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*Sección Miscelánea / Articles*

# Rilkean memory in the philosophy of Alzheimer's disease

*Memoria rilkeana en la filosofía de la enfermedad del Alzheimer*

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**Abstract**

Not only does Alzheimer's disease impose challenges in the area of health, but also in discussions in the philosophy of medicine. Our analysis of the dilemmas we face in decision-making and autonomy shall illustrate this in view of issues surrounding memory. At first glance, speaking of memory in Alzheimer's, a condition primarily characterized by the deterioration of this capacity, seems somewhat counterintuitive. But this is only due to the use of traditional conceptions of memory. In contrast, the term *Rilkean memory* coined by Mark Rowlands (2015) presents a possibility for expanding our understanding of memory in the context of those who gradually experience the disappearance of this ability. To this end, this article is divided into an introductory section, which outlines our key claims. Section 2 deals with some standard conceptions of memory, particularly episodic memory and two issues that emerge from its analysis, i.e., autonoesis and mnemicity. Section 3 describes the term Rilkean memory, clarifying its differences with other types of memory and defining this type of memory as both involuntary and autobiographical. Sections 4 and 5 cover two dimensions of Rilkean memory, namely, *embodied* and *affective*. Section 6 situates the notion of Rilkean memory in the context of Alzheimer's patients. This section adapts some aspects of Rowlands' original notion and explores Rilkean memory as an entry point into the capacity to remember for those with Alzheimer's disease. Finally, Section 7 concludes by outlining the central ideas that emerged in this work.

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**Keywords:** Alzheimer's disease, memory, affective Rilkean memory, embodied Rilkean memory, episodic memory, non-cognitive memory, philosophy of medicine.

**Resumen**

La enfermedad de Alzheimer no sólo presenta ciertos desafíos en el área de la salud, sino que también en discusiones en filosofía de la medicina. Esto se observa en su análisis en torno a dilemas en la toma de decisión y la autonomía, así como en asuntos que conciernen a la memoria. En primera instancia, hablar de memoria en Alzheimer, enfermedad que se caracteriza por el deterioro de esta capacidad, parece contraintuitivo. Pero esto solo responde al uso de concepciones tradicionales de la memoria. Sin embargo, el término *memoria rilkeana,* acuñado por Mark Rowlands (2015), nos ofrece una posibilidad para expandir esta noción, concibiendo una noción de memoria para quienes paulatinamente pierden esta capacidad. Para ello, el siguiente trabajo se dividirá en una sección introductoria, en la que se detallan las ideas centrales de este trabajo. La sección 2 lidia con algunas concepciones estándares de memoria, en particular la memoria episódica y dos cuestiones que emergen de su análisis, a saber, la autonoesis y la mnemicidad. La sección 3 describe el término de memoria rilkeana, esclareciendo las diferencias con otros tipos de memorias y definiéndola en términos de involuntaria y autobiográfica. Las secciones 4 y 5 abarcan dos aspectos del concepto de memoria rilkeana, relativas a sus formulaciones corporeizada y afectiva. La sección 6 emplea la memoria rilkeana en contextos de pacientes con Alzheimer. Esta sección adapta algunas cuestiones de la noción original de Rowlands y explora la memoria rilkeana en personas con Alzheimer. Finalmente, la sección 7 concluye extrayendo las ideas centrales que emergieron en este trabajo.

**Palabras clave:** Enfermedad de Alzheimer, memoria, memoria rilkeana afectiva, memoria rilkeana corporeizada, memoria episódica, memoria no-cognitiva, filosofía de la medicina.

## 1. Introduction: memory and identity in Alzheimer's disease

The literature on the concept of memory constitutes an independent field of research. Debates begin at least with Plato (1958 [428-348 BC]) and his theory of reminiscence, as well as with Aristotle (1993 [348-322 BC]), who considers memory to belong to what he calls primary sensory perception. We also have Augustine of Hippo's (2005 [397-398]) sensory memory, and Hume's (2011) [1739]) distinction between imagination and memory, where the former allows us to relive past impressions as ideas. The literature does not stop there. In the 20th century, Russell (1921) distinguished between habitual memory and recollected memory, although without detailing the consequences of each, and so forth with many other authors.

In what follows, we will examine the concept of memory in the context of Alzheimer's disease. In section 2, we will briefly review episodic memory, autonoesis, and mnemicity, which only insufficiently address some of the challenges presented by the disease in question. We will notice that they do not significantly encompass the experience of those suffering from Alzheimer's, who gradually lose this ability along with other physical and cognitive functions. Typically, such standard conceptions of memory focus on the cognitive aspect, neglecting the experiential and emotional aspects that are part of the experience of remembering.

Regarding non-cognitive kinds of memory, sections 3, 4, and 5 explore different aspects of Rilkean memory, which provides an opportunity to analyze memory in the context of this neurodegenerative disease and to better understand the situation of Alzheimer's patients. Rilkean memory is presented as a momentary instance in which the differences between narratives (of the Alzheimer's patient and of their significant other with information from their past) can converge. Rilkean memory allows for a holistic approach that considers that, although information is lost, there are moments linking patients with Alzheimer's to their past by stimulating relevant memories. This occurs in different manners, such as reacting to seeing the face of a child, holding their favorite chocolate bar from childhood, or listening to a favorite piece of music from yesteryear. Such examples appear in recent literature, with empirical evidence demonstrating a reaction to these types of stimuli in Alzheimer's patients, which has been documented from various perspectives. We will return to this later, paying special attention to the case of reactions to musical stimuli, a situation in which, upon hearing the melody of a meaningful composition, patients react by singing, humming, or even making certain movements. In section 6, we will apply some key aspects of Rilkean memory to the context of Alzheimer's disease.

## 1. Standard theories of memory: episodic, autonoesis, and mnemicity[1]

When addressing Alzheimer's disease, debates usually focus on episodic memory. People close to those with this condition report that the latter lose their memories of events related to various relevant periods in their past. For that reason, let us briefly outline this conception of memory.

Bernecker (2010) defines episodic memory in causal terms: "S's representation at t1 that p* and S's representation at t2 that p are connected by a persisting memory trace or a contiguous series of memory traces" (Bernecker 2010, p. 130). This analysis of the notion of memory is difficult to conceive in cases where there are mental lapses that prevent the recovery of events and the causal connectivity between them. However, this is not due to the phenomenological content of the memories, but to the damaged causal network that prevents determining what type of memory (about people, things, properties, events, and facts)

[1] One referee has correctly pointed out that there is a sharper difference between standard theories of memory. This is usually characterized in terms of self-reflection, as it appears in the literature. I shall not pursue this distinction here, since it would distract from the main goal of this paper.

is memory X. Bernecker (2010, p. 21) refers to propositional memory, considering its qualitative and phenomenological aspects to be irrelevant. This conception of episodic memory leaves aside affective issues that are important in the ability to remember.

Tulving (1972) offers another definition, which differentiates between *semantic memory* and *episodic memory*: the former is "the memory necessary for the use of language" (Tulving 1972, p. 386), while the latter refers to "temporally dated episodes or events, and the temporal-spatial relations among them" (Tulving 1972, p. 385). Furthermore, there is an individual aspect when speaking of episodic memory, since usually, when referring to it, it is understood that we are remembering personal events from our past, that is, events that happened to that person and that can be mentally collected.

Furthermore, Tulving (1972, pp. 385-386) conceives episodic memory as a storage system that allows the collection of specific information about past events. This characteristic corresponds to a *first-order difference*, because it delivers information with specific content. In contrast, there is *second-order* memory, which contains not only information about the event, but also information about the relationship between the subject remembering and the event itself. First-order contents are basic and are employed to determine whether non-human animals have memory or not. Since second-order contents include the link between the event and the subject, they require greater skills on the part of the rememberer to discern between contents (Michaelian and Sutton 2017, pp. 13–14).

The fundamental difference between these types of memory is the self-reflective nature of their content. Second-order memory requires the person to reflect on her connection to the event in question and her role in it. Concerning self-reflection, McCormack and Hoerl (2001) argue that it allows for an emphasis on the person's temporal relationship with a given event, while others, such as Fernández (2006), conceive self-reflection in terms of the causal relationship between the event and the subject.

Similarly, there is the distinction between second-order memory acts and the original experience. The comparison between the experience itself and our memory of the event appears phenomenologically impossible to draw. While one can attempt to recreate a certain memory faithfully, one will always have the comparative advantage of knowing how the phenomena are triggered, making the spontaneity of the feelings experienced about past experiences impossible to recreate.

An exception to this is post-traumatic stress disorder. This mental disorder causes sufferers to re-experience extremely difficult and threatening events vividly. The traumatic event is relived in various ways, with flashbacks, depression, anxiety, and panic attacks, among others. War veterans[2] and people who have experienced ethnic cleansing[3] testify to the effects of these traumatic experiences, which serve as material for psychological studies.

[2] On veterans' stories of their experience of PTSD, see: https://cv4a.org/the-overwatch/veterans-share-stories-ptsd-healing/

[3] For an analysis of post-traumatic stress in those who have experienced the atrocities of the war in Palestine,

In standard cases, however, the memory of an event appears to be a copy of the original event, which does not relive the event as it was experienced with its original intensity. Even when there is evidence of an event, such as recordings or photographs, the phenomenological apparatus of the moment does not necessarily correlate with the original experience of the event. The copy may be affected in the recollection process, being modified intentionally or unintentionally.

Now, these definitions of episodic memory varies for Alzheimer patients, since in its early stages a person can perform second-order memory tasks, but not entirely. Later, in moderate stages, second-order memory tasks slow down. Ultimately, in the advanced stages, memory and communication skills are lost. In this advanced stage, people coexist in a domain of basic and immediate survival. However, based on experience treating patients at this stage, it is evident that these first-order memories are progressively forgotten. The final stage brings with it other symptoms, such as problems swallowing (dysphagia)[4], verbal communication or understanding written language (aphasia)[5], and even problems processing temperature and pain[6].

There is another aspect of episodic memory that it is worth noting before we consider how to conceive memory in people with Alzheimer's disease: autonoesis. This is the ability to retrieve past memories through the concept of time travel. Tulving describes autonoesis as a mental activity related to the awareness of the self in subjective time (Michaelian and Sutton 2017, p. 16). Autonoesis is described as a feeling of mentally traveling through time to re-experience an event. It is, therefore, the attempt to re-experience a past event, making the activity of autonoesis an aspect of episodic memory.

This form of recollection, sort of a mental time travel, could be a way that makes it easier for someone with Alzheimer's to access the ability of connecting past events. But this is only partially achieved, since, by time traveling, the subject doesn't need to remember the causal connections. This is not the same as saying that causal connections between events don't exist. They do exist, but what happens to someone with this neurodegenerative disease is that they may not remember the causal connection between the events.

People with Alzheimer's disease routinely have this experience in the early and moderate stages of the disease. Therefore, this form of recollection about past events helps to ensure the personal identity of these patients at these stages. People with Alzheimer's experience memories without the need to justify the direct causal network or transitivity, even though a third party assumes that many other connections between events have taken place. In other words, people with this disease can have these memories without the need to maintain a detailed narrative about the experience as a whole. In neurodegenerative diseases, time travel makes it possible to illustrate differences and connections between the current subject and

see: https://www.sciencedirect.com/science/article/pii/S2212657023000478

[4] On dysphagia disorders in patients with Alzheimer's, see Mira, Gonçalves and Rodrigues (2022).

[5] On aphasia disorders in Alzheimer's patients, see Weekes (2020).

[6] On altered processing of temperature and pain in patients with Alzheimer's and other dementias, see Fletcher et al (2015).

their pre-illness situation. Furthermore, this form of connection could theoretically justify what has been empirically observed in documented cases of Alzheimer's patients, which show that, thanks to certain stimuli, patients can momentarily recall specific issues from their distant past.

From a psychological perspective, Beltrán-Jaimes et al. (2012) address noetic consciousness. The latter focuses on the ability to be aware of information without the context of memory. For people with Alzheimer's disease, noetic elements exist in the early stages of the disease, which are later affected as neurodegeneration progresses. The temporality of past-oriented and future-oriented narratives represents a challenge. First, past-oriented narratives are adaptively beneficial, as they allow us to reevaluate the impressions of other subjects, impressions that were formed according to past behavior (Michaelian and Sutton 2017, p. 17). The adaptive relevance of this capacity is shared by other non-human animals, allowing them to survive and evolve in response to environmental threats. Second, future-oriented narratives are also adaptively beneficial, as they allow us to anticipate or predict certain events based on observed patterns, preparing for potential scenarios based on the available information.

On the other hand, there is another aspect of conceptions of memory to be considered before we analyze the possibility of a conception of memory in Alzheimer's disease, i.e., mnemicity. This is the ability to differentiate between instances of a person's recollection of memories and those of their imagination that generate confusion or alter reality (Michaelian and Sutton 2017, p. 13). A mnemonic ability requires solid foundations for constructing a subject's narrative, assessing whether a person suffers from a disorder that is altering their perception of reality. Some proposals consider that imagination plays a crucial role in narrative identity, as it allows for the articulation of narratives of past events. However, the question arises: where should the appropriate boundary be established between the imagination that allows for the narration of a past event, and the narrative freedom of the imagination that alters events experienced in the past to the point of turning them into non-true memories?

Let us consider scenarios in which the recall process is unsuccessful, which raises the notion of confabulation. Fernández (2015) has argued that confabulated memories can have adaptive benefits, relative to psychological defense mechanisms. These could arise due to certain types of experienced trauma, such as the blocking of certain aspects of an event, the mental creation of fictional characters or environments that replace real traumatic events, and even personal dissociation disorders. Likewise, misinformation can have epistemic benefits in certain cases, facilitating the construction of a life narrative (Michaelian and Sutton 2017, p. 20).

Robins (2016) explores the relationships between successful recall, confabulation, and incorrect recall:

- *Successful remembrance* involves accurately representing an event and retaining information about the experience of the event. (For example, I recall that on March 19, 2025, I corrected the introduction of this article).

- *Mistaken remembrance* involves an inaccurate representation with retention of inaccurate information. (For example, I think I remember sending the report to my supervisor, but I didn't actually do so).

- *Confabulation* refers to an inaccurate representation without retention of information. (For example, I think this work addresses issues related to medieval philosophy).[7]

The patient with advanced Alzheimer's disease does not perform the activities of representing and retaining. It remains to be seen whether the phenomenological situation of memory loss in this context corresponds to confabulation (inaccurate representation, coupled with lack of retention of information), mistaken remembrance (representation with retention of inaccurate information), or whether both occur. The latter scenario is possible, since there are cases in which there can be no representation or possibility of retention, as it happens with music in Alzheimer's disease. Although there is an instance that points to a certain past memory, it cannot be retained. Furthermore, since Alzheimer's is considered a type of dementia, retentions and inaccurate representations can occur.

While the notions of episodic memory, autonoesis, and mnemicity allow us to delve deeper into aspects relevant to those suffering from Alzheimer's disease, they are insufficient to encompass the experience of gradual memory loss. Episodic memory reflects the usual conceptualization when discussing the problems that occur with memory loss in Alzheimer's patients: the forgetting of certain past events and experiences. Autonoesis can occur without veracity regarding a causal network between memories of events. Finally, mnemicity is equally interesting in Alzheimer's cases given the capacity to imagine as an opportunity to recreate supposedly past events in the early or moderate stages of the medical condition. However, these three types of memory do not seem to encompass memories linked to emotions that remain prolonged throughout Alzheimer's disease. We will develop this point in the rest of the manuscript.

Nevertheless, there are aspects that episodic memory, autonoesis, mnemicity, even other conventional manners of conceiving memories might not be enough for the case of Alzheimer's disease. There are aspects of the intensity of memory that have been treated. For example, Hume (2011 [1739]) argues that the notion of memory is linked to feelings of strength and vividness. This idea has been refined over time by contributions such as that of C. D. Broad (1925), who discusses the feeling of the past that is inferred from the feeling of familiarity one has with a certain memory. Likewise, Dokic (2014) argues that episodic memory must be related to an *episodic feeling of knowing*. The latter can be understood as the

[7] The present notion of confabulation does not coincide with its meaning in Spanish, but with English, where it involves the creation of false and fabricated memories. According to Merriam-Webster, to confabulate is "to fill in gaps in memory by the creation of false memories by an individual who has a memory disorder (such as Korsakoff syndrome) and does not realize that the fabricated memories are inaccurate and false," at https://www.merriam-webster.com/medical/confabulation#:~:text=1%20%3A%20familiar%20talk%20or%20conversation,confabulation%20or%20exaggeration%20to%20them.

sensation of retrieving information based on the act of remembering. Be that as it may, the episodic feeling of knowing that Dokic speaks of refers to the sensation that the recovered memory of an event originates in the experience of the event (Michaelian and Sutton 2017, p. 16). Therefore, he does not seem to focus on the recollection of information, but rather on this recollection being causally connected to the original experience of the event in the past.

Still, these notions do not seem to grasp the emotional links that memories can provide. Therefore, a notion like Rilkean memory coined by Mark Rowlands seems such a possibility to expand traditional views on memory and even extend it in cases of Alzheimer's disease. Let us explore more in the following section.

## 2. Rilkean memory

Rowlands conceives the idea of Rilkean memory from the poet Rainer Maria Rilke's novel "Die Aufzeichnungen des Malte Laurids Brigge" ("The Notebooks of Malte Laurids Brigge"). Rowlands highlights Rilke's idea of how to achieve creative inspiration, which includes experiencing different things and then forgetting them. Rilke relates:

"And yet it is not enough to have memories. You must be able to forget them when they are many, and you must have the immense patience to wait until they return. For the memories themselves are not important. Only when they have changed into our very blood, into glance and gesture, and are nameless, no longer to be distinguished from ourselves – only then can it happen that in some very rare hour the first word of a poem arises in their midst and goes forth from them" (Rilke, en Rowlands 2015, p. 53).

The emphasis on the idea that an experience is forgotten to then being *incorporated* into oneself, to the point that it is indistinguishable from our own body, allows Rowlands to elaborate his notion of Rilkean memory. The latter takes two forms, namely, embodied Rilkean memory and affective Rilkean memory. Rowlands observes that this type of memory is not found in usual arguments about the definition of memory. While there is an episodic aspect in place, Rilkean memory requires that this event be cognitively forgotten and at the same time, also be incorporated into us in a particular way. This particular form is what is Rilkean about Rilkean memory. It is, therefore, an element that is part of our life, of our history, but which is not remembered as a specific event in time, as is the case with episodic memories.

Rowlands differentiates this from other classifications. In the case of Rilkean memory, he establishes:

"It is a form of involuntary, autobiographical memory that is neither implicit nor explicit, neither declarative nor procedural, neither episodic nor semantic, and not Freudian. While a discussion of the importance of Rilkean memory lies beyond the scope of this paper, I shall try to show that admitting Rilkean memory into our ontology does point us in the direction

of a very different conception of the mind and mental processes." (Rowlands 2015, p. 141).

Regarding the classification of *implicit* or *explicit*, the author explores the *simple consequence* approach, and the *dispositional formation*. The first one takes the following form: to remember that p is to have an explicit memory from which this p is quickly derived. For the second, to implicitly remember that p is to be disposed to have a dispositional memory in certain circumstances (Rowlands 2015, p. 151). Rilkean memories are not explicit because Rilkean memories lack content. Therefore, it makes no sense to discuss how they relate to explicit remembering to satisfy the definition of simple consequence. Nor are they implicit in the second sense because the relationship between Rilkean memories and explicit memories is not robust enough to satisfy the dispositional formation model. It should be noted that Rilkean memories do not have a causal relationship between themselves and explicit memories, so they may or may not be accompanied by the latter. The relationship between the two is not robust.

Rowlands observes that Rilkean memory is not Freudian in nature. It is not about memories repressed in the subconscious. There is an unconscious aspect to Rilkean memory, as it is a forgotten memory that is remembered in a different manner triggered by certain stimuli. Nonetheless, Freud's perception of repressed memory is usually associated with negative experiences. By contrast, Rilkean memory can originate from positive, negative, or neutral events with respect to what they evoke emotionally or physically. Furthermore, Rilkean memory, unlike repressed memory, does not arise as a defense mechanism to protect the subject from traumatic events.

This author emphasizes that Rilkean memory belongs neither to *procedural* nor *declarative* memory. On the one hand, procedural memories relate to ways of doing things or performing tasks, such as riding a bicycle or cutting with scissors. This is inconsistent with Rilkean memories, as these are not about how to carry out certain activities. However, they are also not declarative memories subject to criteria of truth or falsity. This is partly because, in order to establish truth or falsity, there must be mnemonic content, and Rilkean memory lacks this. The latter, in fact, sometimes manifests itself in terms of bodily or behavioral dispositions (embodied) or feelings, sensations, and moods (affective).

On the issue of *semantic* and *episodic* memory, the author explains that Rilkean memory does not belong to them either. The latter is not about facts, as semantic memories are. While Rilkean memories can be caused by facts, they are not *about* facts, since Rilkean memories lack content. They are also not considered episodic memories, since in the latter, memories are about events or situations experienced by the subject, that is, memories that the subject accesses through a mental journey (autonoesis) that allows them to remember. Rilkean memory alludes to past situations, but it does not make mental journeys to particular events that cause a situation. Moreover, the author emphasizes that Rilkean memories are not episodic in these terms:

"(…) the absence of such time travel is precisely why the Rilkean memory exists. Rilkean memories are not about episodes or experiences. They are not about anything at all. They have no intentional content" (Rowlands 2015, p. 150).

Now, it is worth considering not only what Rilkean memory is not, but also its positive, defining aspects. In a nutshell, Rilkean memories can be defined as:

- *Involuntary*, given that they cannot be experienced as a result of active seeking. They rather appear triggered by auditory, olfactory, gustatory, or even tactile inputs.

- *Autobiographical*, as long as these memories are those that belong to the personal experience of an individual, and not recollections about third parties.

- And *contentless*, since they are characterized as previously being episodic memories that are afterward forgotten, and later on activated by means of various inputs – even at a time when the subject cannot recollect the contents of experiences.

The above-mentioned passage considers two important elements: that this type of memory is involuntary, and that it is also autobiographical, but not in an episodic sense. Regarding the involuntary aspect, these are events that a person isn't actively seeking to remember; rather, they are imposed upon them by certain stimuli. These stimuli are not intentionally sought, like a certain aroma that surprises us and reminds us of summers at grandma's house.

Regarding the autobiographical aspect, it is worth noting that it remains a matter of debate whether autobiographical memory should be classified as episodic memory or as a distinct form of memory. Depending on the classification, Rilkean memory could equally well be a type of autobiographical memory, or a different form of memory. However, because Rowlands, by definition, differentiates between autobiographical memory and episodic memory, Rilkean memory would be a type of memory that is characterized as autobiographical (Rowlands 2015, p. 141).

The debate at hand encompasses different perspectives on how to classify autobiographical memory. Some argue that all episodic memory is autobiographical (Hoerl 1999), while other views, primarily from developmental psychology, consider episodic memory to be a phenomenon that occurs before the capacity for autobiographical memory because it creates a coherent narrative (McCormack 2015). In other contexts, it is argued that autobiographical memory arises from what Conway and Pleydell-Pearce (2000) call the *self-memory system*, which contains more elements than episodic memory, namely, specific events, general events, and broader life spans. Furthermore, there are perspectives that link autobiographical memory with narrative stances (Brockmeier 2015), considering autobiographical memory as an active construction of the subject's narrative. The connection between the autobiographical concept and life narrative occurs insofar as memory is examined from the subject's particular perspective. In this case, being autobiographical, this narrative is given in the first person. Nevertheless, as we observed previously, it is always possible to offer a third-person narrative, which is particularly beneficial in cases of memory loss. However, it lacks the impetus of lived experience that a first-person version provides.

The question of whether autobiographical memory belongs to the group of episodic memories can be left for further research. In what follows, we will focus on the strategy

Rowlands proposes for framing this concept of autobiographical memory in light of Rilkean memory.

So, since Rilkean memories are neither semantic nor episodic, the autobiographical aspect cannot be understood in terms of semantic or episodic manners. Rilkean memories also cannot be conceived as autobiographical in the weaker sense that Rowlands refers to, according to which, although one may not be the object of the intentional content of the memory, one may be implicated in its mode of presentation (Rowlands 2015, p. 153). Rilkean memories lack content, so they cannot understand modes of presentation of objects.

In short, Rowlands presents Rilkean memory as autobiographical only obliquely: Rilkean memories, while they do not have content, they still belong to the subject. Despite the lack of intentional content in these types of memories, they belong to the subject due to a transformation that has occurred into states that belong to them (Rowlands 2015, p. 153). The person positions themselves in relation to their past and the experiences that have occurred.

## 3. Embodied Rilkean memory[8]

Rilkean memories are classified into two groups: embodied Rilkean memory and affective Rilkean memory. Regarding embodied memories, Rowlands uses the hypothetical example of a runner who experiences pain in his calves. The athlete seeks advice on how to deal with this pain. A coach notices that he is not raising his knees enough, so he advises him to change his technique. When he does so, although the calf pain disappears, a pain in his knees emerges (Rowlands, 2015, p. 145). Rowlands continues the example by assuming that the runner does not remember that this knee pain is not new but that he had already experienced it before, naturalizing his initial posture to avoid the knee pain. In the past, to avoid this pain, he unconsciously and gradually changed his posture, lowering his knees and generating the calf pain.

Rowlands (2017, p. 56) states that Rilkean memory in this case is the athlete's way of carrying out the activity of running. In this situation, two scenarios can occur: the athlete either remembers or does not remember what happened in the past. If they do remember, the athlete may make the connection with the past episodic memory, i.e., the original knee pain, and then, from there, infer that the gradual change in posture affected their calves. Consequently, upon resuming the previous technique, the original knee pain would return. On the other hand, the athlete may not remember why this situation occurs. If so, there is no past episodic memory, and all that remains is Rilkean memory, that is, *the particular way* in which they are running. In the author's words:

"The runner's form would then connect him to the past in a way that more traditional -

[8] I am aware that more research could be done into embodied and enactive cognition, always in relation to memory. However, this paper stems from the philosophy of medicine, and its sole purpose is to deal with the philosophy of memory related to a non-cognitive way of analyzing memory for Alzheimer's patients.

episodic - memories no longer do. The idiosyncratic form of the runner is what these memories have become" (Rowlands 2017, p. 56).

Embodied Rilkean memory becomes so naturalized that the way it initially originated is forgotten, and the body then instantiates this capacity to remember. If the episodic event is forgotten, the athlete perceives the second onset of knee pain as a new event. However, there are empirical cases that can counter this argument. This is the case when the only thing that remains is the physical sensation, as occurs with the phantom limb phenomenon. In cases of amputation, the subject may still feel physical sensations such as pain or tingling in the area where their limb used to be. In this case, there is no limb, but the physical sensation it produces persists.[9]

This is better explained when we understand that there is a difference between what the athlete perceives as a new phenomenon and the technique itself used by the runner, the only element that remains from the original situation. Using Rilke's words, naturalized technique is no longer a memory of a particular event, but has become "blood, gaze, and gesture," that is, an embodied Rilkean memory. Something similar to this phenomenon is what is called motor memory, which refers to a movement that has become naturalized and is performed automatically, almost unconsciously. The fundamental difference between the two is that motor memory is procedural, while Rilkean memory is not.

Rowlands emphasizes that embodied Rilkean memory is not the same as other approaches that refer to the phenomenon of embodiment. In particular, he distinguishes between his concept and Ed Casey's notion of body memory. For the latter, there is a causal conception that produces episodic memories, whereas Rilkean embodied memories employ a constitutive sense of embodiment (Rowlands 2017, p. 57). In Casey's case, body memory might be seen as touching one's temples and remembering the thundering migraine from two hours ago. In contrast, Rowlands explains that the form of running is the memory itself, not the reflexive act of what caused it.

## 4. Affective Rilkean memory

Additionally, Rilkean memories have another facet, namely, an affective aspect. This is connected to the environment that originally caused the episodic memory. While embodied Rilkean memories are embodied in the body, affective Rilkean memories are incorporated in a particular environment that translates the original event into sensations, emotions, and moods. To further illustrate Rilkean affective memories, let us consider the example he cites from Kenneth Grahame's work, The Wind in the Willows (1908):

"It was one of those mysterious fairy calls from out of the void that suddenly reached Mole in the darkness, making him tingle through and through with its very familiar appeal,

[9] For more information on this phenomenon, see: https://medlineplus.gov/spanish/ency/patientinstructions/000050.htm#:~:text=After%20that%20a%20one%20is%20found%20there.

while he could not clearly remember what it was. He stopped dead in his tracks, his nose searching hither and thither in its efforts to recover the fine filament, the telegraphic current that had so strongly moved him. A moment and he had caught it again, and with it this time came recollection in its fullest flood. Home!" (Rowlands 2017, p. 59).

With this passage, the author points to what he refers to as affective Rilkean memories. These are expressed as feelings, sensations, and states of mind that are generated by certain stimuli that evoke past experiences. In Mole's case, without initially knowing what is causing the sensation he has, he feels a certain *familiarity* with the smell he perceives. This familiar sensation, which he cannot initially link to anything and which is generated by an environmental input, in this case a scent, is what Rowlands conceives as Rilkean affective memory. Rilkean memory does not occur in the final moment of this quote when Mole manages to establish the connection with his home; rather, it is that previous, familiar sensation without being able to identify the cause of that familiarity. Linking this familiarity aroused by the scent with the memory of his home is to find the connection with the past event that instantiates that sensation.

Affective Rilkean memories are embedded, but not embodied like the other kind of Rilkean memory. This has to do with the importance of the environment, since, unlike the embodied version, which focus on a posture of constitution, affective version focuses on the proximal stimulus exerted by the environment. The author draws distinctions in the degree of this environmental influence. Below, however, we will stick with the strong version of this argument, which is summarized as follows:

"X is *strongly* environmentally embedded if without the requisite environment the probability of X occurring falls below a certain specified threshold" (Rowlands 2017, p. 60).

This is what happens when a Rilkean memory is incorporated by the environment, allowing it to become a "part of you,". So much so that you even forget the particular episode that triggered it, but it still depends on the environmental stimulus to provide the necessary input. The idea that the environment affects our sense of familiarity is not new. Godden and Baddeley (1975) explain that divers collect learned material better when they are underwater than on land. In Mole's case, his Rilkean memories are first presented dispositionally and without the influence of the environment. They remain in this state. It is only through the environment that these dispositional memories are transformed into actual entities—sensations, feelings, and moods (Rowlands 2017, p. 61).

We have mentioned that, by definition, Rilkean memories lack content. In the particular case of affective Rilkean memories, what unites sensations, feelings, and moods are not intentional states. This type of memory is caused by something, but it is not about something. This is certainly a very peculiar way to conceive memory, but one that delivers excellent possibilities in the realms of a neurodegenerative disease like Alzheimer. Therefore, now we will dive into how Rilkean memories can help in the process of analyzing this disease.

## 5. Applications of Rilkean memory to Alzheimer's disease[10]

Rilkean memory is particularly interesting in light of the analysis of the concept of personal identity in Alzheimer's disease. Even though Rowlands use of Rilkean memory does not consider situations outside typical neurological conditions, we maintain that in the case of people with Alzheimer's disease, this conception can be fruitful. Nevertheless, it is necessary to note that Rilkean memories need to be adapted to the case in question.

The way that we understand embodied and affective Rilkean memory in cases of Alzheimer's disease revisits the weaker proposal on autobiographical memory that the author discards: one is not the intentional content of the memory, but may be implicated in the way it is presented within it. It is worth to remember that Rilkean memories begin with an event that is later forgotten, so they lack content. However, since they are autobiographical, they are present in individuals with Alzheimer's without them even realizing it. It is not until a stimulus gives an input that triggers a behavior or feeling that we observe Rilkean memories being activated. Occasionally, the person with this disease may draw some connection to the past. But these connections may weaken, especially in stages where communication is much more impaired. In this case, people that are meaningful to those with Alzheimer's disease, who have relevant information about their past, may draw connections, from an outside point of view, that link with the original episodic event in which an embodied or affective Rilkean memory is rooted.

The features of autobiographical and involuntary memories from Rilkean memories are well suited in cases of Alzheimer's disease. These are autobiographical because they belong to the subject. Furthermore, they are involuntary in that, without any stimulus, they are not activated. While Rilkean memory, for Rowlands, consists only of these familiar sensations and behaviors that occur without requiring the presence of exact triggers, this aspect would need to be adapted in the case we are discussing. In the case at hand, we will use the phenomenon as a whole. This means that Rilkean memories would be used as a path of entry for a capacity to remember for those with Alzheimer's disease. The use we give to Rilkean memory allows a connection to the past even when the patient's cognitive abilities are impaired. Since the person in these conditions cannot perform the act of recollecting memories in the usual way, Rilkean memories instantiated by different stimuli (such as music and familiar scents) allow connections to be drawn between the patient's reaction and episodes from their past.

This way of employing Rilkean memory contradicts Rowlands's objective of not connecting with the episode that originated the memory. Nevertheless, this way of conceiving a path to access memory for Alzheimer's patients has benefits such as pain relief, counteracting the effects of mood-altering drugs, improving communication channels, and providing moments

[10] My account of Rilkean memory in the context of Alzheimer's patients is linked with a constructive view on identity, hence it sidesteps realist debates about the ontology of memory which would construct this phenomenon in terms of dispositional, processual or extended-mind ontologies. In another manuscript I plan to discuss the relationship between Rilkean memories and relational ironism as the ontological framework for the case of Alzheimer's disease.

of happiness.[11]

Likewise, for Rilkean memory's conception of memory to have a place in the case at hand, it is necessary to include the notion of *intensity*: the stronger the connection with a past episode, the more intense the connection between the person and their Rilkean memory. Thus, it is more likely that it may be triggered given the relevant stimulus. This is essential for those suffering from Alzheimer's disease, since the way memory is gradually lost prevents it from being used normally.

Another aspect that makes Rilkean memories an attractive option to consider memory in cases of Alzheimer's disease is the lack of content. Rilkean memories, lacking content, do not require the cognitive capacity for episodic recall. Even though we deviate from the concept arguing that at the end there is a connection to the episode, we consider that lacking content is *the point of entry* for reaching the capacity to remember temporarily for those with this neurodegenerative disease. Certain reactions to stimuli seem to connect patients in the early and moderate stages of the disease with their past. In advanced stages, third parties may observe a nonverbal reaction that reveals a window of connection with the person's life.

It may be argued that, although these people are losing their ability to remember as they did before the illness, they may experience Rilkean memories. This is particularly the case if the stimulus they are given represents a relevant connection for the patients. There may even be a moment of episodic connection, thus carrying out the entire process exemplified by Mole's case: the episodic event is forgotten, but then a certain input from the environment generates a sense of familiarity that ultimately allows a connection to be established with memories of home.

At this point, autonoesis and mnemicity become relevant to the case of patients with Alzheimer's. Rilkean memory, as well as the idea of transporting oneself back in time to a particular event, could function like autonoesis for episodic memories. It is a mechanism by which one accesses a past event. Although Rilkean memories do not result in episodic recollection, they allow the patient to be transported by a stimulus to something familiar. When applied to subjects with Alzheimer's, the complete circuit is maintained, ultimately leading to the connection with the past of the relevant episodic event.

Mnemonic memory presents a more complex situation for those with Alzheimer's disease. While it can be argued that imagining can be understood as a way of reinterpreting one's life stories, this disease does not work similarly. Sorting between successful remembrance, mistaken remembrance, and confabulation in cases of normal cognitive abilities can be difficult. But it represents an even greater challenge for those with Alzheimer's disease. Furthermore, the situation can become even more delicate when considering the routine and care of these patients. Therefore, in terms of mnemonic memory, we have chosen to conceive of instances of imagined memories in people with Alzheimer's as a phenomenon that caregivers must

[11] We refer again to the Music and Memory organization, which has been operating for twelve years and brings together healthcare professionals, social workers, and caregivers. See https://musicandmemory.org/resources/.

consider when supporting actions stemming from these types of memories. If it is something that does not negatively affect them or others around them, the caregiver can help either direct the action appropriately or, conversely, redirect if harm is observed.

Additionally, real-life examples of Alzheimer's patients demonstrate what we analyze here through Rilkean memories. These cases exhibit Rilkean memories along with a certain level of intensity. Among these examples is the documented case of Martha C. González (a real case), a ballet dancer suffering from advanced Alzheimer's when the documentary was recorded.[12] Despite suffering from advanced Alzheimer's, upon hearing the music of *Swan Lake*, Martha begins to perform the dance gestures she used to perform as a ballerina.[13] These reactions to this musical input demonstrate, in part, that Martha has a strong emotional bond that allows her, even in her current state, connect her to her past. This reaction happens through this music due to her past as a ballerina. This would not be the same with other styles of music that do not evoke a significant connection. Scientific studies on this and similar cases of patients with advanced memory loss support this phenomenon. Moreover, some of these studies investigate musical memory and how it turns out to be a more robust memory in Alzheimer's patients. The study by Jacobsen et al. (2015) explains this permanence of musical memory in patients with Alzheimer's, which is partially separated from other areas of the brain that store other types of information and which better resists the symptoms of the disease.

In the study by Jacobsen et al. (2015), functional MRIs of stereotypical adults' brains were compared against three types of musical pieces: music unfamiliar to the listeners, recently familiar music, and long-standing familiar music. These MRIs were then compared with three biomarkers in a region of interest derived from the MRI findings. The study concluded that the identified regions that encode musical memory—namely, the nucleus accumbens, ventral segment area, hypothalamus, orbitofrontal cortex, and frontal insular cortex—corresponded to areas that showed substantially minimal cortical atrophy. This was found by MRI as well as minimal alteration in glucose metabolism measured by 18F-fluorodeoxyglucose positron emission tomography, compared to the rest of the brain.

The way in which the human brain connects with music has generated research that draws on diverse disciplines. Oliver Sacks, a neurologist interviewed for the documentary Alive Inside: A Story of Music and Memory, has this to say about the interaction between the human brain and music:

> Music has more ability to activate more parts of the brain than any other stimulus. Music seems to be a cultural invention which makes use of parts of the brain

[12] On the case of Martha C. González, see https://www.elespanol.com/mujer/actualidad/20201109/reaccion-marta-alzheimer-tchaikovsky-bailarina-nueva-york/534696902_0.html
[13] Regarding Martha's reaction to the musical input, there is a video showing this reaction at the following link: https://www.youtube.com/watch?v=WzABg24I8KY

> developed for other purposes. Not only auditory parts, but visual parts, emotional parts and at a lower level in the cerebellum, the basic parts for coordination (*Alive Inside: A Story of Music and Memory*, in https://www.youtube.com/watch?v=x9IHUPamCB4, min: 14:01).

This case illustrates the impact that certain past experiences can have on memory. It also demonstrates that Martha's case is not an isolated one. There is documentation of other Alzheimer's patients who, like Martha, are in advanced stages of the disease and remember music, as is the case with Luke Mitchell. Furthermore, as this is a phenomenon seen in various patients, there are also other studies that explore the effect of music as a therapeutic treatment method in Alzheimer's patients. An example of a study is Silvia López Alvarado's Master's thesis (2020), entitled "Music Therapy Applied to Alzheimer's Disease", conducted at the University of Salamanca, Spain. This work explores the benefits of music therapy as a tool to improve the quality of life of those with Alzheimer's, in addition to exploring the possibility of improving patients' short-term memory. This is done through neuroimaging of Alzheimer's patients listening to music. Improvements in their behavior and cognition are compared. According to the author, there is evidence of improvement in emotional and behavioral areas, but in terms of cognitive functions, although she reports studies that speak of long-term improvements in the alteration of the cognitive state (memory, attention, and language), further research is needed to establish conclusions (López Alvarado 2020, p. 24).

*Music and Memory* is an organization dedicated to providing personalized music to patients with different types of dementia involving memory loss, as well as certifying caregivers in the use of this technique. Some of their results are compiled in the documentary "Alive Inside: A Story of Music and Memory" (2014), in which Dan Cohen, founder of the program, connects dementia patients with their own pre-dementia past by using music meaningful to each individual. The documentary shows the cases of different people, who not only react, but some seem to begin recalling events from their past. For example, after listening to music, one of the dementia patients, named Henry, answers questions about his personal life. The expectation of remembering these memories, in a more cognitive manner for patients with advanced Alzheimer's is usually discarded. But Rilkean memory opens the possibility of palliative treatments or temporary connections with the past. The relationship between strong emotional bonds and the brain's ability to store music in certain areas that are somewhat more resistant to the impact of neurodegeneration lends relevance to Rilkean memory as an approach to the identity problem in Alzheimer's patients.

Let us consider further the relationship between Rilkean embodied and affective memory in examples of patients with Alzheimer's. While at first glance it is more plausible to associate this phenomenon with the idea of Rilkean affective memory, as has appeared in the examples of Luke and Henry, it is possible to speak of both. Considering the studies conducted on music and Alzheimer's (Jacobsen et al. 2015), we have empirical evidence that allows us to speak of brain areas that are activated through musical input. It is therefore affirmed that there is a bodily aspect raised by musical input. Furthermore, Martha's case is illuminating because not only is the emotional bond observed due to her past as a dancer and her multiple performances of *Swan Lake*, but there is also a bodily reaction. Given her physical condition,

Martha reenacts her ballet steps with gestures and movements as best she can.

It's important to be clear about the following: Connections to the past are not intended to provide arguments in favor of complete lucidity in those moments when a Rilkean memory is experienced. The effects of neurodegeneration are, as far as we know, irreversible. Keeping this point in mind allows us to avoid scenarios in which malicious third parties try to use moments of connection through Rilkean memories as opportunities to benefit themselves instead of the person with the disease. This means, for example, manipulating certain decisions the patient may have previously made to benefit during this window to the past. Decision-making processes constitute a crucial element in the care of Alzheimer's disease. But instances of connection with the past through Rilkean memories are just that: instances. They do not offer input to modify, let's say, advance directives.

Certainly there are aspects in decision making related to people with Alzheimer's disease that need to be respected. For example, the Chilean law protects the patient's economic resources through the designation of a curator. Nonetheless, there are certain decisions that can benefit from some flexibility in allowing current wishes and desires from the person with the disease to be listened. However, arguing this through Rilkean memories is not the most appropriate approach. This will need further research including notions of autonomy and identity.

Finally, taking this into consideration, Rilkean memories, though a great argument to conceive an idea of memory for those with Alzheimer's disease in different stages, should not be used to justify enough lucidity to change decisions. Rilkean memories, especially the affective aspect, can show to be beneficial not only in developing a greater connection with the patients as seen with organizations like *Music and Memory*, but also to expand our notion of what classifies as memory: what constitutes it, what are its limits and how it works in given diminished cognitive abilities.

## 6. Conclusion

The notion of Rilkean memory allows us to develop a notion of memory without the need of securing the full possesion of cognitive capacities, focusing on behaviors, sensations, and feelings rather than knowledge of past events. Behavioral and emotional issues are often dismissed in philosophical analyses of the concept of memory. While an episodic memory may evoke one feeling or another, the causal relationship runs from the remembered event to the sensation. In the case of Rilkean memories, the focus is on the sensation produced by an element perceived as past but not necessarily located in a specific place within it.

The focus of Rilkean memories is on the familiar sensations and behaviors generated by certain inputs, not on the patient's cognitive ability to recollect memories. Rilkean memory thus becomes a plausible entry point for those suffering from such memory-impairing illnesses as Alzheimer's disease. Connectivity with the past in the case of Alzheimer's patients cannot occur regularly, as it does in cases without neurodegeneration. Rilkean memories are

necessary sources for bridging the gap, allowing the person to connect with past memories. Such a connection reveals the person's situation as someone similar to their past, but also at the same time presenting differences when the recollection through Rilkean memories comes to an end.

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