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Dementia: Normal Ageing, Political Cause or Social Construction?



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Abstract

Dementia is an increasing issue in modern society. Advances in medicine and technology have provided greater detail about the physiological causes of dementia, and awareness of the illness is becoming more widespread throughout wider society as governments attempt to find a way to manage the challenges the illness brings. But is dementia an illness in its own right, or is it part of a continuum of brain deterioration that happens naturally as we age? And how does the current medical, political and social stance influence the care of people with dementia? This article briefly examines the various opinions on these matters with a view to raising awareness of the influences on public opinion of dementia and the care people who experience this illness receive.

Keywords: Dementia; Political; Social; Economic; Medicalisation

Introduction

Medical advances since the time of Alois Alzheimer have allowed us to understand the symptoms and causes of Alzheimer's Disease and other dementias from a physiological perspective. With advances in medical science around autopsy work, imaging techniques, and in obtaining evidence of symptomology from people with dementia, we now understand much more about the different types of dementia. However, is the cognitive decline caused by dementia different from normal ageing, or is it the end of a spectrum of degeneration? The following communication examines opinions regarding the 'medicalisation' of dementia, and how this influences political courses, policy development and the wider views of society.

The ageing brain continuum...?

Brayne and Calloway [1] argued that there is little research to suggest that dementia of the Alzheimer's type is anything other than a continuum of changes in cognition as the brain ages. This is more recently supported by Deary et al. [2], who state that the age related cognitive decline forms a continuum, and the point at which a person is deemed to have pathological cognitive impairment can change. Similarly, Davis [3] argues that the identification of the pathological changes in brain tissue which help the medical world to identify dementia do not consider that the act of ageing itself is indeed pathological i.e. our bodily

tissue degenerates as we age. Armstrong [4] states that the degenerative changes that occur across our bodily systems in the ageing process create a disparity around what is 'normal' and what is pathological, i.e. are the pathological changes in fact normal?

There has been much research in age-related cognitive decline [5-8] suggest that there is a functional disconnection which occurs as we age, caused by age-related anatomical and biochemical changes that occur within the white matter of the brain. But when do these changes begin? Salthouse [8] concluded that age-related cognitive decline starts once maturity has been reached, although others disagree [9-12]. Interestingly, cognitive decline is not found to be global, and accumulated knowledge e.g. vocabulary and general information, continues to increase until around age 60 [2,8,13,14].

However, Caccappolo-van Vliet et al. [7] describe differences between normal ageing, preclinical dementia and Alzheimer's disease. They state that often the symptoms of Alzheimer's disease are often mistaken for 'normal ageing', and that the deficits of preclinical dementia are very similar to those experienced in age-related cognitive decline.

While it should be acknowledged that there are arguments for dementia being part of a normal cognitive decline continuum

and also for it being a pathological condition which is more prevalent in those over age 65, Medina [15] states that it can be difficult and problematic to draw a definitive line between illness and normality. The variables for establishing these arguments are vast (e.g. neurological changes, education, previous testing, general health and wellbeing) and difficult to control in order to establish a definite answer [2,6,8,16,17].

A political conundrum

Regardless of whether dementia is part of a continuum or a disease in itself, there is little doubt that the issue of cognitive decline is one of great importance to the population. The biomedical advances in the knowledge of dementia has served to create a fear of the illness within the general public [15]. Loss of memory is one of the most feared parts of growing old, and the care of people with cognitive impairment places great financial, societal and personal difficulties on the population [2]. Indeed, the growth in an older population (and therefore growth in the number of people with dementia) has very much become a political issue on a national and global scale. World Health Organisation [18] estimate that 47 million people worldwide currently have dementia, and that this will increase to 75.6 million by 2030, which has led the world leaders to collaborate in the quest for finding a 'cure' for dementia and increasing the research in this area to find ways of reducing the burden on society.

In 2013, the world's first G8 summit on dementia was held. This was a gathering of ministers from the G8 countries, researchers, pharmaceutical companies and charities, who all met to discuss ways in which they can invest in dementia research, improve the preventions and treatments available for dementia, and improve the quality of life for people with dementia [19]. Prior to this, in 2012, David Cameron (UK Prime Minister), produced the "Prime Minister's challenge in dementia". This is a "challenge to the whole of society as well as government" (p.5) to improve care for people with dementia by improving health and care, the creation of dementia friendly communities, and improving research in the area of dementia care [20]. Indeed, there has been much policy around dementia care in the past 7 years [21], which has very much led to the issue of dementia being at the forefront of many campaigns, perhaps being the "most publicised health problem in old age" [22]. More recently, older adults, in particular those with dementia, have been portrayed as a burden on society's resources in terms of care provision and financial means. The 2017 UK election saw the main political parties debate the cost of dementia to society and argue how best to manage the financial burden to the country.

Innes [23] suggests that the politicising of dementia has its origins in the economic issues of dementia care. Indeed, the economic cost of providing care for a person with dementia is huge across a population, reported to be in excess of £26 billion per year in the UK alone [24,25]. Perhaps the first issue sought

by a government is that of data collection, i.e. how many people have dementia, which leads to the estimated cost of providing care for those people [23]. This, along with the discovery of drug treatments which claim to slow the illness down, leads to a crusade to achieving early diagnosis which will provide information on how many people live with dementia and will allow more people to access cost-effective drug therapies, preventing the need for more costly interventions later on [26].

Alternatively, the politicisation of dementia can be seen as a way of the government controlling the population. Katz [27] argued that the government attempt to constrain a population by monitoring it because they see it as a threat to stability of the "economic, moral and political orders" (p.23). Davis [12] argues that this creates an element of power for the government, which allows them to produce a more appealing view of old age: by creating a view that dementia is not an inevitable part of ageing, and through the promotion of research to find a cure/treatments, the ageing population can feel more reassured that they may 'escape' dementia. Harris [28] argues that this serves to appease an ageing population, who otherwise would be facing dementia as a 'normal' part of ageing.

However, the political focus on dementia is not all bad. The prominent political lens on dementia has piqued the interest of policy makers and research funder holders to search for a cure and place the needs of people with dementia and their carers at the centre of social policy [15]. Longley and Warner [29] also suggest that in addition to the economic issues raised by such an increase in numbers of people with dementia, the politicisation of dementia also gives rise to a spotlight on a more humanitarian view of dementia: changing the focus to the person with dementia, the maintenance of the self and personhood of the person with dementia. This is perhaps the most important element to the issue, and should be at the forefront of all interactions with a person with dementia, as it can help to shape the way society views dementia.

The social impact on dementia

In addition to the medical and political constructions of dementia, we should also consider the impact of the wider society on the issue of dementia, in terms of the impact on the person with dementia and the general held opinions on the term 'dementia'. Indeed, the way in which society sees dementia can determine whether the image is comforting or one which causes a sense of dread [3,30,31], and this can have a huge impact on the way in which a person with dementia views himself and the illness, and the way in which they receive care [31]. The literature in this area describes how the medical and political views of dementia are inextricably linked [3,30], and how they can influence the wider society's image and viewpoint on dementia.

Davis [3] describes how the medicalisation of dementia has served to place dementia in the public view as a biomedical

disease, rather than a normal part of ageing, which has served to problematic dementia. Harding and Palfrey [32] suggest that in spite of this, the Western view of dementia places it as an illness of old age, and therefore creates a sense of fear in an ageing population.

Clare [31] describes how cognitive skills, independent function and the ability to contribute to the economy carry a high importance in western society. This is therefore challenged when a person is diagnosed with dementia: people with degenerative cognitive impairments become unable to function independently and can no longer contribute economically, which greatly affects their status in society.

The views held by the family and wider social network of the person with dementia are also important. Often, they may be influenced by personal experiences of dementia (e.g. grandparents who had dementia), or may have been prejudiced by the views of others about dementia (e.g. their parents may have referred to people with dementia as “gaga” or “mad”) [31]. Similarly, the person who is experiencing dementia may hold views of the illness, which can place them in a negative social situation. The views of the wider society can also be influenced by representations of dementia in the media (e.g. documentaries, T.V. drama, films, advertising campaigns). The way people with dementia are projected by such means not only informs, educates, increases and consolidates awareness of dementia, but it also has the ability to influence how wider society responds to, understands and perceives the illness [15,33].

Interestingly, Adams [30] discusses a change in legislation and policy which attempts to change the approach to people with dementia and their carers, so that caregivers are recognised as important in their role, and that the needs and wishes of both the carer and the person with dementia are recognised in care provision. Indeed, this is particularly so in the publication of the National Dementia Strategy [21]. However, Innes [23] stated that while social science is attempting to change the view of dementia, it is difficult to infiltrate mainstream opinion and change the care that people receive.

Conclusion

In summary, we can see that the medical, political and social position on dementia has a large impact on how dementia is perceived by individuals who are facing the illness, either as a relative/caregiver or as a person who is experiencing cognitive impairment. Some may argue that dementia is a normal part of ageing which is being medicalised and used as a political and economic cause. However, there can be no doubt that the increased understanding about the causes and symptoms of dementia, the political agenda to reduce the economic burden of dementia, and changes in policy around the care people with dementia and their carers receive is working towards reducing the stigma of dementia and increasing awareness of the support that people with dementia require. Hopefully, this will lead to a

reduction in the disability caused by dementia and enable those affected to live well in spite of their cognitive impairment.

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References

1. Brayne C, Calloway P (1988) 'Normal Ageing, Impaired Cognitive Function, And Senile Dementia of The Alzheimer's Type: A Continuum?'. *The Lancet* 331(8597): 1265-1267.
2. Deary IJ, Corley J, Gow AJ, Harris SE, Houlihan LM, et al. (2009) 'Age-associated cognitive decline'. *British medical bulletin* 92(1): 135-152.
3. Davis DHJ (2004) 'Dementia: sociological and philosophical constructions'. *Adjusting for Market Failure: Challenges in Public Health Alternatives* 58(2): 369-378.
4. Armstrong D (1981) 'Pathological life and death: Medical specialisation and geriatrics'. *Social Science & Medicine. Part A: Medical Psychology & Medical Sociology* 15(3): 253-257.
5. Celsis P (2000) 'Age-related cognitive decline, mild cognitive impairment or preclinical Alzheimer's disease?'. *Annals of Medicine* 32(1): 6-14.
6. O'Sullivan M, Jones DK, Summers PE, Morris RG, Williams SCR, et al. (2001) Evidence for cortical “disconnection” as a mechanism of age-related cognitive decline. *Neurology* 57(4): 632-638.
7. Caccappolo Van Vliet E, Manly J, Tang M X, Marder K, et al. (2003) 'The neuropsychological profiles of mild Alzheimer's disease and questionable dementia as compared to age-related cognitive decline'. *Journal of The International Neuropsychological Society* 9(5): 720-732.
8. Salthouse TA (2009) 'When does age-related cognitive decline begin?'. *Neurobiology of aging* 30(4): 507-514.
9. Albert MS, Heaton RK (1988) 'Intelligence testing'. In: Albert, M. S. and Moss, M. B. (Eds) *Geriatric neuropsychology*. New York, NY, US: Guilford Press pp: 13-32
10. Schaie KW (1989) 'Individual differences in rate of cognitive change in adulthood'. In: Bengtson, V. L. and Schaie, K. W. *The course of later life: Research and reflections*. New York, NY, US: Springer Publishing Co pp: 65-85.
11. Plassman BL, Welsh KA, Helms M, Brandt J, Page WF, et al. (1995) 'Intelligence and education as predictors of cognitive state in late life: A 50-year follow-up'. *Neurology* 45(8): 1446-1450.
12. Aartsen M J, Smits C H M, van Tilburg T, Knipscheer KCPM, Deeg DJH (2002) 'Activity in Older Adults: Cause or Consequence of Cognitive Functioning? A Longitudinal Study on Everyday Activities and Cognitive Performance in Older Adults'. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 57(2): P153-P162.
13. Hedden T, Gabrieli J (2004) 'Insights into the ageing mind: a view from cognitive neuroscience'. *Nature Reviews Neuroscience* (5): 87-96.
14. Park D, Reuter Lorenz P (2009) 'The Adaptive Brain: Aging and Neurocognitive Scaffolding'. *Annual Review of Psychology* 60: 173-196.
15. Medina R (2014) 'From the medicalisation of dementia to the politics of memory and identity in three Spanish documentary films: Bicicleta, cullera, poma, Las voces de la memoria and Bucarest: la memòria perduda'. *Ageing and Society* 34(10): 1688-1710.
16. Jonker C, Geerlings MI, Schmand B (2000) 'Are memory complaints

- predictive for dementia? A review of clinical and population-based studies'. *International journal of geriatric psychiatry* 15(11): 983-991.
17. Amieva H, Jacqmin-Gadda H, Orgogozo JM, Le Carret N, Helmer C, et al. (2005) 'The 9 year cognitive decline before dementia of the Alzheimer type: a prospective population-based study'. *Brain* 128(5): 1093-1101.
 18. World Health Organisation (2017) 'Dementia Fact Sheet'. Geneva, Switzerland.
 19. Department of Health and The Prime Minister's Office (2013) G8 Summit Declaration: Global Action Against Dementia. London: Crown Publishers, UK.
 20. Department of Health and The Prime Minister's Office (2012) Prime Minister's challenge on dementia. London: Crown Publishers, UK.
 21. Department of Health (2009) Living well with dementia: a national dementia strategy. London: The Stationery Office, UK.
 22. Robertson A (1990) 'The Politics of Alzheimer's Disease: A Case Study in Apocalyptic Demography'. *International Journal of Health Services* 20(3): 429-442.
 23. Innes A (2009) 'Dementia studies: A social science perspective'. London: Sage, UK.
 24. Alzheimer's Society (2007) 'Dementia UK: The Full Report'. London: Alzheimer's Society.
 25. Alzheimer's Society (2014) 'Dementia UK: Update'. London: Alzheimer's Society.
 26. Geldmacher D (2002) 'Cost-effective recognition and diagnosis of dementia'. *Seminars in Neurology* 22(1): 63-70.
 27. Katz S (1996) *Disciplining old age: The formation of gerontological knowledge*. Charlottesville: University Press of Virginia, US.
 28. Harris PB (2004) 'The perspective of younger people with dementia: Still an overlooked population'. *Social Work in Mental Health* 2(4): 17-36.
 29. Longley M, Warner M (2002) 'The national policy context across Europe', in Warner, M., Furnish, S., Longley, M. & Lawlor, B. (eds.) *Alzheimer's Disease: Policy and Practice Across Europe*. Abingdon: Radcliffe Medical Press pp: 11-26.
 30. Adams T (1998) 'The discursive construction of dementia care: implications for mental health nursing'. *Journal of advanced nursing* 28(3): 614-621.
 31. Clare L (2002) 'Developing Awareness about Awareness in Early-Stage Dementia The role of psychosocial factors'. *Dementia* 1(3): 295-312.
 32. Harding N, Palfrey C (1997) 'The social construction of dementia: Confused professionals?'. London: Jessica Kingsley, UK.
 33. Wearing S (2013) 'Dementia and the biopolitics of the biopic: From Iris to The Iron Lady'. *Dementia* 12(3): 315-325.



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