustments are made to medication with introduction of Mianserin and Oxazepam.

Preparations are made to move Peter to a special accomodation.

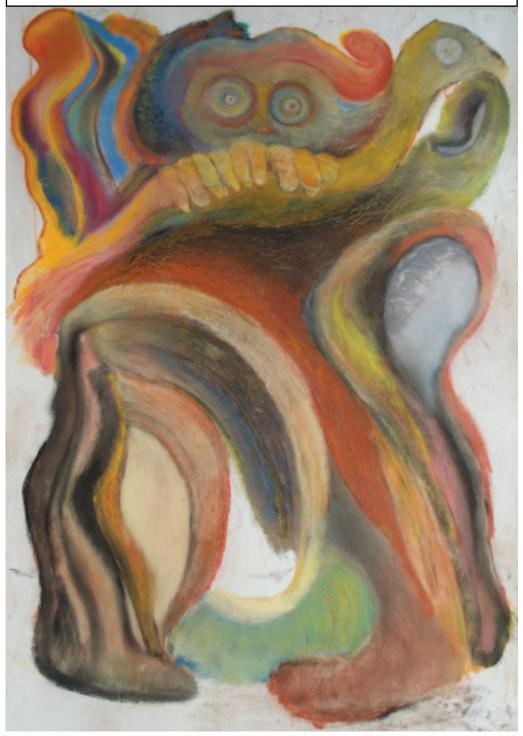
PETER TILLBERG passes away at the age of 69 - Eight years after being diagnosed with early onset Alzheimer's disease.

PETER TILLBERG moves to a special accommodation for patients with Major Neurocognitive Disorders. All creative activity and output has seized.

His wife puts up posters of his art in his room. These posters are the only things he allows to hang on the walls. All other objects and items in the room are moved, torn or broken as time passes. He expresses himself only with mumbles and occasional facial expressions. His mood elevates when family visits.

~2012-13

His inability to initiate the creative process stops his creative output. His wife helps him by setting up paper and pastels, enabling him to continue to produce artwork for a little while longer. These will be some of the last artwork he ever produces.



Untitled, Pastels on paper, ~2013.