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“That I Could Live as Not Myself”: Holocaust Survival, Trans Identity and Dementia in Susan Faludi’s *In the Darkroom*

Susan Faludi’s 2016 *In the Darkroom* is not primarily, or even largely, about dementia. In the 463-page memoir, Faludi’s father’s dementia is narrated in 13 pages that make up the book’s final chapter, titled “Escape.” The memoir’s prevailing concerns about gender, national and religious identity categories are explored through the story of Faludi’s father, Stefánie, a “refractory subject” who enacted a lifetime of multiple border crossings and reinventions (Faludi 2016, 2). The memoir begins with the revelation of Stefánie’s gender transition at the age of 76 and unfolds through Faludi’s investigation into Stefánie’s survival along two major pathways: as a Jew who grew up in Nazi-occupied Hungary, and as Stefánie, a transgender person who came out late in life.¹ However, in this essay I offer a reading of *In the Darkroom* that places dementia at the centre of analysis. Doing so further expands the already capacious generic boundaries of the memoir, so that it becomes part dementia narrative, part family memoir, part investigative journalism, part Hungarian history and part cultural criticism.

The memoir is mostly set in Budapest, Stefánie’s birthplace and the city to which she returns to live in 1989. In 2004 Stefánie reaches out to Susan after the pair had been estranged for 25 years to announce her gender transition and to invite Susan to write her story. Over the next decade the pair re-establish their relationship as Susan makes multiple visits to Budapest to work on the book with Stefánie; it is this ten-year reconciliation that the memoir traces. Stefánie shares threads of information about her past that Faludi weaves into richly researched histories of their family’s roots in Hungary, and more broadly of Hungarian Jews and of modern sexology. Although it is a complicated and painful collaboration, with anger and frustration on both sides, the pair ultimately achieves a kind of

1 Throughout this essay I use the terms “transgender” and “trans” interchangeably. In doing so, I follow the helpful discussion of Susan Stryker (1998, 149): “I use transgender not to refer to one particular identity or way of being embodied but rather as an umbrella term for a wide variety of bodily effects that disrupt or denaturalize heteronormatively constructed linkages between an individual’s anatomy at birth, a nonconsensually assigned gender category, psychical identifications with sexed body images and/or gendered subject positions, and the performance of specifically gendered social, sexual, or kinship functions.”

empathetic harmony. This shared empathy is essential to supporting Stefánie as she develops dementia and to honouring her memory after she dies.

As I will argue, *In the Darkroom* offers a dementia narrative that explores the complexity of remembering, forgetting, inventing and surviving as part of identity development and expression against the backdrop of the Holocaust and Jewish history in Hungary, as well as through the lens of transgender politics. Understanding that her father's history of disguise, erasure and transformation is so integral to her survival during the war, and later as Stefánie, Faludi represents the onset of dementia as not only occasioning hallucinations rooted in traumatic memories linked to survival, but also as a condition that forecloses alteration, reimagination and escape. In offering a complex narrative about ageing, dementia and trans identity in which self-determination and empathy are crucial to survival, *In the Darkroom* alludes to the importance of trans-affirmative approaches to supporting ageing trans adults with dementia.

If we follow the logic of Arthur W. Frank's (1995, 21) claim that illness narratives create a "social rhetoric of illness" and determine future understandings and representations, then *In the Darkroom*, perhaps the only memoir that features a transgender person with dementia, creates a more inclusive social rhetoric of dementia by representing the needs and barriers to care for trans people living with dementia.² When Stefánie experiences dementia-induced hallucinations and the police take her to the local hospital's psychiatric ward against her will, she immediately calls Susan to advocate for her. Stefánie's trust in her daughter is the outcome of a slow, decade-long process of familial reconciliation after a quarter-century of estrangement. That Stefánie can call upon her daughter to serve as a trusted advocate stands in stark contrast to experiences of trans people with dementia whose adult children deny their gender identity and expression in medical and residential care settings. The dialogue enabled by the book's creation uncovers wounds of their early relationship, but it also allows for those wounds to heal and for the pair to reconcile. Stefánie and Susan's reconciliation and their eventual closeness is in marked contrast to the

² In the introduction to their edited collection, Westwood and Price (2016, 4) note that while there has been an increase in research and scholarship on lesbian, gay, bisexual and trans people and ageing, and on the diversity of dementia experiences, little work has been done on LGBTQ* people with dementia, and no voices of LGBTQ* people with dementia appear as part of that research and scholarship. As Martina Zimmerman (2017b, 128) argues, the "imbalance between caregiver-authored third-person accounts and patient-authored first-person narratives on the book market easily furthers sociocultural preconception of patients as being unable to narrate their story and, therefore, unaware of themselves as individuals."

fraught or lost familial connections that can leave transgender elders with dementia vulnerable to discrimination and mistreatment in formal care settings.

In this essay I draw from research across a range of disciplines to explore what the memoir’s depiction of Stefánie’s dementia reveals about trans people, ageing, and dementia, and thus what the book contributes to our understanding of how narrative can create more ethical, inclusive, and supportive ways to live and age. I will first point to research on LGBTQ* ageing in critical gerontology and social work for context on the barriers and discrimination facing trans people with dementia. I will then turn to Rosemarie Garland-Thomson’s materialist feminist concept of misfitting, which offers a framework for thinking specifically about the relations between various entities – human, infrastructural/social, cultural, political – in the context of Faludi’s examination of identity ontologies and Stefánie’s dementia. Following Garland-Thomson, I consider how misfitting can include communicative exchange and narrative as part of embodied interaction with environments. Drawing on feminist theories on silence and listening as rhetorical arts, I look at Cheryl Glenn’s ideas on silence as a purposeful communicative strategy and Krista Ratcliffe’s theory of rhetorical listening to foster dialogue across commonalities and differences. Faludi’s self-scrutinizing narrative method allows her to foreground the ethical stakes in telling this shared story, both literally, through the journalistic emphasis on questioning and active listening, as well as in principle, through an inclusive and open dialogic exchange. It is a process that requires listening and speaking back to multiple intersecting cultural and political processes, values and institutions.

1 “Write my story,’ my father had asked me in 2004 – or rather, dared me”

As a child in Budapest, Faludi’s father was a Jewish fugitive under the Nazi occupation; as an adult her father emigrated to the United States, started a family and built a career as a photo retoucher; after more than 30 years in the United States he repatriated to post-communist Hungary; and at the age of 76 her father underwent gender reassignment surgery to become Stefánie. In an email to her daughter after twenty-five years of estrangement, Stefánie writes, “I have decided that I have had enough of impersonating a macho aggressive man that I have never been inside” (Faludi 2016, 6). That initial email soon leads to an invitation: “‘Write my story,’ my father had asked me in 2004 – or rather, dared me” (1). In the preface, Faludi (2) states that she takes up Stefánie’s challenge “with a vengeance, and with my own purposes in mind.” Faludi’s “vengeance”

becomes clearer as we learn that her father had violently tyrannised their family during her childhood and up to her parents' divorce in the suburbs of New York City, once smashing teenage Susan's head against the floor in a rage because of her growing interest in a local Catholic Charismatic Renewal church, and once violating a restraining order and breaking into their home to stab the man her mother had started dating.

In excavating past truths and past trauma – personal and collective – the memoir and its making enact a complicated and powerful form of collaborative memory work and reconciliation. Using language that emphasises the pair's adversarial dynamic, Faludi (2016, 41) describes their relationship as “a contest [. . .] between erasure and exposure, between the airbrush and the reporter's pad, between the master of masking and the apprentice who would unmask him.” As Faludi suggests in her description of the memoir's origins, lingering power dynamics between parent and adult child and a desire to avenge past wrongs fuel its production, bringing to the fore ethical tensions at work in representing what G. Thomas Couser (2004) calls “vulnerable subjects.” Couser (xii) defines the conditions that render subjects vulnerable as ranging from the “age-related (extreme youth or age) and the physiological (illnesses and impairments, physical or mental) to membership in socially or culturally disadvantaged minorities,” and argues that “the closer the relationship between writer and subject, and the greater the vulnerability or dependency of the subject, the higher the ethical stakes, and the more urgent the need for ethical scrutiny.” As a transgender Jewish person living in a country experiencing a rise in antisemitism and anti-trans bigotry, and as a person who develops dementia and receives care there, Stefánie fits within Couser's vulnerable subject taxonomy in more ways than one.

In fact, in depicting Stefánie, Faludi is representing someone who is “doubly vulnerable, or vulnerable in two dimensions” (Couser 2004, x). Stefánie's developing cognitive impairment makes her vulnerable in life to a specific form of discrimination experienced by transgender adults living with dementia. At the onset of Stefánie's dementia at the end of the book, she is misgendered by hospital staff who repeatedly ask, “So, do you *believe* you're a woman?” (Faludi 2016, 452). This example illustrates what Alexandre Baril and Marjorie Silverman (2019, 8) describe as a form of violence experienced by trans people with dementia: denial of agency by pathologising trans identity as a cognitive disorder. The question also echoes, to some degree, Faludi's “censorious judgment” (Faludi 2016, 23) towards Stefánie's trans identity at the start of their reconciliation, in particular Faludi's preoccupation with her father's penchant for “frou-frou fashions” (77) – judgement that Faludi shamefully admits and scrutinises throughout the book.

It is worth noting Faludi’s use of the gendered pronoun “him” in the statement about her mission to “unmask” her father, which points to Faludi’s initial objective: to demonstrate that in becoming Stefánie, her father was denying a history as a violent and oppressive husband and father. As a transgender woman, Stefánie’s explorations in feminine attire and attributes are represented and derided by Faludi (2016, 78) as “surface ephemerality,” at least when the pair first begins to reconcile. Faludi is frustrated and angry when Stefánie makes claims about herself as a yielding, submissive woman who loves to gossip, dress up and shop, despite a continuing tendency towards domination and “age-old obstinance” that Faludi (77) remembers so vividly as belonging to the father of her childhood. In addition to revealing Faludi’s scepticism about Stefánie’s gender expression, Faludi’s use of gendered pronouns in the book also suggests the enduring psychic energies Stefánie invested in maintaining concealed or hidden identities in different spaces and times. Faludi uses “he/him/his” pronouns when referring to Stefánie pre-transition and throughout the book refers to Stefánie as “my father.” As Faludi explains in an interview (Wang 2016) about the memoir, “This was my *father’s* preference. As she liked to remind me, ‘I’m still your father.’ On all matters of gendered naming and pronouns, I went with my father’s druthers.” Faludi further explains in an online forum of the feminist journal *Signs* (“A Response” 2017), “[Father] is how my father wished to be identified. ‘I’m still your father,’ she liked to say. I paired ‘my father’ with ‘she’ not to cast doubt on my father’s gender but to express honestly the roles in play in our relationship.” As writer and witness, as estranged daughter and investigative journalist, Faludi explicitly and implicitly registers the complexity of the pair’s relationship and how it shapes the narrative up to and including her father’s dementia.

During the making of the book, Faludi (2016, 8) seeks answers to questions about her father’s early life as a young Jewish man in Nazi Europe with an invaluable talent for passing as a gentile, about her father’s violent behaviour as an “imperious patriarch, overbearing and autocratic” and about her father’s motives and experiences as a transgender woman. At the same time that Faludi approaches this task as an experienced journalist, she registers a self-awareness of her partisan stake in the process, “the grievance of a daughter whose parent had absconded from her life.” Over the course of the collaboration, Faludi (2016, 1) confesses that her purpose shifts from “preparing an indictment, amassing discovery for a trial [. . .] in pursuit of a scofflaw, an artful dodger who had skipped out on so many things – obligation, affection, culpability, contrition” to reconciliation and making “a new sort of friend” (77). This new, hoped-for but tentative friendship with a new parent, as Faludi narrates it, reveals what Sarah Falcus and Katsura Sako (2019, 28–29) call the “blurring of autobiographical and biographical acts in life narratives of dementia [. . .] in which we are asked to

recognise shared, human vulnerability as well as to attend to the socially situated nature of vulnerability in relationships of care and dependence.” After all, the project begins as a request by Stéfanie to her daughter to listen to and then tell her story. As per Couser, it is important for readers to ethically scrutinise Faludi’s power as narrator of the experience of a vulnerable subject, a trans person looking back on a traumatic past, just as it is important for Faludi to self-scrutinise her own objective and purpose in learning and telling Stéfanie’s story.

2 “Feminism [. . .] became the part of my life that I chose. The part I couldn’t escape was my father”

As a cisgender feminist, Faludi is telling a complex story that is both personal and political. The conflict between Susan and Stéfanie arises from their shared personal history; it is also shaped by transgender and feminist politics. Indeed, Faludi (2016, 57–62) points to her childhood – specifically her father’s overbearing and violent domination of their family and the structures of gender oppression that worked against her mother throughout their marriage and divorce – as fomenting her feminist consciousness. The memoir’s exploration of gender identity’s ontology – or as Faludi (57) asks in the memoir, “Is identity what you choose, or what you can’t escape?” – has been situated within critical conversations about the historically fraught relationship between second-wave feminism and trans studies, in particular the ways in which some cisgender feminists have strongly disputed transgender identities, experiences, and rights.³ Faludi (94) does not hide her scepticism towards Stéfanie’s trans identity, at times reducing it to another pretence in a long line of impersonations and reinventions, “my father’s latest transition, from man to woman.” When Stéfanie tries to engage Susan in wardrobe selection, Susan brushes her off, angrily thinking to herself, “Change your clothes all you want, you’re still the same person” (52). In the context of their

³ Susan Stryker (2017) refers to this fraught relationship in her critique of Faludi’s memoir as advancing “a skewed representation of trans communities and identities” and argues that Faludi does not do enough to distinguish between “Stéfanie’s personal behavior and stereotypes that still have the power to harm trans lives and that are still unfortunately far too prevalent in feminist discourse.” For more on second-wave feminism’s hostility towards transgender practices, see Stryker (2006), Whittle (2006), Koyama (2006) and Hines (2014).

difficult personal history, Faludi seems to mean that Stefánie is still the same person who aggressively controlled their family and escaped retribution. But it is impossible to not read these statements as examples of Faludi subscribing to biological determinism based on “exclusionary assumptions [some feminists] embed within the fundamental conceptual underpinnings of feminism” (Stryker 2006, 7). That Faludi (2016, 41) divulges her own exclusionary thoughts is not only in line with her journalistic ethos of “exposing flaws, not concealing them,” but is important in the context of the open but often painful dialogue that drives the book’s becoming.

When Stefánie develops dementia in the memoir’s final chapter, the pair has nonetheless, after ten years of difficult dialogue, “arrived at an understanding, even a closeness.” Faludi (2016, 451) describes Stefánie’s dementia as having activated a powerful surge of traumatic memories and perceptions that overflow with “all that she had been, all that she had experienced, suffered, fled.” At this point in the memoir, Faludi (2) has amassed a detailed history of Stefánie’s “lifetime of self-alteration,” and so she, and readers, acutely feel the weight of “all” that is rising. As Stefánie’s dementia develops and she is repeatedly taken to the hospital against her will, her dominant disposition is one of being persecuted, pursued and captured. She recounts to Susan a series of unwelcome figures on her trail – her own uncaring mother, her ex-wife, criminals and arsonists, Nazi guards and Arrow Cross.⁴ In this string of haunting figures, the relationship between the specific sufferings of the war as well as the specific sufferings of hiding and avoiding visibility as a trans person are woven together to comprise Stefánie’s psychic distress.

Faludi’s use of water metaphors to capture dementia’s immersive and copious quality – flooding, rushing, welling – serves as a powerful counternarrative to tropes and metaphors that emphasise the experience singularly as one of loss and deprivation, as something that dissolves the complexity of personhood.⁵ As Faludi (2016, 451–452) writes, Stefánie’s “histories now flooded into every synapse. My father’s mind seemed to me like the limestone beneath [Budapest’s] Castle Hill; it was being hollowed out by what welled up from below.” Faludi’s description of Stefánie’s dementia as fluid and multidimensional can be productively linked to intersectional approaches within dementia studies

4 The Arrow Cross was a fascist Hungarian political party founded by Ferenc Szálasi that was active between 1935 and 1945. The Arrow Cross collaborated with the Nazi regime to murder and deport tens of thousands, mostly Jews and Romani people.

5 For more on metaphoric language and dementia, see Martina Zimmermann (2017a). See Westwood and Price (2016, 5–6) on the challenges of the concept of “personhood,” especially in the psychosocial model of dementia.

that understand dementia as “a contextually contingent, embodied experience” that can produce uneven and disadvantaged outcomes for certain individuals and groups (Westwood and Price 2016, 6).⁶ As Baril and Silverman (2019, 1) have explored, trans adults living with dementia “may forget they transitioned and reidentify with their sex/gender assigned at birth or may experience ‘gender confusion.’” As such, intersectional paradigms of care need to ensure that trans adults with dementia are “actively respected and supported in the expression of the gender identity, whether binary or fluid, whether static or changing” (11). Without intersectional approaches, disadvantaged outcomes can be generated within care systems of bodily discipline through what Pia Kontos and Wendy Martin (quoted in Westwood and Price 2016, 6) call “the interrelationship between the body and social and political processes in the production and expression of dementia.” Intersectional frameworks help us see that *In the Darkroom* is a narrative about embodiment in context. It is about intersecting identities and oppressions, the desire throughout life, illness and death to be recognised and accommodated by other people and systems, and the material and psychic costs when that recognition is not only denied but annihilated and erased.

The pair’s closeness at the end of the memoir serves as the interrelational backdrop for the narrative of Stéfanie’s dementia. This closeness matters because Stéfanie’s dementia develops and advances quickly – in a compressed time frame of six months. Faludi (2016, 451) says that their newly established closeness has arrived “just in time,” which signals both temporal and spatial aspects of dementia, especially relevant in the context of witnessing and caregiving practices. That is, emotional bonds that sustain caregiving require time to form. And although caregiving at a distance presents very real challenges, those challenges can be mitigated to some degree through emotional closeness. The closeness signals something positive – a hard-earned reconciliation between a parent and an adult child with a complicated history. It also draws attention to issues around caregiving and the fact that many older LGBTQ* people experience conflict with family of origin and rely on caregiving systems that do not include

⁶ The term intersectionality was coined by Kimberlé Crenshaw (1989, 139) as part of a growing body of Black feminist criticism to foreground how “single-axis” frameworks in feminist theory and antiracist policy discourse tend “to treat race and gender as mutually exclusive categories of experience and analysis” and, as a consequence, erase the experiences of Black women. In their study, Baril and Silverman (2019, 3) identify “the intersections between the multiple systems of oppressions faced by [transgender people living with dementia], namely cisgenderism, ableism/cogniticism and ageism.”

adult children.⁷ The precarity of the arrived-at place of closeness is emphasised by the onset of dementia, and the degenerative aspect of dementia is affectively magnified through the disruption of their late mutual affection. The onset of Stefáníe’s dementia triggers disquieting hallucinations that link her personal memories to a collective history of violent persecution. As Leigh Gilmore (2001, 93) argues, survivors of trauma can experience temporality as “permanent simultaneity”: “At any time for the survivor of trauma, the alarm of memory can sound in the present tense.” As Stefáníe’s hallucinations suggest, this memory alarm can be triggered by dementia. Stefáníe’s dementia also adds a new dimension to Gilmore’s concept of permanent simultaneity. And though not explicitly treated in the memoir, by emphasising the temporality and temporariness of this closeness – it comes just in time to be altered by dementia – Faludi not only demonstrates their shared vulnerability but also gestures towards what Judith Butler (2016, 21) calls a “broader condition of dependency and interdependency that challenges the dominant ontological understanding of the embodied subject” as “discrete, singular, and self-sufficient.”

3 “They totally miscast me”

Stefáníe’s embodied experience as a transgender person developing dementia and Faludi’s embodied experience as long-distance advocate and caregiver are bolstered by their dyadic closeness, but they are also reliant on what Butler calls “infrastructural and social conditions of support” of public health and social care systems. As Butler (2016, 19) asserts, “We cannot talk about a body without knowing what supports that body and what its relation to that support – or lack of support – might be.” Faludi explains that Stefáníe’s hallucinations manifest as a steady stream of interlopers who break into her home and want to capture and imprison her: “Nazis were battering down her front door” (Faludi 2016, 452), and “hordes of night intruders were storming through her house, rifling through the kitchen cabinets and bureau drawers and her purse, painting the walls in invisible ink” (453). These hallucinations, rooted in traumatic memories,

⁷ According to a recent Alzheimer’s Association report (2018, 5): “Many LGBT older adults may not have a relationship with their legal or biological families, and are instead supported by their families of choice” or require social supports and services. The report (11) further states that LGBTQ* adults face barriers to receiving support and services because of discrimination and lack of cultural competency, and thus many distrust providers who deliver care under the structure of heteronormativity. As I attempt to show in this essay, *In the Darkroom* offers an example of barriers to and possibilities of social structures for LGBTQ* people with dementia.

set off a series of interactions with local police and hospital staff that expose the lack of support available to her as a transgender person. As previously mentioned, when Stefánie reports to Susan that she has been misgendered at the hospital, she adds, “They don’t like trans people” (452). Here Stefánie explicitly identifies herself as a target of discrimination, and it is suggestive of a potential future as her dementia advances, for Stefánie and for others like her.

If, as Falcus and Sako (2019, 27) assert, experiences of dementia are often “sidelined or even silenced” within the cultural discourse and the genre of autobiographical narratives, then the experiences of trans people with dementia are doubly marginalised and require speaking subjects and listeners. The lack of representation of transgender people in general, and in dementia memoirs and dementia research in particular, affects how dementia is understood, how treatment is determined, how care is delivered and how policies are shaped. Of course, given the diversity of identities, perspectives and experiences that reside under the umbrella term “transgender,” it is important, as argued by Chryssy Hunter, Jenny-Anne Bishop and Sue Westwood (2016, 31), not to generalise about dementia experience based on a particular account but to see transgender people as “complex individuals from a wide range of intersecting social backgrounds, with their own wants, needs, interests, likes and dislikes.”⁸ Given the memoir’s attention to questions of how intersecting identities are formed, sustained, impeded and erased, it offers insights into how Stefánie is supported and not supported, fits and misfits, in specific spaces and at specific times, including but not limited to her experience of dementia.

Rosemarie Garland-Thomson’s concept of misfitting can help us understand the lack of support Stefánie experienced throughout her life and the self-determination she needed to develop in order to survive. Garland-Thomson (2011, 604) theorises misfitting to defamiliarise prevalent ideas about disability as lack or defect and to shift attention to “location rather than being, the relational rather than the essential”; this redirecting of attention to “the interactive dynamism between world and body” exposes the resourcefulness, adaptability and “productive power of misfitting.” Although Garland-Thomson (2011, 598) formulated the concept of misfitting with disability theory in mind, she argues that its application extends beyond the category of dis/ability to foreground particular bodies as “always situated in and dependent upon environments through which they

⁸ Hunter, Bishop and Westwood (2016, 125) continue: “Because of this diversity, rather than thinking of a unified trans* community it is more useful to understand different groups of trans* people as constituting a collection of sub-communities, with some shared characteristics but with many and significant differences, including a variety of different socio-political and medical aims.”

materialize as fitting or misfitting.” Garland-Thomson (602) also historically and ethically contextualises misfitting within regimes of power that have targeted people who “fall into varied devalued social categories” and have been “purged through forms of eugenic eradication such as the European Holocaust, American lynching, the prison-industrial complex, and coercive heteronormality.” An important political and ethical function of the misfit is to foster an awareness of unjust practices of exclusion or segregation in the public sphere and to insist on recognising and honouring particular bodies through the arrangement of accommodating spaces (597).

4 Rhetorical silence and rhetorical listening

Misfitting provides not only a way to think about the specific environments Stéfanie occupies and her experience within those spaces, but it also leads to the question of what the role of communication is in misfitting. Following Garland-Thomson, I am interested in how misfitting can also include a communicative exchange as part of embodied interaction with environments. Theories of reciprocal communication speak to the dialogic nature of Faludi’s memoir, which is rooted in journalism’s idiom of inquiry and listening, and the meanings produced through dialogue. Marcie Bianco (2017) highlights *In the Darkroom*’s dialogic process and effect in developing “an understanding of identity that bespeaks its production through dialogue.” Cheryl Glenn’s notion of rhetorical silence is also useful in theorising how both speaker and listener take turns being productively silent in order to “transform the interactional goal of rhetoric, which has traditionally been one of persuasion to one of understanding” (Glenn 2002, 284), as is Krista Ratcliffe’s theory of rhetorical listening, proposed as a “stance of openness that a person may choose to assume in relation to any person, text, or culture” (Ratcliffe 2005, 17). These rhetorical theories together can provide a way to think about communicative misfitting and open up the possibility of reparative work. Both silence and listening allow Stéfanie and Susan to share painful memories and make sense of the larger social and cultural forces shaping history and each of their identities, as well as their shared family history.

Faludi comes to know and understand through Stéfanie’s memories the details of her survival as a young Jewish man in Nazi Europe. Readers come to know through Faludi’s memories the details of how her feminism was shaped by her father’s threatening and violent behaviour during her childhood, as well as also the deep conflict between her own identity as a liberal feminist and moments of scepticism about Stéfanie’s identity as a trans woman. Although these

potent and painful memories are separate and asynchronous, they become woven together to animate the pair's reconciliation. By attending to key moments and contexts of speaking and listening leading up to and throughout Stefanie's dementia, we might reconsider dominant understandings of dementia as only or primarily loss and deterioration. Thinking about rhetorical silence and rhetorical listening can also centre the experiences of LGBTQ* people in dementia care contexts; doing so has, as Westwood and Price (2016, 6) assert, ethical, conceptual, practical and rights implications.

Throughout *In the Darkroom*, Susan's and Stefanie's positions as listener and speaking subject shift and change. In addition to this shifting relationality, the many instances and meanings of silence throughout the text warrant our attention because, as Glenn (2002, 263) states, "like the zero in mathematics, silence is an absence with a function." Glenn (263–264) wants us to be more sensitive to the many functions and possibilities of silence in helping to fashion our communication, noting that "when silence is our rhetorical choice, we can use it purposefully and productively – but when it is not our choice, but someone else's for us, it can be insidious, particularly when someone else's choice for us comes in the shape of institutional structure." And as Kennan Ferguson (2011, 126) notes, silence is a site of multiple, overlapping, opposing and indeterminate strategies and conditions, and it can be deployed and interpreted in many ways, from isolating individuals or groups to forging a sense of community. Indeed, soon after Stefanie dies, Susan is "comforted by the knowledge that my father had died here in the female wing, surrounded by women" (Faludi 2016, 462). Susan's grief is mitigated knowing that Stefanie is recognised and supported in a female space into which her body, as it ceased to function, fitted.

The acknowledgement and recognition of fitting is especially poignant in the context of a Rosh Hashanah service father and daughter attend together with a Jewish reform community in the fall of 2014, just months before Stefanie develops dementia. As Faludi (449) explains, Rosh Hashanah "celebrates the birth of the universe, but other births as well. So many of the prayers involve pregnancy, motherhood, a yearning for children." As they sit together, Susan looks at Stefanie and reflects on what she has learned about her father's history and their renewed relationship:

What of your mother, Stefi, who grieved the loss of two newborns before she had you, yet left her only child with nannies and nursemaids and went out on the town every night? And what of your father, who left you to fend for yourself on the streets of wartime Budapest? Who didn't come to your bar mitzvah? Who wrote in his will, "To my son, István Faludi, one lira?" And what of your daughter, who didn't have the grandchildren you wished for, and who let you evict her from your life until, by an act of extraordinary reinvention or reassertion, you invited her back in? (Faludi 2016, 449)

In these reflections, which become a meditation or prayer, Susan centres Stefanie, acknowledging her struggle and will to survive trauma and create a self and a life without meaningful networks of support or protection. This centring is essential to atonement and creates a space for Susan to recognise her father’s perspective as valid, true and felt. And when the rabbi’s husband asks whether they are related, Susan understands that she can make visible and public these poignant inner reflections: “I paused, not wanting to get into explications, yet also not wanting to cause any pain. One way or another, I thought, an identity would be denied. ‘[She is my] mother,’ I said” (450).

Ratcliffe’s theory (which she proposes as a way to foster cross-cultural communication) emphasises rhetorical listening as a listener’s capacity to identify her internalised beliefs and values and to imagine how these ideas may have shaped her and how they may affect others. Ratcliffe (2005, 205) also notes that rhetorical listeners “situate themselves openly in relations to all kinds of discourse” without the intent to “win” or “persuade” or appropriate a point of view or even smooth over difference. Rather, the emphasis on listening to difference “asks us, first, to judge not simply the person’s intent but the historically situated discourses that are (un)consciously swirling around and through the person and, second, to evaluate politically and ethically how these discourses function and how we want to act upon them” (208). Ratcliffe’s model of rhetorical listening can help think through key moments in the memoir, since acts of listening by both father and daughter are essential to their reconciliation, especially in maintaining their connection as Stefanie’s dementia advances.

5 “I’m Stefi now”: Becoming recognised

In the first chapter of *In the Darkroom*, it is 2004 and Susan is travelling to Budapest to see her father for the first time as Stefanie. She reflects upon whether the inscrutable, explosive parent she knew growing up had been so troubled because she had been living “a miscast existence, a life led severely out of alignment with her inner being” (Faludi 2016, 16).⁹ Faludi’s use of the word “miscast” here to broadly emphasise the performativity of gender identity can be connected to and extended by the notion of misfitting, in that misalignment is located not (or not only) within the individual but in “spatial and temporal points of encounter

⁹ In trans life-writing texts, narratives of transitioning often use the trope of becoming properly aligned with one’s inner self to achieve what Evan Vipond (2019, 21) calls “cultural intelligibility as normatively gendered subjects.”

between dynamic but relatively stable bodies and environments” (Garland-Thomson 2011, 594).

In the book’s last chapter, it is May 2015, and Stefánie is calling Susan to report that the police have wrongly taken her to the psychiatric ward of St. János Hospital. Faludi, in the United States at the time, describes the phone call in detail: Stefánie declares that she had caught an intruder who had tried to start a fire in the basement. She called the police, who “mixed everything up” and took her away instead: “They totally miscast me. You need to talk to these doctors and get it all cleared up” (Faludi 2016, 455). By this time it has been several months since the onset of Stefánie’s dementia and her hallucinations and more than ten years since Stefánie first reached out to Susan after their long estrangement. By now readers understand the multiple meanings of being miscast and the many specific places and moments that Stefánie had navigated her way out of, as a misfit, a “discrepancy between body and world” (Garland-Thomson 2011, 593). Stefánie explains how she survived the Holocaust in Hungary: “I know how to fake things” (Faludi 2016, 255). Even as Stefánie’s faking ability is presented as an act of survival, it is also a destructive force in their relationship. We might consider whether, from Susan’s/Faludi’s perspective, disowning the “macho aggressive man” palliates the violence inflicted on their family. In fact, Faludi’s (78) initial scepticism about her father’s gender expression and its “surface ephemerality” seems to serve as a form of payback for that early violence. These are crucial challenges to issues at the heart of narratives that offer “an ‘insider’ perspective on dementia, and [whose] claim to value comes from the authenticity and intimacy promised by the auto/biographical perspective” (Falcus and Sako 2019, 26).

The involuntary commitment at St. János Hospital in May 2015 was not the first time that Stefánie was institutionalised after she developed dementia. Earlier that year, in February, Stefánie thought criminals were trying to break into her home late at night. She screamed until the police arrived and an ambulance took her to the hospital. By the next day Stefánie had managed to slip away and return home, and in a phone call to Susan “recast [the] traumatic experience as an escapade. ‘A to-do over nothing!’ she said” (Faludi 2016, 452). After further conversation, Stefánie reveals having been misgendered by the doctors and nurses. This scene of misfitting highlights the ongoing dynamism in identity categories. The misfitting materialises when Stefánie is both misgendered and not recognised as transgender, and when her gender identity is interpreted as a symptom of her dementia, which she rightly understands arises from discrimination against LGBTQ* people. It materialises as well when she is not recognised as a person living with dementia. Stefánie escapes the hospital, once again cleverly navigating as a misfit as she had done so many other times and places in her life. Faludi (2016, 452) notes Stefánie’s resourcefulness in evading

the hospital staff, or rather Stefáníe’s pride in her own resourcefulness: “‘I es-caaped!’ my father gloated when I reached her on the phone later that day. She sounded her usual self, preening over her aptitude for evasion.” This encounter with the hospital reveals the intersectionality of dementia and transgender identities, and the material consequences of misfitting, which requires Stefáníe to draw on her lifetime of resourcefulness and self-protection developed through role play and impersonation. As she tells Susan, “It strengthened me for life that I did these things back then. That I could live as not myself but as a non-Jewish person. And that I could get away with it” (424). To live “as not myself” is to emphasise a break or gap, a misfit between body and world, her body being denied proper and fitting care. The scene calls attention to misrecognition and discrimination as part of Stefáníe’s personal history, and her Jewish identity, and repeated instances of being miscast. Given the chronic and degenerative nature of dementia, this scene also invites the reader to project forward in time, to a possible future in which Stefáníe will no longer be able to pull off an escape from a misfit.

This scene of misfitting also calls attention to the communication between Stefáníe and Susan, specifically Faludi’s discussion of listening as her father’s dementia develops. Faludi bookends *In the Darkroom* with a mention of Tivadar Puskás, a colleague of Thomas Edison and the inventor of the telephone exchange and its corresponding salutation, “Hello.” In Chapter 2, Faludi describes her first phone conversation with Stefáníe after not speaking for 27 years. She remarks on her father’s distinctive and expressive way of pronouncing the word “Haaallo” and her tendency to remind anyone who would listen that Puskás, a Hungarian, first shouted the word *hallom*, which means “I hear you,” when he first picked up the telephone receiver in 1877. At the start of the memoir, Faludi is doubtful that her father will listen and hear her. Later, when the pair talk on the phone a few months into Stefáníe’s dementia diagnosis, Stefáníe again explains the coinage’s provenance. When Susan points out that she has told that story before (Faludi 2016, 454), Stefáníe responds, “Hey listener! [. . .] You are the one who listens to me.” Stefáníe’s brazen directive here comes after her dementia diagnosis and winds the narrative to a controversial interaction often referred to by dementia caregivers as “therapeutic lying,” which is adopting a loved one’s sense of reality in order to retain a closeness that is slipping away (see Elvish, James and Milne 2010).

Faludi (2016, 454) describes her own developing understanding of her father’s persistent hallucinations about spies and intruders attempting to capture her, so that instead of using reason and logic to assure her that no such villainy is afoot, she “learned not to argue. It seemed to relieve her when I entered into her mental road map, acknowledged her perceptions, no matter how fantastical.

[. . .] And so I listened. Yes, I'd say, how awful to have strangers flocking through your house at night. [. . .] Yes, the ambulance driver must be a card-carrying Arrow Cross officer." Faludi's decision to enter into the "mental road map" and affirm her father's association of these medical personnel with her persecutors in the past can be read as an assertion of the agency of misfitting, a willingness not to correct or overpower but to recognise both Stefánie's trauma and the space to which Faludi must adapt to maintain a connection with her father. It might also be partly the residual behaviour of a fearful daughter towards an authoritarian parent. The narrative leaves open the possibility that dementia care of vulnerable subjects can generate generous empathy and complicated detachment. As Stefánie's life draws to a close, Faludi listens to the affective nature of her father's experience, rather than assert "facts" or "truth" in an ableist, normative fashion. This strategy recalls Baril and Silverman's (2019, 10) view of selfhood as "multi-faceted, changeable and not normatively 'rational.'" As Ratcliffe (2005, 31) explains, rhetorical listening is not self-interested or directive but rather proceeds from a logic of accountability that "recogniz[es] that none of us lives autonomous lives." This logic of accountability works in the memoir in tandem with Butler's notion of interdependence when Faludi (2016, 453) accepts that "there was no use reasoning" with Stefánie, whose "hallucinations were true because she believed them to be true." Dementia demands a new kind of logic, a new kind of reasoning, a new kind of listening.

As the reader understands through their radically different perspectives, and their many arguments and strained silences, each wants the other to be and do something that she is not and cannot be, especially in the beginning of their collaboration. Frequently conflict arises when Faludi asks Stefánie about her past, or to look at family photographs, or to go places in Budapest she went as a child. These requests are met with wilful silence, a refusal to engage the past: Stefánie says things like "it doesn't pay to live in the past," it is "irrelevant," "not interesting," "not me anymore" (Faludi 2016, 77). Susan's insistence that her father look at old family photos is also a wilful refusal to acknowledge who Stefánie is *now*. Just as Stefánie does not want to look at old family photographs, documents and letters, preferring instead to show her daughter her new collection of dresses, negligées and cosmetics, Faludi doesn't want to look at Stefánie's ultra-feminised closet so at odds with her own feminist views and style. As I mentioned previously, silence is an absence with a function, sometimes multiple – we might see "not looking" as functioning in the same way: as rejection, resentment, self-protection, resistance, disempowerment and more.

The big questions that drive the production of this narrative and undergird Faludi's investigation are sometimes explicitly stated and sometimes implied. For example, "What should transsexuals' relationship be to their 'former' selves,

and what did it mean to erase your past?” (Faludi 2016, 161). Given the “return” of the Holocaust in Stefánie’s hallucinations, is identity something we actively choose and shape, or is it something inherent or imposed that we cannot escape? What is the relationship between the rise of Hungarian prime minister Viktor Orbán and his right-wing Fidesz party and the country’s wilful silence on its role in the murder of two-thirds of its 825,000 Jews? When Stefánie proudly gives her daughter a coffee-table book of Hungarian history that celebrates the country’s great progression from the Magyar Conquest to the 1989 “Rebirth of Parliamentary Democracy” and reduces the fate of the nation’s Jews in the Second World War to a footnote, Faludi (207) asks, “And what of the Hungarian government, gendarmerie, military, and civil service, and the central role they played in the internal evisceration of the last intact Jewish community in Axis Europe? The text was silent.” Faludi (206) acknowledges and compares the country’s transformation and frequent silence with her father’s:

Like her, the city was attempting a rebirth at an advanced age. Like her, it had undergone an identity makeover from one end of the spectrum to the other. Hungarians had a name for the about-face from Communism to capitalism: they called it ‘The Change.’ Wandering the streets of Pest and sitting at my father’s table in Buda had a strangely unitary feel. In both places I was watching people engaged in an intense negotiation with the meaning of identity – and the possibility of leaving the past behind, of learning to forget.

In this stark and quite negative comparison, Faludi represents her father’s refusal to engage his past (as a Holocaust survivor, as her violent father) as a wilful erasure akin to Hungary’s wilful erasure of its own authoritarian, totalitarian and violent history. This realisation comes in 2008, only four years after they begin to talk, and still six years from the shared Rosh Hashanah service in which Susan recognises and acknowledges Stefánie as her mother, a moving moment of forgiveness and closeness. Still, the derisive comparison between Stefánie’s belated gender transition and Budapest’s regeneration lingers.

In the Darkroom’s exploration of the complexity of identity arising from the history of the Holocaust in Hungary and transgender politics culminates in the final chapter, as Faludi (2016, 451) describes the onset of her father’s dementia, noting the paradoxical relationship between losing grasp of reality and the intrusion of traumatic memories: “They say that dementia is a disintegration of the self, a bleeding away of identity. Watching it take over my father’s life that winter, I was tempted to think of it as the opposite: an onrush of all that she had been, all that she had experienced, suffered, fled.” By the end of the memoir, readers understand that in the ten years since the project began, the pair has collaborated on a difficult memory project to tell Stefánie’s history, their family history and Hungary’s history. Faludi’s observation that her father’s

dementia opened a door to suppressed histories is reached after the pair engages in a sustained and often heated dialogue in a number of spaces. One space is Stefánie's "bunkered fortress" high in the Buda Hills, poring over boxes of family artifacts and photographs (43). Another space is the apartment building in Pest where Stefánie grew up, now home to a Reform synagogue. Yet another is the Hungarian Jewish Museum, where Stefánie sees a 1945 photograph of bodies exhumed by the Soviets from a mass grave on the grounds of the Jewish Maros Street Hospital and is reminded that he had been there as a member of a youth film club: "'The smell,' she said, raising her hand to her face. 'You could not get it out of your nose'" (208–209).

In 2008, four years into their collaboration, Stefánie and Susan visit the House of Terror, opened in 2002 and built by Prime Minister Viktor Orbán and his far-right Fidesz party, which commemorates the post-war period of 1944–1989 and presents a narrative of Hungarian victimisation by the Soviets with a brief treatment of Hungarian victimisation by the Germans. As Csilla Kiss (2015, 244) points out, the museum "gloss[es] over the responsibility of the Horthy regime that ruled Hungary until October 1944 – and forget[s], like elsewhere in the region, that without local collaboration the Nazis would not have been as effective as they were." This state-sanctioned historical cover-up authorises and in fact compels from visitors a political forgetting of Hungary's collusion in the murder of hundreds of thousands of Jews during the Second World War. But in a moment that I would characterise as one of misfitting, Stefánie remembers another history, one that she witnessed herself and recounts to her daughter. Faludi (2016, 210) writes, "The history that was absent within the museum had assailed her on the sidewalk. 'I was *here*,' she said. 'Right here. In front of this building. When they brought Szalasi in.'" Stefánie goes on to describe how, in 1945, when Ferenc Szálasi, leader of the fascist Arrow Cross Party, was arrested and imprisoned in his former headquarters, the Jewish film director Béla Pásztor filmed his capture for the news. In this scene a misfitting materialises in the space Stefánie occupies in front of the building and the memory she relays to her daughter, which denies the museum's efforts to forget both Stefánie's past and the nation's past. Remembering and forgetting are both registered through the interaction of Stefánie, Susan and the museum space.

It is only at the end of her life that Stefánie begins to grapple with what it means to be Jewish and begins to acknowledge the ways Hungary reconstructed a history of silence and absence, exhibiting a kind of oppositional consciousness and politicised identity that, according to Garland-Thomson, arises from the experience of misfitting. On a visit to the Hungarian National Museum during Holocaust Remembrance Year in 2014, the pair sees a revisionist staging of memorabilia that pitches Hungary as defenceless and Germany as solely culpable for the mass murder of its Jewish citizens. When the pair descends three flights to the basement,

they see that the museum has gathered in a small, obscure room an exhibition of photographs of Hungarian Jewish Holocaust survivors and their descendants. Reading the testimonies of survivors whose photographs are displayed in the basement, Stefánie becomes suddenly impassioned and cries out, “Let the people in Hungary look at them! [. . .] They turned their backs. [. . .] They said, ‘Waaall, it’s none of our business.’ They never looked at who was taken. These people were just like them. They spoke the same language. They were your neighbors. They were your friends. And you let them die!” (Faludi 2016, 442). In this moment and space, Stefánie embodies, for the first time and to Susan’s surprise, the political and ethical dimensions of listening and speaking as she acknowledges the interdependence that should have prevented the violence and trauma of mass murder. And significantly, basements serve as liminal and dangerous spaces throughout the text – as Stefánie tells Susan, it is the basement of the Grand Hotel Royal in Budapest during the Nazi occupation where Jews were shot, it is the basement of the suburban home in Westchester where her father kept a workshop and constructed furniture and elaborate toys that became “stage sets he desired for his family” (14), and it is the basement of her Buda Hills home where at the end of the book Stefánie imagines an intruder is trying to kill her.

It is not long after this museum visit in 2014 that Stefánie develops dementia, and as readers we understand the significance of the memoir’s memory work and of the pair’s reconciliation. In conveying the depth and profundity of their peace-making, Faludi (2016, 451) uses words often deployed to describe political relationships:

In 2004 I set out to pursue the stranger who was my father. I didn’t anticipate a laying down of arms, nor did I achieve one. In the years to come, our relationship would lurch from contention to detente to contention again. But by fall 2014 [. . .] we seemed to have arrived at an understanding, even a closeness. The accord came just in time. When I visited her that September, my father was as lucid and strong as I’d ever seen her. Less than half a year later, her constitution was in ruins.

This intergenerational peace treaty and Stefánie’s willingness, though reluctant, to explore what it means to be a Hungarian Jew, come as prominent politicians use and promote antisemitic, anti-Roma and xenophobic rhetoric to invoke an ethnically pure Hungarian past and future. The complicated interdependence that is promoted through Faludi’s intergenerational narrative, and its emphasis on coming together through reluctant but necessary remembering, is in opposition to the country’s developing radical intolerance constituted by a collective forgetting. This developing intolerance is not limited to antisemitism but includes the views of conservative politicians and the majority public that transgender people are deviant, defected, aberrant, ill, criminal and sinful and should not be

protected by legislation (225). The interpersonal understanding Faludi and her father reach through rhetorical listening is not mirrored in Hungarian society, which suggests that the country's rising violence and tensions will not ease until those who wield power listen to those who lack it. The memoir explores how traumatic history is re-entered and retold – and how it changes depending on who remembers it (or not), who tells it and who listens.

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