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Through its cultural agency, architecture moves beyond providing dementia-friendly design solutions to render the lived experience of neurodiversity relatable to neurotypical audiences.

Neurodiversifying space: Affective architectures of dementia from Buro Kade's De Hogeweyk to Florian Zeller's The Father

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The rapid advances of neuro- and cognitive science at the turn of the twenty-first century ushered in transdisciplinary discussions about the role that the plasticity of the brain and its capacity to form novel synapses play in human creativity. After then impacting the arts and humanities, these discussions also entered the fray of architectural discourse.[1] Today, it is no longer uncommon for neuroscientists such as John Paul Eberhard and Michael A. Arbib to initiate creative exchanges between neuroscience and architecture. In their respective books *Brain Landscape* (2008) and *When Brains Meet Buildings* (2021), the two authors emphasise how architects design for different types of brains; their commissions could indeed span from kindergartens for children's rapidly developing neural networks to care homes for the vulnerable neural synapses of people living with dementia.[2] In Arbib's words: 'The architects' own experience of many buildings informs their understanding of how users will experience each new building they design, but that is not enough when a particular typology of building demands an understanding of the embodied experience and behaviour of very different people who will use it.'[3] Although Eberhard and Arbib mention such specific examples, they fall short of discussing them at length; rather, they focus on building typologies that centre on neurotypical populations. On the pages of their books, the body-minds of people living with dementia and the architectural spaces that could be designed for them effectively follow the well-known trope of 'including disability as an excludable type', as foregrounded by Tanya Titchkosky; the brief acknowledgement of their existence does not detract from the main focus of these studies on the meetings of neurotypical brains with buildings.[4]

Such instances of including neurodiversity as excludable from similar debates could also result from the discrepancies between the medical and social models of disability. On the one hand, the medical model approaches disability in terms of an individual problem, signifying a loss or deficit that needs to be fixed or mitigated. On the other hand, the social model addresses disability as a collective issue that should be approached as an inextricable part of community life, including questions of legislation, pedagogy, and living standards, among other things. While in the medical model the pathology lies with the individual, in the social model the pathology lies with the community, as it were: it is the way that a society organises its communal life that leads to the othering and marginalisation of people with disabilities. Inspired by previous critiques to this binary distinction, design scholars such as Elizabeth Guffey and Bess Williamson have recently foregrounded the 'design model of disability' as a constructive way of theorising the multiple ways in which the creative professions have worked within, against, and in between the social and medical models. In doing so, designers have also shaped crucial approaches to ability and disability in the modern world.[5] Working within this framework on the pages that follow, I focus on the architecture of dementia. Rather significantly, approaches to this condition also lie in between the fields of disability and neurodiversity in contemporary scholarship.[6] In social and cultural terms, dementia additionally serves as the point where neurotypical ableism intersects with ageism to stigmatise the older people who live with this condition.

Several architects have creatively attempted to grapple with projects for people living with dementia, informed by the recent findings of neuro- and cognitive science and critical dementia studies. Such examples include the Alzheimer's Respite Centre in Dublin, Ireland, by Níall McLaughlin Architects (2009) and De Hogeweyk, a 'dementia village' in Weesp, the Netherlands, by Buro Kade (2008–09), which I discuss in the first part of this article. Still, various attempts to constructively associate neuroscience with architecture are frequently deterministic or implicitly loaded with the abject terms that are customarily tied with this condition and remain culturally persistent. Such negative associations

perpetuate the one-sided approach to dementia as a tragic problem that should ideally be medically solved in the future. The very etymology of the word 'dementia' (from the Latin 'demens', which signals a state of 'being out of one's mind') suggests the dismantling of one's cognitive faculties. Given how closely linked these faculties are with standard conceptions of rationality as the foundation of the very definition of humanity, people living with late-stage dementia in some cases might be infantilised, if not regarded as less than human, by their neurotypical caregivers. As such, validating the lived experience of people living with this condition becomes even more important than understanding the specificities of neurological processes for architects who design the related environments of these persons' everyday life.[7]

As I show in the second part of this article, architecture is not necessarily limited to providing dementia-friendly design solutions, because its cultural agency is not exhausted in producing buildings but also set designs in plays and films. My main case study is the French playwright Florian Zeller's award-winning play *The Father*, which premiered in Paris in 2012, and was adapted for the big screen in 2020. In the pages that follow, this work enables me to foreground the less explored ways in which architecture can also play a significant role in rendering the lived experience of dementia relatable for neurotypical audiences. This is especially important because relatability is a first crucial step towards empathy; as such, it also works against othering. Foregrounding the embodied lived experience of people living with dementia, *The Father* not only underscores its importance for designers, but it also invites them to reimagine their creative engagement with this condition in wider cultural terms.

The plot of Zeller's play is hardly original: After a fallout with his previous caregiver, the Father, an older engineer living with dementia, moves in to his Daughter's flat.[8] Because she and her Husband are struggling to combine their new caregiving role with their everyday life as a couple, they contemplate moving the Father to a care home, an idea that the older protagonist strongly resists. The crucial originality of the play lies in the non-linear way in which the story is told, in a series of fifteen scenes that include 'repeats', overlaps, shifting settings, and conflicting information about the identity and intentions of each character. As such, the audience is obliged to follow the action not from the familiar perspective of the neurotypical caregivers, which is customarily adopted in the related autobiographical memoirs, but from the neurodiverse point of view of the Father.[9] Throughout Zeller's play, the audience has to work with the same understandings and resources that are available to the Father as he tries to make sense of his everyday encounters with people, places, and things, as they all seem to gradually shift or transform. As a result, it is not long before the simple plot gives rise to complex questions: Does the Father have just one or two Daughters? Whatever happened to the Lost Daughter? Is the Daughter actually married or divorced? Is she really planning to move to another city with the man that she loves? Did any of her male partners or any male care worker ever exert physical violence on the Father in their exasperation with his condition? Does the Father 'forget everything', as the Daughter's Husband suggests, or are the older engineer's past experiences constantly replayed, colouring his acquaintance with new people and places in the process?[10] Could the Father's move to the couple's flat have been partially responsible for the Daughter's divorce? And where and when exactly is all this on-stage action taking place, after all?

More broadly, as a work of art, Zeller's play remains multivalent and open to free associations and different interpretations. In Barcelona, for example, where *The Father* was staged in 2016, the focus on dementia and its transformative effects on memory resonated with wider collective concerns about the ongoing revisionism of contested parts of twentieth-century history. For other audiences, the play has served as an incisive meta-commentary on the necessity of the retention of memory for the production of the theatrical effect.[11] For the purposes of my study within the in-between 'design model' of neurodiversity, *The Father* is significant as a work of art where the medical and the social models of neurodiversity meet. Zeller's work has indeed been praised by both biomedical scientists and advocacy-minded researchers in the humanities. Members of the University of Toronto Neurology Film Club have characteristically noted how the film enabled them to experience the Father's 'story not as clinicians but as though we were family members, friends and colleagues', encouraging 'all neurologists to consider this film a part of their lifelong learning in the medical humanities.'[12] In addition, clinical academic geriatricians have utilised *The Father*, among other films that portray the diverse lived experiences of growing old, to encourage young medical students to consider geriatrics as a potential professional trajectory in the future.[13] Critical performance studies scholars such as Heunjung Lee have in turn interpreted the play as an example of 'neurodivergent aesthetics, which offer a more embodied and corporeal encounter with the neurodivergent modes of engaging with the self, others, and the world.'[14]

Inspired by Lee's study of Zeller's work as a 'dramaturgy of porosity' that unfolds through the people, places, and things that shift or transform throughout the play, I embark on an exploration of the architecture that puts neurotypical audiences in the shoes of the person living with dementia in *The Father*. The affective porosity of the French playwright's spaces on stage and on the big screen offer visibility and dignity to atypical neural conditions in the public, cultural sphere. In the process, architecture also emerges as a significant cultural agent in advancing the cause of countering abject representations that lead to othering neurodiversity.

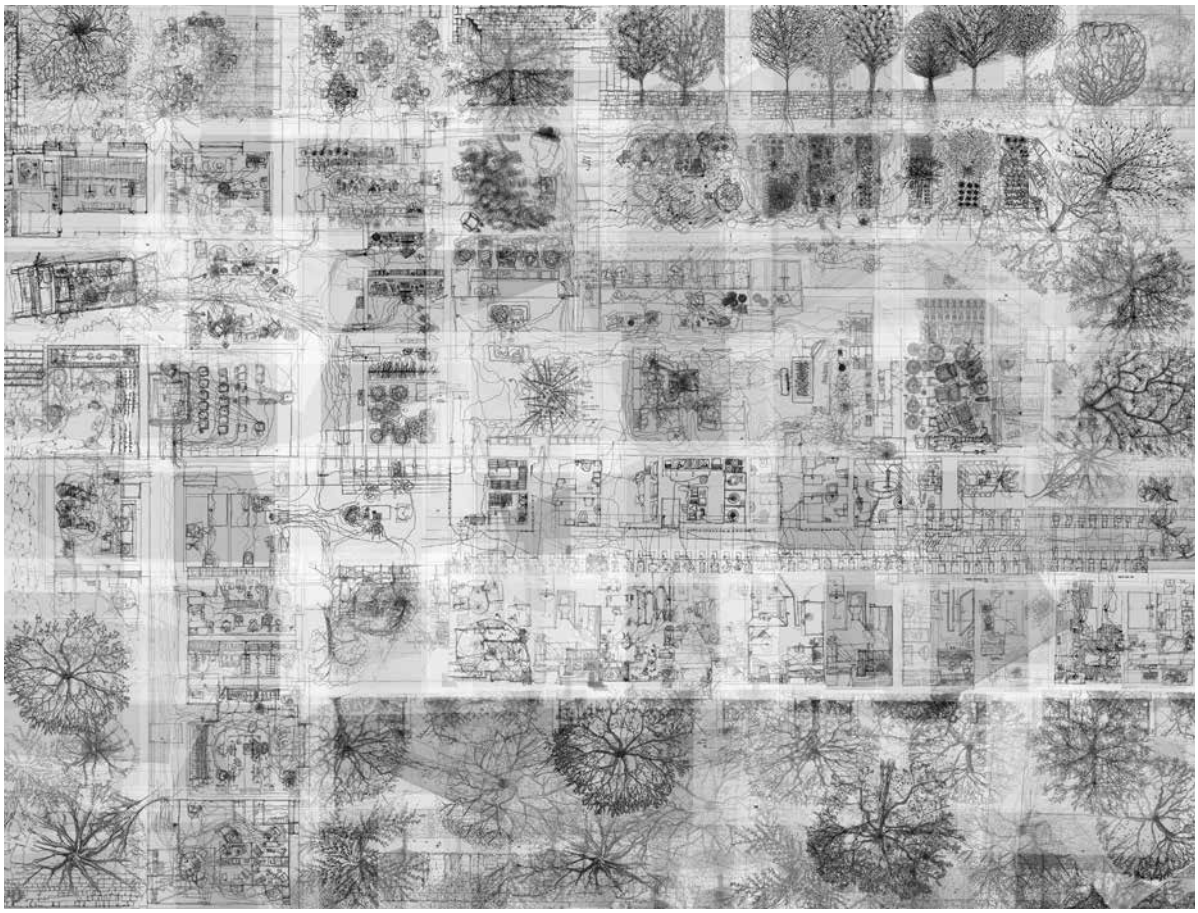
Architecture meets dementia

Architects have acknowledged that the absence of effective medication for dementia reinforces the role of caregiving facilities and their personnel for the well-being of people living with the condition.[15] This has in turn ushered in the generation of 'best practice' lists of design principles to be followed in dementia-friendly architecture projects.[16] The related guidelines usually emphasise the significance of a clear sense of orientation, through legible and barrier-free building layouts. Such spatial configurations facilitate intuitive wayfinding, especially when their architectural design conveys the specific function of each place in the masterplan. Instead of relying on signposting, a sense of orientation can be further reinforced in these projects by introducing distinctive furnishing, landmarks, and other distinguishable objects. These serve as identifiable cues and memory aids, especially when combined with the appropriate handling of contrast, light, colour, and materials that reinforce the links of such places with their local context. In the resulting spaces, multi-sensory stimulation could also emerge from comforting 'reminiscence material', including aesthetically relatable design forms, which refer back to people's biographies. Familiar housing typologies and everyday objects, but also sounds and melodies that connect people back to a specific period of their life, reduce the institutional feel of care homes and reinforce their role as communal spaces. The ensuing warmth of these places frequently prompts intergenerational verbal and non-verbal communication between people living with dementia and their caregivers.[17] This sense of familiarity or 'normality' in turn reproduces a sheltering sense of self-assurance, homely safety, stability, structure, constancy, security, and attachment—all of which are deemed especially important for people living with dementia. In addition, outdoor spaces designed not just for idle wandering but also for several activities (including gardening, arts and crafts, or physical exercise) increase opportunities for mobility, chance encounters, and meaningful participation in the social life of this small community. Sociability is also encouraged by the extension of indoor to inviting semi-enclosed public spaces.[18] The possibility to wander outdoors in a relaxing environment whose good microclimate stimulates the senses and allows one to feel connected with the natural world additionally evokes positive feelings of satisfaction to its neurodiverse residents.

These design principles have recently culminated in the development of projects such as Buro Kade's De Hogeweyk. Serving as an early example of a 'dementia village' today, this typology of care homes aims for familiarity and biographical reference through design. To this end, it employs architectural forms, interior furnishings, and everyday objects from the early post-Second World War decades in the private and public spaces of a small gated community. Reminiscent of a small Dutch town, this controlled environment with its numerous gradual transitions from private to public areas enables people living with dementia to safely stroll and engage in social interactions and outdoor activities *[1]*. Hospital-type infrastructure or other indications of an institutionalised environment are nowhere to be seen, reinforcing a sense of 'normal' everyday life in the small town. Care workers playing the roles of grocers or letter carriers within the complex ensure that the spaces serve the needs of their residents.

The social world of the dementia village is essentially a stage that has been frequently associated with that of Peter Weir's film *The Truman Show* (1998).[19] Like the young protagonist of this movie, the older residents of the dementia village do not know that this is a place which has been set up and designed especially for their well-

1 **The public spaces of Buro Kade Architects' Zorgwijk De Hogeweyk 'dementia village' in Weesp, the Netherlands (2008–09) recreate the impression of everyday life in a small town for its older residents.**



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2 A single still of the new performed plan of the Alzheimer's Respite Centre in Dublin, Ireland (2016), where hundreds of filmed drawings are stitched together to make an animated composite of allocentric and egocentric line structures.

being. Several people around them are essentially actors whose main task is to ensure their safety and security within the boundaries of this gated community through caregiving and surveillance. This aspect of the project has given rise to ethical controversies around the deceitful mechanics that underlie it. In these debates, the main question is: Through the falsification of everyday life, do dementia villages actually respect the psychological validity of the perceived experience of people living with this condition, or do they undermine their personhood, instead?[20] In addition, such discussions challenge the long-standing emphasis of dementia-friendly design literature on the ways in which creating appropriate living spaces for people living with this condition results in good living spaces for everyone, since these parameters 'seem to apply for all human beings.'[21] The ethical dilemmas surrounding dementia villages suggest that designing for neurodiversity does not necessarily entail principles that can be easily generalised.

On the other hand, even long-standing dementia-friendly design principles (including safe wandering on continuous paths around a courtyard or the use of colour to signal different spaces) have historically conflicted with empirical findings in the long term.[22] This has motivated architects such as Níall McLaughlin and Yeoryia Manolopoulou to rely less on guidelines, which can soon prove outdated, and more on their direct contact with people living with dementia and their support networks. In doing so, these architects join forces with related professionals who acknowledge that conventional 'desk-based top-down design processes are ill-equipped to address the challenge of designing' for people living with this condition.[23] In other words, McLaughlin and Manolopoulou have already followed Arbib's advice of engaging with the different types of brains that use their buildings, in practice. Through their conversations with experts on related topics, ranging from neuroscientists and anthropologists to public policymakers, the two architects deepened their understanding of living with dementia, including the challenges and opportunities for creative encounters with the condition.[24] This experience informed their experimental project *Losing Myself* (2016), which was developed around a revisit of the Alzheimer's Respite Centre in Dublin, that challenged conventional architectural representations through performative modes of drawing together with a small group of peers *[2]*. The main goal was to combine the allocentric perspective of architects' plan drawings (through which one can locate objects and rooms within an overarching general layout) with the egocentric

mode of spatial perception that prevails in people living with dementia (and relies on local relations between the subject and surrounding objects, in the absence of one's bigger picture of the building as a whole). Such experimental projects show that closer engagements with dementia and other atypical perceptions of space can also be mainly based on the strictly architectural motives of 'better understand[ing] the workings of the human mind that are vital to our experience' of the built environment.[25] More recently, Manolopoulou has further expanded this approach into wider 'dialogic drawing' practices that creatively engage different constituencies in co-producing architecture.[26]

Relatable dementia

Establishing meaningful links with people living with dementia also renders their experiences with the condition relatable for neurotypical constituencies. This is a less explored but crucial aspect of Manolopoulou and McLaughlin's approach, whose implications extend beyond the confines of the design professions. As Mclaughlin characteristically notes, recalling his conversation with a resident in the Alzheimer's Respite Centre:

> *One woman described the room we were in, the garden near the window, then, over the wall, her childhood home filled with people from her past. When asked about the room next door to where we were in the centre, she explained that was where her husband was, with the boys, by the fire, probably 30 years ago. It does not require much to accept this synthesis in its own terms and to use it to develop an understanding of her world compounded out of here and elsewhere, now and then. On one level it did not seem that different from our own desires to see our present space infused with traces of other times or places.*[27]

If, following McLaughlin, the meaning-generating mechanisms of people living with dementia 'did not seem that different from our [neurotypical] own', after all, then the processes of othering their lived experience could also be brought to a halt.

To begin with, when the inner perception of living with dementia is shared as a relatable experience with a neurotypical person, it also enables this person to challenge the abject terms that are customarily associated with this 'disease', including: 'a slow severing of ties with our surroundings', which 'destroys our ability to orientate ourselves' and 'erases significant elements of a person's being';[28] or, the 'aimless wandering' of a self that 'lives in a state of mental homelessness.'[29] Dementia certainly affects a person's spatial navigation mechanisms in ways that have not yet been exhaustively explicated by neuroscientists.[30] On top of this neurological condition, however, sits a prevailing cultural emphasis on: agitation; disorientation; erasure; disintegration; disappearance; loss of personal connections; and indignities of brain and body (and the grief that accompanies these for both patients and their caregivers). Such representations of the condition pervade the related articles, books, and films.[31] This in turn perpetuates the one-sided understanding of dementia in the pathological terms of deficit. Inadvertently, it reinforces an othering process that does not actively validate the experiences of people living with dementia or allow for their own voice to be heard.[32]

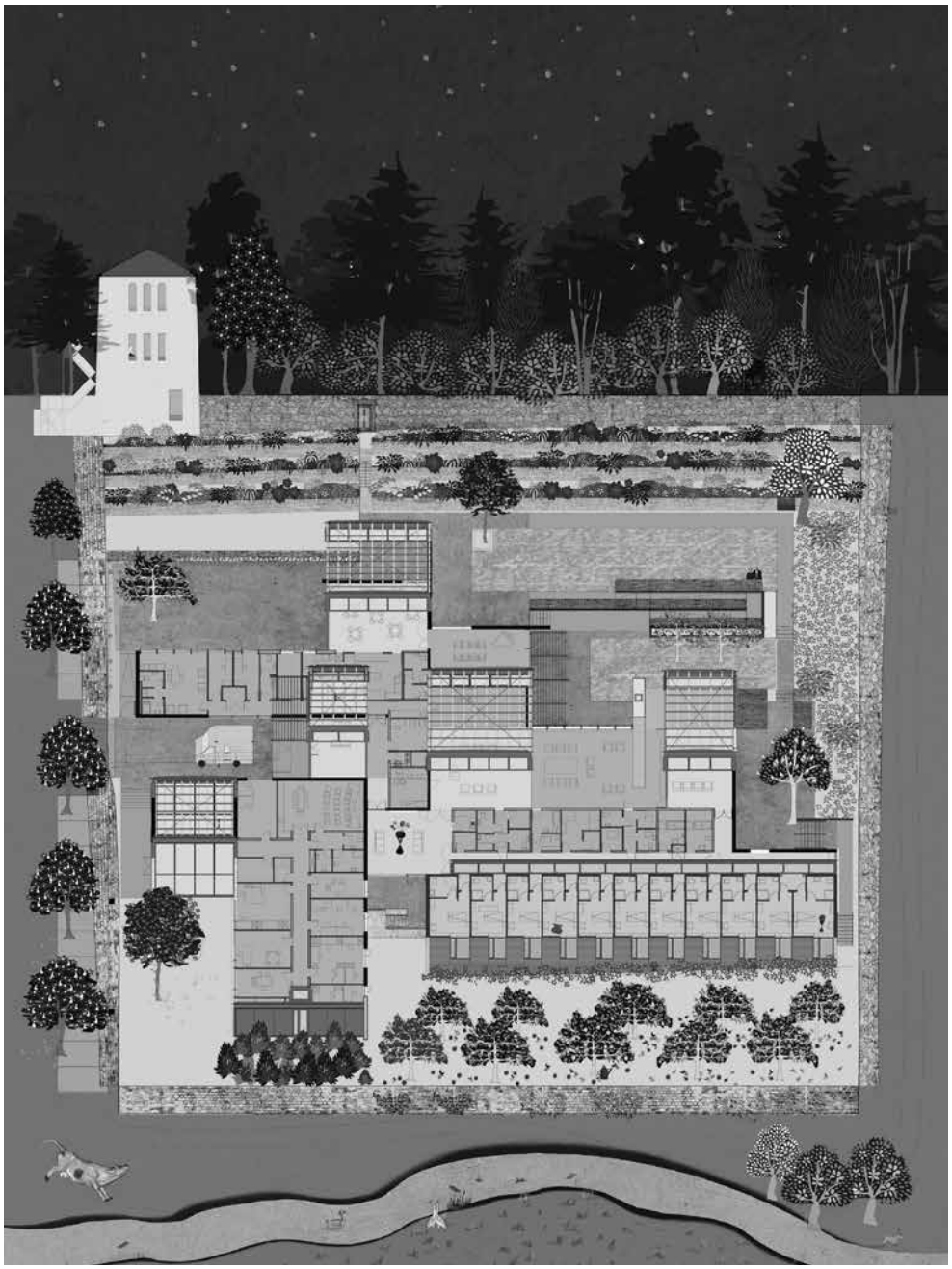
In this context, critically acclaimed and widely disseminated works of art such as Zeller's *The Father* become additionally significant. Manolopoulou agrees:

> *Art projects, including architecture projects, can fight misconceptions, reductive policies and cultures around dementia, and get people talking about it. They can communicate less known aspects of the condition, evoking to the public empathy for people living with the condition. Through the social function of art, families and friends, and different parts of the community, can connect emotionally and more deeply with people living with dementia.*[33]

Indeed, reviewers of *The Father* have noted how the play prompted theatregoers to engage in conversations about dementia or made them 'feel, somehow, closer to' their older relatives who also wrestled with their 'memory in the fog.'[34]

Biomedical scientists concur that 'the true reality of the experience [of living with dementia] may never be known.'[35] But this first-person experience of another body-mind is virtually inaccessible by a third party in any case. Cognitive scientists and philosophers of mind such as Thomas Nagel have discussed the impossibility of experiencing the world as it appears to a neurotypical peer, let alone to different types of consciousness. One's individual phenomenological experience of the world (including the way in which chocolate ice cream tastes *to them*) is irreducibly subjective; it cannot be reproduced for anybody else.[36] Such thoughts might have also driven architects, historians, and theorists who have engaged with phenomenology (such as Christian Norberg-Schulz, Kenneth Frampton, and Juhani Pallasmaa) to focus on materiality, tactility, or other non-visual qualities of built space in their pursuits of the embodied, multisensory human experience of architecture.[37] The same thinking seems to hold for the design principles that I discussed in the previous section, which also invariably focus on built responses to dementia-friendly placemaking.

As design activist Jos Boys has critically noted, however, built form is not necessarily associated with 'place-making'. Despite the best intentions of talented architects, their 'care-fully' designed spaces cannot guarantee the creation of meaningful social relationships that reinforce the sense of community identity and belonging. In Boys's own words, the object-centred approach of the architectural phenomenologists 'transfers analysis of human experience away from people.'[38] The universal and essentialised human experience



3 A 'daisy chain of high bright rooms looking onto gardens' and other dementia-friendly design principles, such as meandering paths that loop back on themselves, have been employed in the design of Níall McLaughlin Architects' Alzheimer's Respite Centre in Dublin, Ireland (2009).

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for which architectural phenomenologists design is supposed to ensue from built forms, while the people for whom these forms are supposedly designed are crucially missing from the whole process. Under such terms, there is no way that architecture can address the variety of lived experiences of the diverse body-minds that dwell in it.

Manolopoulou and McLaughlin similarly acknowledge the limits of built form when revisiting the Alzheimer's Respite Centre in Dublin in 2016, seven years after its opening. While the building remains the same 'daisy chain of high bright rooms looking onto gardens' *[3]*, the way that the institution is run, after a professional body took the place of the original volunteer group, compromises the architect's aspirations. Without the volunteers' contribution, the new management could no longer ensure residents' safe wandering. The gardens were therefore shut off and numerous doors were locked. As more formal distinctions between caregivers and their clients were additionally established then, key social spaces for the residents such as the hairdressing salon and the prayer room were also appropriated for staff use.[39] As McLaughlin notes:

> *My reflection on this experience is that a building does not have agency in its own right. Instead, the role of this building is to frame the activities of those people who are being cared for and for those involved in caring. The difference between cared-for and caring seemed less obvious with the voluntary group as our client. The roles were more rigid in the professional cohort and were clearly divided into passive and active roles. If the nature of the caring community changes and the building remains the same, a disjunction emerges.*[40]

In this context, *The Father* emerges as an underexplored alternative framework for considering architecture's role in relation to dementia. As I show next, with its porous handling of space on stage and on the big screen, Zeller's work succeeds in immersing neurotypical audiences in a neurodiversified world. The affective porosity of this alternative architecture of dementia enables viewers to relate with the inner workings of the protagonist who lives with this condition. Crucially succeeding in validating this lived experience as relatable for neurotypical audiences, Zeller's work helps in transgressing the biomedical deficit-oriented approach to dementia and supports the demands of critical scholarship to also address it as a challenge to established sociocultural convictions.[41] Relatability reinforces the sense of maintaining meaningful social relationships and working together as a community to transgress the socially constructed hardships that characterise the lived experiences of people living with dementia and other atypical neurological conditions.[42]

Neurodiversifying narratives

Generational frictions between older parents who refuse to be moved to a care home and their caregiving family members form the backbone of several stories about dementia.[43] *The Father* also follows such narratives in portraying this condition in the abject terms of a loss; at the end, the Father characteristically feels like a tree 'losing all [its] leaves, one after another.'[44] Recurring negative tropes also include the ways in which the new responsibilities become a psychologically stressful burden that almost ruins the caregivers' family life. In one of his sparse comments in the script, when silence reigns between the Daughter and her Husband, Zeller characteristically wonders: 'Have they nothing else to say to one another?.'[45] For the most part, however, the play is also interspersed with humorous instances that steer away from the frequent one-sided portrayal of the person living with dementia as a tragic hero who continues to fight a hopeless battle with the deteriorating effects of this uncurable condition.

Following the story from the Father's perspective through the non-linear narrative structure enables neurotypical audiences to witness how 'inaccurately' they tend to 'assess' the 'unfamiliar' lived experience of this condition from the outside.[46] Towards the end of the play, the Daughter and the Nurse are trying to sell the idea of moving to the care home to the Father by directing his attention to its architectural qualities, which also seem to follow dementia-friendly guidelines: the room is 'very nice', 'it looks on to the park', it's 'like being in a hotel.'[47] By then, the audience understands that none of this is very important for the Father. 'Staying at home for as long as possible' was also 'a recurrent theme' across Manolopoulou and McLaughlin's discussions with people living with dementia and experts in various fields. This might be an additional reason for which these themes tend to form the core of artworks that centre on dementia. Moving to a care home is not at all like moving to another flat; this is usually the last and definitive move in a person's lifetime. As such, it is almost invariably perceived as a rupture, a violent uprooting from one's past and present,[48] which can even become a question of life and death; when experienced as abandonment, the shock that moving to a care home generates could even lead one to give up on the very effort to stay alive.[49] This might also be why the Father clings to the belief that he is still living in his flat throughout the play until the devastating realisation that he has moved to a care home in the final scene. While his reaction comes as a surprise to the Nurse 'who hadn't in any way anticipated this grief' on an otherwise normal day in the care home, it makes absolute sense for the audience who shares the older protagonist's resources and information.[50] To paraphrase Shannon Mattern, the Father is indeed 'engaging in behaviors and expressions that *make sense* for [his] reality', despite what the Nurse's 'conventionally rational, logocentric logics might lead [her] to' believe.[51]

Similar instances recur throughout the play. In Scene 2, the story with the New Caregiver initially seems to follow the expected chronological order – when the Father quarrels with his former caregiver, he temporarily moves to his Daughter's and her Husband's flat while they are looking for a new caregiver to step in. Yet, within the same scene, only a few minutes after her Husband, who claims that he has been married with his Daughter for a decade, goes to the kitchen to cook, his Daughter (whom the Father does not recognise and sees as 'the Woman') claims that she has been divorced for more than five years.[52] This seems to be more consistent with what the Daughter had mentioned in Scene 1 when she claimed that she wants to move to another city to share her life with her beloved partner.[53] As such, when the Father accuses the Daughter of suffering from 'memory lapses' in Scene 2 or 'memory loss' in Scene 6, he makes absolute sense to the audience who have also witnessed the Daughter mentioning this right before their eyes only a few Scenes ago.[54]

Since the Father's lived experience becomes so relatable, there is no way that he could still be regarded as less than human by neurotypical viewers. Time and again, film scholars and reviewers of the theatrical play have indeed underscored how the Father remains 'fiercely logical' despite his constant encounter with contradicting pieces of information from the people around him.[55] The play indeed 'reveals that the seemingly erratic behaviour of those who are losing their short-term memory is in fact a most rational response to the confusion they experience.'[56] In his attempt to make sense of it, the Father 'is fabulating chance events that come his way by retrojecting meaning into them, *as we all do in our everyday lives* – rejecting things not needed while assigning significance to things that are needed for getting by, framing and reframing

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4 Interior design transitions from the Father's (top) to the Daughter's more minimalist flat (bottom) in Peter Francis's set design for Florian Zeller's *The Father* (Sony Pictures Classics, 2020).

5 The Daughter and her Husband appear as strangers (the Man and the Woman), played by different actors in different Scenes. Kenneth Cranham as the Father, Claire Skinner as the Daughter, Nicholas Gleaves as her Husband (top); and Jim Sturgeon as the Man and Kenneth Cranham as the Father in Florian Zeller's *The Father*, performed at the Wyndham's Theatre, London, UK, 5 October 2015.

situations in terms of a select few things while dismissing others as contingent to our particular concerns.'[57]

Film and performance studies scholars go a step further when they argue that the main accomplishment of *The Father* is 'its realistic physicalizing of the altered reality lived by persons with dementia, endowing it with the same weight as so-called "objective" reality. It, therefore, breaks the hierarchy of the two realities on stage: the one of the subjects with "normative" minds and the one of the subjects with altered minds', rendering it difficult to decide which one is correct.[58] This seems to be a common thread that connects Zeller's plays whether they concern neurodiverse protagonists or not. Theatre specialists such as Dominic Glynn argue that the French playwright's work, as a whole, 'explores how shifts in perception undermine steadfast illusions about the fixed nature of feelings or relationships.'[59] And this is the case even in Zeller's most light-hearted plays such as *The Truth* (2011), which revolves around the infidelities and deceits between two supposedly good friends and their wives, and the comedic effect arises from different characters' contrasting experiences or partial perceptions of events.[60]

In the playwright's own words, 'the point' of *The Father* is to 'doubt your own understanding', as you are presented with 'a puzzle with several pieces missing.'[61] This is its crucial difference from other films such as Christopher Nolan's *Memento* (2000), which also employs a non-linear narrative structure to put the audience in the shoes of a neurodiverse protagonist suffering from anterograde amnesia. By the end of Nolan's film, viewers can gradually reconstruct the linear narrative to make sense of the story from the outside, and understand how the main character is surprisingly manipulating himself through his condition. While the third-person perspective of an external observer remains clearly attainable in Nolan's film or Arno Geiger's memoir of his father's life with dementia, this is not as readily available for the audience of *The Father*. The final scene does clarify some persistent questions, such as that of other characters' shifting identities throughout the play, but a definitive bigger picture does not fully emerge in the same way that it does in *Memento*.

Zeller's handling of time in the non-linear narrative structure of *The Father* has been

thoroughly scrutinised by scholars. On stage, his dramaturgy is characterised by 'an absolute fidelity to present tense action whilst simultaneously creating a non-chronological timeframe in which time itself appears distorted, arrested, reversed, or compressed.'[62] But, as I show in the next section, space also plays a central role in this sliding of timeframes in *The Father*. In the words of the film production designer Peter Francis: 'We placed different furniture in similar places in each room and even though, for example, the paintings changed from one apartment to the next, we hung them in the same arrangements so that it wasn't immediately noticeable*[4]*.'[63] The 'key' role of this 'clever film set design' as 'another character to help tell the story' has also been underscored by design critics such as Paula Benson who interviewed both Zeller and Francis.[64] Scholars and reviewers of the theatrical staging of Zeller's play have both referred to the set design as 'a metaphor for [the Father's] mind' and, conversely, noted 'the very elaborate architecture of the main character's thinking.'[65]

In the most detailed analysis of the play by Heunjung Lee, Zeller's work is interestingly described as a 'dramaturgy of porosity.' Lee's study traces how this 'substantial porosity in time, space, and character' is enacted on stage through theatrical means, namely: 'different places and times that are enacted through the short scenes that pause, rewind, and replay; multiple performers [who] play the same characters; and the transformative set and props *[5]*.'[66] In what follows, I show how dementia lies behind the affective porosity of Zeller's handling of space and time in *The Father*. In so doing, the French playwright's work not only draws architects' attention to the embodied experience of people living with this condition; it also invites them to imagine the multifarious ways in which their profession can engage with (and raise wider awareness around) it from different creative registers, beyond designing care homes or dementia villages.

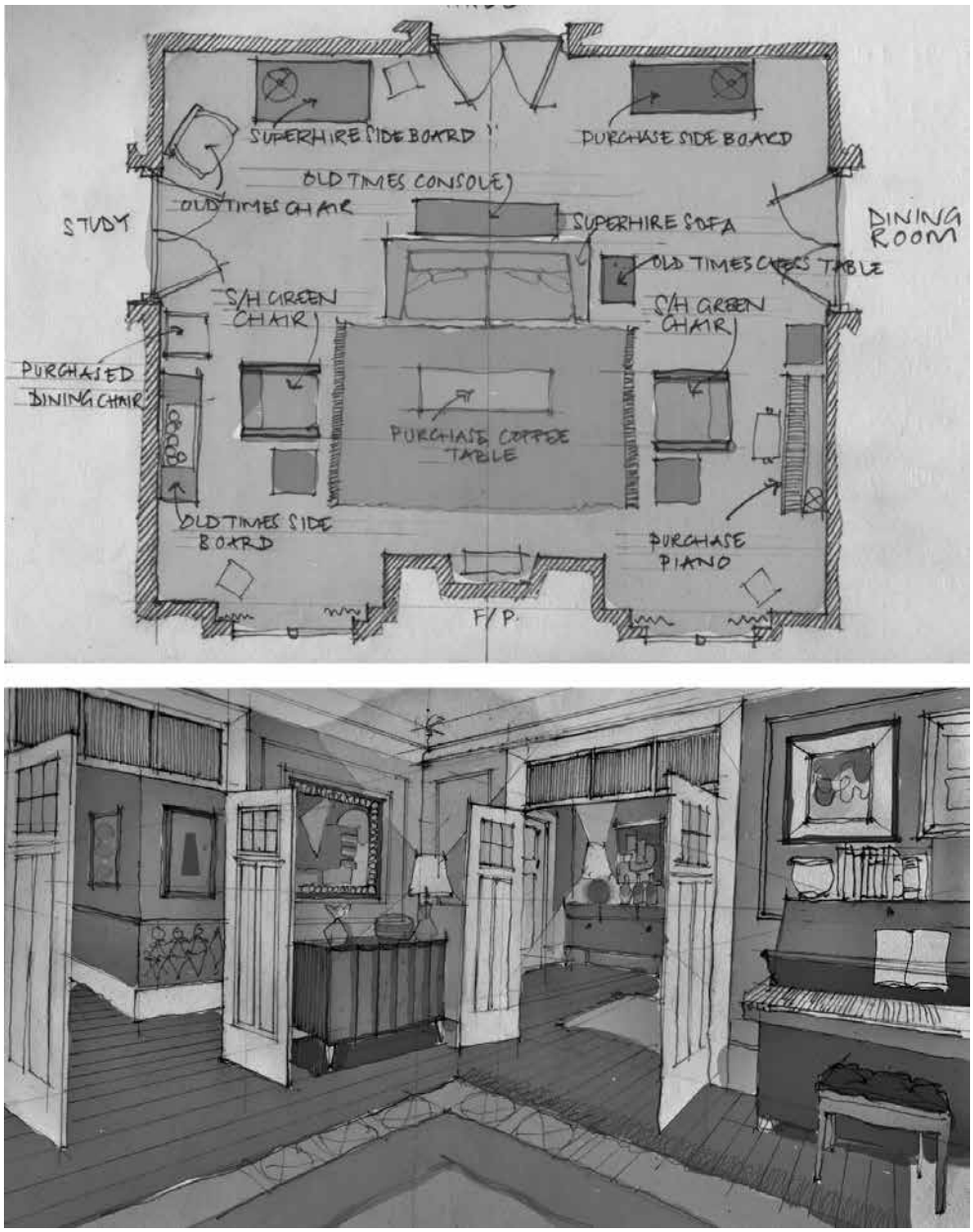
Affective porosity

Accompanied by the same melody, moments of total darkness denote the transition from one scene to the next. As the play progresses, the melody becomes increasingly distorted as if coming out of a broken record. At the same time, the space on stage is gradually transformed, following the playwright's sparse instructions:

> ***Scene 1***
>
> *[The Father's] flat.*
>
> *[…]*
>
> ***Scene 2***
>
> *Same room.*
>
> *[…]*
>
> ***Scene 3***
>
> *Simultaneously, the same room and a different room. Some furniture has disappeared: as the scenes proceed, the set sheds certain elements, until it becomes an empty, neutral space.*
>
> *[…]*
>
> ***Scene 10***
>
> *Still the same room, which is continuing to shed various elements.*
>
> *[…]*
>
> ***Scene 13***
>
> *The following morning. By now the flat is practically empty.*
>
> *[…]*
>
> ***Scene 14***
>
> *Almost immediately. No more furniture.*
>
> *[…]*
>
> ***Scene 15***
>
> *A white bed, reminiscent of a hospital bed.*[67]

Not coincidentally, the Father used to be an engineer, a profession that signals an acute awareness of space and time. In Scene 1, the audience witnesses the older protagonist's familiarity with his surroundings. He feels sufficiently confident to utilise them towards his ends – leaving his watch 'out in the open' to check whether he can trust his caregiver, for example.[68] Specific areas of the flat, such as the kitchen cupboard or the drawers, hold a special significance for him as the special hiding places for his valuables or his 'magic tricks.'[69] But it is not long before this flat becomes contested property. By Scene 3, the Father is convinced that his Daughter and her Husband conspire to get hold of it by placing him in a care home. Yet this flat is the Father's fortress of solitude. He desires to be left alone in it for his world to continue to make sense to him.[70] As indicated in a later scene, the flat is also the place that the Daughter cannot leave, because of the Father's fallout with his previous caregiver.[71] As such, this space remains inescapable for the two main characters throughout the play.

On the front stage, there is one room ('the room') in which the main action takes place. While the space of the stage remains evidently the same, its subtle transformations from one scene to the next render it equally important to the human actors whose identity also fluctuates throughout the play. Scene 2 indicates that important shifts of the Father's perception and recognition of other characters are triggered by them entering or exiting the flat or the main room through the two doors that lead to the kitchen and presumably other rooms in the background. In Scene 10, for example, the Father expects his Daughter to come out of the kitchen only to be perplexed by realising that he had been talking to his New Caregiver, instead, when she appears at the doorway. In another scene, the mix-up of persons' identities (with the Woman



6 **Plan and interior perspective sketches of the Father's living room from Peter Francis's production design for Florian Zeller's *The Father* (Sony Pictures Classics, 2020).**

unexpectedly appearing instead of the New Caregiver) happens as somebody new enters the stage.[72]

For the same reason, '[d]oors and corridors were an important part of the design of the film set', which features a more interconnected set of spaces *[6]*. As Benson notes: 'The living room has three sets of doors off to the study, the kitchen and the dining room which allowed for movement of the characters in and out of spaces.'[73] On the big screen, the more internally focused design of the theatrical stage becomes a complete set design of a flat that is also connected with outdoor spaces. Looking out of the window and consistently coming across the same view is repeatedly reassuring for the Father and the reliability of his experience throughout the film. These instances are especially significant at the moments of transition to different flat settings because they testify that 'as far as he's concerned, he's obviously still in his flat.'[74] Multiple doorways, exits, and views to different indoor and outdoor spaces allow characters to constantly enter and exit different rooms of the flat, and their doing so triggers abrupt transitions to different timeframes. Moving more freely around space allows the film's protagonists to hide from each other or hint at subtler changes in their surroundings when they meet again.

The film adaptation requires Zeller's script to include more details not only about the protagonists and their inner states/feelings, but also about the appearance of the flat and the rationale behind its subsequent changes. Still, Zeller's 'notes on design' remain relatively short on the film script, too, leaving room for the production designer to explore his creativity:

> *The majority of the film is to be made in the studio, on a set representing [the Father's] flat.*
>
> *As the film goes on, the appearance of the flat will evolve. This development is indicated in the script by numbers 1 to 5, thus:*

1. [the Father's] flat.

2. [the Daughter's] flat.

etc. In every case, the space is identical. The décor is the only indication that we might be in a different place. The intended aim is to create uncertainty and the impression of being simultaneously in the same location and somewhere different – ultimately, a hospital.

[…]

[FLAT 2]

He arrives in the bedroom. It occupies the same space as his first bedroom, but some elements of the décor and furniture have changed – as if he was indeed in a different flat.

[…]

For a moment, like a punctuation, the CAMERA CONTEMPLATES the empty room. It's the same space as before, but it's taken on the characteristics of [THE DAUGHTER's] and [HER HUSBAND's] flat, far more light and modern than [THE FATHER's] place.

[…]

[FLAT 3]

ESTABLISHING SHOT of the same space: but with less furniture. Dawn light. [THE LOST DAUGHTER's] painting is no longer hanging on the wall.

There are packing cases, which may explain why the flat is virtually empty.

[…]

[FLAT 4]

Same stationary empty SHOT. This time, there's hardly any furniture at all.

[…]

[FLAT 5]

Clearly a different bedroom.[75]

Again, the changes in the set design are gradual and subtle. In the film, architecture recedes in the background to be perceived by neurotypical viewers in a state of distraction. This in turn enables the lived experience of the protagonist to be foregrounded: the different flats described in the film script reflect the Father's perception of his surroundings. Elements that recur in these five flats throughout the film reinforce the impression of superimposition of all these spaces in the Father's mind. He seems to project the reality of his flat to the care home spaces in which he truly resides: his Lost Daughter's painting on the wall reappears in his Daughter's flat with a detailed close-up;[76] in Flat 2, the bags that his Daughter carries from the supermarket land exactly where the Father found them earlier in Flat 1; the landing outside the surgery resembles that of the Father's flat;[77] the French landscape with a lake which features on the Father's kitchen wall poster, is evoked in the Daughter's postcard in the finale.

The transition to each different flat is initiated when the Father is seized by doubt about his surroundings.[78] These are indicated by establishing shots, in which the camera pans over an empty room and highlights changes as it surveys ambiguous cues: the hospital corridor that features in the Father's dream scene where he meets his Lost Daughter reappears as the care home corridor;[79] the modern minimalism of his Daughter's flat chimes with the hygienic spaces of the care home in a way that is aligned with the Father's intertwining experience of these spaces. Such recurring features enable him to still regard all the different flats as his own home, despite the glitches in his lived experience that become more evident for him as the film progresses from one flat to its next even more minimalist version *[7]*.

The flat's rooms and their transformations also work as thresholds that separate the main characters' different lived experiences. Crossing their boundaries can equal questioning the nature of one's reality, not only for the play's protagonists but also for the viewers that watch it. When they feel they are alone in a room, for example, the Daughter and her Husband discuss seriously about the Father's condition. When the Father goes unnoticed standing at the doorway to the kitchen and eavesdrops on their description of him as 'ill', he also comes to contact with a reality that transcends his perception of himself and his surroundings.[80] In Scene 10, while the main room continues to shed its elements, the Father also 'suddenly becomes aware of a new piece of furniture, one he doesn't recognise'. This happens at the same time that he is describing his 'nightmare' of a stranger suddenly showing up in the older engineer's flat and claiming that this 'was his place'.[81] Both the new piece of furniture and the New Caregiver that he unexpectedly encounters in his flat again suggest that the Father is somewhere else now, and he clearly 'seems troubled' by this experience. In the final scene, a white bed appears out of nowhere on the empty stage. The different parts of the Father's experience do not add up at the same rate that elements are shed from his room in the first fourteen scenes. The reappearance of the Woman and the Man as care workers in this institutional setting in the last scene clarifies why they suddenly appeared in the place of the Father's other caregivers (his Daughter, her Husband or his New Caregiver) in previous scenes. But the Father's questioning of his perceived reality was already apparent in the concluding lines of Scene 2 ('this really is my flat, isn't it?').[82] He already seemed to be somewhere else then, and Zeller's stage directions for Scene 3 ('simultaneously the same room and a different room') suggest so. But was the Father just comfortable 'in that room at the back' in his Daughter's (and her Husband's) apartment, believing that he is still in his flat

7

8

7 Interior design transitions to more minimalist flats (from top to bottom) in Peter Francis's set design for Florian Zeller's *The Father* (Sony Pictures Classics, 2020).

8 Vases, coats, and larger objects and furnishings gradually disappear from the set as the play progresses. Kenneth Cranham as the Father, Rebecca Charles as the Woman (top), and Kenneth Cranham as the Father and Kirsty Oswald as the New Caregiver (bottom) in Florian Zeller's *The Father*, performed at the Wyndham's Theatre, London, UK, 5 October 2015.

sleeping in his (the same) bedroom all along?[83] Or is he in the care home of Scene 15 already, as also suggested by the Woman offering him his medication at the end of Scene 2? Was the Father always there, in the care home, from the outset – or not?

Throughout the play, the main room ostensibly remains the same space from the Father's perspective, since he still refers to the barren hospital-like room (which he no longer recognises) as 'his flat', in the final scene.[84] The experience is slightly different for viewers. In the first scenes, the changes to the setting are so subtle that they are almost imperceptible as spectators focus on the actions of the human actors and only experience their surrounding space in a state of distraction. As such, the audience cannot say for sure exactly when each of the minor changes took place *[8];* it is only after a certain point that these become more noticeable, with large objects or furnishings disappearing from one scene to the next. Scene 2 already shakes the audience's understanding of space as the 'same room'. Although nothing has changed, it now appears to be the flat of the Daughter's Husband (of whom the Father has no recollection). No changes from one scene to the next do not necessarily indicate that the space has remained the same.

Lee rightly notes that the 'disorienting effect of this dramaturgy of porosity is heightened when enacted on stage', since the shifting set 'can evoke and physicalise what [the Father] perceives and experiences.' 'The changes of the props are as important as the dramatic events and dialogues', because they contribute to the generation of relatable affect for the audience:[85]

> *In the viewing of a staged production, the spectators' physical co-presence and co-experience of time and place provides them with an insight into the sensations and impressions [the Father] experiences: the feeling that the surroundings are changing in the blink of an eye while he has not moved a bit. Just like him, the audiences remain seated in the same place and are told what they saw never existed and that it was the white, empty room in the nursing home all along, even though they literally saw the Parisian apartment an hour ago. It is hard for the audience to deny what they saw on stage, and at the very least it makes them feel what the protagonist must have felt.*[86]

For the same reason, reviewers of the theatrical play as it moved from the Ustinov Studio in Bath to Wyndham's Theatre in London's West End, assume that 'the play may have worked even better in an intimate space.'[87]

The overarching sense of spatial uncertainty, which stays with the audience for the whole fifteen scenes of the play, is reinforced by a sense of time that is potentially more unsettling for viewers than it is for the Father; based on the information provided by the main characters in different scenes, some parts of the on-stage action are at least five years apart. Zeller's writing successively disrupts and reorients the audience's sense of reality by repeating previous scenes in the way that neurotypical viewers would have originally assumed was correct. Just when the audience think they get things spatially and chronologically right, however, a new piece of information confounds their expectations by no longer fitting the bigger picture. For example, Scene 5 opens with the Daughter and her Husband in the main room; 'laying the table for dinner', the Daughter recalls how her Father did not recognise her a few minutes ago.[88] From the audience's perspective, this link back to Scene 2, when the Woman first appeared on stage in place of the Daughter rendering her unrecognisable in their eyes also, sounds reassuring: people living with dementia can often misrecognise their lifelong relatives, after all, and viewers' trust on their sense of reality is restored. But this does not last. Zeller's successive temporal indications between this and the final scene (such as 'earlier in the day', 'a little later' in that same evening, or in the 'morning')[89] suggest that what is enacted on stage forms a potentially legible series of events that take place over the course of a day and a half; the only catch is that they are presented in a slightly distorted order: Scenes 6–9 clearly belong to the same day, while Scene 10 seemingly begins on a different day but ends, after the Man has repeatedly slapped the Father, as 'the follow-on to Scene 5'; with an instant 'mood change', the Daughter enters the main room with the cooked chicken at hand just when her Husband seemed to have lost his patience with the Father in a 'threatening' way;[90] as the lights also turn 'almost immediately' on in the transition to the next scene, with a 'repeat' of the Daughter's entry with the cooked chicken and her Husband now appearing 'in the position of the Man', whilst the Father 'maintain[s] the same position, as if afraid of being slapped' by him,[91] the action has clearly looped back to the same day of the earlier scenes. By the time that this main temporal loop of the play has fully emerged and the action moves on to 'the following morning' in Scene 13, the theatrical stage is also 'practically empty' *[9]*.[92] 'Almost immediately' in Scene 14, the Daughter announces that she is not just moving out of the flat that she shared with the Father; she is also moving out of the city,[93] and this is the only time that this claim, which she only made in Scene 1 and then refuted throughout the rest of the play, returns. Hence, as time loops back on itself, space is emptying out; from the fully furnished flat of Scene 1 to the empty room with the hospital bed in the care home of Scene 15, the Father's world shrinks along and the care home clearly emerges.

Neurodiversifying practices

Like the Father's flat, this article shifted from the full stage of Buro Kader's dementia village to the partially shut-off architecture as the stage of daily life at McLaughlin Architects' Alzheimer's Respite Centre and concluded with the emptied-out stage of Zeller's play. Following this trajectory, it also unveiled how embodied performativity pervades the affective architecture of dementia in all its different forms. All the dementia-friendly designed world of Buro Kader's project is a stage and its staff are just actors. Since this play also masks the infrastructure of surveillance and control of its resident audience, however, it raises important ethical considerations and questions around deceit and informed consent, but also around advocacy, identity, and citizenship in the case of people living with dementia. Engaging more openly with the older residents and management of the Alzheimer's Respite Centre, McLaughlin and Manolopoulou further realised that 'best practice' design principles can only get a project so far. No matter how thoughtfully they are designed, the care environments that architects create can easily become partially abandoned stages of daily life. When staffing shortages lead institutional administrators to prioritise the physical safety and security of their older residents, architects' additional provisions for these people's well-being end up behind locked doors; instead of serving as pleasurable spaces of sensory stimulation and social encounter, gardens then become mere scenery or spectacles to be only visually enjoyed from a safe distance, behind a window. Through Zeller's work on an actual theatrical stage and on the big screen, however, architecture resurfaces as a significant cultural force that participates in foregrounding the lived experience of people living with dementia whilst rendering it relatable to neurotypical audiences. If the above suggest that there is no architecture of dementia without performativity, then creative professionals have to think beyond 'best practice' lists of design principles to neurodiversify the spaces that they envision. Indeed, architecture both performs and enables individuals and groups to perform in certain ways. The key to enabling new or unexpected performances, however, could lie in the specific neurodiverse constituencies that can be affectively and effectively involved in the architectural design process.

McLaughlin and Manolopoulou's experience of working closely with people living with dementia inspired the development of a performative drawing practice. But this has so far involved only neurotypical peers who are equally interested to experiment with their architectural design

9 By Scene 13, the room has shed all its elements. Kenneth Cranham as the Father in Florian Zeller's *The Father*, performed at the Wyndham's Theatre, London, UK, 5 October 2015.

processes. Zeller's work certainly pushes neurotypical audiences further, obliging them to question their sense of reality throughout his play. Yet, how the French playwright worked to reproduce his insider's view of dementia, which was praised by biomedical scientists not only for its 'neurological accuracy' in depicting its progress over time but also for 'successfully illustrat[ing] what life with [it] might feel like', is less clear.[94] The related information that he provides in his sporadic interviews is sparse. The French playwright experienced the onset and progress of dementia through his grandmother, with whom he spent his childhood and teenage years in Brittany.[95] Two decades later, he returned to these memories when he was writing *The Father* to be specifically performed by a celebrated French actor who had been identified in advance. Robert Hirsch, who played the Father, was 88 years old when the play premiered in Paris in 2012 and 91 years old when he reprised this role in 2015.[96] Still, Zeller's positive attempt to 're-imagine abject representations of dementia' has also been criticised for 'not involv[ing] persons with dementia as part of a formal theatre creation process' or for not having 'been performed by persons with dementia.'[97]

On the other hand, the French playwright's unique engagement with worldwide concerns around intergenerational family dynamics disrupted by the onset of dementia has garnered the attention of global audiences. From London to Seoul, scholars and reviewers have appreciated his attempt to 'reverse their gaze' to 'better understand [their] father's view of the world.'[98] Dementia is indeed a condition whose global prevalence will become even more pronounced in absolute numbers in the coming decades.[99] Despite the difficulties of the task at hand, this bigger picture suggests that the effort to engage with neurodiverse experiences of everyday life in the way of *The Father* is meaningful. Still, the attempts of neurotypical non-disabled individuals to simulate the lived experiences of their neurodiverse disabled peers in the short term frequently reinforce perceptions of neurodiversity in terms of loss or deficit, because the people who participate in them also lack the alternative skillsets that their atypical peers have developed as part of their embodied experience with these conditions in the long term.[100] Focusing on the ways in which different body-minds of the same community interact and adopt spatial practices of living together, advocacy-minded scholars and activists therefore prioritise the ongoing struggle against oppression and stigmatisation, and the frictions that systemically ensue from battles that have to be constantly fought on this front, over the elusive pursuit of empathy.[101] Instead of spending one's energy to simulating the rather inaccessible lived experience of another person, the related arguments go, one could work more closely and directly with them to co-produce solutions to existing problems in their own terms. Besides, several insider accounts of lived experiences with

disability or neurodiversity, which can serve as better sources of related insights, have been published over the past decades.[102] As such, attempts of the neurotypical non-disabled community members to simulate such experiences for themselves can even be suspicious. They might serve as thin veils for short-lived tours of 'exotic' experiences from the lifeworlds of disability and neurodiversity.[103] Such dilettante aestheticism does not necessarily bring community members closer together; it also proves inconsequential for the lives of the neurodiverse or disabled members of the same community that this approach is supposed to address.

On the other hand, non-disabled individuals who tend to be more advocacy-minded and active as allies arrive at disability activism through their related 'personal circumstances."[104] Frequently living closely together with disabled or neurodiverse family members, they also understand their different skills from the perspective of an external but engaged observer. For these people, therefore, the main question is whether a better understanding of their disabled peers' lived experiences would also enable them to serve better as allies of self-advocating disability activists. In his latest book on the life, old age, and death of his mother, French sociologist Didier Eribon pushes further in this direction. He underscores the cultural significance of a public image of minority groups, no matter whether this image is also inaccurate, distorting or downright derogatory. Widely circulating, such images play a crucial role as the culturally available resources that also feed the imaginaries of these groups. Their representation in the broader cultural sphere, he argues, both enables them to understand how their identity is shaped in positive and negative ways, and envision what they might want to become in response to it, individually and collectively. Eribon ends his book with an incisive account of the ableist assumptions that condition self-advocacy or an autonomous individual's participation in the public sphere, and the resulting exclusion of dependent older citizens from it, owing to the established Western conceptions of political theory and practice. He therefore urges writers, artists, and intellectuals to render such dependent constituencies visible in the public sphere, to amplify their voice or speak for them and in their place, especially when these people do not, cannot, or can no longer have a voice, as is frequently the case in the intersecting worlds of neurodiversity and old age. [105]

As I showed in this article, architecture as a significant cultural agent has multiple roles to play on this sociopolitical front. These range from altering collective perceptions around people living with dementia to changing the ways in which entire cities could be reimagined and redesigned as 'care environments writ large', to return to Shanon Mattern's evocative phrase.[106] Dementia villages such as Buro Kader's De Hogeweyk work in this direction by prioritising the lived experience of neurodiversity and its psychological validity over the ethical concerns of their neurotypical critics. Manolopoulou and McLaughlin's grappling with the Alzheimer's Respite Centre foregrounds how engaging with neurodiversity can trigger novel creative approaches, including one's own drawing practices. The two architects' long-standing commitment to the same project also shows how design professionals can deepen their understanding by relating with people living with dementia and their embodied experiences. As McLaughlin noted, his creative exchanges with the older residents of the Respite Centre, their caregivers and experts from other fields shifted his perception of the role of architecture for people living with dementia and the implications of its maintenance in the long term. The unexpected way in which architecture is further employed in *The Father* to convey the experience of living with dementia to wider neurotypical audiences indicates that the profession's engagement with neurodiversity can develop in other equally significant creative directions.

Enlisting the cultural agency of architecture in the fight against the persistent othering precepts of neurodiversity remains to be further explored by a profession that has been grappling with the challenges of designing care homes for older people at least since the 1960s.[107] Yet, the related long-standing findings about the significance of directly engaging and working with the relevant communities and the ensuing methodologies to achieve this have still not entered the mainstream of architectural practice. Creative professionals rarely include their projects' neurodiverse users or their embodied experiences as active participants or integrated factors in the design process.[108] This might be yet another symptom of the wider prevalence of othering attitudes towards neurodiversity within and beyond the field of practice. For this reason, architecture's contribution in countering them also remains significant, especially when it is more creatively employed as part of art projects and installations such as *Losing Myself* and *The Father*, whose international acclaim has enabled them to raise awareness about dementia across the world. When collective self-advocacy meets structurally imposed systemic difficulties that render it almost impossible in some cases, third parties' advocacy for people living with dementia might remain a necessary first step towards a more neurodiversified future within and beyond the everyday environments of collective life.

Notes

1. See Semir Zeki, *Inner Vision: An Exploration of Art and the Brain* (Oxford: Oxford University Press, 1999); John Onians, *Neuroarthistory: From Aristotle and Pliny to Baxandall and Zeki* (New Haven, CT: Yale University Press, 2007); and Harry Francis Mallgrave, *The Architect's Brain: Neuroscience, Creativity, and Architecture* (Chichester: Wiley-Blackwell, 2010).
2. John Paul Eberhard, *Brain Landscape: The Coexistence of Neuroscience and Architecture* (Oxford: Oxford University Press, 2009); Michael A. Arbib, *When Brains Meet Buildings: A Conversation between Neuroscience and Architecture* (Oxford: Oxford University Press, 2021), p. 183.
3. Arbib, *When Brains Meet Buildings*, p. 34.
4. Tanya Titchkosky, 'Governing Embodiment: Technologies of Constituting Citizens with Disabilities', *Canadian Journal of Sociology*, 28:40 (2003), 517–42 (p. 518) <doi: 10.2307/3341840>.
5. Elizabeth Guffey and Bess Williamson, 'Introduction: Rethinking Design History through Disability, Rethinking Disability through Design', in *Making Disability Modern: Design Histories*, ed. by Elizabeth Guffey and Bess Williamson (London: Bloomsbury, 2020), pp. 1–14. Also see Tom Shakespeare, *Disability Rights and Wrongs* (London: Routledge, 2006); Alison Kafer, *Feminist, Queer, Crip* (Bloomington, IN: Indiana University Press, 2013).
6. Dementia is also customarily discussed under the umbrella of 'neurodivergence', but I refrain from using a term that alludes to any notion of 'the norm' and the deviations from it in my research in this field. For the same reason, I do not also employ the term 'mental disability' in my scholarship.
7. Cf. Wanda Katja Liebermann, 'Teaching Embodiment: Disability, Subjectivity, and Architectural Education', *Journal of Architecture*, 24:6 (2019), 803–28.
8. Because the settings and names of the main characters changed in the transition from theatre to film, I have selected to refer to the protagonists as 'the Father', 'the Daughter', and 'her Husband', to avoid confusion as my analysis constantly shifts from the theatrical to the cinematic version of Zeller's work. For the same reason, I only follow the scene numbering of the original playscript.
9. See Arno Geiger, *The Old King in His Exile*, trans. by Stefan Tobler (Sheffield: And Other Stories, 2017).
10. Florian Zeller, 'The Father', in *The Mother and the Father*, trans. by Christopher Hampton (London: Faber and Faber, 2012), pp. 79–155 (p. 125).
11. See Dominic Glynn, 'Yasmina Reza and Florian Zeller: The Art of Success', in *Contemporary European Playwrights*, ed. by Maria M. Delgado, Bryce Lease, Dan Rebellato (London: Routledge, 2020), pp. 261–76 (p. 271) <doi: 10.4324/9781315111940>.
12. Katherine M Sawicka, Neha Patel, David Chan, Felix Tyndel, '*The Father*: A *Neurology Film Club* Review', *Practical Neurology*, 22 (2022), 171.
13. K. Ali, 'Introducing Geriatrics to Medical Students through Film', *Age and Ageing*, 53:1 (suppl. 1) (January 2024), i23.
14. Heunjung Lee, 'Theatrical Affordances to Stage the Perceived-Experienced Reality of People with Dementia: Florian Zeller's Dramaturgy of Porosity in *The Father*', *Contemporary Theatre Review*, 33:3 (2023), 203–17 (p. 214); cf. Nicola Shaughnessy, 'Imagining Otherwise: Autism, Neuroaesthetics and Contemporary Performance', *Interdisciplinary Science Review*, 38:4 (2013), 321–34.
15. Evangelia Chrysikou, Chariklia Tziraki, Dimitrios Buhalis, 'Architectural Hybrids for Living across the Lifespan: Lessons from Dementia', *The Service Industries Journal*, 38:1–2 (2018), 4–26 (p. 7).
16. See *Kriterienkatalog Demenzfreundliche Architektur: Möglichkeiten zur Unterstützung der räumlichen Orientierung in stationären Altenpflegeeinrichtungen*, ed. by Gesine Marquardt and Peter Schmieg (Berlin: Logos, 2007).
17. See *Design for People Living with Dementia*, ed. by Paul A. Rodgers (New York, NY: Routledge, 2022), ch. 7, 10, 11, 14, 18.
18. Elizabeth C. Brawley, 'Designing Successful Gardens and Outdoor Spaces for Individuals with Alzheimer's Disease', *Journal of Housing for the Elderly*, 21:3–4 (2007), 265–83.
19. See Annmarie Adams and Sally Chivers, 'Deception and Design: The Rise of the Dementia Village', *e-flux* (September 2021) <https://www.e-flux.com/architecture/treatment/410336/deception-and-design-the-rise-of-the-dementia-village/> [accessed 25 November 2024].
20. Cf. Julian C. Hughes, *How We Think about Dementia: Personhood, Rights, Ethics, the Arts and What They Mean for Care* (London: Jessica Kingsley, 2014) with Tom Kitwood, *Dementia Reconsidered: The Person Still Comes First*, ed. by Dawn Brooker, 2nd edn (London: Open University Press/McGraw Hill, 2019).
21. Insa Lüdtke, 'Layers of Living: On the Anatomy of the House', in *Lost in Space: Architecture and Dementia*, ed. by Eckhard Feddersen and Insa Lüdtke (Basel: Birkhäuser, 2014), pp. 93–9 .
22. Gesine Marquardt and Peter Schmieg, 'Dementia-Friendly Architecture: Environments that Facilitate Wayfinding in Nursing Homes', *American Journal of Alzheimer's Disease & Other Dementias*, 24:4 (August/September 2009), 333–40.
23. Cathy Treadaway, 'Designing for People Living with Dementia', in *Design for Wellbeing: An Applied Approach*, ed. by Ann Petermans and Rebecca Cain (New York, NY: Routledge, 2019), pp. 33–45 (p. 35). See *Dementia Lab 2022: The Residue of Design*, ed. by Maarten Houben, Rens Brankaert, Niels Hendriks, Andrea Wilkinson, Kellie Morrissey (Cham: Springer, 2023).
24. Yeoryia Manolopoulou and Níall McLaughlin, *Losing Myself: Architecture and Dementia* (London: The Bartlett School of Architecture, 2022).
25. Yeoryia Manolopoulou, 'Performing the Architectural Plan: Egocentric and Allocentric Drawing', in *Arts & Dementia: Interdisciplinary Perspectives*, ed. by Ruth Mateus-Berr and L. Vanessa Gruber (Berlin: De Gruyter, 2021), pp. 294–309 (p. 308).
26. Yeoryia Manolopoulou, 'Dialogic Drawing', in *Neurodivergence and Architecture*, ed. by Anthony Clarke, Jos Boys, John Gardner (London: Elsevier, 2022), pp. 173–97.
27. Níall McLaughlin Architects, *Alzheimer's Respite Centre* (London: The Bartlett School of Architecture, 2015), pp. 38–9.
28. Michael Bond, *From Here to There: The Art and Science of Finding and Losing Our Way* (Cambridge, MA: Belknap Press, 2020), p. 72; McLaughlin Architects, *Alzheimer's Respite Centre*, p. 7; *Design for People Living with Dementia*, ed. by Rodgers (New York, NY: Routledge, 2022), p. 2.
29. Ralph Fischer, 'Lost: A Cultural Analysis of the Relationship between Space and Dementia', in *Lost in Space: Architecture and Dementia*, ed. by Feddersen and Lüdtke, pp. 48–51 (p. 50).
30. See Arne D. Ekstrom, Hugo J. Spiers, Véronique D. Bohbot, R. Shayna Rosenbaum, *Human Spatial Navigation* (Princeton, NJ: Princeton University Press, 2018), pp. 119–21.

31. See Pauline E. Boss and Janet Yeats, 'Ambiguous Loss: A Complicated Type of Grief when Loved Ones Disappear', *Bereavement Care*, 33:2 (2014), 63–9; Lynn Casteel Harper, *On Vanishing: Mortality, Dementia, and What It Means to Disappear* (New York, NY: Catapult, 2021); Lisa Genova, *Still Alice* (London: Simon & Schuster, 2012).
32. See Wendy Mitchell (with Anna Wharton), *What I Wish People Knew about Dementia* (London: Bloomsbury, 2022).
33. Manolopoulou, 'Dialogic Drawing', pp. 186–7.
34. Ann Treneman, 'The Father, Wyndham's Theatre, London WC2', *The Times*, 7 October 2015, *Theatre Record* XXXV, 20 (24 September – 7 October 2015), p. 985.
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