

Book Review: Jesse F. Ballenger (2006) Self, Senility and Alzheimer's Disease in Modern America: A History (Baltimore: The Johns Hopkins University Press). Pp. 236. ISBN 0-8018-8276-1

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historians, who generally work on rich but limited amounts of source material, will find this work indispensable. For many years to come, this book will be read, examined and relied upon.

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The astonishing development of older adult mental health services in the UK and USA over the last 30 years is a testament to significant changes in the construction of old age, and senility in particular. The evolution of Alzheimer's disease from a rare condition of the middle-aged to a major pre-occupation of government, medicine and the pharmaceutical industry is the core of Jesse Ballenger's fascinating book.

The central argument of the book is that changing stereotypes of ageing (particularly those of the successful white middle-class professional) have left sufferers from dementia increasingly pathologized. The growing rift between normal and pathological ageing creates anxiety that pharmaceutical companies and biological researchers are exploiting to the full. The financial rewards involved in preventing the decline into dementia, and mending those who have succumbed, has led to greater investment in the development of biological models rather than care facilities. Ballenger explores the significant position statements and political developments that cemented Alzheimer's disease at the heart of the ageing agenda in the USA.

The growing anxieties about ageing are traced, from the early nineteenth century, by looking at the way the meaning of senility has evolved. At the beginning of this period, the word merely meant 'being old' – Thomas Jefferson looked forward to his 'senile rest' – but by the end of the nineteenth century it had been transformed into a pejorative term with many of the associations that it has today. In 1905 William Osler gave his infamous assessment of ageing, which suggested that men over 40 were fairly useless and gave guarded support to euthanasia at the age of 60. Indeed, senility has become a word that can no longer be used; Gilleard and Higgs (2000) argue from a UK perspective that Alzheimer's disease has become the new senility.

The greatest anxiety for the growing number of elderly people (the so-called 'apocalyptic epidemiology') seems to be the loss of 'self' which accompanies the decline in cognitive abilities. Most of the professional literature is predicated on a version of the self that revolves around the coherence of memory, and the ability of the person to produce a coherent self-narrative (Rose, 1993). The idea of coherent narrative defining a healthy self has its

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origins not only in the rationalist philosophers such as Locke and Hume but also in the darker labyrinths of psychoanalysis. This is also the view that appears to be most prevalent among the carers of dementia sufferers. The feeling that the person who inhabited a particular body has already died despite the continuation of the body is something commonly heard by professionals in the field.

This idea is rejected in the preface to the book: Ballenger's personal experience of working with demented patients has led him to believe that the person with dementia remains a person even into the very end stages of the illness. The last part of the book explores these notions through the 'biographies' of those who suffer with dementia and struggle to present themselves as coherent selves in the face of increasing dependency. Their different techniques as analysed by Alzheimer's theorists suggest to Ballenger that there is cause for optimism, despite a discourse that has called into question 'their very moral status as persons' (p. 187). 'Hearing the voice' of the person with dementia becomes the most important task of the carer. This re-civilizing process represents a significant challenge to society, which Ballenger argues can sit in a creative tension with the exploration of the molecular biology of Alzheimer's disease.

At present, this issue is of great interest to professionals, but the lay public does not seem to have altered its stance towards the illness. In much the same way that Cartesian Dualism remains the paradigm of choice for the man in the street with unexplained medical symptoms, the coherent narrative of self remains the dominant explanatory model for the majority of carers and sufferers. Most carers do not seem ready for discussions of the post-modern self in a post-industrial society but mourn the loss of their loved one who has, to their eyes, disappeared. Ballenger's book helps us to understand the complex web of influences that have created Alzheimer's disease as it is experienced today, but also points to a more positive future. While many of us would not share this optimistic conclusion, this revealing and informative account is worth reading.

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