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## Book Review

Review of Leibing, Annette and Silke Schicktanz, eds. *Preventing Dementia? Critical Perspectives on a New Paradigm of Preparing for Old Age*. New York and Oxford: Berghahn Books. 2021. pp. 260. Price: \$145 (Hardcover); Open Access (eBook).

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## Book Review

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A few years back, one of my family members, a virile and relatively young individual, was diagnosed with early-onset dementia. Unfortunately, the disease has progressed significantly in recent years. Preventing 'it' would have been a blessing. What does 'it' even mean? How would prevention have even been possible? Who or what is responsible for preventing 'it'? And when and where have we missed the "window to act" (30)? These are but a few of the queries that Annette Leibing and Silke Schicktanz's edited volume *Preventing Dementia?: Critical Perspectives on a New Paradigm of Preparing for Old Age* made me reflect upon, and I am grateful for the opportunity to review this fascinating anthology.

The scientific narrative of dementia has seen some profound changes, shifting its focus from finding a cure and ameliorating care to, currently, prevention. The professionalization of prevention means a major change of perspective after decades of rather unspecific therapies such as "brain training" for older adults in the form of crossword puzzles and Sudoku. The authors propose an interdisciplinary and cross-cultural reading of what they coin as the "new dementia": "an understanding of dementia prevention with an epistemic focus on risk factors, risk prediction, prevention claims, and a close brain-body-interaction" (3). This makes for an intriguing edited volume that will interest, first of all, social scientists studying health issues but also policymakers, health experts, social workers, non-governmental organizations caring for people with dementia, and the media. In addition, people with dementia and their family members and caregivers will find this interesting. The authors themselves come from a great variety of disciplines such as medical anthropology, critical bioethics, sociology, science and technology studies, gerontology, psychology, nursing, history of science, history of medicine, and neurology.

*Preventing Dementia* is the 7th volume in the series "Life Course, Culture and Aging: Global Transformations" published by Berghahn Books. The volume is divided into three sections. The first section centers on the recent turn towards prevention and provides specific case studies of the ways prevention is discursively and socially constructed. The second part discusses prediction and early detection, specifically with regards to the contested diagnostic category of mild cognitive impairment (MCI). The third section focuses on the socio-political investment in the concept of 'prevention' itself. In the following, I would like to offer an anthropologically oriented reading of this rich anthology.

In the first chapter, historian Lara Keuck traces the “larger changes” (9) in the history of dementia research since Alois Alzheimer’s first publication of his famous first case on Auguste Deter in 1907. Claiming that dementia is a “working title” (21) and a “placeholder label” (33), Keuck shows how the definition of dementia shifts over time between competing research frameworks while, at the same time, remaining relatively stable in its obscurity. She argues that although the big questions of defining dementia and Alzheimer’s disease (AD) have not been answered, those affected by this label are nevertheless constantly called upon to act—to take a drug, undergo a test, eat healthily—according to whichever research framework is prevailing at the time. The hereby ‘patients’ are then expected to do so within a specific time frame, and with the preventive turn especially, preferably before clinical symptoms occur.

In the second chapter, Annette Leibling follows “mini epistemic” shifts (9) in recent dementia studies and sets the themes that are further debated in the volume. Based on ethnographic data gathered in a geriatric outpatient clinic in Brazil, Leibling depicts both the dangers and the opportunities emanating from the epistemic shift towards the “vascularization of Alzheimer’s disease” (40). She recognizes that the preventive logic can indeed lead to blame and exclusion but also furthers the conscientization of health as an assemblage deeply embedded in societies and their structural inequalities. Leibling finds that economically disadvantaged Brazilians are easily held individually responsible for their health while social contexts (e.g., poor health care system, expensive medications, and few healthy dietary choices) receive secondary accountability. Yet, Leibling shows that what is at stake in the preventive turn today, was already encapsulated in the diagnostic category of ‘vascular dementia.’ Vascular dementia (VaD), which is typically linked to the nine risk factors (e.g., hypertension, obesity, etc.), has always been considered more preventable as it anchors the aging brain in the aging body (56). Thus, it frames the disease as part of a continuum of aging through the life course rather than a symptom of pathological aging. In acknowledging this parallel, Leibling also considers the potential advantages of the preventive turn: if dementia is demystified as a result and “efforts are taken to enhance living conditions, there might be a real chance” (57) for a better old age, she argues.

Mark Schweda and Larissa Pfaller (Chapter 9) revisit this theme of *personal accountability*. They maintain that expert discourses in an era of neoliberal governmentality encourage self-caring subjects to take preventive actions, thus reducing social phenomena to the aggregate of individual actions (198). Similarly, Tiago Moreira (Chapter 6) follows the evolution of MCI (mild cognitive impairment) through what he here calls “classificatory drifts.” He understands people who experience cognitive decline as “consumers” of diagnostic information, which situates them in a liminal space between normal and pathological aging. As a result, they find themselves “grappling with continued medical surveillance and the mundane complexities of managing their own condition” (148).

The theme of *social responsibility* is addressed in three chapters. In the Canadian context, Stephen Katz, Kevin R. Peters, and Peri J. Ballantyne (Chapter 7) focus on the concrete products and practices through which the ambiguities surrounding MCI are socially negotiated and rendered meaningful in the interactions between older individuals, their family members and caregivers, and “the market” (i.e., the commercialization of “memory products,” food, games, and exercises). In Chapter 10, Thomas Foth admonishes the neoliberal arguments that promote cutbacks in the Canadian federal Medicare system and highlights the significance of the lifestyle paradigm in governing the health of people through prevention. Matthias Leanza (Chapter 4), however, provides “an alternative perspective to the critique of neoliberalism” (93). Inspired by Niklas Luhmann and Bruno Latour who consider risks as preventable social phenomena (Luhmann 2005) that require a long and tedious “chain of translations” (Latour 1999), Leanza writes about the “improbability of dementia prevention” (94). He describes

prevention as a “fragile” idea, projected into the future and in need of being situated in local assemblages of health care.

In her chapter, co-editor of this volume Silke Schicktanz (Chapter 3) poses the intriguing question, “If dementia prevention is the answer, what was the question?” (65). Based on fieldwork experience in Germany, she finds that German professional and popular dementia discourse targets individuals in their forties and fifties and prompts them to be physically active and maintain a healthy lifestyle to prevent dementia. These discursive trends, she contends, reconstruct AD as a non-age-correlated disease. Inspired by Leibing, she argues that longstanding disease models are changing by conceptualizing the brain-as-body. This holistic approach to dementia prevention is also central to Alessandro Blasimme’s analysis of scientific geriatric literature (Chapter 5). He contends that the “new geriatric logic” pushes for the conceptual inclusion of frailty in a broader multidimensional understanding of dementia (114). In other words, as individuals are encouraged to cope with age-related pathologies through various preventive measures (e.g., cognitive training, physical activity, and nutrition), a continuum between normal and pathological aging is restored. In a similar vein, Kirsten Bell’s study (Chapter 8) of the US commission’s discourse on chronic illness highlights lifestyle changes as a form of holistic prevention. In fact, Bell argues that the most astonishing part of the preventive turn in dementia discourse and research is not its possible effectiveness in relation to dementia prevention — The Lancet Report (Livingston et al. 2017) that prompted the publication of this edited volume claims that one-third of dementia cases might be preventable if nine risk factors were better managed — but rather, the fact that the whole discussion around prevention started so late when compared to other health conditions.

This intriguing volume concludes with Peter J. Whitehouse and Daniel R. George’s short and provocative piece stating that, in our era, the correlation between the mind and the body, as well as the individual responsibility and the structural factors that affect preventive efforts, must be considered as a whole in order for us to be able to ask “larger questions about what kind of societies we want to have” (248).

I believe that the medical race to outrun dementia is a blessed effort for those affected by it, including me and my close family. However, as this anthology outlines, it is paramount to remember that the “new dementia” focuses too much on individual responsibilities without fully accounting for the structural factors that would make such preventive behavior possible for all citizens in the first place. Precision medicine (i.e., a medical model that proposes to tailor healthcare, medical treatment and products to individuals or a subgroup of patients) that now governs the medical discourse (Au 2021) further aggravates this problem.

On a final note, the hero of A.B. Yehoshua’s novel *The Tunnel* (2020) employs his diagnosis as ‘dementia patient’ to legitimize actions and perspectives that he would not have dared to act upon and voice out otherwise. Yehoshua utilizes the ‘demented’ hero’s voice to criticize the Israeli occupation and calls the Israelis to act differently. I wonder, if we wish for dementia to be extinguished through prevention, who will play this essential social role?

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