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Wisdom and/or Dementia: Is This the Choice American Society Is Mired In?¹

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Abstract
Using the socially-constructed binary between wisdom and cognitive impairment as its case study, this essay tries to break this binary, first by describing and contextualizing the situation of the author’s mother in her 90s. Dangers to American well-being in general include failures of medical assessment and caregiving, and, not least, problems maintaining the crucial traditional link between old age and wisdom. Hope resides in viewing minds differently, restoring respect to elders, and recognizing wisdom wherever found.

Keywords
Ageism, Alzheimer’s, Cognitive impairment, Collaborative intelligence, Dementia, Memory loss, Multiple intelligences, Wisdom, Wisdom literature

A Sage or an Imbecile

When you are old, you are presumed to be a sage or an imbecile. Nothing is permitted in between.
– Shirley Hazzard, Transit of Venus²

Ageism is worsening in the United States in many areas. The domain of intelligence has long been a nasty playground for racist and sexist “measurement” and the othering of women and people of color. Now it is the turn of old people. In the last few decades—sometimes called the Age of

¹ This essay is an expansion of “Overcoming the Terror of Forgetfulness,” a chapter in Margaret Morganroth Gullette, Agewise: Fighting the New Ageism in America (Chicago: University of Chicago, 2011).

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Alzheimer’s—ageism, in the form of fear of becoming old, is being exacerbated by increasing terror of cognitive impairment.

One factor contributing to the strange and harmful representations of old age is a widely-accepted binary based on either wisdom or “dementia.” We do not know enough about either. We cannot define them, and we do not always recognize them when we confront them.

And we think they are poles apart and that, at least in old age, anyone can clearly tell the difference. So, in good theoretical fashion, let us churn up the binary, with the goal of extricating ourselves somewhat from the murk of ageist confusions.

The Greatest Part of Wisdom Is Kindness

I admit at the start that I am fuzzy, not to say ignorant, about “wisdom.” In this ignorance I am in very good company. Wisdom may be rare, but it is right to assume that it occurs in everyday life and important that we be on the lookout for it, especially from old people. So, immediately I am going to give two concrete examples—quoting from my mother when she was in her early 90s. She has died since, but she would have had no objection to my invading her privacy this way; as an anti-ageist, she was happy to help. These examples may be useful in thinking about how our culture constructs old age, cognition, knowledge, and the needs of later life.

One day, I asked my mother what wisdom is. I asked half-jestingly, to imply, “No one knows; don’t feel badly if you can’t respond.” But she answered without hesitation; in fact, decidedly, “The greatest part of wisdom is kindness.”

She came out with “a saying” on the spur of the moment. Like many such pronouncements, it is brilliant without being original. It is a feminist answer, a Judeo-Christian teaching, a Zen-like pronouncement; it conforms to every religion and ethical system. When I had her with us, I should have asked my mother more of the hard questions that only wisdom can answer.

The maxim is not about her personally. It arose primarily, I believe, out of her kindly spirit and her long experience of living-with-others, not all of whom exhibited kindness. Perhaps she recalled herself when younger and more prone to anger. But it rose also from her vulnerable sense of what she needed from others now that memory loss was weighing down her self-image, her verbal competence, and her social defenses.

Her aphorism thus responds to ageism. A scene in Shirley Hazzard’s novel, *The Transit of Venus*, is set in an English nursing home where the heroines are visiting the mother-in-law of one of them, named Charmian Thrale. The matron patronizes her in now-familiar ways, shouting as if she were deaf, talking about her as if she were absent, and misrepresenting her interests. “When the matron went out, Charmian Thrale said, ‘When you are old, you are presumed to be a sage or an imbecile. Nothing is permitted in between.’” Later, the heroine comments acidly to Charmian’s son, the person who extracted her from her own home to put her into “a home,” “Your mother has great fortitude.” Hazzard in turn comments: “the obituary phrase consigned Charmian Thrale to the earth: After a long life borne with much fortitude.”

My mother was living in an elegant assisted-living residence; her life there had not so far needed heroic stoicism. But she knew that if the environment around her and other people in her situation did not meet their needs for attention, considerate expectation, and civil conversation—in short, for normal life rather than Othering—they would all be at a high risk of suffering rudeness and losing selfhood for nothing more than being and looking old. I say the corollary of my mother’s saying, thinking of that matron and others like her, is: *If you can’t be wise, be kind.* My mother, being less ironic than I am, might have said, *Start with kindness, on the long path to wisdom.*

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“Wisdom literature,” being verbal, is a genre. If one criterion for wisdom is pithiness, so that people of the simplest understanding can understand the saying and easily repeat it to others, like folk adages, my mother’s meets that criterion, too.

In religious traditions, the genre is characterized by sayings intended to teach about divinity and virtuous action—the heavenly goal and the earthly road. Most guides emphasize getting right with their deity, which requires some focus on how to live well on earth.

Proverbs, a book of the Hebrew Bible attributed to King Solomon, emphasizes right living. And, not coincidentally, Wisdom is personified as a woman. In Prov 1:20, “Wisdom calls aloud in the street, she raises her voice in the public squares” (New International Version). And this righteous preaching woman is old enough to have a son, to whom she speaks directly about eschewing evil companions: “Listen my son, to your father’s instruction, and do not forsake the law of thy mother” (1:8, NIV).

The reason why the figure laying down the law is an older woman, and not a man, despite patriarchy, is worth a brief digression today, in an era when women live longer than men and sexist ageism is virulent. In the long diaspora of the Jews, according to one scholar,

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When the pre-exilic religious worldview, centred on the land, the Jerusalem Temple, and the monarchy was confronted and undermined or destroyed [by the loss of all three], wisdom’s adaptability to address the changed circumstances of the survivors enabled the fashioning of a tradition and way of life that were not dependent on [these traditional sources of belief and guidance]. . . . The wisdom writers deal with everyday life. . . . Wisdom was [now] based on insight, experience, observation of behaviour and consequences. . . . Beliefs, and behaviour that were crucial for survival, were all to be found in the wisdom tradition.5

Under the new conditions, a mother’s gendered life experience is linked to pragmatism and insight and even—as in Proverbs—admonition. The older woman is praised in these terms:

Length of days is in her right hand; and in her left hand riches and honor.
Her ways are ways of pleasantness; and all her paths are peace.
She is a tree of life to them that lay hold upon her: and happy is everyone that retaineth her.
(3:16–18, KJV)

The Giant Woman in the Library

A more complex story may get us farther in breaking the binary. My daughter-in-law wrote in concern when my granddaughter Vivi, at almost three, said, “I want to cut you.” I wrote back, predictably, “She doesn’t mean it. Tell her you love her. Spend more time with her.” I told my mother the story to get her advice. My mother was losing memories, even deep meaningful memories—of my father, her first husband; of her second husband, whom she had divorced; even of the lover she had met in her late 70s. She was losing her eyesight. The nurse at her assisted living facility was telling me she no longer performed as well on the 10-item test called “the mini-mental,” allegedly a diagnostic for cognitive impairment. “Your mother is failing,” she once hissed, when I had recounted my mother’s latest bon mot. Indeed, none of the medical personnel whom I encountered with my mother in her later years gave me the sense that attending to the qualities and powers that remain was their goal.

I had always asked my mother’s advice about child-rearing, because she had been a 1st-grade teacher for 25 years. She had earned a Master of Arts in early-childhood education at Bank Street College, where she learned progressive methods inspired by John Dewey, the philosopher whose name is associated with individualized instruction. Her students loved her.

My mother said right off the bat, “Vivi learned it at preschool; they should deal with the school.”

“Yes, but how should Yto and Sean deal with her?”

She said, “Vivi doesn’t know what it means. She knows ‘Cut it out,’ which is an idiom you can say in an angry voice. She knows, ‘Cut the paper.’ Give her a scissors and let her cut paper. Say, ‘We cut paper, we cut hair.’”

I was instantly convinced that my mother was right. There are crucial differences between my hypothesis, “Vivi doesn’t mean it,” and my mother’s, “Vivi doesn’t know what it means.” I repeated my mother’s advice to Yto and Sean: “My mother is treating this as a linguistic problem, about teaching Vivi how to use the word ‘cut’ in all appropriate sentences.” One benefit is that treating the problem of violence as a language problem also treats it as an ethical one. What is unsaid is, “We don’t cut people.”

Yto wrote back, “Thanks for the advice; wow, Grandma Betty is amazing as usual.” They repeated to Vivi what my mother said. They talked to the teacher. Vivi had indeed, as my mother guessed, learned the sentence from a little boy who was allowed to watch violent movies.

“We cut paper, we cut hair.” I thought about the action, “we cut paper,” and the greatest art invention of the 20th century, initiated by Picasso and perfected by Matisse. Vivi, handed rubber-tipped scissors, construction paper, and rubber cement, took to collage like a born artist.

Paul Baltes, who leads the Berlin Wisdom Paradigm, “informed by a cultural-historical analysis,” believes wisdom is best defined as “an expert knowledge system concerning the fundamental pragmatics of life.” This is what my mother demonstrated when she explained Vivi’s apparent anger as language—as it turned out, a trial repetition at home of an exciting but puzzling sentence overheard at school. In addition, my mother suggested actual sentences for setting Vivi straight. As a result, a fuller definition is this: Wisdom is the comprehension of what is true, coupled with optimum judgment as to right action. As Baltes and Ursula Staudinger add, “Wisdom involves good intentions. It is used for the well-being of oneself and others.” And wisdom should be applicable in many situations.

Defining wisdom—which is now becoming a more widespread academic endeavor, from Chicago to Berlin and beyond—can be like searching for the alchemical formula for transmuting matter into gold. In psychology, studies of wisdom began in the 1990s, but there has been no consensus on what wisdom is. The usual argument over whether it is “measurable” is ongoing. While some aspects have been quantified, scientists—like Stephen J. Gould, author of The Mismeasure of Man—say that, like creativity or genius, wisdom is precisely what is not measurable. But as long as some in the social sciences strive for the exalted condition of data, magic measurement will be sought. Wisdom may usefully be discussed, however, where the arts, humanities, and social sciences converge, among philosophy, theology, sociology, psychology, cultural anthropology, history, political science, education, painting, and literature.

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“Who will get to own the fields of ‘intelligence?’” is a political, or power, question. All definitions—including of intelligence—are shaped by the historical contexts from which they emerge, and specifically by the questions or ideologies of the investigators. So let me come clean with some of mine.

One of my conditions for researchers is that they provide instances of wisdom, some of which stretch the limits we implicitly accept now. Not to admire sentimentally every utterance of nonagenarians or centenarians, but to normalize the concept that wisdom is within the reach of ordinary people. Certainly wisdom is not incompatible with old age, cognitive impairment, illiteracy, or low income. Certain degrees of impairment may preclude reasoning and language itself, but we should be slow to conclude that we may abandon speech in relating to any particular person: the tones of reason may be calming and persuasive.

My own visual image of Wisdom is of an older woman, in part because Jeff Wall’s photograph “Giant” made a strong impression. In Wall’s image, she is naked like a classic statue, many times larger than life, standing on a landing in a library. The students going up and down the stairs do not notice, but she is the spirit of the place of learning. The older woman of Proverbs is even more public, going outside to “call aloud in the street.” My final, anti-ageist condition, is that living a long time—aging-into-old-age—plays a central role in theory, so that whenever we discuss old age or “the new longevity” in the Age of Alzheimer’s, the term “wisdom” also springs readily to our lips, as a counter to the appalling label “dementia” and the distressing consequences that spring from increasing terror of memory loss.

The Concept of Dementia Is Obsolete

Now, what in the world is “dementia”? I do not like the term; I use it in scare quotes, and although it is defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), I am happy to learn that the scientific world is starting to find reasons to discard it—on the grounds that it is useless for precisely what it is intended to provide, a differential diagnosis that can distinguish one malady from another in the pursuit of causes and remedies. “The concept of dementia is obsolete,” Dr. Vladimir Hachinski writes in the Journal of the American Medical Association, one of the leading medical journals. “It combines categorical misclassification with etiologic imprecision.” Diagnosis depends on which testing criteria are applied, and there are many more impairments to differentiate than we typically recognize. (Aside from four subtypes of Alzheimer’s, causes include HIV dementia, traumatic brain injury, Lewy body, vascular impairments, and frontotemperal.) Transient ischemic incidents (TIAs) can cause “cognitive impairment without

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10 I am grateful to Felicia Nimue Ackerman, professor of philosophy at Brown University, for helping me sharpen this point.
dementia,” as in my mother’s case. Age-related memory loss occurs in a different part of the brain from Alzheimer’s, according to neurologist Scott Small of Columbia University. And “neuroatypicality,” a broader term, covers a wide spectrum that need have nothing to do with old age, including autism and Down’s syndrome. Hachinski concludes, “Creating a dichotomy between dementia and nondementia ignores the spectrum. . . . Cognitive impairment should be considered as a continuum.”

Disaggregating the known deficit conditions remedies some problems, and the critiques leave “dementia” a hollow label. But the label—and its horrible vernacular forms, “dementing” and “demented”—remain active, with malevolent effects. Among the young, there has probably never been as much brain-injury (accompied by memory loss and aggression) as there is now as the result of the Iraq and Afghanistan wars, but the growing terror of memory loss—even mild memory loss—is connected to old people. “Younger people with dementia” means early-onset Alzheimer’s, not veterans with brain-damage. Who can imagine talking to a person who has been authoritatively called “demented”? How is any human intercourse possible?

Say Not So Much to Them as “Uff”

I would not care to locate my mother or anyone else at a single point along “a spectrum,” as if a human being were like a bead on a string, with wisdom tied to one end and dementia to the other, and in between, the hierarchical levels of cognition. The metaphor implies stasis; but in contradic-
tion, also, that with only a slight tip, a person slides down that predictable slope. Then we are dealing with a central decline theory of the life course.

A given mind does not, however, find itself at any stage of life at one fixed place on the mental string. Most of the time, my mother was just normal, all over the place like you and me.

We talked companionably about everything including memory loss—with no more demand for individual brilliance than you make on a friend. On a given day she might have forgotten specific precious knowledge—John Dewey’s name, say. She was not operating at her own peak verbally in her last few years, but she was still helping a Ugandan aide pass her LSATs. She typically displayed appreciation of new information and offered smart questions and comments on topics where she had expertise. The two sayings I quoted above were crisp and definitive, and involved an instantaneous pulling together of experiences, exclusion of irrelevant material, objectivity, and empathy. What is “knowledge,” then—is it facts and opinions about a wide range of topics, so that you can do well on talk radio, or is it depth of perception?

The spectrum of normalcy, just by itself, should break the binary of “sage or imbecile.” But it will not—because the hypercognitive and biased opposition is so powerful.

So: how to explain, how my mother’s mind could be so . . . variable. How could a person be so “cognitively impaired,” on the one hand, and simultaneously possess the ability to see to the heart of important problems?

The best answer to the why of unevenness does not come from the dreaded matrons of this world, who say about anyone, “She has good days and bad days.” Nor does it come from neurologists, because all they say is that those white dots on the scan are where some of the brain’s “lights” went out. So why do some bright new lights appear? At best, tech imaging describes a static snapshot of the brain when we need a sensitive and dynamic video of the mind.

What can legitimately be inferred from an image? Professor Joelle Moreno, in a symposium on MRI imaging, law, and government, notes that “profound validity questions divide cognitive neuroscience,” and laments that its authority “can strongly sway opinion, beyond what the evidence can support.”

Desmond O’Neill, a physician in geriatric and stroke medicine in Dublin, warns that “despite the limited value of neuroimaging in the assessment of dementia and delirium [sic], the first question asked by patients’ relatives is often, ‘And what did the scan show, doctor?’” Young doctors are “waylaid; the general public is equally bedazzled by technology.” “Philosophers from Kant to Habermas have warned against scientism—seeing science as the principal form of knowledge rather than as one of many forms.” Alva Noë, himself a neuroscientist, says that neuroscience is like a teenager, with “a grandiose sense of its own abilities.”

One better answer to the puzzle seems to be social support. It has large effects on selfhood. When my mother felt secure, what she could access altered. When I asked her that day what wisdom was, I expected an interesting-enough answer. I was genuinely curious. Rising to the occasion, she had access to her best self. In determining a given person’s levels of functioning, the MRI image is no replacement for paying attention over time.

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19 A psychologist would also want to point to intrapsychic ways in which people cope with memory loss, such as “selective optimization with compensation.” Here I am focusing on the interpersonal.
My mother had a delightful, unusual practice of adding up our two Scrabble scores together. That single total meant that we could compete only against our best mutual past effort. Our memory-reconstruction in those last years was similarly collaborative. I would say, “Your niece Sherry says you were the first person to give her a new blouse.” My mother would say, “I was clerking at Macy’s at the time; I used my discount to buy her a blouse.” I: “You gave blouses to both Sherry and her sister.” My mother: “Yes. Their mother couldn’t afford to buy them new.” From Howard Gardner, well-known as the author of *Multiple Intelligences*, I borrow the term “distributed intelligence” for this form of story-building.”

Noë points out that consciousness—the basis for cognition—is not internal to a single brain, like digestion is internal to a single stomach. Consciousness resides in the interaction between a given person and her environment. (Noë calls it “extended cognition.”) When groups of people think together, their efforts are often better than any one person’s alone could be. Anne Basting, director of a Center on Age and Community, uses the distributed intelligence available among people with serious Alzheimer’s to help them write group poetry together. It is not a memory test, but an invitation to respond to images—of cowboys, beauty queens. They enjoy it. (Discussion-classes, a preferred form of pedagogy, are also based on this principle of collaborative intelligence.)

Optimal social support comes when whole cultures are respectfully pro-aging, where neither younger nor older people are exposed to ageism. If social support, or lack of it, goes partway to explain a person’s daily variability in concentration and other qualities of mind, Gardner might say that my mother also suffered from “failures of assessment.” Thinking of the 10-point mini-mental, which ignores the millions banked in the mega mind, I certainly agree.

In contrast, Gardner has a “pluralistic view of mind, acknowledging that people have different cognitive strengths and contrasting cognitive styles.” Not everyone is good at “linguistic-logical” instruments. We all possess elements of multiple intelligences, Gardner is quick to say; musical, muscular/physical, spatial. He “spurn[s] formal testing completely.” He wants people, starting with children, to be judged, when judgment is necessary, by what he calls “naturalistic” and “intelligence-fair” means, where how people function in actual living contexts is foremost. Tests for the young, for example, should be sensitive to their different learning styles. Gardner is mostly interested in attacking “short-answer” instruments, teaching to the test, and treating IQ as a unitary measure.

Age studies see that “testing” is king at many stages of the life course. A rapid one-point assessment system—Many Children Left Behind—is being deployed in school systems against the

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21 Noë, *Out of Our Heads*.
young, many of whom fail, now alongside their teachers. And brain scans for assessing cognitive impairment, rather than cognitive functioning, are being deployed against the old.

A theory of multiple intelligences (whatever its other weaknesses) has the great advantage of explaining variability positively. My mother could rely on several kinds—not just the remnants of remarkable verbal ability, but high emotional intelligence. Functioning is what matters in personal life, is it not, day to day? It can be adequately judged if we are capable of close observation, authentic participation, open-minded judgment, and patience. Many adults practice this with their children, their friends, and if they teach, their students. A kind of assessment that is fair to those younger than we are is going to be fair to our elders also.

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In the last analysis, we do not want to treat our relatives or friends as objects, either scientifically-explainable or humanly inexplicable. We want to make their lives pleasant, take pleasure in their company, and keep the conversation going as long as possible. What interferes with this in the Age of Alzheimer’s is the dread of forgetfulness and aversion to those who suffer it. The nurse at my mother’s residence said that some residents believe that Alzheimer’s is contagious. I myself found my mother’s memory loss so unsettling at first—I was so beset by pity and terror—that I turned mean. How I dealt with all this, I describe in my latest book *Agewise: Fighting the New Ageism in America*. In thinking about memory loss, we do well to remember two simple precepts: Do not panic about your own. Be gentle toward other people’s.

At this point, it is apropos to quote from the Qur’an:

And [if one’s old parents are sometimes hard to live with], lower to them the wing of humility . . . and say, “My Lord, have mercy upon them as they brought me up [when I was] small.”
(Qur’an 17:24)

One commentary explains, “Lowering the wings” is a saying used to express humility. It means that you have a chance to show your power, but you refrain out of humbleness. . . . despite having the upper-hand, [you are] still showing kindness.” There is our keyword again. And the Qur’an goes on, “Say not to them [so much as] ‘uff,’ and do not repel them but speak to them a noble word” (Qur’an 17:23).

We are told in this verse to not treat them even with the slightest form of anger. The term “uff” is the smallest expression of dissatisfaction. For us today, this can be rolling our eyes or a slight tone of annoyance in our voices. Shaykh al-Sha’rawi mentions how hard it is to keep ourselves from expressing “uff” because sometimes we do it subconsciously.24

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The Most Bitter of the Culture Wars

We had better understand the ageist forces that are shaping later life for the worse in the vexed realm of mind and brain as well as body. My mother’s story may stand in for many stories about interpreting cognition in old age in the 21st century. Her mental condition in her 90s was heavily constructed. Her “failure”—named as such by medical personnel attuned to recognizing decline and senility in old age—was a cultural construct based on America’s hypercognitive terrors and its bias for quick tests. Her social support—which she attracted by her charms, and I abetted—was also a construction. Her instances of “wisdom” are in a sense post-facto constructions, in which my original observations are supported by many expert definitions. Whatever biological substrate may have existed in her brain, since I was focused on her mind and her consciousness and her pleasures, I did not know and never will.

Old age is often seen as the most biologically determined part of life—as if we got gradually more body, or more heavy with body, as we grew older. But this way of viewing people who have aged-into-old-age is also not “natural.” Whatever our age, we are always aged by culture.

Wisdom, as a concept applicable to old people, may slowly recede into the disdained and discarded past, overwhelmed by the predominance of “dementia.” How we are imperceptibly losing this special value and belief is my last main theme.

It involves a new culture war. On our side are those who are concerned to maintain for ourselves and others the progress narrative of later life. We want to extend this necessary and difficult story through a period of life in which elders may be physically or cognitively disabled to some extent and require more care. Where we see in them individuals with varying characters and interests, who are lucky enough to have lived long and deserving of attention, the other side sees a useless and diseased group that has lived too long. (“Aging is a collection of diseases,” researchers say, a statement that is obvious to the anti-aging campaigners and repugnant to us.) As the age gaze in America becomes more hostile, we may prove no match for that side: right-wing politicians, the media, economists, some bioethicists, neurologists, and those members of the general public who find themselves naively over-impressed by the arguments of the other side. This is the burden of Agewise.

“Dementia” is a label that dehumanizes. A search of the Internet by three psychologists turned up this quote: “God forbid these miserable once-were-people not survive as long as possible to burden the rest of us.” The Internet is notorious for bloggers who feel grossly entitled to diss vulnerable others. But ageism on the Web is “ubiquitous,” according to the three, who described their research at the Gerontological Society of America conference in 2011.27 According to social psychologists, “explicit expressions of common old-age stereotypes are rewarded by greater affiliation with young in-group members.”28

Young people have to be taught ageism, as well as the special claims and differences of youth. The other side is at that pedagogical labor, training the young to feel resentful toward elders whom they claim are “hogging” resources. An economics professor at Harvard, Edward Glaeser, crudely frames the situation in the Boston Globe as “an implicit transfer from young to old” in health care; “pushing us to spend a vast share of national income on end-of-life care.”29 (Fact: according to the Alliance for Aging Research, only 3% of the 8,400 people over 65 who die every day incur high costs before dying.30) Despite criticism of the language of “guns vs. canes,” the new ageist rhetoric can be found in respectable media. Aside from the Globe, the New York Times, Time, and the Atlantic Monthly have all had articles in the spring of 2012 that amount to teaching younger people generational war against the old, and teaching older people that they may be considered a “burden.”31

“Dementia” is crucial to the War against the Old because it can be discussed in terms of the cost of end-of-life care under Medicare. The other side concludes, impatiently and with neoliberal data, that the new longevity is a “demographic crisis” for the nation. Ageism to them, including cutting resources for the old, is a patriotic duty in a national emergency. To save “taxpayers” money, they are creating a new injunction for human beings who will become old, particularly those who anticipate being cognitively impaired: the duty to die. This means going cheaply: being willing to refuse

treatment or even consider taking your own life. 32 No other ongoing culture war dares to call so openly for the death of its victims.

What mechanism turns ageism in the cognitive realm into discrimination, up to and including a death wish toward us? The short answer is that, just as “Alzheimer’s Disease” (AD) is already synonymous with “dementia,” AD is becoming synonymous with aging-into-old age. Rüdiger Kunow, a German age critic and the editor of the journal American Studies, which recently published an entire issue on Age and Ageism, writes,

Especially nowadays, old age is iteratively and increasingly identified with Alzheimer’s disease, “a disease construct standing at the borders of old age” (Cohen 60) and progressively eclipsing other features of later life. Alzheimer’s is not coincidentally often perceived as an illness that causes the ‘social death’ of patients, and so the popular equation of senescence with that illness—the ‘Alzheimerization of ageing’ (Gilleard and Higgs, Cultures 40)—can be regarded as a particularly pernicious form of overdetermination from without.33

Equating old age and this mental illness is unreasonable. Not all old people are sick, not all old people are frail, not all old people are cognitively impaired. AD is said to be the current condition of one in eight, although not all are severely impaired, as AD may take many years to manifest its most debilitating elements. (In the early years, people with AD are capable of writing books about their experiences.) A number such as 12.5% sounds like a lot to people who anticipate it with dread and to those who focus on the expense, but it is nowhere near 100%. (And premature elective suicide should not be the societal response, whatever the percentage.) Meanwhile, such data and discourses come with feelings and politics tied to their tail: the duty to die seems reasonable if “social death” is guaranteed to be a precursor state.

Many overlapping forces have constructed the disease that “stand[s] at the borders of old age.” These include not only a few angry adult children offered space in the media, but also deficit hawks and small-government advocates, technophilia, the Alzheimer’s Association (raising alarms in order to raise money for research), and the commerce in aging (which includes pharmaceutical firms looking for “smart drugs”). The convergence corrupts clear thinking about mind and brain, about how to confront the economic crisis, and how best to restore the life course and age relationships in the 21st century.

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The political/economic War on Old People, a fact of global politics, is underestimated. The economic crisis in the United States was caused by fighting two wars, the housing bubble, the

32 See Gullette, Agewise, chs. 1 and 2; also see Christine Overall, Aging, Death, and Human Longevity (Berkeley: University of California Press, 2003).
extravagant risk-taking of financial markets, and the fawning behavior of legislators in deregulating beforehand, bailing them out and feebly re-regulating afterward. But instead of doing penance, the ruling classes of the private sector went looking for scapegoats. The Tea Party and the right wing have found them among “older” people as well as women and immigrants. This includes “Baby Boomers”—now aged 46 to 66, only half in retirement—who despite being told they would change old age, are unable to exert power to prevent this.

The powers that be are getting rid of midlife workers in both the public and private sectors, arguing that they cost too much. State and local governments are cutting pensions. That too much money is being spent on health care is blamed not on insurance companies or other reducible expenses, but on the people who need care. Deficits are hyped, overlooking pressing human needs. The media cruelly never let us forget the expense of age-related deficits, which mostly affect old women, but never mention the war-caused kind, which mostly affect young men, in the same breath. They bemoan the expense of chronic illness and dying in old age, but never provide data about how much more chronic illness and death cost at younger ages, before Medicare steps in to help. The new longevity, far from being praised, is allegedly creating the most expensive generation in history.


Highlighting the occasional wisdom of old people and their diverse capabilities—practical knowledge and experience, judgment, memory of traditions and events, faith, serenity—has as its goal to diminish the terror of “dementia” and make “intelligence” a relevant term in later life. This may seem a small way to resist the relentless forms of ageism, and a difficult one. But it is crucial to other resistances because it restores humanity to an increasingly vulnerable age class. Any of us may become threatened as we join the one great stream into which all the lucky step, whatever our other differences: aging into old age.

Hierarchies in which respect and other forms of social (and economic) capital rose with age were normal in earlier societies, including the United States, until quite recently. The value placed on wisdom, or spirituality, or maturity, depends on how much importance that culture attributes to qualities other than physical strength, and thus those likely to be maintained by older people. “Seniority” is the system by which these qualities are rewarded, in the forms of elevation in the tribe, the community, the workplace, or in private life as coach, mentor, sponsor, or life guide. Seniority in institutions is a set of specific labor regulations that provide benefits as one ages in a position: raises, promotions, job protections.

Such feelings, practices, and institutions give aging over the life course its expected shape and value. We need to make heart-changes in America, educating people who are not yet old as well as those who are, teaching them how to recognize the enemies of the life course and asking for generous responses. Americans united by such values might be able to restore some portion of seniority in both the specific and the general senses. And we could assuredly let one another do our aging—even unto death—in a far kinder and more civilized way.