Alzheimer’s Disease: the Creation of the Body Snatchers
by Rosemary Pope

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_Invasion of the Body Snatchers_ is a sci-fi/horror film from the 50s about aliens that come to earth and replace human beings one by one. These aliens mimic the humans voice and appearance perfectly but their personality is different. Reviewers of the film called the concept “the nightmare that threatened the world” (“_Invasion of the Body Snatchers_”). Such a scenario is not restricted to the realm of science-fiction, however, as there is a body snatching phenomenon happening in our society right now: Alzheimer’s disease (AD). The symptoms of Alzheimer’s disease are not unlike the characteristics in the movie that signify an alien is masquerading as a loved one: the diagnosed person looks and sounds exactly the same as the person once known, but their personality changes completely, and often they lose the memories that connect them to the people around them. To most people, it appears as if their loved one has been replaced with an alien entity, despite their physical body being unchanged.

From this idea, it becomes apparent that we perceive ourselves in terms of our mind and all of its capabilities. The individualized notion of identity, created and determined by our own consciousness, is shown to be a paradox in the context of AD. People diagnosed with AD never claim that they feel a loss of their own identity, but they continue to view themselves as the same individual. The people around them, however, claim the patients have lost their identity, and with it their personhood. When the situation is looked at from the point of view of the person diagnosed with AD, the body snatcher is not the disease, but society. In fact, once examined more closely, it becomes apparent that AD is not a disease at all, but a condition constructed by society. The medical establishment brands people with the label of AD, causing the rest of society to replace their humanity with a socially constructed alien entity.

The notion that a disease is merely a social construction might seem ridiculous for an obvious reason – how can other people “create” biological symptoms? There are obviously physical consequences of AD, or else it would not be considered a disease. But in reality, despite the fact that it has a long history of research being done about it, not much is known about AD and its effects on the human body. AD symptoms include cognitive decline, memory loss, and per-
sonality change, with the affected person often becoming more hostile and aggressive. There is no known cause or reason why people develop AD, and the progression of its symptoms varies from person to person. A lot of the symptoms found in people with AD are also found in healthy elderly people, and medical anthropologist Elizabeth Herskovits claims that “the long-standing historical image of the old person as ‘naturally’ senile has more recently been transformed into the notion of the pathologically demented old person with Alzheimer’s” (149). AD is considered a disease of the brain; however, when the brain of someone with AD is compared to that of a healthy individual of the same age, it’s pretty hard to tell them apart, indicating that the difference between who is considered healthy and who is considered diseased is not based completely on hard facts and observable science (Herskovits 149). In fact, within the medical community there is much discussion and debate over “whether Alzheimer’s is a qualitatively pathological state or whether it is a quantitatively extreme form of an essentially normal age-related state” (Herskovits 149). By this, doctors mean that we all inevitably get older and our brains deteriorate, causing us to lose our mental faculties. People diagnosed with AD may just be deteriorating at a more extreme rate than others, rather than being afflicted with a pathogen. The physiological realities that are considered to be a manifestation of the disease, like memory loss, are undeniably there, but the devastation that they cause people are no less significant if they are considered to be a normal part of aging and not a pathogen. Everyone wants to live as long as possible, but not at the risk of losing the way their life is now. The undesirable parts of aging, like the perceived loss of mental capabilities and personality change, are lumped together by society as part of a social construction of “Alzheimer’s disease.”

A large part of the social construction of AD is personality change as a physiological symptom of the disease. Tom Kitwood, a social psychologist who has done a lot of work in trying to understand dementia patients, claims that “it is impossible to hold the view that all of the personal deterioration associated with dementia comes about as a result of a neurological process” (46). Kitwood believes that the changes in behavior of an AD patient are not always a direct result of the disease itself, but also a result of the way that the patient is treated. The experience Kerry Hannon had with her father after he was diagnosed with AD helps to illustrate this point. After their father became too much for the family to care for alone, Hannon’s family decided to put him in a nursing home. Hannon says that at first the family thought the nursing home “was doing the best possible job under difficult circumstances” (Hannon). However, as time went on, they began to notice how overworked the staff seemed, with a constant shortage of workers. As Hannon’s father spent more time in the nursing home, his disposition worsened. He wouldn’t eat and was constantly fighting against the staff. Then, after a “glancing blow” to a nurse, Hannon’s father was involuntarily committed to a psychiatric facility (Hannon). After some digging, Hannon found out that the forced removal from a nursing home to a psychiatric institute was not an uncommon fate for Alzheimer’s patients. Often, nursing homes will send a difficult AD patient to a psychiatric institution because it is an easy way to bypass the normal standards and protocols necessary to remove a patient. Once he was finally released from the institute, no other care facility would accept him. The family was left with no choice but to bring him back home. Shortly after, Hannon’s father came down with pneumonia and was given two days to live. Hannon remarks that her father “wanted more—and he got it. He started to speak. He smiled again and even laughed” (Hannon). In the end, Hannon’s father lived seven more weeks (Hannon).

This story about Hannon’s father illustrates the complexities involved in the identity of a person and the inconsistencies in our beliefs about it.
Hannon was under the impression that her father was being treated poorly by an overworked staff and that he in turn acted out because of the poor treatment. This most likely caused the nursing staff to shrug him off even more and neglect him further, since “caregivers are often advised that when the person diagnosed with AD behaves ‘inappropriately,’ it is the disease, not the person, that is responsible for the behavior” (Herskovits 152). Kitwood uses the term “neuropathic ideology” to describe the common misconception that “mental and emotional symptoms [of AD] are a direct result of a catastrophic series of changes in the brain that lead to the death of brain cells—and nothing more than that” (40). Basically, it is a neuropathic ideology to believe that the only reason the psychological symptoms of AD arise is because the patient is afflicted with a disease, rather than the symptoms being caused by something else, like poor treatment. This neuropathic ideology that society abides by is exemplified in the case of Hannon’s father. Once Hannon’s father was brought home, he began to act like the person he was before being diagnosed, almost as if all of the “pathological” deterioration that everyone thought he was experiencing started to reverse itself. Most likely, being back in a familiar environment and surrounded by familiar people who treated him as a person instead of a diseased body led to the reversal of his personality change. Once he was treated like the person he was before diagnosis, he began to act more like that person, showing that his identity clearly did not disappear due to the deterioration of his brain cells. The neuropathic ideology is an important part of the larger social construction, which makes the “person” disappear, and become replaced with a “disease,” as everything the person does is chalked up to being manifestations of the disease, rather than the willful actions of a person. This allows society to discredit a person as being “diseased” in what is considered a morally acceptable way. Hannon’s father’s identity never disappeared due to disease; he was made to disappear by the people around him.

The washing away of people’s humanity through the label of disease is the main reason behind the social construction of AD. By essentially replacing the entire patient with a pathogen, society removes them from society—sometimes literally, like in the case of Hannon’s father. Society desires to remove these people diagnosed with AD because they pose a contradiction in how we conceive of identity and personhood, and this contradiction threatens our individuality-based society. In modern western society, being able to form our own identity “seems to be part of the widely accepted, apparently individually, as well as collectively exercised, political right to self-determination” (Hughes, Lou, and Sabat 80). In other words, we are the authors of our own stories; we create our own identity through our beliefs, and our beliefs are the products of our minds. Our values center around the individual and the mind, and are the bedrock of society.

If the contradictions to this belief system generated by the normal effects of ageing are instead interpreted as being caused by a disease, they can be invalidated as a part of the person and the larger human experience, since what they are experiencing is depicted as the work of a pathology, not the person itself. Thus our ideals concerning the individual don’t come into question. Calling an inevitable age-related condition a disease is comforting for society. By constructing these parts of aging into a disease, we reconcile our desire to live longer with our fear of the deterioration of the mind, which is construed to be the loss of what makes an individual a person. It also introduces a discourse of hope—if it is a disease, there could be a cure out there, and these symptoms could possibly be avoided and eradicated.

The decline in cognitive abilities that comes with AD exposes the mind-body dualism implicit in our concept of personhood. Tom Kitwood defines personhood as “a standing or social status that is bestowed upon one human being, by oth-
ers, in the context of relationship and social being” (8). Even though personhood is a social status granted to people by others around them, society’s desire to attribute everything to the individual leads us to the use of the mind as the basis for giving or not giving someone personhood. John Locke identifies a person as “a thinking, intelligent being, that has reason and reflection, and can consider itself as itself” (Hughes, Lou, and Sabat 165). Personhood is pictured as equivalent with mental competence. Without reason and self-reflection, the ability of the individual to function independently is lost. The interpretation of symptoms of AD as a normal aspect of aging would imply that the notion of an autonomous, mind-controlled self is a myth. Instead of reevaluating everything that society is based on, it is much easier and less unsettling to submit to a social construction and chalk up the symptoms we fear as the work of disease and nothing more.

Identity, like personhood, is considered to be a consequence of the rational individual, and this has important ramifications for how we grant personhood to others. However, thinking about identity only as a product of the individual is short-sighted, because no one lives in complete isolation from other people. Bourdieu’s concept of habitus helps us better understand the significance of the public in an individual’s identity, as it examines identity in the context of other people. Habitus is “the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel and act in determinant ways, which then guide them” ("Bourdieu and 'Habitus'"). The concept of habitus is very complex, but at its simplest, it asserts that individuals unconsciously form a way of thinking and acting through interactions with other people. What is considered “appropriate” or “normal” for people is determined by the habitus that is created within each individual by the rest of society. The way that individuals construct their identity and behave towards others is determined by the interplay between people and groups within society. Andre Smith interprets dementia to be the failure of habitus. The characteristic cognitive decline in people with AD can be viewed not as a loss of the ability to form an identity, but as a loss of the ability for other people to understand the person’s habitus (Smith 39). People around the AD patient no longer understand the identity being portrayed, since it is no longer conveyed in what is considered a socially normal way. Their behavior falls outside of the unconsciously agreed upon ways of behaving, causing society to be confused and unable to interpret the behavior. Furthermore, this leads to the misunderstanding of the person as a whole; their entire identity has become impossible to interpret in a socially meaningful way by the rest of society. This lack of understanding the identity on the observer’s part ends in the idea that there is no identity there at all. I argue that the misconstruing of habitus is not accidental though, and is actually another facet of the social construction of AD. The goal of the construct is to make the person with AD essentially disappear, and the stakes are not trivial. To admit that people with AD do indeed have an identity would mean that identity is not, as Locke held, dependant on an individual consciousness, but rather mediated and dependent on the interaction and cooperation of other people. The threat to our ideas of an autonomous, rational, independent person leads to the destruction of the person with AD through the construction of a “diseased” person.

Ignoring that people with AD have an identity and treating them merely as diseased bodies can become a self fulfilling prophecy, since identity cannot be formed in isolation from society. Radden and Fordyce argue that the “politics of recognition” play an important, and often under-emphasized, role in identity development (Hughes, Lou, and Sabat 72). The self-awareness that Locke and others argue is a necessity for personhood “depends upon and grows out of the
contribution, and particularly the recognition, of other persons” (Hughes, Lou, and Sabat 74). If emphasis becomes redirected from the capacities of the individual to the role of other people, the possibility then opens up that “other people might sustain someone’s identity as her own capacity to do so is eroded” (Hughes, Lou, and Sabat 72). That our identity depends on the participation of other people points to the latent inhumanity of the construction of AD. Letting everyone believe that the devastating effects of AD will be curable some day, and thus avoidable, means that those symptoms don’t have to be understood as another part of the human experience—and thus our experience. The consequence is all too often that we don’t consider people with AD as humans.

“The nightmare that is threatening the world” is not as unavoidable as it might seem. The deterioration of the brain may be an objective biological part of AD, but how we react to it certainly isn’t. We are removing the personhood and humanity from AD sufferers and forcibly replacing them with alien entities for our own selfish reasons. The symptoms often attributed to AD, such as a “loss of self,” have little to do with biology and everything to do with how society feels about and reacts to an individual. It is not a pathology that is snatching away people and their personhood, but society itself. The construction of AD may be comforting for society, since it lets us keep the values that we hold dear, but the comfort derived is a superficial one. Replacing elderly people and their deteriorating minds with pathological entities may seem to be the easiest solution, but it has harmful impacts on all of society. By taking away the personhood of people with AD, we forfeit our own ability to maintain an identity through all of life, since it is likely that the brain deterioration is more a consequence of old age than pathogens. By socially constructing this disease, we are restricting humanity’s potential to live longer as persons and condemn people with AD to an unnecessary social death.

Works Cited