Book Reviews


As Jesse Ballenger states, this book is not about scientific progress in the research and therapy of Alzheimer’s disease or a book of tips and advice to caregivers, but rather an investigation of “the dread that dementia generates in American society” (p. 1). He examines the dominant ideologies regarding senility, its relationship with normal ageing in the United States from the second half of the nineteenth century to the present; how senility and dementia, and specifically Alzheimer’s disease, are perceived by the scientific community, policy makers, and the public at large. Ballenger’s endeavor is motivated by the irony that “our public discussion of a disease that robs individuals of their memory proceeds with so little appreciation of its past” (p. 3). Although focusing essentially on the United States, this book also touches on philosophical differences between Europe and America in approaching and investigating issues of ageing and senility.

From 1860 to the turn of the twentieth century, “senility” acquired an increasingly negative connotation, denoting age-related (mental) deterioration, rather than general, let alone healthy, ageing. Moving away from a religious explanation of senility as a “sinner’s accomplishment” that one brings upon oneself, senility was for the first time approached from a medical perspective, albeit a pessimistic one. Deterioration in old age was perceived to be inevitable due to the depletion of the body’s vital energy. Despite the progressive move towards a biological explanation of senility and ageing, the prominent view of that time remains: one of inevitability, with little hope of change or cure. In that social context, negative stereotypes regarding ageing were prevalent, where older adults were seen as unproductive or even dangerous, despite an increasing understanding of the processes leading to dementia.

The early part of the twentieth century witnessed a move towards the invocation of psychosocial factors as causative agents in senility and dementia, to the detriment of biological causes and brain pathology. This shift in position took place in the United States at the same time as the first clinical and neuropathological cases of what was to become known as Alzheimer’s disease (AD) were reported in Germany (in 1906). Importantly, AD was described as a disease of the presenium, different from senile dementia or senility. Because AD was seen as a separate pathological process, the relationship between ageing of senile dementia and with senility remained unclear. These issues of classification of AD and its relationship with normal ageing were debated with vigor during this time.

This period saw attempts to explain causes leading to senility as being of a more personal nature — that is, psychological, emotional, and social — causes amenable to therapeutic interventions such as electroconvulsive therapy with (not unexpectedly) mixed results. Ballenger suggests that the increasing interest in senile dementia during that time and the quest for its cure were direct results of the increasing number of older patients admitted to mental hospitals that accompanied the increase in general population numbers. Seen as incurable, these patients were considered a burden to the system and to the psychiatrists in
charge of their care. Specialist accommodation, such as nursing homes, would not become available until the 1950s. This psychological-social view of senility and AD was possible for several reasons. Correlations between the severity of postmortem brain pathology and the clinical symptoms described during life remained disappointing because of the technical limitations of the equipment and investigative techniques of the time. In addition, AD had been categorized as a presenile dementia. As such, the significance of the disease in older individuals, particularly the issue of whether the clinical presentation in this group represented a pathological process or was part of the normal ageing process, remained unresolved, despite the fact that Alzheimer himself had declared in 1911 that this disease was not exclusive to the presenium. In the United States, a stronger biological view resurfaced in the 1950s, supporting the position that AD and senile dementia were the same entity, and dismissing the role of psychological factors as significant causative factors in its pathogenesis.

During the same period, attempts were also made to understand the mechanisms that characterized healthy or successful ageing, in contrast to pathological ageing, characterized by diseases that accompanied ageing but were no longer considered its necessary corollary. This position on ageing, which Ballenger labels “gerontological persuasion,” viewed AD and senility as a pathological process and not as part of an ineluctable process of ageing. During the middle of the twentieth century, this position would result in a rapid increase in ageing research and the development of institutions such as the National Institute of Aging. Within this theoretical framework, Ballenger argues that the concept of senility and its negative connotations resulted from a failure of society to accommodate the social roles assumed by adults as they approached and reached retirement age, and from a failure of the individual to adjust and adapt to the increase in leisure time that compulsory retirement entailed. This double tension focused attention primarily upon the social factors underlying senility and turned it away from the biological factors. Interestingly, Ballenger reports that during this period AD continued to be portrayed as a disease affecting men more than women, despite the epidemiological evidence pointing to the contrary, and as a disease of the middle class. The focus on what represented the social American archetype (white male, middle class) led to increased fear and anxiety about this terrible disease. One cannot help but wonder whether a more accurate depiction of AD would have diluted the dread and alarm associated with this disease, and whether this postponement of the recognition of its true importance delayed research into its prevention, treatment, and, possibly, cure.

In the 1960s, the pendulum swung back towards biological explanations of the disease, when systematic clinico-pathological investigations unequivocally demonstrated a biological basis for dementia, particularly AD, and significant correlations were found between the severity of the clinical signs of dementia and the extent of brain pathology. However, because the difference in pathological load between dementia patients and healthy control adults appeared to be quantitative rather than qualitative, the issue as to whether AD represented a pathological entity distinct from ageing, or a point further along the ageing continuum, was still unresolved.

Of great interest is the progressive politicization of pathological ageing during the second half of the twentieth century, with the recognition of the immense costs caused by the disease. As Ballenger reports, “the name of the game is ‘Alzheimer,’” reflected by increasingly well-organized and vocal patients’ and caregivers’ organizations, such as the Alzheimer’s Association in the United States. Importantly, whilst the overarching aim of the organization was to obtain greater funding for research into the disease and for care of AD patients, the discourse that ensued ultimately tipped the balance in favor of the former, because “[c]aregiving is positioned as an unfortunate and unnecessary burden — the price we pay for our failure to commit
enough resources to find a cure” (p. 120). Depictions of prototypical cases of AD patients as individuals robbed of their self and of previously brilliant minds, and evidence supporting the view that this disease was clearly different to normal ageing, helped cement AD as an increasingly pressing public health issue. The corollary of this increased exposure was the greater awareness in the general population of the disease, and the knowledge that it could affect individuals still in their prime, and with a social impact beyond the affected person. This, however, reinforced the fear attached to the disease and the “anxiety surrounding the boundary between the normal and the pathological” (p. 135). Although what Ballenger labels the “health politics of anguish” successfully generated money for biomedical research into AD, it failed to provide the same financial support for caregivers.

Ballenger concludes his book by examining the issue of preservation and loss of self in dementia and AD. He examines the tension between the two prevalent positions. The first is that dementia is responsible for loss of self, where only the “shell” or physical envelope of the person remains, the essence of the person having been eaten away by the disease. In contrast, the opposing position supports the view that people with dementia retain humanness that may be reached using noncognitive approaches. This social constructionist position, to which the author appears to adhere, favors the view of a preserved self in dementia and views the perceived loss as being the result of social changes and of how the social position and social role of the person with dementia is defined by society. The position of preserved self further implies that “improving the care of people with dementia [is] thus a moral imperative” (p. 181).

This book is a timely, if sometimes painful, reminder of the place ageing currently holds in developed societies, where youth and beauty are the central tenets of advertising and consumerism, and where getting old remains something of a stigma to be avoided. This position is rendered even more interesting at a time (2008) where the growth in the number of adults over the age of 65 years in Western countries is generally outstripping that of young adults. By current estimates, one in every five adults will be aged over 65 years by 2020. Interestingly, Ballenger’s book shows that the fear and concerns regarding ageing, senility, and dementia remain the same today as they were a century ago. Improvements in the management of infectious diseases, systemic illnesses, as well as better nutrition, have reduced infantile mortality and increased life expectancy in a dramatic fashion. This rise in life expectancy has come at a cost for the individual and society: an increased risk of being affected by dementia and senility, either directly or indirectly, and a social responsibility to maintain a meaningful life in individuals affected by the disease.

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This volume is a handsomely produced book that details the history of this remarkable department and its staff; a department that has led the development of neurosurgery in