

BOOK REVIEW

Thinking through Dementia

by Julian C. Hughes

International Perspectives in Philosophy and Psychiatry

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With a rapidly aging population and the accompanying increase in age-related illnesses, among which dementia features prominently, the subject matter of this book could hardly be more pressing for serious philosophical contemplation. As the author points out, the topic raises both practical and conceptual issues. Indeed, the ‘conceptual issues ... are also practical ones’ (p. vii), since the ways in which people with dementia are thought and spoken about are liable to affect how they are treated; ‘clear (and detailed) thinking is absolutely essential as a way to get things right’ and ‘slipshod’ thinking needs to be highlighted wherever it occurs (ibid.). Being a consultant in old age psychiatry with Northumbria Healthcare NHS Foundation Trust, and Honorary Professor of Philosophy of Aging at Newcastle University, Julian Hughes would seem to be an ideal person to take on the task of thinking through, or about, dementia. He considers the task to be an urgent one, and that nothing less than a ‘revolution’ is needed in social attitudes towards and care of people with dementia (p. viii).

This book aims to make a contribution towards that desired revolution by promoting what Hughes calls the ‘human-person-perspective’, according to which people—including those with severe dementia—are seen not as discrete biological entities but as being ‘situated in a richly textured context of culture, time and place; in a narrative history which has a past and future and which interconnects with the narratives of others; in a world shaped by certain normative concerns, which are themselves based upon deeply rooted practices and customs’ (pp. 227–28). This vision is, at times, impressive, and Hughes’ knowledge of both practical and theoretical dimensions of the subject is extensive. The book suffers, however, from some significant defects which are liable to make it a frustrating read for many who are familiar with, and sympathetic to, Wittgenstein-influenced approaches to philosophy. Some of the most frustrating aspects will become evident in our discussion below, following a brief overview of the book’s contents.

Overview

The first of the book's four parts highlights some of the philosophical and ethical issues raised by dementia and acquaints the reader with Hughes' own approach to those issues, namely his 'situated embodied agent (SEA) view of the person' (p. 30). The second part sprints through philosophical theories of the mind, which include Cartesian dualism, the respective materialisms of David Armstrong and the Churchlands, Fodor's functionalism, the anomalous monism of Donald Davidson, and the 'social construction of the mind' (citing, especially, the ideas of Rom Harré). This survey provides a foundation for what is to come, as the theories reappear to facilitate discussion in later parts of the book. Part 2 also introduces what Hughes calls 'the Wittgensteinian analysis', which in Part 3 he goes on to employ in an examination of models of dementia used in clinical practice. Consideration is also given in Part 3 to the possibility of doing without models altogether. In the fourth and final part, Hughes unveils his preferred 'human-person-perspective', returning to some individual case 'dilemmas' first delineated in Part 1 to illustrate the implications for evaluative judgements made in connection with dementia. In the closing pages there is some further reflection on the implications for philosophy, ethics and clinical practice.

Problematic terminology

One of the most unfortunate features of the book is the author's penchant for technical vocabulary. The reader is first alerted to this when, in chapter 1, Hughes discusses whether 'dementia' is an appropriate term for the condition, or cluster of conditions, to which it is applied, or whether an alternative appellation should be sought. Hughes argues that the term 'dementia' is, on the whole, not a helpful one; indeed, it is 'a conceptual mess' (p. 17) and should be replaced by a more precise expression. Hughes' suggested alternative is (we kid you not) 'acquired diffuse neurocognitive dysfunction' (first introduced on p. 18). This, he thinks, would provide a suitable 'umbrella' term for the syndrome of conditions that are currently bundled together within the loose category of 'dementia'; and under this umbrella more specific diagnostic terms could be used, which indicate whether the particular form of the disease is, for example, 'Alzheimer's, vascular, Lewy body, frontotemporal, Creutzfeld-Jakob, Huntington's,' etc. (p. 19). Having introduced the phrase 'acquired diffuse neurocognitive dysfunction', Hughes subsequently uses it quite a lot; but he also continues to use 'dementia', even though it is in his view an insulting term because it derives from the

Latin root *demens*, which ‘suggests being out of your mind’ (p. 14). We were puzzled as to why so much weight should be accorded to the etymology here, and also about how committed Hughes is to his preferred form of words. One very good reason for sticking with ‘dementia’ rather than replacing it with Hughes’ suggested alternative would seem to be that the latter is extremely unwieldy and (ironically, perhaps) hard to remember. Its unwieldiness is, we presume, among the reasons why Hughes does not use it consistently, but frequently opts for ‘dementia’ instead, despite its purported political incorrectness (p. 15) and other difficulties. The claim that it is politically incorrect would have sounded more convincing had more attention been given to the use of ‘dementia’ in everyday discourse, beyond simply noting that ‘demented’ can be a term of abuse (p. 14).

Regrettably, Hughes’ prolix new phrase for what most of us, surely, will continue to call ‘dementia’ is far from being the most technical of his terms of art. When it comes to the more explicitly philosophical areas of his discussion, he adduces a series of specialized expressions, which tend to obfuscate rather than elucidate the points he wants to make. Of particular concern is the way in which he characterizes, and subsequently deploys, Wittgenstein’s rule-following considerations from the *Philosophical Investigations*. According to Hughes, these considerations amount to a ‘transcendental account of the normativity of intentional psychological phenomena’ (p. 185). Summing up the account towards the end of chapter 4, he writes:

Looking for the conditions for the possibility of language being used correctly or incorrectly drives us to see the requirement, whatever else may or may not empirically be the case, for an immanent, irreducible normativity in the practices that constitute intentional mental activity. The constitutive nature of the normativity means that the mere possibility of engagement in patterned practices of the requisite type is enough in principle to support the claim that human life such as this, where there is the possibility of subjectivity even in severe disease, is characteristic of persons. (p. 115)

When reading sentences such as these, we had to pause and ask ourselves what the author was getting at; and there were more than a few occasions when we could not come up with a satisfactory answer. (In this particular case, our attempt at a paraphrase would be this: ‘Even when a person has severe dementia, provided the dementia is not *too* incapacitating, we should not refrain from regarding him or her as a person. As long as the person’s activities exhibit a sufficient degree of coherence with general norms of human behaviour, it is evident that he or she remains capable of living a meaningful life.’)

Craving for generality?

Another of the book's drawbacks is its tendency to offer broad generalizations where careful attention to differences between particular cases is called for. A salient example is Hughes' use of the philosophical notion of intentionality, which has a prominent place in the book as a whole. The term is introduced in chapter 2 in the context of a discussion of human agency, and is defined in a conventional way, using terms such as 'aboutness' and 'ofness': 'When I think, I think *about* something'; 'my memories are intentional (in this technical sense) because they are memories *of* something' (p. 51). The treatment of the notion of 'intentional mental states' could have been improved by considering a wider range of examples, and by the inclusion of some comparison of Hughes' own conception of intentionality with that of other philosophers who use this term. Since, for example, Brentano and Searle count visual perception (i.e., *seeing*) as intentional, whereas Hughes does not (p. 84), it would have been interesting to hear why Hughes takes this contrary view. (Cf. Franz Brentano, *Psychology from an Empirical Standpoint* (London: Routledge, 1973), p. 79; John Searle, *Intentionality* (Cambridge University Press, 1983), p. 39.)

In the case of 'memory', Hughes acknowledges that this comes in several different types. He distinguishes, for example, 'procedural memory (which allows me to drive my car)' from 'declarative memory (which allows me to recite a famous soliloquy by Hamlet)', which in turn can be divided into 'short-term' and 'long-term' forms, the latter of which can be further divided into 'episodic' and 'semantic' varieties (p. 133). From a Wittgenstein-influenced perspective, the disappointing feature of this treatment will be the extent to which these distinctions of Hughes' borrow from research in cognitive neuroscience as opposed to careful attention to linguistic usage within well-described contexts. Notwithstanding the acknowledgement of different types, Hughes nevertheless speaks of remembering as though it were a single kind of thing. Hence, having taken as his primary example the notion of 'remembering Adlestrop' from a poem by Edward Thomas, Hughes equates answering the question 'What was it for Thomas to remember Adlestrop?' with the more general question 'what is it to remember?' (p. 119). 'The full-view answer' to these questions, Hughes asserts, 'must capture the constitutive, immanent, and irreducible nature of the normativity of the mental state of remembering' (p. 120).

This talk of remembering as a 'mental state' is of a piece with Hughes' assumption that remembering is intentional. A more nuanced discussion might have considered other examples, such as one's remembering to pack one's swimming costume when going on

holiday, remembering that one's sister's birthday is coming up, remembering Mrs Smith's name, etc. Are these instances of remembering well characterized as being 'of' or 'about' anything? Maybe they are, but not obviously so. Is Mary's remembering to pack her swimming costume 'about' her swimming costume, or is it 'about' her expectation that there will be places to swim on holiday? What is the 'content' of Gerald's remembering that it's his sister's birthday this Saturday? Is it *his sister's birthday*, or is it *his sister's birthday being this Saturday*? Is it helpful to speak of 'content' here at all? Whether we try to answer these questions, or decide that the questions themselves are suspect, they at least place in doubt the assumption that remembering is one sort of thing, and that the sort of thing it is is an 'intentional mental state.'

(Mis)characterizing persons

One of Hughes' principal, and admirable, aims is to advocate better treatment and respect for people with dementia. Closely connected with this is his insistence that they be regarded as persons. This insistence seems entirely right, and any putative metaphysical argument designed to show that people with severe dementia are somehow excluded from the category of persons deserves to be challenged. It is worrying, however, that Hughes himself appears to place conditions on the regarding of people with dementia as persons. As we saw above, he states that 'the mere possibility of engagement in patterned practices of the requisite type is enough in principle to support the claim that human life such as this, where there is the possibility of subjectivity even in severe disease, is characteristic of persons' (p. 115). This seems to leave open the possibility that there could be human beings who lack what 'is characteristic of persons' because they lack even 'the mere possibility of engagement in patterned practices of the requisite type'. Requisite type? We would have liked to hear what Hughes considers such practices to be, but we found little more than hints.

A similar remark occurs later in the book: 'the constitutive nature of normativity means that the mere possibility of engagement in patterned practices of the requisite type is enough in principle to support the claim that human life *as such* is characteristic of persons' (p. 212). The emphasis on '*as such*' here implies that someone's having a human life is sufficient for personhood. But then what does it add to say that this claim is supported by 'the mere possibility of engagement in patterned practices of the requisite type'? It isn't clear why the possibility of someone's engaging in practices of *any* type should play a part in licensing their status as a person. If human beings 'as such' are persons, then the ability (or possibility

of having the ability?) to engage in practices would seem to have nothing much to do with it. Hughes' way of putting it appears to exclude, for example, people in irreversible comas or dead people from being persons. But why should they be excluded? There are other indications that Hughes has not thought through the variety of senses, or uses, of 'person'—such as his perfunctory remarks on the Christian notion of a Trinitarian God (p. 42)—but we will not labour the point here.

The theory–practice gap

Related to the problem of over-generality is a further difficulty. This is that, for us, there could have been a much greater focus on practice (that is, the practice of being with people with dementia rather than the practices of people with dementia themselves, of which there is sufficient coverage) and how the various theories and models described might influence actual human interaction. It is possible that, being a clinician, Hughes was wary of having too much emphasis on practice, conscious of the need for a philosophical emphasis to meet the requirements of the series. In our opinion, however, this should not have been a concern. It is clear that Hughes does want the book to have relevance for practice. In the Preface, he says he 'would be delighted' were a 'real philosopher' to present his thoughts clearly. But he provides a warning, 'which is that anyone who attempts this should try their hardest to make it *in some way* relevant to practice' (p. vii, original emphasis). Hughes does utilize some devices to increase the practical relevance of the theoretical sections; for example, the running theme of Miss Breen—whose case is introduced at the start of Part 2 and often revisited—and the case 'dilemmas' used near the beginning and end of the volume. These helped; but, perhaps because the necessary level of detail was lacking as discussed above, the theories and models remained too abstract and distant from their impact on specific interactions in a clinical or a care setting.

Summing up

Thinking through Dementia fits well in the International Perspectives in Philosophy and Psychiatry series, providing a helpful review of the philosophical approaches that can be drawn on when grappling with the issues raised by dementia. Hughes provides concise summaries and bullet-pointed lists of the main claims argued for in each section, and occasionally brings in illustrative examples from poetic literature in a refreshing way. The

book is likely to prompt greater reflection, particularly by those involved in a professional or caring capacity, on how our thinking may help or hinder our interactions, possibly facilitating a questioning of some habitual assumptions.

In our view, however, the shortcomings discussed above—namely: the overly technical language, the paucity of detailed examples, the hesitancy to be categorical about the status of those with dementia as persons, and the failure to bring the theory fully back to the practical implications—means that there might not be the potency in the reconsideration that could have been possible. More constructively, we would venture to suggest that a more satisfying structure would have been to have given the ‘dilemmas’ a leading role, increasing their level of detail and substance, and using them to illustrate the points being made throughout. In this way, the reader would have been encouraged to actively ‘think through’ dementia and bring that thinking to bear on everyday language and practices.

For readers already familiar with the later Wittgenstein, we fear this will be an unsatisfying text for the reasons already given. There are those, however, for whom this work will act as an introduction to a range of philosophical ideas that are new and provocative. For them, Hughes has provided a service.

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