

Ethics of Alzheimer's Patient Care in Alice LaPlante's *Turn of Mind*

Noora Dhyaa Hussein

MA student- Department of English, College of Languages,
University of Baghdad, Iraq.

E-mail: noura.diaa2301m@colang.uobaghdad.edu.iq

Asst. Prof. Aseel Abdulateef Taha (Ph.D.)

Department of English, College of Languages,
University of Baghdad, Iraq.

E-mail: aseelateef@colang.uobaghdad.edu.iq

Copyright (c) 2026 Noora Dhyaa Hussein. Asst. Prof. Aseel Abdulateef Taha

DOI: <https://doi.org/10.31973/wye6jw26>



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

Abstract:

This study explores Alice LaPlante's novel *Turn of Mind* from the psychological and ethical perspectives of care, told through the eyes of Dr. Jennifer White, a retired surgeon with Alzheimer's disease. As Jennifer struggles to overcome her deteriorating memory, she becomes involved in a murder investigation, unable to recall whether she played a role in the death of her friend Amanda O'Toole. The novel uses a fragmented narrative, unreliable memory, and shifting perspectives to immerse readers in Jennifer's cognitive decline. Through the Ethics of Care, the analysis examines how care intertwines with power, trust, and vulnerability. Characters such as Magdalena, Fiona, and Mark embody the tensions between duty and self-interest, reflecting broader themes of dependency and moral ambiguity. LaPlante's innovative narrative structure reinforces the fragility of memory and identity, emphasizing how perception shapes reality. Ultimately, the novel questions the nature of care and whether trust can truly endure amid psychological deterioration and moral uncertainty.

Keywords: Alzheimer's Disease, Caregivers, Ethics of Care, Murder, Trust.

Introduction

Born in 1958, Alice LaPlante is a prominent American writer known for her literary novels and psychological thrillers. Her works explore complex human emotions, memory, identity, and the psychological complexities of relationships. With a background in journalism and creative writing, LaPlante has been able to establish herself in contemporary literature through her compelling storytelling and unique narrative techniques.

In an interview, LaPlante discusses how her education at Stanford University, a prestigious institution, played a significant role in shaping her literary career. Her academic background in English and creative writing laid the foundation for her future works, equipping her with the skills to navigate the complex terrain of fiction writing (Bill Kenower, 2011).

Before establishing herself as a novelist, LaPlante had an extensive career in journalism, writing for various newspapers and magazines. Her experience in journalism honed her ability to craft compelling narratives, a skill that later became evident in her novels. She also served as a professor of creative writing, mentoring aspiring writers and influencing the next generation of literary voices.

Laplante's first novel, *Turn of Mind* (2011), was critically acclaimed and commercially successful. She explains that the novel has no autobiographical background other than the fact that her mother suffered from Alzheimer's disease. She got the idea to write a crime novel from her husband, which later evolved into a novel about a suspect with Alzheimer's trying to piece together clues about the murder. (Bill Kenower, 2011).

Following the success of *Turn of Mind*, Laplante continued to explore psychological and literary fiction. Her subsequent novels, such as *A Circle of Wives* (2014) and *Coming of Age at the End of Days* (2015), demonstrate her ability to delve into human psychology, deception, and the moral ambiguity of relationships. Each of her works demonstrates a deep understanding of human nature, making her an insightful and thought-provoking writer.

Laplante's writing style is characterized by psychological depth, complex character development, and innovative narrative structures. She often uses unreliable narrators, fragmented stories, and shifting points of view to challenge readers' perceptions of reality. Her background in journalism lends a sharp, observant quality to her prose, making her narratives compelling and immersive. A major theme in Laplante's work is the exploration of memory and identity. In *Turn of Mind*, for example, Jennifer White's struggle with

Alzheimer's disease forces readers to question the reliability of memory and how it shapes personal identity.

In her book *The Making of a Story* (2007), LaPlante emphasizes that writing requires both structure and creativity. While craft such as character development, imagery, and dialogue can be learned, writers must also embrace inspiration and spontaneity. She argues that uncertainty is an integral part of the writing process. Writers often struggle with self-doubt, but this lack of clarity can lead to new and original storytelling.

For her, writing should be a journey of discovery, for both the author and reader. She emphasizes the importance of focusing on concrete details rather than abstract themes. Vivid sensory descriptions bring stories to life and help convey deep emotional truths. She encourages writers to develop a natural, honest voice rather than trying to appear overly sophisticated. Furthermore, she states that the best writing comes from topics that the writer cares deeply about or even obsesses over (Laplante, 2007).

LaPlante believes that passion and personal investment translate into compelling storytelling. Similarly, *A Circle of Wives* delves into themes of deception, secrecy, and the complexities of human relationships. A recurring theme in her work is the fragility of the human mind. LaPlante skillfully depicts psychological disorders, creating characters who struggle with inner demons, moral dilemmas, and existential crises. Her novels often blur the line between reality and perception, forcing readers to engage with her narratives on a deeper level.

Turn of Mind tells the story of Dr. Jennifer White, a retired orthopedic surgeon who specializes in hand surgery, is slowly losing her memory due to Alzheimer's disease. She lives under the care of her caregiver, Magdalena, and is visited frequently by her two children, Mark and Fiona. As Jennifer's mind deteriorates, her past and present become blurred, making it difficult for her to distinguish between reality and fantasy. She sometimes forgets that her husband passed away a long time ago.

The central conflict of the novel arises when Amanda O'Toole, Jennifer's longtime friend and neighbor, is found murdered after four fingers were surgically removed from her hand. Jennifer becomes the prime suspect, but she cannot remember whether she committed the crime. Detective Lutten, who leads the investigation, repeatedly interrogates Jennifer, hoping to uncover the truth. However, Jennifer's Alzheimer's makes it impossible for her to provide clear answers.

Jennifer's condition deteriorates and she experiences moments of clarity as she recalls fragments of her past relationship with Amanda

which was emotional and tense. Amanda was often controlling and manipulative, at times controlling aspects of Jennifer's life. Through Jennifer's changing perspective, the novel reveals the tensions between the two women, hinting at unresolved conflicts that may have led to Amanda's death.

Meanwhile, Jennifer's children have their motivations and secrets. Fiona struggles with the burden of her mother's financial assets. Mark, isolated and resentful, maintains an ambiguous relationship with his mother. As the novel progresses, Jennifer becomes increasingly untrustworthy as a narrator, raising questions about who can be trusted.

As Jennifer struggles to maintain her sense, she uncovers fragments of her past that suggest she may have played a role in Amanda's death. However, the truth remains indefinable. In the final pages, as Jennifer's mind surrenders to the disease, the mystery is solved. The novel ends with Jennifer appearing guilty, though someone else may be responsible, leaving the truth forever lost in the depths of her failing memory.

In Alice LaPlante's *Turn of Mind*, care plays a central role in Jennifer's life as she navigates the challenges of Alzheimer's disease. Due to her degenerating state, she becomes increasingly dependent on those around her, particularly her caregivers, their care defines her daily experiences, shaping her understanding of reality and her ability to function. Care in Jennifer's life is complicated as trust is uncertain and the intentions of those who care for her are not always clear. The novel explores how vulnerability makes care both a necessity and a potential source of danger, blurring the lines between love, duty, and manipulation.

Memory, Care, and Moral Complexity in *Turn of Mind*

Virginia Held, a social and feminist philosopher, articulated that the Ethics of Care theory offers a transformative ethical framework that challenges dominant ethical theories such as utilitarianism¹ and Kantian ethics². This theory is grounded in the understanding of

¹ Utilitarianism, developed by Jeremy Bentham and refined by John Stuart Mill, judges actions by their consequences, aiming to maximize overall happiness. It treats all individuals equally and is used in policymaking, economics, and daily decisions. Critics argue it can sacrifice individual rights for the greater good. See Mill, J. S. (1863). *Utilitarianism*. United Kingdom: Parker, Son and Bourn.

² Kantian ethics, created by Immanuel Kant, bases morality on duty, rationality, and universal laws. It emphasizes acting on principles that apply to everyone and respecting human dignity. Critics argue it is too rigid in complex situations. See Kant, I. (2008). *Fundamental Principles of the Metaphysics of Morals*. United States: Cosimo, Incorporated.

human interdependence. It highlights the moral significance of care as a practice and a value. Held emphasizes the relational nature of human existence and calls for ethics that prioritize attention, compassion, and responsiveness to the needs of others (Held, 2006).

In contrast to traditional theories that prioritize abstract principles and individual autonomy, Ethics of Care draws on lived experiences and relational contexts to address ethical issues. It seeks to integrate emotional engagement and rational reflection, placing care at the center of personal, social, and political ethics. Held envisions the Ethics of care not as a complementary ethical perspective, but as a fundamental approach that can reorient societal priorities toward nurturing relationships and promoting mutual well-being (Held, 2006).

Turn of Mind is a novel told in four sections. Each section is shorter than the one before it, a technique that hints at Jennifer's deteriorating mind. With each section, her mind gives in to the symptoms of Alzheimer's, making her cognitive abilities and memory nonexistent. In addition, LaPlante writes the speech of secondary characters in italics. This stylistic choice reflects Jennifer's struggle to process and retain information, blurring the lines between spoken words, memories, and hallucinations. By visually isolating dialogue, LaPlante reinforces Jennifer's cognitive decline and forces readers to experience the uncertainty and confusion of her world. This technique also heightens tension, making it unclear whether some exchanges are real or distorted by Jennifer's failing mind.

LaPlante's *Turn of Mind* starts in a chaotic and disoriented way. Jennifer White, an orthopedic surgeon, is sitting in an unfamiliar room with police officers roaming around. She can sense something is not right due to the chaos (LaPlante, 2011). This disorientation serves as a metaphor for Jennifer's Alzheimer's disease, which erodes her ability to understand her environment and her past. Furthermore, the mention of debris and broken objects adds a touch of violence, foreshadowing the central mystery of the novel.

In the first part, LaPlante's use of first-person narration conveys Jennifer's cognitive disarray. The prose is fragmented and cyclical, mimicking the lapses in Jennifer's memory. Her Alzheimer's diagnosis frames the narrative, pulling the reader into her subjective experience. By employing an unreliable narrator, LaPlante effectively immerses the audience in Jennifer's world, where truth and memory are constantly shifting.

The central mystery of Amanda's murder emerges early in the narrative, heightening the tension. Amanda, Jennifer's best friend and neighbor, was found mutilated, specifically four of her fingers

surgically removed, which immediately linked the crime to Jennifer's experience as an orthopedic surgeon. This connection casts suspicion on Jennifer, despite her protests of innocence and her lack of memory of the incident. The narrative uses Jennifer's perspective to generate ambiguity, which invites the reader to question Jennifer's reliability and consider the possibility of her liability.

Care plays an essential role in the lives of people who suffer from Alzheimer's, particularly in its advanced stages, when individuals require significant support from others. Traditionally, the care relationship has been framed in dualistic terms, contrasting caregiver and recipient, independence and dependence, self and other. Viewing dementia as a loss of agency and independence reinforces this dualistic approach to care. Care in dementia is an important aspect (Sako, 2016).

Holstein (2010) argues that social and moral ideals that emphasize independence and individuality are inadequate to address vulnerability and dependence. Ethics of care involve recognizing these realities and rethinking notions of subjectivity. In this context, the novel depicts Jennifer's sense of self while addressing the ethical challenges that Alzheimer's presents to roles within care relationships.

Jennifer's interactions with her caregivers, Magdalena, and her children, Mark and Fiona, reveal tense dynamics rooted in dependence and distrust. All the characters involved in her life arouse suspicion. Magdalena is both guardian and gatekeeper, administering Jennifer's medications and monitoring her interactions. Jennifer alternates between gratitude and resentment toward Magdalena, reflecting her internal struggles over her loss of autonomy.

Jennifer's relationships with her children are similarly tense. Fiona appears to be the more responsible and nurturing of the siblings; therefore, Jennifer entrusted her with the financial matters, while Mark is portrayed as manipulative and selfish. Jennifer's fragmented memories of their interactions reveal underlying family conflicts, such as disputes over financial and medical decisions. These dynamics add complexity to the narrative as both Fiona's and Mark's motivations for influencing Jennifer's actions start to be questioned.

Because of the suspicious encounters Jennifer faces in her daily life, she decides to keep a diary where anyone who visits must write an entry in it. This represents a coping mechanism for Jennifer in order not to forget important conversations and visits. She called it the "Bible of consciousness" (LaPlante, 2011, p.5), which helped her reconstruct her identity and navigate her failing memory:

The notebook is a way of communicating with myself, and with others. Of filling in the blank periods. When all is in a fog, when someone refers to an event or conversation that I can't recall, I leaf through the pages. Sometimes it comforts me to read what's there. Sometimes not. It is my Bible of consciousness. It lives on the kitchen table. (LaPlante, 2011, p.5)

In *Turn of Mind*, memories do not serve as a gateway to a separate story from the past. The story unfolds entirely in the present. When the narrative requires details of the past, they are drawn from Jennifer's diary. A page containing a potential clue has been removed from the diary. This notebook, which resembles a therapeutic tool often used in cases of dementia, includes notes left by visitors for Jennifer to read about her better days. For both the reader and investigator, the notebook serves as a bridge between perceived reliability and cognitive decline, as well as between past and present (Zimmermann, 2017).

Jennifer learns about Amanda's death when her caregiver, Magdalena, informs her of the funeral, "*It's Amanda*, Magdalena tells me. *Amanda's funeral*. Who is Amanda? I ask. Magdalena hesitates, then says, *Your best friend. Your daughter's godmother*" (LaPlante, 2011, p.6). Jennifer's inability to remember Amanda or the details surrounding her death heightens the tension. Magdalena's efforts to jog her memory, including showing her photographs and newspaper clippings, only deepen Jennifer's confusion. Jennifer tries to understand why Amanda died, but her memories are fragmented and incomplete.

Following Amanda's murder, the police interview Jennifer several times. These interviews are scattered with Jennifer's rambling narrative. Police focus on the arguments Jennifer and Amanda have, trying to piece together the timeline leading up to Amanda's death. Jennifer's inability to provide coherent answers frustrates the investigation and deepens the mystery. She remembers moments of their friendship, such as Amanda's sharp wit and solid presence in her life. However, these memories combine with feelings of resentment, hinting at unresolved tensions between the two women.

In the wake of Amanda's death, Jennifer's daily life is marked by confusion and vulnerability. She is heavily dependent on Magdalena, who alternates between nurturing and controlling. Jennifer's interactions with Fiona and Mark reveal the growing tension within her family. Fiona tries to protect Jennifer, urging her to give Fiona full legal control over her affairs. However, Mark is more aggressive, pushing for control and threatening Jennifer's safety. As her Alzheimer's disease progresses, the ability to distinguish between

reality and memory diminishes. She shifts between grief over Amanda's death and denial, reflecting the novel's exploration of the fragility of memory and the ambiguity of truth:

Amanda? Dead? I cannot believe it. My dear, dear friend. Second mother to my children. My ally in the neighborhood. My sister. If not for Amanda, I would have been alone. I was different. Always apart. The cheese stands alone. (p.7)

According to Jennifer, Amanda had a strong-willed nature. She was married to Peter but had no children. Their friendship was pretty strong, and Amanda was the godmother of Fiona. However, their relationship was also defined by tension and conflicts. Her memories highlight her conflicting friendship with Amanda. Her actions, driven by jealousy, often harmed Jennifer and her family, suggesting Jennifer's possible motive for murder (Sako,2016).

Through Jennifer's memories, the reader can see how Amanda used to intrude in their matters. On a family trip with Amanda, it is revealed through a tense conversation between Amanda and Jennifer's husband, James, who was a very intelligent lawyer that he has been taking money from wealthy clients illegally and so Amanda confronts him which makes everyone feel uncomfortable:

This discovery was just a little curiosity I took out of my pocket and looked at every once in a while. As my dear friend here says, it was a power thing. It made me happy. This was always about us, not just me, the man says. He is gulping his wine. He reaches over and takes the bottle from the older man, who is frankly bewildered, and pours himself another full glass. What I took will not be missed. I made sure of that. I didn't hurt anyone, didn't rob children and orphans. Only institutions have standards. Small amounts siphoned off over time. They added up. But no harm done to any human. This will never come to light. And it's for you as well as me. I believe that, says the younger woman. I believe that you tell yourself that and mean it sincerely. (LaPlante, 2011, p.122-123)

The first part of the novel ends on a somber note. Jennifer's children decide to sell their family home and register their mother in a care facility for Alzheimer's patients. They make this decision due to Jennifer's rapid decline which makes it very hard for Magdolina to take care of her needs. But it is also a suspicious decision since the siblings never agree on anything but somehow, they do, especially Fiona who was always against her brother's suggestions.

Selma Sevenhuijsen (1998), sees the ethics of care as focusing on attentiveness, responsibility, responsiveness, and a willingness to consider different perspectives. This mindset often leads to care work that addresses needs and supports the vulnerable. However, actual

care may not always work if one disagrees with the claims made or lacks the resources to meet them.

Sevenhuijsen emphasizes the importance of seeing and acknowledging needs. In *Turn of Mind*, this is evident in how Jennifer's caregivers respond to her deteriorating mental state. Magdalena, in particular, embodies Sevenhuijsen's idea of caring. She monitors Jennifer's daily routine, ensures her safety, and adapts to her changing moods. However, the novel complicates this by showing how caregiving is not just about meeting needs but also about power, trust, and hidden motives.

She defines care as the ability and willingness to recognize needs and take responsibility for addressing them. She emphasizes listening to both caregivers and care recipients and considering different modes of ethical reasoning. She highlights the knowledge and deep thinking required for effective care, recognizing the work involved (Sevenhuijsen, 1998).

In the novel, different characters demonstrate their willingness to take responsibility in contrasting ways. Fiona struggles with the emotional weight of her mother's condition, expressing frustration and resentment. Mark, though less involved, provides tension and suspicion. Magdalena takes on much of the practical care, but her motives are questionable, raising ethical concerns about exploitation and control. Bowden (1997) points out that care is more than survival and carries moral weight. The novel's caregivers do not simply perform duties; their care shapes Jennifer's reality. Their influence on Jennifer's fragmented mind reveals how care can dissolve into manipulation. The ethics of care raise questions about whether care still has moral value if it involves self-interest.

The second part of the novel starts with Jennifer observing the sounds around. The loud noises, the screams of the residents, and the humiliations she experiences in daily life underscore her cognitive decline and loss of independence, "The woman with no neck is screaming again. A distant buzzer and then the muffled sound of soft-soled shoes on thick carpet hurrying past my door. Other noises emerge from other rooms on the floor" (LaPlante, 2011, p.143). The feud between Jennifer's memories and present events continues. The novel jumps straight to Jennifer's confinement in the care facility where she mostly lives inside her head, memories, and thoughts. This part is just as fragmented and confusing as the last if not more which deepens the suspense and mystery surrounding Amanda's death.

Furthermore, Jennifer transports the reader to memories of her past, particularly her career as a skilled orthopedic surgeon. These memories contrast bluntly with her present reality, creating a painful tension between who she was and who she has become. In addition to the memories, the narrative moves back and forth to Jennifer's perspective as she navigates between the sounds and sensations around her:

As with my patients at the free clinic I volunteer for every Wednesday: I focus on the symptoms, ignore the personalities. Just this morning I saw a case. If not for the puffiness around the hands and ankles, I would have simply diagnosed a mild case of depression. (p.147)

Care ethics value emotions rather than ignoring them. Although not all emotions are equally important, empathy, compassion for others, sensitivity, and responsiveness are essential to moral development. In contrast to traditional rationalist approaches, which prioritize reason and universal principles, care ethics consider these emotions as essential not only for the application of reason but also for understanding what morality requires. Even anger can play a role in moral judgment, especially when responding to injustice or inhumane treatment, because it can clarify moral understanding rather than distort it (Held, 2006).

Through her fragmented memories, the reader figures out that Jennifer was once a caregiver for her mother who was suffering from Alzheimer's. Fiona is angry at the fact that Jennifer showed no emotion to her mother's death. Fiona's emotional response to Jennifer's indifference demonstrates her sensitivity to relational bonds and her belief in the moral importance of shared grief, "*I just don't get you, Mom. You never crack. Not through any of this. Not through Dad's death. Not even when Grandmother died*" (LaPlante, 2011, p.173). She embodies the care ethics view that emotions are essential to moral understanding and communication between people.

Fiona's empathy highlights her commitment to maintaining relational bonds. She seeks an emotional response from Jennifer, affirming the care ethics principle that emotions guide moral understanding and help define responsibilities in relationships. As a retired surgeon, Jennifer's career has trained her to compartmentalize emotions. She views events, including death, with detachment, focusing on facts rather than feelings. This mindset distances her from emotional connections, even with her family. In addition, she has grieved her mother's loss for years before her death internally; not wanting to affect her children's lives.

The problem with Jennifer's relationship with her children, friend, and husband, was that she buried whatever emotion she had. She believed that things would resolve themselves eventually, which created a wide gap between her and those she loved. It gave off the impression that she did not care about anyone or anything. As Held (2006) asserts:

From the care perspective, moral inquiries that rely entirely on reason and rationalistic deductions or calculations are seen as deficient. The ethics of care, in contrast, typically appreciates the emotions and relational capabilities that enable morally concerned persons in actual interpersonal contexts to understand what would be best (p.10).

The central event in this part is Jennifer's contemplation of her relationship with Amanda. She is trying to piece together what could have happened. She is reminded of Amanda telling James that Fiona could be someone else's daughter:

So why did you do it? Peter asked. Make him aware of Fiona's...ambiguous ... paternity. About Jennifer's single instance of straying, about Jennifer's single instance of straying, about what everyone else has known for nine years. (LaPlante, 2011, p.131)

This affected the whole family not just Jennifer's relationship with her husband. Jennifer's fragmented memories suggest unresolved emotion and conflict between her and Amanda. Jennifer's inability to recall details surrounding Amanda's death raises questions about her reliability as a narrator and her possible involvement in the tragedy.

Some characters are limited in their understanding because their narrow-mindedness prevents them from gaining insight into other people's perspectives and ways of thinking. Their inability to understand each other fosters division between them, ultimately leading to the downfall of their relationship. In contrast, other characters recognize their differences and do not allow conflicting opinions and attitudes to drive them apart. Instead, they embrace these differences, working together to build a harmonious relationship, making life more manageable and fulfilling (Abbas, 2024). This is true for Jennifer and Amanda, even though they had their differences and Amanda betrayed Jennifer's trust multiple times, they always managed to patch things up making their relationship last a lifetime. According to Held (2006):

Between persons who feel they must constantly talk with a partner for the relationship to be close, which is not a problem if the partner feels the same way. But there can be close relationships in which mutual understanding allows both to be absent or silent for long periods and certainly to be fully independent moral agents (p.50).

This is evident in James and Jennifer's relationship. After the affair story, James distanced himself from Jennifer and his children. However, this was their way of putting things back together by giving each other space. It was an effective technique to maintain a happy marital life:

For a month after that, he bit his words back into his throat every time I addressed him. He showed his back in bed. He turned his cheek when Fiona attempted her good-night kiss. And then, after a month or so, the trouble passed. As it always did between James and me. You learn, you grieve, you forgive, or at least you accept. That's why we've lasted. That's how we've endured. The secret of a happy marriage: not honesty, not forgiveness, but acceptance that is a kind of respect for the other's right to make mistakes. (LaPlante, 2011, pp.132)

Care ethics emphasize the importance of recognizing the claims of those with whom individuals have actual relationships. Care ethics prioritize specific relationships even when they conflict with abstract principles of integrity. Proponents of care ethics question the reliance on universal rules and argue that moral claims rooted in particular relationships can be valid, even if they conflict with the requirements of moral judgments to be universally applicable. This creates potential tensions between care and justice, loyalty and universality, or friendship and integrity. This means that ethics of care, which prioritizes personal relationships, may sometimes conflict with broader ethical principles that emphasize justice and fairness. (Held, 2006).

Some proponents suggest that incorporating values of care into universal judgments can resolve these conflicts. Care ethics emphasize that relationships should be subject to moral evaluation. Ethics should guide how to foster relationships based on trust, consideration, and care, and how to address relationships that fail, rather than relying on abstract principles (Held, 2006).

Jennifer and Amanda have a close and complex relationship as longtime friends and neighbors. Despite this bond, Jennifer's possible involvement in Amanda's death raises questions about whether personal connections can justify moral failings. Jennifer values her relationship with Amanda but also struggles with broken memories and potential resentment. Trust and compassion should guide the relationship in their case, and they should have fostered trust and mutual understanding in their friendship, but instead, it was driven by an underlying tension. "You betrayed my trust. You see? the older woman says. Trust does matter. Betrayal is a serious act" (LaPlante, 2011, p.124).

In addition to her memories of Amanda, Jennifer's interactions with her children in this section also raise awareness of the family dynamics. Furthermore, her complex relationships with them deepen the mystery. Tensions are evident in her narrative voice and the notes she left in her diary. Woven into Jennifer's story, these entries reflect conflicting motivations, raising doubts about whether her caregivers were seeking to protect or exploit her (Sako, 2016).

Her children, Fiona and Mark, make competing claims. Fiona acts as Jennifer's financial advocate, while Mark seems interested in her assets (Sako, 2016). Since their conversations are mostly marked by tension, it brings to light how Jennifer feels about each one of her children. Because she fluctuates from memory loss to her past self, the reader sees her emotionally involved in conversations with Mark and Fiona. However, in other visits, she expresses disappointment in them, these conflicting narratives and motivations blur the boundaries of loyalty in Jennifer's care.

Mark is the oldest, he is a lawyer just like his late father. He even looks a little like him according to Jennifer's memories. Held (2006) argues that care ethics emphasizes interdependence. A person who cares for others prioritizes relationships over personal characteristics and focuses on the practice of care. They also value and work to enhance caring relationships, such as promoting mutuality. From the beginning of the novel, it is revealed that Mark is after Jennifer's assets and that he is problematic. Due to his financial problems, Mark is always asking for money from his mother as well as Amanda before her death.

Care ethics focuses on the middle ground between self-interest and universal concern. Those who care for others do not seek only their own interests; their interests are tied to the well-being of the people they care about. Nor do they act out of concern for all humanity, but rather aim to enhance specific relationships with particular individuals (Held, 2006).

In caring relationships, actions benefit both the self and the other, emphasizing mutual well-being rather than pure altruism or selfishness. Care ethics value relationships such as family and friendship and seek moral guidance for improving existing ties and creating new meaningful ones. It also applies these values to evaluating social and political systems, emphasizing the importance of cooperative and relational well-being (Held, 2006).

Empathy is inherently relational. Vetelesen (1994) emphasizes that empathy always involves another person, not just oneself. It enables people to understand the thoughts and emotions of others, which supports their well-being. Scholars suggest that empathy stems from concern for others and motivates altruistic actions. Care ethicists see empathy as a primary motivation for care. Held argues that empathy compels action, while Noddings (2010) highlights how experiencing the other's reality as ours enhances responsiveness to their needs.

Fiona is depicted as the perfect daughter. Jennifer's diary is filled with admiration for the person she grew up to be and her academic achievements. In addition, Fiona is known for always taking care of Mark since they were children. Fiona's actions towards her brother and mother reflect the extent to which her interests are tied to their well-being. Her care for her mother, especially in her later years, indicates a commitment to maintaining their relationship, even if it strains her emotional reserves.

According to Horney (2001), idealization involves suppressing certain aspects of one's personality while emphasizing the opposite. This process creates a distorted self-image that separates the person from reality and the true self. The ideal image is inherently unrealistic, attributing to the individual qualities that he or she does not actually possess. As a defense mechanism, it serves to hide the weaknesses and fragility of the true self, ultimately leading to self-alienation (Mahmood & Taha, 2025).

Fiona represses certain aspects of herself, focusing on an idealized version to maintain control or protect herself emotionally. This mechanism acts as a defense allowing her to function in relationships and social structures while hiding deep insecurities or vulnerabilities. Ultimately, the tension between Fiona's actual self and her idealized self contributes to her isolation. If she is unable to acknowledge or integrate the repressed parts of herself fully, she risks losing touch with her true identity.

With her brother, Fiona's efforts are often shaped by a sense of familial duty, as her interests and theirs overlap. Rather than working for broader humanitarian ideals, Fiona focuses on maintaining her bond with her family. Even though she provides care, it is unclear whether her relationships are truly reciprocal or whether she feels burdened by the responsibilities of caregiving. Fiona's role as a caregiver may reflect broader expectations placed on daughters. Fiona's relationships reveal the ethical challenges of balancing self-care with actively caring for someone. Genuine care inspires engagement and responsibility demands of familial bonds.

The nurses at the institution provide care for Jennifer, but emotional involvement is often minimal. Their role is more to carry out the daily tasks required for Jennifer's well-being, administering medication, making sure she is fed, and helping with basic hygiene. This kind of care may seem impersonal, and an ethic of care would criticize this separation, emphasizing the importance of emotional involvement alongside physical care. The novel does not delve into the perspectives of these hired carers, but their presence highlights the distinction between functional care and the more personal, emotional care that Fiona provides.

The experience of personal dignity helps individuals endure pain, whether it results from illness, accidents, or intentional harm such as torture. However, a loss of self-esteem makes suffering almost unbearable. In addition, dignity cannot be understood solely from a personal perspective. A person's self-perception may be inaccurate or divergent from societal views, often leading to social correction. Personal dignity is shaped by cultural context. One's understanding of dignity develops over time and is influenced by whether one's culture views dignity as a fundamental matter or rejects it as a subjective matter. Personal dignity is also shaped by external recognition and appreciation.

The way the nurses care and speak to Jennifer is almost like they are caring for a child. This deeply annoys Jennifer and harms her dignity little by little. It is bad enough that she cannot do the simplest things known to humans but her dignity is also slipping away. This is due to the caregiver's lack of attentiveness to the patients. To them, it is only work not caring about how these simple details can affect the comfort of the patient:

No. Not the bathroom. To that poor woman. To help. Leave me alone. I can get out of bed myself. *No, it's not safe. It's the new meds. They make you unsteady. You could fall.* Let me fall then. If you're going to treat me like a child, then treat me like an actual child. Let me pick myself up when I fall. *Jen, you could really hurt yourself. Then I would get into trouble. And you wouldn't want that, would you?* It's Dr. White. Not Jenny. Absolutely not Jen. And I wouldn't care if you were fired. Another would just take your place. (LaPlante, 2011, p.144)

One of the visitors who pass by Jennifer is a detective Luten who is trying to make her remember anything that might help solve the murder of Amanda. The detective notices the necklace Jennifer is wearing and asks to take it for inspection. The necklace shifts from a symbol of friendship and memory to one of mystery and confusion. Its presence and the questions surrounding its ownership and meaning

reflect the psychological tension and the unreliable narration tied to Jennifer.

Care is not just a series of actions but an ongoing practice that builds trust, mutual concern, and connection. It has identifiable qualities and standards that must be refined over time. Effective care should reflect and enhance the relationships that bring people together, with the goal of moral progress. Caring practices help shape individuals, fostering moral development in children and others.

The novel highlights how trust built over time can be shattered in an instant. Jennifer is unable to fully grasp reality. She cannot always recognize who is helping or hurting her. This reflects the fragility of trust in caring relationships. Jennifer is unsure of her surroundings because of her condition and it is hard for her to recognize who is trustworthy. She decides this by looking at the person's complexion and physical looks.

Trust is built gradually through ongoing care but can be destroyed in an instant. Rebuilding trust requires sustained acts of care, and in some cases, this may not be possible. Trust is essential in personal relationships and communities. Children need to trust their caregivers, and caregivers need to trust that their communities will maintain that trust. Social and political stability also depend on trust between individuals and institutions. While care and trust are distinct, they are mutually reinforcing, as caring relationships must be grounded in trust, and trust is reinforced by care.

As the novel unfolds, trust becomes more and more fractured. The mystery surrounding the death of Jennifer's friend Amanda raises doubts about Jennifer herself. Her children, caregivers, and the police do not know if they can trust her memories. Jennifer's mind becomes untrustworthy, illustrating how trust crumbles when perception does not match reality.

This section concludes with more confusion. The reader is unsure if Jennifer remembers what happened on the day of Amanda's murder and is hiding it using her Alzheimer's as a cover-up, or if she truly does not remember. This becomes clear through Mark's visit:

He gets up and dusts something off his pants. His face changes, grows crafty. His voice is now quieter and more measured. *I think you do remember. Fiona does, too. Like what happened to Amanda.* I don't answer. *You do know, right now, don't you? That she is dead?* I nod. He lowers his voice, comes even closer. Almost touching. *And do you know more than that? What do you remember?* Get out, I say. *Tell me*, he says. He is so close I can feel the warmth of his body. I said, get out. *No. Not until you tell me.* (p.227)

At the end of section two, Jennifer sees the opportunity to run away from the facility and succeeds. This makes the reader anxious about what will happen to Jennifer alone with her declining condition. Jennifer steps into the blinding sunlight with no sense of direction whatsoever, “The sun is blinding. How long since you were so bombarded with unfiltered light? Overpowering heat, the air thick and foul-smelling from the fumes of softened asphalt under your feet” (p.233). Section three highlights memories of her children when they were young and how mischievous they were, as well as memories of her as a young lady and her interaction with her mother. Furthermore, this section sheds light on what she has lost due to her Alzheimer’s which is the genuine interaction and social connections with others.

In the novel's third part, the narration shifts from first to second person, which is different from the previous chapters. This shift challenges the reader to determine whether the narrative voice exists within or outside the novel’s world. In addition, second-person narration allows readers to sympathize with Jennifer by revealing her disorientation, heightening the reader's compassion towards her. This technique is confusing especially when the reader gets used to first-person narration. Nevertheless, self-narration, the process of a person telling their own story, can be in the second person and instead of using the pronoun I the narrator uses the pronoun you (Adinolfi, 2017).

This section details Jennifer’s escape from the care facility to the outside world where she moves through various locations. Her cognitive decline is rapidly decreasing. Jennifer finds herself near a parking lot with many cars thinking that her husband James is still alive and has gone to get their car. During her wondering, she spirals through many different memories. She remembers how her children misbehaved when they were younger as well as what her career was like.

During her outing, Jennifer meets a group of young people in a restaurant, she talks with them about her career as if she were still practicing it, and leaves without paying. After this incident, Jennifer finds herself in a park at night where she meets two homeless men and takes them to Amanda’s house. The house feels different to Jennifer, it is dark and empty but she does not know why. Jennifer cannot remember anything and eventually ends up at the hospital where she once worked. She starts treating patients, “You are examining a five-year-old complaining of a stomachache when someone knocks on your door. Come in, you call. In walks a heavysset woman, short dark hair. A blazer. She is holding something in her hand” (LaPlante, 2011, p.274).

Jennifer is eventually found by the detective and is brought to the police station where Detective Luton calls Fiona to come in. Of course, Jennifer is confused and has no recollection of anything that happened during the hours she was gone. The detective is now sure of Jennifer's involvement in the crime but she just wants to know why and how it happened to get some closure on Amanda's murder.

Detective Luton starts interrogating Jennifer because her necklace has Amanda's blood on it. Jennifer confesses to the crime and it becomes clear that Fiona helped her mother get rid of the evidence since she is incompetent to do so herself. The motive as Fiona tells the detective is because Amanda threatened to tell Fiona about her affair and she could be another man's daughter:

Blackmail? Yes. About what? About me. The circumstances of my birth. That my mother didn't know who my father was. Not for sure. Amanda was going to tell. Tell who? Your father was dead. Who else would care? Me. How ironic. My mother killed to protect me. Or some idea she had about how I wouldn't be able to handle the truth. Or perhaps it was Amanda pushing things one inch too far. And so you cleaned it up, the older woman says. And so I cleaned it all up. (p.286)

Jennifer begged the detective to charge her with the whole crime and to not get Fiona involved, "For myself, I don't care, you say. But Fiona" (p.291). Luton agreed to keep Fiona out of it.

In the Fourth section, the narration shifts again. It is in the third-person narration. A free indirect style makes it difficult for the reader to fully engage themselves in the patient's experience. It creates uncertainty about whether the text reflects Jennifer's inner world or whether an omniscient narrator is directing the story. This ambiguity highlights the influence of narrative perspective in LaPlante's murder mystery.

Jennifer is charged with Amanda's murder and is sent to a psychiatric hospital for criminals. She is in full deterioration to the point where she cannot figure out the gender of Fiona, "She does not know this person. Is it male or female? She cannot tell anymore. Whoever it is, they are speaking" (p.298). In this particular chapter, Jennifer's role is a listener. During her visit to her mother, Fiona confesses everything and expresses her gratitude to Jennifer for hiding the truth to protect her, as well as how awful she feels about the whole situation.

It is at this part of the novel that the truth is unraveled. Through Fiona's apologetic talk with the unresponsive Jennifer, it is revealed that she is the real murderer. Fiona found out about the financial gains of the family. Fiona was afraid that Amanda was going to reveal

James's illegal business so during a heated argument Fiona pushed Amanda:

Amanda was going to report me, Mom. It would have been the end of us, our family, what little was left. And she told me such things. About Dad, about you. Nasty things. Amanda at her worst, her supercilious morality on full display. She would recreate me in her image, she said. A righteous image. I was so distraught, so angry. I pushed my way past her into the house. I had no plans. But somehow I found myself shaking her by the shoulders—I had to reach up, she is so tall. She laughed at me—at my ineffectiveness, at my—my weakness. So I gave her a hard shove. And she fell backward, hitting her head on the corner of that oak table in her hallway. (p.303)

Somehow Amanda got a hold of Fiona's necklace and fell to her death. Fiona tried to get the necklace from Amanda's hands but it was impossible that is when Jennifer performed the amputation on Amanda's fingers to help her daughter. The reader realizes that Mark and James's worry about Fiona was not for nothing. It is possible that they noticed how aggressive Fiona can be when her idealized self is at rest.

Both Bowden (1997) and Sevenhuijsen (1998) emphasize the relational aspects of care. In *Turn of Mind*, the process of caregiving is deeply intertwined with personal history, unresolved conflicts, and shifting power dynamics. Jennifer's deteriorating memory means that she must rely on others, but those around her also have personal motives in her condition. The novel raises questions about the role of the caregiver: is care still ethical if it is motivated by duty rather than love? What happens when care involves control rather than support? Sevenhuijsen argues that care must take into account the needs of both the caregiver and the recipient. *Turn of Mind* challenges this by showing how the process of caregiving can be stressful, exploitative, or even dangerous, suggesting that care can become a form of dominance rather than support.

The end of the novel leaves the reader with unanswered questions about whether Jennifer deliberately took the blame for her daughter or Fiona blamed her mother to avoid trouble. The reader wonders if Jennifer's decision to take the blame was a moral choice or a maternal instinct to protect her daughter at all costs. The ending raises a question as to whether Fiona deserved Jennifer's trust or not.

Turn of Mind explores memory loss, identity, and moral responsibility from the perspective of a narrator with Alzheimer's. The novel aligns with the Ethics of Care by emphasizing relationships, dependence, and emotional attachment over strict moral codes. Jennifer White's vulnerability highlights the importance of empathy in

caregiving as those around her navigate trust and duty in uncertain circumstances. The story challenges traditional notions of agency and accountability, reinforcing ethics care's focus on context, empathy, and the complexities of human relationships.

Conclusion

Alice LaPlante's *Turn of Mind* highlights the emotional, psychological, and ethical complexities inherent in caring relationships. Virginia Held's theory emphasizes the moral significance of caring, particularly in contexts of vulnerability and dependency. Jennifer White's deteriorating mental health places her in a position of dependency, but the ambiguity of trust complicates these relationships.

The narrative demonstrates how caring is not just an act of responsibility but also a dynamic of power and influence. Magdalena, Jennifer's primary caregiver, embodies both nurturing and controlling tendencies, illustrating the paradox of care ethics. While Magdalena provides material support, her presence also reinforces Jennifer's loss of autonomy. Similarly, Jennifer's children, Fiona and Mark, struggle with the burden of caring for their mother, raising questions about obligation versus genuine compassion.

Held's framework challenges traditional ethical theories, arguing that caring is fundamental to human interactions. In *Turn of Mind*, caring is not merely a practical necessity; it is closely linked to emotional investment, moral obligations, and the potential for manipulation. Jennifer's vulnerability reveals the tension between agency and dependency, reinforcing care ethics' focus on relational ethics rather than abstract principles. Care, as portrayed in the novel, is fraught with conflict, making trust a fragile but essential aspect of ethical responsibility.

Care is not treated as a background activity. It becomes the central ethical concern, revealing tensions between responsibility, power, and emotional labor. Magdalena's caregiving, Fiona's protectiveness, and Mark's opportunism illustrate different dimensions of care, some nurturing, some manipulative. These relationships underscore Held's claim that care ethics demand responsiveness and emotional intelligence, not just reasoned action.

Jennifer is not simply a passive recipient of care. Her fragmented memories and personal reflections reveal her former role as both doctor and daughter, caregiver and patient. Her past as a competent surgeon contrasts with her present dependence, which highlights the emotional weight of losing autonomy. The novel does not offer easy answers. Instead, it shows that care ethics must grapple with

uncertainty, vulnerability, and the blurred boundaries between love, duty, and power.

References

- Abbas, Z. M. (2024). Human Relationships in Robert Frost's Selected Poems. *Journal of the College of Languages*, 0(50), 107–124. <https://doi.org/10.36586/jcl.2.2024.0.50.0107>
- Adinolfi, S. (2017). Mind The Gap: An Analysis Of The Narrative Strategies in Alzheimer's Novels. *Handle.net*. <https://hdl.handle.net/20.500.14247/21555>
- Bill Kenower. (2011, August 8). Alice LaPlante Interview. YouTube. <https://www.youtube.com/watch?v=0LEaP5zBjQ8>
- Bowden, Peta. (1997). *Caring: Gender Sensitive Ethics*. London: Routledge.
- Held, Virginia. (2006). *The Ethics of Care: Personal, Political, and Global*. Oxford: Oxford University Press.
- Holstein, M. (2010). *Ethics and old age: the second generation*. The Sage handbook of social gerontology.
- Horney, K. (2001). *Our Inner Conflicts: A Constructive Theory of Neurosis*. London, Great Britain: Routledge.
- Laplante, A. (2007). *The making of a story : a Norton guide to creative writing*. W.W. Norton.
- LaPlante, A. (2011). *Turn of Mind*. United States: Atlantic Monthly Press.
- Mahmood, B. N., & Taha, A. A. (2025). A Study of The Neurotic Personality Traits and Criminal Behavior in Patricia Highsmith's Deep Water. *Journal of the College of Languages*, 0(51), 59–98. <https://doi.org/10.36586/jcl.2.2025.0.51.0059>
- Noddings N. (2010) *The maternal factor: two paths to morality*. Berkeley, CA: University of California Press.
- Sako, K. (2016). Dementia and Detection in *Elizabeth Is Missing* and *Turn of Mind*. *Contemporary Women's Writing*, 10(3), <https://doi.org/10.1093/cww/vpw011>
- Sevenhuijsen, Selma. (1998). *Citizenship and The Ethics of Care: Feminist Considerations on Justice, Morality and Politics*. London: Routledge.
- Vetlesen AJ. (1994). *Perception, empathy, and judgment: an inquiry into the preconditions of moral performance*. University Park, PA: Pennsylvania State University Press.
- Zimmermann, M. (2017). *The poetics and politics of Alzheimer's disease life-writing*. Springer Nature.

اخلاقيات رعاية مريض الزهايمر في رواية (تحول الذهن) لأليس لابلانت

المستخلص:

تتناول هذه الدراسة رواية (تحول الذهن) لأليس لابلانت من منظورين نفسي وأخلاقي في إطار أخلاقيات الرعاية، حيث تُروى الأحداث من خلال منظور الدكتورة جينيفر وايت، وهي جراحة متقاعدة تعاني من مرض ألزهايمر. تواجه جينيفر خلال الرواية صراعًا داخليًا ناتجًا عن تدهور ذاكرتها، وتجد نفسها طرفًا في تحقيق جنائي يتعلق بمقتل صديقتها المقربة أماندا أوتول، دون أن تكون قادرة على استرجاع ما إذا كان لها دور في الحادثة. تعتمد الرواية على تقنيات سردية متقدمة، من بينها تفكك الحكمة، وتعدد وجهات النظر، والاعتماد على ذاكرة غير موثوقة، بما يعكس التدهور المعرفي التدريجي الذي تعيشه الشخصية الرئيسية. من خلال إطار أخلاقيات الرعاية، يستعرض التحليل العلاقة المعقدة بين الرعاية والقوة والثقة والهشاشة، حيث تُمثّل شخصيات مثل ماغدالينا، فيونا، ومارك تجليات لصراع مستمر بين الواجب الأخلاقي والدوافع الشخصية، في سياقات تتسم بالاعتمادية المتبادلة والتداخل الأخلاقي. وتُسهّم البنية السردية للرواية في إبراز هشاشة الذاكرة والهوية، وتؤكد على الطابع الذاتي للإدراك في تشكيل الواقع. في نهاية المطاف، تُثير الرواية تساؤلات فلسفية وأخلاقية حول طبيعة الرعاية، وحدود الثقة في ظل الانهيار المعرفي وعدم اليقين الأخلاقي.

الكلمات الدالة: أخلاقيات الرعاية، مقدمو الرعاية، مرض ألزهايمر، الثقة، جريمة قتل