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The Effect of Cognitive Decline on Social Categorization in Lisa Genova's *Still Alice*

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Abstract

This study examines the portrayal of cognitive decline and its impact on social categorization in Lisa Genova's novel *Still Alice*. Genova uses her background in neuroscience and narrative skills to depict Alice Howland's journey as a renowned linguistics professor who is diagnosed with early-onset Alzheimer's disease. Analyzing the novel through John Turner's Social Categorization theory, the research explores how Alice's memory decline impacts her self-concept and social roles. It also shows her transition from an academic identity to that of an Alzheimer's patient, illustrating changes in social categorization and self-perception due to the disease. The study also examines stereotypes and biases rooted in cognitive psychology, revealing how they shape family interactions with Alzheimer's patients. It also highlights the complex social challenges posed by Alzheimer's disease and offers insights into how memory loss impacts identity and social perception. This analysis contributes to a deeper understanding of the relationship between cognitive decline, identity, and social dynamics.

Keywords: Alzheimer, Social Categorization Theory, Biases, Identity, Psychology

Introduction

Lisa Genova, an American neuroscientist and author, was born on November 22, 1970. Genova graduated valedictorian, summa cum laude, from Bates College with a degree in biopsychology and has a Ph.D. in neuroscience from Harvard University. Due to her academic career, she was interested in learning more about neurological diseases, and most importantly, she wanted to explore the patients' perspective on what was going through their minds.

Genova's interest in writing started after her grandmother was diagnosed with Alzheimer's. At that time, she wondered what she would have learned if she had asked her grandmother what was going through her mind in the early stages of Alzheimer's. Genova's academic position helped her write, which granted her access to various organizations and hospitals that deal with neurological diseases (Birge, 2012).

Genova combines her deep expertise as a neuroscientist with her gift as a storyteller, creating emotionally and scientifically accurate novels. Her scientific background provided a privilege to touch on difficult neurological aspects and make them understandable to the reader without the overwhelming use of technical terms. She believes that to understand a brain disease, one must shift beyond the biological side of an individual's brain and focus on the historical and social context of the patient (Birge, 2012).

Genova's novels are known for their ability to create a powerful connection between readers and her characters. This connection stems from her deep empathy for the patients she portrays and her talent for conveying that emotion to her audience. She even calls herself an empathy warrior on her website, emphasizing her mission to use medical fiction to allow readers to experience illness firsthand. By writing with such compassion about incurable neurological diseases, Genova has carved out a unique place for herself among contemporary medical fiction authors. To achieve this depth of empathy, Genova conducts thorough research before writing her novels. As revealed in a Globe and Mail interview, she delves into the social and medical aspects of the diseases she explores. This includes meeting researchers, doctors, caregivers, and patients directly affected by these conditions.

Genova aims to raise awareness about specific neurological conditions and how individuals cope with them. It goes beyond traditional medical perspectives, exploring conditions such as autism, depression, and PTSD, which often have psychological and social dimensions. This broader approach links neuroscience with human phenomena, examining how altered brain function impacts human experience (Koyyana & Somalatha, 2020).

Beyond scientific accuracy, Genova excels at crafting compelling, relatable characters. Her heroines are not just vessels for scientific information; they are fully realized individuals with rich inner lives, hopes, and dreams. In *Left Neglected*, the heroine, a celebrated artist, suffers from spatial neglect after a stroke, leading to a profound sense of isolation and a struggle to reconnect with her sense of self. Genova's empathetic portrayal of the character's emotional turmoil and gradual journey toward acceptance resonates deeply with readers, fostering empathy and understanding for those living with neurological conditions.

Her strategy is to give scientific facts on certain occasions in the novel. Genova also focuses on portraying the symptoms of a certain disease not through advanced medical procedures, but through day-to-day life and through the lens of what the character is going through. She usually focuses on the deeply personal emotions of her characters as they confront internal challenges due to certain neurological diseases. In other words, Genova transports the reader into the character's mind, where they can experience their fear, confusion, and frustration (Koyyana & Somalatha, 2020).

Genova's writing style is marked by emotional honesty and an earnest portrayal of the human condition. Genova's work emphasizes empathy and understanding for those with illnesses. By exploring the interplay of neurobiology, psychology, and social context, she challenges traditional medical perspectives and offers a deeper understanding of the human experience with disease. Her novels explore the profound impact of neurological conditions on individuals, families, and communities, and delve into themes of love, loss, resilience, and the enduring strength of the human spirit (Zaki, 2021).

Lisa Genova's *Still Alice* tells the story of Alice Howland, a fifty-year-old professor at Harvard University who is happily married to John and has three children: Anna, Tom, and Lydia. Alice is diagnosed with early-onset Alzheimer's at the prime of her life. The novel is written in third-person narration, which helps follow Alice's chronological decline in cognitive abilities. The novel is divided into 25 chapters, spanning from September 2003 to September 2005; each chapter represents a month of the year. The reason for that is to provide a record of the progressive nature of Alzheimer's disease.

In the beginning, Alice was a renowned linguistics professor who spent most of her time traveling for conferences, spending time with her children, and giving lectures at Harvard. Her first signs of Alzheimer’s were forgetting words, repeating questions, and being unable to recognize a person she had just met. She neglected these signs because she thought of them as the outcome of stress or menopause. Over time, Alice’s condition worsens. She gets lost while running in a familiar neighborhood and is confused as to which way to go. At this specific event, Alice decides to seek professional help and get a definitive answer to what is happening.

Diagnosed with early-onset Alzheimer’s, Alice is in full shock, unable to comprehend the terrible news. She is obliged to tell her husband, John, due to her doctor’s instructions on bringing a caregiver to every appointment. John is a man of science; he spends most of his time in the lab. Because of his busy schedule, he was not able to spend much time with his wife to notice her decline. The news of Alice’s condition shocked him, to say the least, and put him in a state of denial. Moreover, it made him want to find the best trials of medication for her. Despite his efforts, nothing worked, and he failed to understand that Alice needed his company and support. Alice’s children were also in shock; they were worried about their mother, and since early-onset Alzheimer’s is an inherited disease, they were also worried about inheriting it.

Alice is a very smart woman; she found ways to cope with her cognitive decline. She started forgetting small details in her life, such as which room was in her house or which lecture she was supposed to give. To avoid these confusions, she wrote sticky notes on the doors of the house and used her BlackBerry phone to set daily reminders. However, this was not enough since Alzheimer’s is a progressive disease, which means it will only get worse over time, no matter how hard Alice tried. She could not contain her new memories, and old memories started vanishing as well, leaving her estranged from her present, past, future, children, husband, and profession.

Alzheimer’s has a deeper effect not just on the memories of a person, but on many internal things that can interfere with identity. Due to the decline of memory and cognitive ability, patients may feel left out and are unable to know how to communicate their feelings.

Discussion

John Turner’s Social Categorization Theory is a cognitive approach that helps people organize and understand their social setting and have multiple forms of social actions. These categorizations structure the world and provide a framework for individuals to define their place in society. Social groups offer members a social identity by helping them identify themselves in terms of social categories. This identity is formed through relationships and comparisons, assisting individuals to recognize similarities and differences with others. Social identity reflects how people see themselves based on their perceived affiliation with social groups. (Turner, 1999).

John Turner's social categorization theory and Henri Tajfel's social identity theory are closely related, but they differ in focus and scope. Tajfel's social identity theory focuses on how individuals derive part of their self-concept from group membership, leading to in-group favoritism and out-group discrimination (Tajfel & Turner, 1979). This theory highlights the emotional and evaluative importance of group identity in shaping intergroup behavior. In contrast, Turner's social categorization theory, which builds on Tajfel's work, focuses more on the cognitive processes that lead individuals to categorize themselves and others. Turner proposed self-categorization as a mechanism that explains not only group identity but also the shift from personal to group-based identity (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987).

While Tajfel focused on social comparison and the motivation for a positive social identity, Turner explored how depersonalization occurs when people see themselves as mutual group members rather than as unique individuals. Turner's theory focuses more on the psychological mechanisms underlying group behavior, while Tajfel's theory lays the foundation for understanding collective self-esteem and the dynamics of intergroup interaction.

“Self-categorization is an active, interpretative, judgmental process, reflecting a complex and creative interaction between motives, expectations, knowledge, and reality” (Turner, 1999, p. 31). It results in an increased perception of similarity between oneself and other members of the in-group as well as a heightened perception of difference from out-group members. This emphasis on similarity and difference applies to all attitudes, beliefs, values, emotional responses, behavioral norms, speech styles, and other characteristics linked with the relevant group categorization (Stets & Burke, 2000).

Within Social Categorization Theory, personal identity involves describing oneself based on individual traits, while social identity is based on descriptions related to group memberships or self-categorizations. Thus, the self is seen as shaped by both personal and social identities. Specifically, four key processes—self-categorization, salience, depersonalization, and individuality—have been identified and studied. These psychological processes shape identity not only in theory but also in narrative depictions of mental decline.

In the opening chapters, Alice gives a narrative identity, which DeGrazia (2009) defines as an individual's self-conception or one's autobiography. It is a sense of Alice's personhood. Her traits define her, and the role she plays in the social groups creates a bubble around her. As she was at the peak of her family and academic achievements, this bubble exploded by none other than Alzheimer's disease.

Genova's *Still Alice* chronicles the life of Dr. Alice Howland, a brilliant Harvard professor, as she grapples with early-onset Alzheimer's disease. The novel follows a linear timeline, charting Alice's gradual cognitive decline and its impact on her identity, relationships, and sense of belonging. Genova crafts a narrative that resonates deeply with readers through her evocative writing style, use of literary devices, and exploration of societal perceptions of aging and illness.

The start of the novel portrays Alice as a confident, accomplished academic. She is a professor of cognitive psychology at Harvard, an acclaimed author, and a remarkable speaker. Genova's writing style in the first phase is precise and intellectual, mirroring Alice's character. The narrative employs detailed descriptions of Alice's lectures, routine, and interactions with students and colleagues, emphasizing her intellectual strength.

Alice's mental state starts to deteriorate; the narrative reflects this by circling back to itself, with sections almost repeated word by word. The reader often has a clearer understanding of the unfolding events than Alice herself through the omniscient narrator. This point of view creates a wide perspective that makes the reader realize Alice's condition. For example, while Alice pinpoints the small challenges of her stressful life, the reader realizes they are early signs of her illness. This dramatic irony increases the reader's curiosity about the story and enhances emotional investment in her journey, which anticipates what lies ahead (Bitenc, 2012).

In the early chapters, minor lapses, such as Alice forgetting a word during a lecture or losing her way on a familiar run, foreshadow the impending crisis. These moments are rendered with subtle tension, preparing the reader for the tragic shift in Alice's life. Social categorization theory begins to surface here as Alice is firmly situated within the successful professional category, a social identity that shapes how others perceive and value her.

Alice's deteriorating mental state begins to unravel when she experiences more severe memory lapses, such as forgetting to attend a conference and struggling to find her way home. Rita Charon, a physician, proposed the theory of Narrative Medicine, which is a transformative framework that redefines the patient-clinician relationship by placing storytelling at the heart of medical practice. According to Charon (2006), storytelling becomes a means to bridge the emotional divide created by shame and fear. Charon notes that shame and blame often create barriers between patients and doctors. After a series of tests, she received the devastating news that she had early-onset Alzheimer's disease. This moment is written with stark simplicity, reflecting the detachment of clinical language and its profound emotional impact on Alice. Alice's early interactions with her neurologist are marked by defensiveness and embarrassment. But as she grows more comfortable narrating her condition, her openness fosters more compassionate care.

After her diagnosis, Alice visits an Alzheimer's care facility. This act underscores the harsh reality of Alzheimer's disease and how it strips individuals of control over their own lives while still being aware of what is happening to them. It symbolizes Alice's loss of independence. She now finds herself preparing for a future where she will be completely dependent on others. Signing up for care is a harsh contrast to the life she once led, thriving with knowledge, intellect, and independence. The act of planning for care while still having some decision-making capacity demonstrates a profound shift in her identity. It is an act of self-preservation, but it also signals the inevitable fate of her former self.

This decision carries enormous weight. Alice feels fear, sadness, and resignation as she takes this step. By signing up for institutional care, she is not only admitting to herself that she will no longer be able to live on her own but also confronting the devastating reality that her family may struggle to care for her. This realization is painful but necessary, as it demonstrates her deep concern for her loved ones. As she realizes that her condition worsens, the burden on her husband and children will increase. By making this decision proactively, she is trying to free them from the impossible task of making it happen for her later, when she may no longer be able to express her wishes.

This internal struggle reflects broader societal discomfort with cognitive decline. Alice’s action of enrolling in institutional care reflects the difficult choices that many individuals and families must face when dealing with degenerative diseases. Furthermore, this event in the novel demonstrates how an Alzheimer’s patient has limited options. The first option is to burden their loved ones to care for them, and the second option is to burden the loved ones to pay for a very expensive care facility that may or may not meet the patient’s needs.

Genova uses stream of consciousness extensively in the initial stage of the disease, allowing readers to experience Alice’s denial, confusion, and fear. These inner reflections highlight her cognitive conflict: a cognitive psychologist, an expert on the mind, now faces the erosion of her mental faculties. Irony underscores this phase, as the very skills that define Alice’s identity become unreliable. Charon’s theory emphasizes that without the narrative act of telling and being heard, patients cannot even grasp what the illness means to them (Charon, 2006). Alice is not only afraid of the disease itself but also of its effect on her relationship with John. "He loved her mind. How could he love her with this?" (Genova, 2009, p.78). This line conveys her fear that her diagnosis will make her unlovable, emphasizing the relationship between self-esteem and intelligence.

Genova portrayed Alice as someone who took her work very seriously. It was not some sort of commitment, but she genuinely enjoyed her career and spent years building her self-image. Being a professor requires many tasks, hard work, and long hours, all of which Alice was glad to do in the best way possible. She categorized herself into the academic intergroup for over 25 years, which represents her whole identity and life.

From a social categorization perspective, the diagnosis begins to shift Alice into a marginalized group: individuals with cognitive impairments. This transition challenges not only her self-perception but also the way others perceive her. Her husband, John, and her colleagues at Harvard begin to treat her differently, emphasizing her perceived fragility rather than her capabilities. This shift in how Alice is socially categorized paves the way for a deeper exploration of identity loss, which the author approaches through both narrative structure and scientific framing.

The author uses various techniques to examine the complex problem of identity loss in dementia. Throughout the novel, Genova includes neurological introductions, using neurological concepts or ideas to frame the narrative, themes, or character development of a work. This technique summarizes the events that have occurred or will occur, while also preparing the reader for what is bound to happen when Alice's disease is in the final stage (Bitenc, 2012). Furthermore, these introductions provide a reasonably accurate portrayal of the current neurological understanding of Alzheimer's disease:

> Her knowledge of Alzheimer's disease admittedly swept the surface only lightly. She knew that the brains of Alzheimer's patients had reduced levels of acetylcholine, a neurotransmitter important in learning and memory. She also knew that the hippocampus, a sea-horse-shaped structure in the brain critical for the formation of new memories, became mired in plaques and tangles, although she didn't really understand what plaques and tangles were exactly. She knew that anomia, a pathological tip of the tongue, was another hallmark symptom. (Genova, 2009)

As Alice's symptoms worsen, she struggles to maintain her independence. Genova's writing style becomes more fragmented and introspective, reflecting Alice's deteriorating mental state. The narrative includes scenes of Alice relying on sticky notes for reminders and failing to recognize her own home. These moments are poignant and unsettling, drawing readers into her disoriented perspective. In this stage, objects like Alice's smartphone and her meticulously organized schedule symbolize her fight to maintain control. Their eventual ineffectiveness shows her increasing vulnerability. Genova also uses repetition in Alice's speech and thought patterns, illustrating how Alzheimer's causes her to loop through the same questions and emotions.

In Social Categorization Theory, "the concept of salience describes when a certain context or situation is interpreted and given meaning in terms of specific social and personal identities" (Trepte & Loy, 2017, p. 7). Salience thus determines the boundary between social identity and personal identity and shapes which of these will influence someone's behavior in that particular context (Stets & Burke, 2000). Salience defines the boundaries of social and personal identity processes and influences whether one or both shape an individual's behavior in a given situation (Trepte & Loy, 2017).

By focusing exclusively on Alice's internal mental struggle, the reader gains insight into how her declining cognitive abilities affect her perception of reality. This approach can enhance awareness and empathy for individuals with dementia. It embodies the shame, anxiety, and anger that Alice is experiencing, as well as the profound pain of her acute awareness of all that she is losing. Her understanding of her deterioration increases the emotional pain she endures (Bitenc, 2012).

Initially, Alice's identity as a renowned linguistics professor is central to her self-concept and guides her behavior. However, as her memory and cognitive skills deteriorate, her professional identity becomes less accessible. As Alice's mental state changes, her professional identity is no longer the dominant part of her self-perception; she can no longer meet the intellectual demands of her job. Alzheimer's forces Alice to explore alternative dimensions of self and identity that may persist despite the attack of the disease. As the story unfolds and the effects of Alzheimer's intensify, Alice and the reader realize that her previous standards of self-worth must be reconsidered and redefined.

Social Categorization Theory plays a significant role here, as Alice's identity continues to shift. Friends and colleagues distance themselves, and Alice begins to internalize her new categorization as a person with Alzheimer's. This shift highlights societal stigmas surrounding cognitive decline, particularly in cultures that value intellectual achievement and productivity.

The new salience of her role as a patient or vulnerable individual shifts her identity, underscoring her dependency on others and highlighting her position within her family rather than her academic achievements. Alice not only loses her memory but also her sense of belonging, purpose, and dignity in a world that once valued her mind above all else.

Due to the progression of her Alzheimer's, Alice's categorization shifts from professor to patient. This re-categorization significantly impacts her sense of self and her interactions with others. Losing the ability to confidently categorize herself within the academic and intellectual community makes Alice feel isolated from her former identity. This shift in categorization affects her self-esteem and leads to a sense of isolation from her family, colleagues, and friends, who begin to perceive her through the lens of her disease rather than her past achievements.

Alice, a highly intellectual individual, tries to deceive herself, thinking that the disease is not getting the best of her by using social cues. These cues can trigger a particular social category in certain situations, reminding someone of their group membership. The cues make an identity's connection to that certain group more interesting, which in turn triggers processes related to a person's identity. Alice pointed out a mistake in a seminar presentation. "Her valuable criticism and everybody's reaction to it enormously boost her shaken self-esteem" (Bitenc, 2012, p.13). This particular situation is Alice's attempt to regain self-respect and her place in her academic group. Alice cannot escape Alzheimer's with wit and playing around with it, since she has already forgotten the comment that she made. She repeats herself, and everyone ignores the comment and feels embarrassed:

> It was a valid point…Alice was sure of it. Yet no one else seemed to see it. She looked at everyone not looking at her. Their body language suggested embarrassment and dread. The fact that she had Alzheimer's didn't mean she couldn't think analytically. The fact that she had Alzheimer's didn't mean she didn't know what she was talking about. (Genova, 2009, p.187)

As Alice loses the cognitive abilities that once defined her, the current experience mirrors a fundamental aspect of social identity theory: the challenge of maintaining self-esteem. Individuals strive to preserve their self-esteem to have a positive self-concept (Tajfel & Forgas, 2000). Due to her wit, she was able to hide her illness as long as she could from her colleagues. Alice was afraid of the way she would be treated and viewed; just thinking about it hurts her self-esteem.

In a letter she wrote to herself before the progression of the disease, Alice reminds her future self of her past self. The letter is some sort of will from her past self to her present self; she is instructing herself to take precautions in the advanced stages of her illness (Battisti, 2018). She was instructing her future self to commit suicide. Predicting that she would lose herself and choosing suicide were her ways of preserving what was left of her and her self-worth.

Alice instructs her future self to take a dose of pills to end her life. This decision was Alice's way of maintaining control of her life and avoiding dependency on others. The fear of losing cognitive clarity also influenced her decision; it is her way of imposing order in the chaos of her disease. As her Alzheimer's progresses, the achievability of her plan diminishes. When she finally found the letter, she struggled to understand the instructions written in it. This moment emphasizes the gap between the rational view of her early diagnosis and her cognitive decline.

Alice's transition between categories highlights the powerful role of social categorization in shaping self-concept. She finds herself increasingly identified with the Alzheimer's category. Her identity and interactions shift, highlighting that categorization significantly affects both self-perception and how individuals are treated by others. Through Alice's experience, *Still Alice* provides an example of how social categorization shapes identity, especially as she moves from a highly esteemed in-group (academics) to a stigmatized group (Alzheimer's patients), underscoring that group identities impact psychological well-being and self-concept.

At some point in the novel, Alice struggles with tasks she is so used to doing that are now unfamiliar and confusing. Before her lecture, Alice spent an hour revising the semantics file, but it took her a couple of minutes as she walked to the lecture to forget about the whole matter. The fact that all of the lecture topics seem familiar but unclear highlights how her brain fails to effectively create or retrieve recent memories. This just shows how she is unable to do the normal tasks that are expected of her in the intergroup of her profession.

Alice's awareness of her cognitive decline grows. Her ability to recall names, finish sentences, and perform her duties as a professor diminishes. This growing awareness marks the initial shift in her identity. She can no longer categorize herself as the intellectual academic she once was. This loss of awareness of her place in the academic community profoundly impacts her sense of self. The realization that she no longer fits into the group of accomplished professionals she once belonged to forces Alice to confront the harsh reality of her condition:

> They were politely kind to her when they ran into her, but they didn't run into her very often. This was largely because of their busy schedules and Alice's now rather empty one. But a not-so-insignificant reason was because they chose not to. Facing her meant facing her mental frailty and the unavoidable thought that, in the blink of an eye, it could happen to them. Facing her was scary. (p. 185)

Alice's deterioration makes a dent in her self-esteem, and it begins to shatter. The cognitive impairment she experiences makes it increasingly difficult for her to perform basic academic tasks, leading to feelings of inadequacy and shame. The loss of her ability to contribute intellectually is a direct challenge to her group's self-esteem, making her feel as though she were no longer a valued member of her profession. The evaluative component, therefore, illustrates the profound emotional turmoil that Alzheimer's takes on Alice, as it forces her to reassess the worth of her professional role and her previous identity.

Alice wished she had cancer; at least she would be seen as a fighter. This highlights Alice's deep sadness, existential fear, and desire to act in the face of a disease that offers nothing. By comparing Alzheimer's to cancer, the story highlights the stigma, invisibility, and unique cruelty of cognitive decline. Alice doesn't just fear death, but she fears disappearing while she's still alive.

After her retirement, Alice spent most of her time at home with her family, who were having a hard time adjusting and accepting her disease. She felt like a stranger in her own home and was overwhelmed by feelings of isolation and loneliness. In the first chapters, the reader gets a background on Alice's family history before she married her husband, John. Her mother and sister Anna both died in a tragic accident years ago. This accident happened because of her drunk father, who died recently. Alice's father was always drunk; he started having trouble remembering things and people until his death. Alice believed that his memory problems were because of his drinking. As the events in the novel progress, it becomes clear that he had early-onset Alzheimer's, which he passed down genetically to Alice.

As Alice's condition progresses, she becomes increasingly dependent on her family. Genova's writing style shifts again, becoming more fragmented and disjointed to reflect Alice's cognitive state. Scenes are written with a dreamlike quality, as Alice's sense of time and place becomes unreliable.

Family members' adjustments in how they interact with her emphasize her new, evolving role as a patient or dependent family member rather than as a capable matriarch and scholar. When Alice reads John's instructions telling her not to go running, she is frustrated; she hates depending on others, and John is not so dependable. These situational cues, like her children taking roles as caretakers or her husband's growing distance, serve as reminders of her illness, making her identity as an Alzheimer's patient increasingly salient and affecting how she views herself.

The family dynamics focus on Lydia, Alice's youngest daughter, who emerges as her strongest supporter. Even though Alice has three children, she spends most of her time with Lydia. In the past, due to their different perspectives, they were emotionally distant from each other. A mother's happiness depends almost entirely on her children. This idea emphasizes that her children are her top priority and highlights the depth of maternal devotion (Najim, 2018). Alice's views on how Lydia should live her life were the reason for this distance. Because of Alice's disease, they found a way to reconcile and rebuild their bond. Their bond is portrayed with tenderness. For Lydia, Alice remains a mother and mentor, while to John, she is increasingly seen through the lens of her disease. This contradiction underscores the fluidity of social categories and the impact of personal relationships on identity, offering a contrast to Alice's strained relationship with her husband, John, who struggles to accept his wife's condition. Genova uses contrasts between characters to explore different coping mechanisms and societal expectations regarding caregiving.

As a mother and a professor, Alice is a leading figure; therefore, it is tough for her to see that she is no longer the decision-maker and that everyone is controlling her choices in life. Alice feels isolated from her whole family as they discuss whether she will move to New York with her husband or continue living in the family home. They talk and argue as if she had no opinion on the matter and she were unable to make choices of her own.

In the months that Alice was struggling, she experienced deep emotional distress and a sense of loss. In addition to the deterioration of her cognitive abilities, her emotional attachment to her work and family is slipping away. The part of her identity as an academic and as a mother becomes one of the most difficult aspects of her illness to endure. This attachment also complicates her acceptance of the disease, as she struggles to reconcile her past self with the limitations her diagnosis imposes on her.

Oakes (1987) explains that the salience of a social category depends on two factors: accessibility and fit. Accessibility means that the social category is easy to remember, has emotional significance, or holds central importance to a person. Fit means that there is a match between how a person understands that social category and how it is represented in the social context. Oakes (1987) argues that these conditions must be met for a social category to become salient. Turner (1999) adds that the impact of salience on behavior is relative, which means that the influence of personal and social identity on behavior depends on the situation and motivation.

Alzheimer's makes it increasingly impossible for Alice to maintain her role in society, and she undergoes a significant behavioral shift. She begins attending support groups for individuals with Alzheimer's and ultimately decides to advocate for Alzheimer's awareness. These new behaviors mark a transition in her social identification, as she moves from identifying as a professor to identifying with the

Alzheimer’s community. This shift represents an adaptation in Alice’s social identity, as she tries to find a new group with which she can identify and derive meaning and a sense of belonging.

Self-categorization drives individuals to conform to their group’s prototype. Social creativity occurs when low-status group members redefine their group’s distinctiveness. They highlight their group's positive attributes to improve its image in society. This approach helps them manage their low status, maintain their psychological well-being, and gain acceptance of their social status (Muhammed & Taha, 2023). Finding another group that Alice can relate to and connect with is her way of coping with the disease and building a new identity or saving what is left of the previous one. This idea not only helped her but also the other members. Charon emphasizes that narrative acts are inherently intersubjective, constructed between storyteller and listener (Charon, 2006). This is central to Alice’s journey. Since Alice was feeling like no one could understand her feelings and thoughts, not even her husband or children, a support group would do the job. It would help everyone find ease through discussing their symptoms and engaging in conversations only Alzheimer's patients can relate to.

Once a person becomes salient, a person may begin to perceive themselves as a group member rather than as an individual. This shift is called depersonalization, where one’s self-view becomes aligned with the group’s norms, values, and behaviors. Turner (1984) describes this as a "cognitive redefinition of the self " (p. 528), where individuals adjust their self-concept to match the in-group, making their behavior more collective. Depersonalization emphasizes social identity, while personalization emphasizes personal identity, making behavior based on unique traits. Depersonalization and individuality fluctuate depending on the context, so group behaviors are not automatic but rather influenced by the situation.

Her past identity faded. Her accomplishments become less central, while her connection with the Alzheimer’s community grows, which Social Categorization Theory would interpret as a form of cognitive redefinition where she begins to see herself primarily through this new, collective identity lens. Alice’s experience of depersonalization is tied to her identifying as part of the broader Alzheimer’s community. She meets others facing similar struggles and starts to relate to the shared challenges and experiences of Alzheimer’s patients, such as memory loss and its impact on relationships. This collective identity with other patients allows her to find a sense of belonging.

One of the novel's most powerful moments occurs when Alice delivers a speech at an Alzheimer's conference. The speech she gives at a dementia care conference portrays her struggle with identity and how difficult it is for her to overcome it (Jeyalakshmi, 2016). Despite her condition, she articulates her experience with striking clarity, offering a rare window into the internal world of someone living with cognitive impairment. Charon (2006) emphasizes that through narrative, patients not only assert their continued personhood but also create bridges to their past, affirm their place in the present, and engage in meaning-making that resists the totalizing effect of the disease. Genova's use of direct speech is particularly impactful, allowing Alice to reclaim her voice in a society that often silences those with Alzheimer's:

> "Being diagnosed with Alzheimer's is like being branded with a scarlet A. This is now who I am, someone with dementia. This was how I would, for a time, define myself and how others continue to define me. But I am not what I say or what I do or what I remember. I am fundamentally more than that. I am a wife, mother, and friend, and soon to be a grandmother. I still feel, understand, and am worthy of the love and joy in those relationships." (Genova, 2009, p.252)

Alice defies the stereotype of someone with Alzheimer's as wholly incapable. Her speech challenges societal assumptions and reasserts her individuality, demonstrating that people with cognitive impairments can still contribute meaningfully to conversations about their experiences. The speech is skillfully employed, and while the speech is empowering, it is also a bittersweet moment, as Alice acknowledges that her ability to articulate her thoughts is fading. This duality reinforces the theme of resilience in the face of inevitable decline.

Still Alice sheds light on cognitive research about stereotyping and memory processes, which offer valuable insights into how individuals form and perpetuate judgments about others. Studies by Hamilton and Gifford (1976) and Rothbart et al. (1979) suggest that stereotypes can emerge even without prior expectations due to selective memory of notable but atypical group members. Furthermore, memory processes reinforce these stereotypes when pre-existing beliefs are present, allowing them to persist despite limited corroborating evidence. This dynamic plays a significant role in distinguishing in-group and out-group perceptions. Lisa Genova's *Still Alice,* through the lens of this research, reveals how stereotypes, selective memory, and cognitive biases influence the perception of Alzheimer's disease and its impact on identity and relationships.

In *Still Alice*, her condition challenges prevalent stereotypes about Alzheimer's patients, particularly the assumption that it primarily affects the elderly or individuals with fewer intellectual accomplishments. These stereotypes, as cognitive research shows, are often formed on the basis of selective memory for group members who fit the image of an Alzheimer's patient as a frail, elderly, and dependent person.

Alice's character disrupts these expectations, forcing readers and those around her to confront their biases and reconsider their understanding of the disease. Her diagnosis underscores the inadequacy of these generalized perceptions and highlights the complexity of the condition, as well as illustrating the power of confirmation bias in perpetuating stereotypes (Hamilton & Gifford, 1976). Alice's family and colleagues initially dismiss her memory lapses as normal aging or stress, interpreting her behavior in ways that align with their preconceptions about her as an accomplished academic.

This tendency to selectively notice and remember behaviors that confirm existing beliefs delays recognition of the seriousness of her condition. Just as Rothbart, Evans, and Fulero (1979) found that individuals recall behaviors aligning with their expectations more vividly, Alice's loved ones unconsciously filter her actions by believing that she is invulnerable to such a disease, thereby overlooking early warning signs.

Selective memory is a key element of cognitive biases, which also manifests within Alice's own experience. As her disease progresses, Alice struggles with the selective loss of memories, holding on to emotionally significant ones while losing access to others that once defined her identity (Hamilton & Gifford, 1976). For example, she started to live in the past and completely forgot her former life. Even though her mother passed away due to a tragic accident, Alice has no recollection of it.

> "Hey Alice, I found your butterfly necklace," said the man who owned the house. He dangled a jeweled butterfly by a silver chain in front of her. "That's not my necklace, that's my mother's. And it's special, so you'd better put it back, we're not supposed to play with it." (Genova, 2009, p.282)

The fragility of her new identity is reflected through the recurrent image of the butterfly. The butterfly becomes a metaphor for Alice's journey: while her identity has changed, her essence remains.

The novel concludes with Alice in the advanced stages of the disease. She no longer recognizes her loved ones, and she consistently struggles to articulate her thoughts. Yet, Genova presents moments of peace and connection, such as Alice's joy in simple sensory experiences or her bond with Lydia. These scenes are written with simplicity, emphasizing the enduring humanity of a person with Alzheimer's. Social categorization theory offers a lens through which to view this ending. Alice's new identity as a person with severe cognitive impairment challenges societal notions of worth and individuality. Genova invites readers to question these assumptions, suggesting that identity is not solely defined by intellect or productivity.

Alice's struggle mirrors the broader tendency for individuals to focus on the aspects of a group or person that align with their expectations while neglecting details that challenge those beliefs. This process is particularly evident in how society tends to categorize Alzheimer's patients as an out-group, reducing them to their condition and ignoring their individuality and humanity. Alice's transition from being a respected member of the academic in-group to the downgraded out-group of Alzheimer's patients illustrates how stereotypes can shape relationships and perceptions, often to the disadvantage of the individual.

Narrative medicine insists on seeing patients as whole beings. Charon asserts that patients and caregivers enter a phase of integration in illness and recovery, and this integration is reflected in the stories they share. Alzheimer's disease may damage memory, but storytelling restores integration by reinforcing established values and relationships. Even when Alice begins to forget names and places, she remembers love. She recognizes her daughter's face, the comfort of her husband's voice, and the feeling of home. These emotional truths, preserved in narrative memory, are as essential to identity as any factual recollection.

Still Alice also serves as a powerful counter-narrative, breaking down stereotypes and inviting empathy and understanding. Alice's story demolishes the simplified perception of Alzheimer's as a condition that defines a person. Even as her cognitive abilities decline, her determination to maintain agency and connection to her identity as a professor, mother, and wife highlights the nuanced humanity often overlooked in individuals with Alzheimer's. Her journey challenges readers to question their biases and approach the disease with greater awareness and compassion.

Conclusion

Lisa Genova's *Still Alice* provides a deeply intimate exploration of Alzheimer's disease through the lens of social categorization. Through Alice Howland’s journey, the novel illuminates the profound impact of cognitive decline on personal identity, showing how memory loss reshapes self-perception and group memberships. The narrative underscores how social categorization constructs and deconstructs identity.

In addition, the study addresses stereotypes and cognitive biases rooted in cognitive psychology. These biases, particularly the ones related to aging and illness, shape societal attitudes toward Alzheimer's patients. The novel shows how these biases influence the characters' treatment of Alice, reinforcing the importance of challenging these perceptions in real-life care settings.

The study also emphasizes Alice's progressive and profound cognitive decline. This decline is not merely medical; it undermines her sense of self, her roles in family and academia, and her ability to function independently. The narrative chronicles this decline in distinct stages, offering insight into how Alzheimer's impacts the continuity of identity.

Furthermore, social roles play a crucial part in Alice’s transformation. As Alice loses her roles as a university professor, wife, and mother, her identity shatters. The novel depicts how new roles reshape her view of others and her view of herself. This dynamic helps readers understand the interplay between loss of perception and social identity.

Alice’s transition from a celebrated academic to a member of a disregarded group highlights the exclusion faced by individuals with Alzheimer’s, emphasizing the necessity of empathy and societal awareness. The novel challenges the false notions of identity being fixed by illustrating its flexibility and vulnerability to external circumstances. Ultimately, *Still Alice* compels readers to reconsider their understanding of identity and advocates for greater compassion and support for individuals battling neurodegenerative diseases.

Genova’s *Still Alice* changed how people think about Alzheimer’s disease. She wrote a novel from the patient’s perspective and made whoever reads it sympathize with her and feel the story was about them. Genova portrayed many aspects that an Alzheimer's patient can lose, along with memory. The novel interprets Alice's decay as an individual and how her life changed drastically.

Based on these findings, this study recommends that caregivers, physicians, and rehabilitation centers prioritize psychological support alongside medical treatment. Interventions should challenge stereotypes, recognize the person behind the diagnosis, and provide environments that preserve dignity. Models of care should recognize that identity persists even with declining cognitive abilities and that effective participation is still possible.

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تأثير التدهور الادراكي على التصنيف الاجتماعي في رواية "ما زالت أليس" لليزا جينوفا

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المستخلص

هذه الدراسة تظهر التدهور الإدراكي وتأثيره على التصنيف الاجتماعي في رواية ليزا جينوفا (ما زالت أليس) حيث تستعمل جينوفا خبرتها في علم الأعصاب ومهاراتها في السرد لتصوير رحلة أليس هاولاند أستاذة اللغويات الشهيرة التي تم تشخيصها بمرض الزهايمر المبكر، ومن خلال تحليل الرواية باستعمال نظرية التصنيف الاجتماعي لجون تيرنر يستكشف البحث كيف يؤثر تدهور ذاكرة أليس على مفهومها الذاتي وأدوارها الاجتماعية، كما يعرض تحولها من هوية الأكاديمية إلى هوية المريضة بالزهايمر، موضحًا التغييرات في التصنيف الاجتماعي والإدراك الذاتي بسبب المرض، كما توضح الدراسة الصور النمطية، والتحيزات المتأصلة في علم النفس المعرفي، وتكشف عن كيفية تأثيرها على التفاعلات الأسرية مع مرضى ألزهايمر، و تسلط الضوء على التحديات الاجتماعية المعقدة التي يفرضها المرض، وتقدم رؤى حول تأثير فقدان الذاكرة على الهوية والإدراك الاجتماعي، حيث تساهم هذه التحليلات في فهم أعمق للعلاقة بين التدهور المعرفي، والهوية والديناميكيات الاجتماعية.

الكلمات المفتاحية: مرض ألزهايمر، نظرية التصنيف الاجتماعي، التحيزات، الهوية، علم النفس