There's No Cure

Failures of the Aged under Neoliberalism

Kaydee Corbin Anderson[1] *and Ahoo Tabatabai*[2]

> I just saw my middle daughter get married. She's talking about having kids now. I have two other kids talking about marriage. That's what I want. I want more time to spend with my family so that I can create memories for myself and for them. Ultimately, I'll lose those memories with this disease, but they won't. (Zarney 2021)

Those are the words of a 57-year-old man who has been living with symptoms of Alzheimer's for 6 years. The quote was featured in a magazine article about the 2021 United States Food and Drug Administration approval of a new drug that has proven to be surprisingly ineffective at treating the disease. Partaking in this 25% effective drug is framed in the piece as an act of selflessness on the part of a father for his children.

---

[1] University of Missouri – Kansas City.

[2] Columbia College.

The Old Monster

The representation of older adults in horror is unique in that the anxieties and fears reflected to the audience are sometimes the result of real biological processes blended with the paranormal, a substitute in most horror for the unknown. Old age has often been read as a symbol for the decaying body and death. The aged are often portrayed in extreme biological decline, the body presented as having betrayed itself. Culturally speaking, the aged are often depicted as incapable, forgetful, unproductive, and burdensome. In horror, the aged are permitted to act with intent, nefarious or otherwise. This dissonance created between a stereotypical older adult and the aged portrayal in horror is useful as a plot device in film because it makes it difficult initially to determine if the older adult should be considered a threat or a victim. We contend that old age in horror is more than the representations and assumptions of the aged body, however. We propose that old age is a carrier-vessel for various social fears . It is not possible to examine all these social fears in one setting. In this paper we examine how old age is coded as a marker of failure. Since our current cultural narrative of personhood privileges productivity and personal responsibility, old age, particularly accompanied by cognitive decline, represents a terrifying deviation.

We will use the films *Relic* and *The Taking of Deborah Logan* to illustrate how narratives of age and illness are rehashed, not necessarily by highlighting the proximity to death but by showcasing the failure to be productive. The 2014 American film *The Taking of Deborah Logan* is presented as a documentary/found footage film. Mia, a doctoral student, has been given funds to document the effect of Alzheimer's on Deborah Logan. Deborah is cared for by her daughter, Sarah. The family is in need of the stipend provided by Mia's grant, thus locking them into a mutually beneficial relationship. The 2020 Australian film *Relic* is centered around the character of Edna who goes missing at the beginning of the film. Her daughter, Kay, and granddaughter, Sam, come to take care of her. While Edna is not officially diagnosed in the film, it is clear that her condition has worsened. We chose these films because they serve as illustrative examples of the unquestioned values embedded in our social narratives.

Medicalization of Aging

Goldman emphasizes how important fictional narratives are in the cultural interpretations of disease. She argues that in the 1970s, the naming of Alzheimer's marked both the creation of a disease and a new identity. Sontag argues that diseases that have cures are just diseases, those that do not, like AIDS, about which she writes extensively, and Alzheimer's, remain carriers of everything we fear. "The most terrorizing illnesses are those perceived not just as lethal but as dehumanizing" (1978: 27), she argues. Aging-as-disease can be framed effectively using the rich history of the study of other diseases, as well as the study of disabilities as subjectivities, with particular attention to cognitive decline and disabilities. The connection between cognitive decline and aging itself has had an important history on which horror films, perhaps unwittingly, build.

Social Factors Influencing Normal Aging Versus a Symptom of a Disease

In 1838, senile dementia was distinguished from various other mental disorders by French psychiatrist Jean-Étienne-Dominique Esquirol (Aquilina and Hughes 2006: 144). At the time, the term "senile" was used in the medical field to differentiate between diseases contracted by the old versus those contracted by the young. For example, bronchitis became "senile bronchitis" when someone over the age of 65 was diagnosed (Ballenger 2006).

In 1907, neuropathologist Dr. Alois Alzheimer described a patient with symptoms including "delusions, severe memory loss, disorientation, language deficits, and behavioral disturbances" (Villain and Dubois 2019: 3). Three years later, Alzheimer's disease (AD) was distinguished by neuropsychiatrist and nosologist Dr. Emil Kraepelin as a "presenile dementia" (Holstein 1997; Villain and Dubois 2019). Categorizing the disease "presenile" was considered revolutionary as cases of dementia at the time were firmly diagnosed based on age of the patient. Someone with relative youth displaying the same symptoms would not otherwise be considered as a patient that could be diagnosed with senile dementia.

As only older people were diagnosed with dementia before the pathology of AD, the relationship between one's age and being diagnosed with the disease was assumed. As more AD cases were diagnosed, the question of cause became more salient. Two arguments from the discourse at the time emerged: (1) AD as part of "an intensification" of the "normal" aging process impacted by various social factors and (2) "senility" as a symptom of a disease (Ballenger 2006: 101; Holstein 1997).

The issue of whether AD or, more broadly, senile dementia was a distinct disease, or an "exaggeration of normal aging" was a topic explored by researchers since AD's discovery (Ballenger 2006: 101). The term "senile" was so often associated with older adults that some argued that aging was being pathologized. (Ballenger 2006). Instead, between the 1920s and the 1960s, the psychodynamic theory of dementia emphasized social and psychosocial factors as contributing factors to a diagnosis of dementia (Wilson 2014), and deemphasized the relationship between age and dementia. It was argued that "moral, hereditarian, anatomical, and physiological" conditions impacted vulnerability to the disease (Ballenger 2006: 82; Holstein 1997; Wilson 2014). Physicians blamed "morbid, vicious indulgences" if a patient had symptoms of dementia before old age citing that such indulgences "rob" the brain of time needed to repair, causing damage to the gray cortex and blood vessels in the brain (Holstein 1997). In another popular analogy at the time, the brain was compared to a machine with a limited amount of energy. As one moved through life, the energy source was expected to deplete at the same rate (Holstein 1997). Those who suffered from dementia, therefore, were thought to have spent the given energy at a rate that was too high (Ballinger 2006).

Historically, the duty of the individual to avoid disease was also a matter of morality. Ballenger describes a "moralization of health" during the antebellum period in which Protestants agreed that senility was a punishment for sins against God (2006: 17). From this perspective, even an aged brain was not necessarily a suitable brain for AD or dementia and, especially someone with relative youth, was considered not only individually negligent, but also morally compromised (Villain 2019).

A Symptom of a Disease

In the late 1960s, the broader concept of "senility" as it relates to dementia was once again redefined. The term "senility" was considered ageist in its use rather than helpful in the medical community (Ballenger 2006: 81; Butler 1975). A newfound interest in reframing dementia as a scientific rather than exclusively a social problem developed (Ballenger 2006). The center of this argument was, once again, the relationship between senility and the aging process. The psychodynamic model of dementia was being reexamined and the focus was being shifted from the process of aging itself to presenting mental deterioration as "a problem suitable for cutting-edge medical science" (Ballenger 2006: 82). Ballenger describes Alzheimer's disease as "one of the most frightening and devastating of diseases at both the personal and the societal level" (2006: 56). The new gerontological persuasion associated deterioration and disability in old age as the result of disease, not necessarily old age itself. The gerontological persuasion broadly defined senility as one of the fundamental problems of aging and also mandated gerontologists clearly define boundaries between normal aging and disease.

As discussed in further detail below, while the diagnosis may have problematic implications for someone with AD or dementia today, there are implicit benefits to diagnosis that cannot be ignored. In a society that privileges medical opinion, the AD construct as a disease insinuates the existence of a cure that must be sought out. It gives hope that the "disturbance" and "disruption" that accompanies the disease should be managed and is manageable (Behuniak 2011; Stafford 1991). Stafford argues that through pathologizing senility, the fear of losing control of the mind to nature (natural causes) is lessened (1991: 395). Further, the pathology allows the blame for inappropriate outbursts to shift to the disease itself rather than the individual. Presenting dementia as a "worse way to grow old", Chivers, notes that the diagnosis itself, when separated from normal aging, may provide a sense of relief in one who is growing old (2011: 60).

Loss of Self

The biomedical understanding of AD and dementia is only one aspect to the diagnosis itself. While the history of how it became pathologized is necessary to understand some of the stigma experienced by victims, it is essential to include cultural framing of the disease and the implications for those diagnosed with AD or dementia. There is much information in the discourse regarding a loss of self experienced in being diagnosed, and navigating the world with AD or dementia (Aquilina and Hughes 2006; Basting 2003; Buhuniak 2011; Herskovits 1995).

As the individual was once responsible for maintaining proper habits to avoid dementia, the fear and anxiety surrounding the diagnosis may also be influenced by individual responsibility for maintaining selfhood (Ballenger 2006). Alzheimer's disease can be described as a "disease double," a term used to describe the layers of stigma, rejection, fear, and group exclusion that those suffering with the "dreaded disease" must navigate, creating a double victimization (Scheper-Hughes and Lock 1986: 137 – 138). Herskovits (1995) notes that a central way to define the self leans heavily on cognitive function. That is one part of the self specifically under attack by AD.

It should be noted that not all research agrees with a total loss of selfhood. Sabat and Harré (1992) argue that while selfhood remains intact in the disease, the marginalization of people with dementia by others results in a loss of the social aspects of selfhood. Ballenger discusses accounts from family and caregivers for individuals with AD or dementia that describe an "essential humanity" and a "connection with their former lives" that victims still retain (2006: 154). The "social death," contributes to the loss of self (Ballenger 2006: 172).

Medicalization of aging has created an established standard for how to grow old. For example, the focus of retirement on leisure and being healthy enough to experience leisure correctly. With this new focus, new standards of being normal were also established. Failure to be a normal old person is a deviation. (Ballenger 2006: 9–10). The deviation from the expectation is frightening.

The "Monstering"

Within both medical discourse and popular culture, there exists a problematic language linking AD and "monsterization" or "dehumanization" of the victim (Aquilina and Hughes 2006: Buhuniak, 2011; Herskovits 1995). Examples can be found in the discourse describing AD for example as "the funeral without end," the loss of self," a "social death," victims as "living corpses" experiencing a "living death," the body having outlived the mind," and "the death before death" (Ballenger 2006: 22; Herskovits 1995: 148; Matthews 2006; Robertson 1991).

The effects of AD have been described as representing a loss of human qualities of a patient (Robertson 1991.) This fear can be found at various levels throughout US culture in media, literature, and film (Basting 2003; Chivers 2011). It is present in jokes about aging presenting forgetfulness as a "senior moment" or "early Alzheimer's." It is not surprising that this fear is also internalized by those who have the disease themselves (Basting 2003).

It is not just the description of those with AD as less than human, but the metaphorical comparison of people with AD to zombies that solidifies the fearful distinction between those with the disease and those without. It should be noted that the intent of discussing this discourse is not to disparage the zombie metaphor in reference to AD, but to consider the comparison and contemplate the impact of its use. Behuniak argues "the frightening… images of… zombies [through] popular and scholarly discourse have construct[ed those diagnosed with AD] as animated corpses and their disease as a terrifying threat to the social order" (2011: 72). The zombie is characterized as less than human, a creature with no brain power, no intellect, and no memory of a past human life. They have little to no ability to recognize relationships with others or build rapport. The very things that we fear in terms of AD impacting our memories, “the social death”, “the loss of self”, can be seen in the characterization of the zombie (Basting 2003). It becomes problematic in that not only do those suffering from AD go through this loss in some way, the “disease double” process they go through stigmatizes and others them further, constructing the victim of AD as a social zombie (Ballinger 2006).

Aquilina and Hughes discuss AD patients as being “reanimated” with anti-dementia drugs. They note that despite obvious signs that the person suffering from AD is alive they are often “treated as already dead and as walking corpses to be both pitied and feared” (2006: 143). Behuniak (2011) notes that when the brain has been “destroyed” by disease, the person “no longer exists as a person but only as a body to be managed” (Behuniak 2011: 74). Matthews notes that the victim of AD may have a body that is still seen as alive, but “the person ‘inside’ the body is experienced as dead, or as good as dead” (2006: 163).

Neoliberal Take on the Worthiness of Love: Care in a Capitalist Society

How we choose to make sense of a film, its form or narrative, depends on the particular socio-political environment in which we are situated. A neoliberal society is one where the dominant narratives rely on the presumably indisputable logic of the market. Economically, neoliberalism is associated with cuts to the social safety net through deregulation and privatization. As a cultural hegemony, neoliberalism idealizes independence, defined narrowly as economic productivity and personal responsibility (Bergeron 2009; Holst 2021; Reich 2014; Shuffelton 2013). Neoliberalism also demands predictable domesticity from interpersonal relationships (Halberstam 2011). Relationships are understood in terms of supply and demand. In any given society, as established by cultural and political systems, there is a “preferred self” (McGuigan 2014). Neoliberal capitalism has such a preferred self. The preferred self of neoliberalism is an independent rational actor. The self is in a constant state of improvement and production, both in the economic sphere but also in the "economies of care" (Luna 2018). Relationships are based on what the self can provide. What the self can provide can certainly be productive: material/financial. But it can also be reproductive: care work. Care work includes literal reproduction but also the work that is needed to maintain a population, including maintaining those who are not yet (children) or no longer (elderly, ill, disabled) productive or reproductive. Where the preferred self is the productive/reproductive rational actor, there is a reluctant space made for the less-than-preferred self. In fact, the presence of the "less-than-ideal" or what we call "failed self", akin to Goffman's spoiled identity (1963), serves as a means to highlight the deserving space given to the preferred way of being. Those who fail, the elderly, the ill, the disabled, must continue to exhibit their own preferred self. In fact boundaries for how to appropriately "do" illness, age, and disability abound. In a neoliberal society, "care is not tied to the state but to family members therefore people have to try to make themselves "lovable" (Jaffe 2021: 47). In this sense, those who fail to be preferred, must show their worthiness in other ways. They must be loving and lovable. But they must also embrace their diminished capacity, acknowledging loss, and grieving. That the way in which the aged or the disabled live is a different way of being is fundamentally disruptive and is challenged at every turn. Age is perpetually framed as decline and loss. Cognitive decline, which is not necessarily a part of aging, but is often framed as such is an example of "death-in-life" (Black 2014). Black's notion refers to the moment when one becomes aware of no longer experiencing the world as the other (in her case someone with a mental illness). In horror films, the aged become a symbol for this notion of death-in-life. Therefore, it is not death itself that is the source of terror. This we argue is true for two reasons. First, death can be beautiful and death at the end of a long, productive life, can be a source of celebration. Second, the majority of horror film viewers are not invited to identify with the old person. The old person, however sympathetic, is the other. Viewers are invited to identify with the caregivers. The caregivers experience death-in-life, by virtue of no longer sharing an understanding of the world with their mothers, despite sharing with them a physical one.

Those who predominantly do care work in the United States and around the world are women. It is not surprising that the two central relationships in each of the films are between older women and their daughters. Eldercare is often relegated to women, both in professional settings and in families (Robertson 2014). In the U.S. eldercare is done not only by women but specifically by women of color and immigrant women. Both these films also feature relationships between white women. In the United States, white women have for centuries represented the ideal victims, for whom the sympathy of the majority can be galvanized. The notion of white women as worthy victims is outside the scope of this paper but others have contributed significantly to this topic (See for example Stillman 2007).

In both films, the lack of productivity of the women, Edna and Deborah, is illustrated through 1) their inability to care for their bodies, as a stand-in for the decline of the mind, 2) inability to care for their homes and 3) inability to maintain relationships, i.e. live up to what is expected of them as women who are caregivers, and also inability to make themselves "lovable" enough to be cared for.

Inability to Care for Bodies and Minds

Each woman is shown to physically decline. The mental decline is the forefront of the story, but the physical decline becomes a way to visualize personhood-diminished. Deborah specifically is shown as traditionally feminine and concerned about her appearance at the beginning of the film. She even makes some comments about her daughter's appearance not being feminine enough. As the film progresses and Deborah shifts from source of concern to source of terror (a gothic turn according to Goldman 2017), she is presented as less clean, less proper, and less feminine. Her hair falls out. She is seen in various states of dress and undress. She becomes dirty and bloody. Her skin becomes infected (similar to pressure ulcers). As her body disintegrates, while she is alive, the viewer's sympathies are meant to diminish.

Inability to Care for Homes

In Gothic horror, the physical home is not only a representation of the space itself, but can also represent the psychological state of the individuals that occupy the space (Bailey 1999). In both films, the women's homes belong to them alone and they are not able to take care of them. Each home is in some state of disrepair. Deborah is called a hoarder by her daughter. In each film, there is mention of housing the women in a care facility. In each, the women feel strongly about living in their own homes. But the audience is led to believe that living in their own homes is an irrational or illogical solution, partially because the chaos in the home is meant to represent the failure of the women to remain rational persons.

Inability to Maintain Relationships

A major component of the plot of the films is that the older women are not able to care for themselves. Enter their daughters to help take care of them. In both cases, it is established that neither daughter has a particularly close relationship with their mother. In *Relic*, Edna's potential motherliness is exhibited towards her granddaughter rather than her daughter. An important turn occurs in the narratives of each film. The vulnerable older woman who needs sympathy and care begins to be framed as a source of threat. In *Deborah Logan*, the assumption is that because of her "feeble mind", Deborah is possessed by the ghost of a serial killer. In *Relic*, Edna is possessed by some malevolent entity attached to her home (possibly because her own grandfather was left to die unattended in a shed on her property). The two women violate the expectations of being caregivers. But more troubling is that they violate the expectation that they will be worthy of care. In fact, their mental and physical decline, embodied as the threat that they now pose to the people around them, makes them "unlovable." Being unlovable is the biggest source of failure. Despite being "unlovable", both women are cared for by their daughters Both films make a point to present to the viewer with evidence that neither daughter is close with her mother before the need for caregiving arises, framing the interaction as "duty" (Gouldner 1960 cited in Glenn 2010). In *The Taking of Deborah Logan*, the viewer is given many examples of how Deborah has mistreated Sara in the past. In both films, the decision of the daughter to care for her mother is presented as a burden, something interrupting an already complicated life. Regardless, both daughters in the films consider it their duty to care for their mothers. Both films discussed the status obligation of a daughter to their mother. This duty to the mother is further explored and in *Relic* when Kay and Sam are at the front door finally escaping a monstrous Edna and Kay turns back to care for her mother once more with Sam following behind reluctantly.

Death-in-Life

In *Relic*, Kay embraces her mother's decaying body in the closing scene. She takes great care in removing her mother's skin and hair, revealing her decay. Her actions represent a re-establishing of personhood, a giving back of dignity. That narrative is disrupted however, by Sammie's discovery that her mother Kay is also "infected" with whatever has caused her gran's dementia. It's a brief moment that showcases possibility, and in great horror film fashion, it is taken away.

We argue that ultimately, what we fear when we fear aging is not death. It is partially the seemingly more horrifying notion of death-in-life. Far worse, however, it is the insurmountable distance between our own self and the preferred self of neoliberalism. It is the fear of lack of productivity, and of redundancy. It's the fear of not being lovable enough to be cared for. In recent years, more scholars are investigating how neoliberalism can be resisted at the structural level and also at the level of individual agency, or subjectivity. Work has been examining these counter-hegemonic discourses (Turken et al. 2016). We might offer that what *Relic* and *Deborah Logan* offer is a small space to consider a counter-narrative. Both Edna and Deborah remain cared for by their families, despite no longer sharing their reality, despite not being "loving" "lovable" or "productive". Deborah and Edna had not invested properly in their relationships with their daughters. They had not built enough "care capital" but they still remained valued. Their bodies, their homes, and their persons remain important not to society at large but to their daughters.

Author Bios

Kaydee Corbin Anderson received her master's degree in Sociology from the University of Missouri – Kansas City. She is an Advocate in workforce development for Kansas City Scholars. Her most recent scholarship focuses on the impact of COVID-19 on paid work and care work in the United States. Her academic interests include ageism and film analysis.

Ahoo Tabatabai received her PhD in Sociology from the University of Cincinnati. She is Professor of Sociology at Columbia College in Columbia, Missouri. Her scholarship and teaching interests include the study of narratives and identity. Her work has been published in Disability and Society, Narrative Inquiry, Qualitative Sociology, and Sexualities. She currently serves on the editorial board of Sociological Focus and Social Problems.

Works Cited

Alzheimer's Association, "What is Alzheimer's?," Alzheimer's Disease and Dementia, 2021, https://www.alz.org/alzheimers-dementia/what-is-alzheimers.

Alzheimer's Association, "What is Alzheimer's?," Alzheimer's Disease and Dementia, 2021, https://www.alz.org/alzheimers-dementia/what-is-dementia.

Aquilina, Carmelo and Hughes, Julian, (2006): "The return of the living dead: agency lost and found?" In: Julian C. Hughes/Stephen J. Louw/Steven R. (eds.), Dementia: Mind, Meaning, and the Person, Oxford University Press: Oxford, pp. 143–161.

Bailey, Dale (1999): American Nightmares: The Haunted House Formula in American Popular Fiction, Madison, WI: University of Wisconsin Press.

Ballenger, Jesse F (2006): Self, Senility, and Alzheimer's Disease in Modern America, Baltimore: Johns Hopkins University Press.

Basting, Anne, (2003), "Looking back from loss: views of the self in Alzheimer's disease." Journal of Aging Studies 17, pp. 87–99.

Behuniak, Susan (2011): "The Living Dead? The Construction of People with Alzheimer's Disease as Zombies." Aging & Society 31/1, pp. 70–92.

Black, Hannah (2014): "Crazy in Love." The New Inquiry 35, pp. 8–12.

Butler, Robert. N. (1975.): Why Survive?: Being Old in America. New York: Harper & Row.

Chivers, Sally (2011): "Grey matters: Dementia, Cognitive Difference, and the Guilty Demographic on Screen" in The Silvering Screen: Old Age and Disability in Cinema. University of Toronto Press, Scholarly Publishing Division, pp. 58–74.

Creed, Barbara (1986): "Horror and the Monstrous-Feminine: An Imaginary Abjection." Screen 27/1, pp. 44–71.

Glenn, Evelyn (2010): Forced to Care: Coercion and Caregiving in America, Harvard University Press.

Goffman, Erving (1963): Stigma: Notes on the Management of Spoiled Identity, Touchstone.

Goldman, Marlene (2017): Forgotten: Narratives of Age-Related Dementia and Alzheimer's Disease in Canada, McGill-Queen's University Press.

Haber, Carole (1984): "From Senescence to Senility: The Transformation of Old Age in the Nineteenth Century," International Journal of Aging and Human Development 19, pp. 41–45.

Halberstam, Jack (2011): The Queer Art of Failure, Durham: Duke University Press.

Hantke, Steffen (2007): "Academic Film Criticism, the Rhetoric of Crisis, and the Current State of American Horror Cinema: Thoughts on Canonicity and Academic Anxiety." College Literature. 34/4, pp. 191–202.

Harvey, David (2005): A Brief History of Neoliberalism, Oxford University Press.

Herskovits, Elizabeth (1995): "Struggling over Subjectivity: Debates about the 'Self' and Alzheimer's Disease." Medical Anthropology Quarterly 9 pp. 146–164.

Holstein, M (1997): "Alzheimer's Disease and Senile Dementia, 1885–1920: An interpretive history of disease negotiation." Journal of Aging Studies, 11/1, pp. 1–13.

Hubner, Laura (2018): Fairytale and Gothic Horror: Uncanny Transformations in Film, Palgrave MacMillan.

Jaffe, Sarah (2021): Work Won't Love You Back: How Devotion to Our Jobs Keeps Us Exploited, Exhausted, and Alone, Bold Type Books: New York.

Kawin, Bruce (2012): Horror and Horror Films, New York: Anthem Press.

Luna, Caleb (2018): "Romantic Love Is Killing Us: Who Takes Care of Us When We Are Single?," https://thebodyisnotanapology.com/magazine/romantic-love-is-killing-us/

Matthews, E. (2006): "Dementia and the identity of the person." In: Julian Hughes, Stephen Louw and Steven Sabat. 2006. Dementia: Mind, Meaning, and the Person, International Perspectives in Philosophy and Psychiatry, Oxford: OUP Oxford: pp. 163–178.

McGuigan, Jim (2014): "The Neoliberal Self." Culture Unbound/Journal of Current Cultural Research 6, pp. 223–240.

Miletic, Sasa (2020): "Making a Killing: Norman Bates, Dexter, & Co. as Neoliberal Entrepreneurs of the Self." The Journal of Popular Culture 53/4, pp. 907–925.

Nock, Samantha 2018. "Decrying Desirability: Demanding Care." Guts Magazine. https://www.gutsmagazine.ca.

Norman, Andria/Woodard, John/Calamari, John/Gross, Evan/Pontarelli, Noelle/Socha, Jami/DeJong, Brandon/Kerri Armstrong (2020): "The Fear of Alzheimer's Disease: Mediating Effects of Anxiety on Subjective Memory Complaints." Aging & Mental Health 24/2, pp. 308–314.

Page, Kyle/Hayslip, Bert/Wadsworth, Dee/Allen, Philip (2019): "Development of a Multidimensional Measure to Examine Fear of Dementia." International Journal of Aging and Human Development 89/2, pp. 187–205.

Robertson, Ann. (1991): "The Politics of Alzheimer's Disease: A Case Study in Apocalyptic Demography in Critical Perspectives on Aging." In: Meredith Minkler and C.L. Estes (eds.), The Political and Moral Economy of Growing Old. Amityville, NY: Baywood Publishing Company. pp. 135–150.

Robertson, Laura (2014): "Who Cares?" The New Inquiry Magazine 35, pp. 31–34.

Sabat, Steve and Rom Harré (1992): "The Construction and Deconstruction of Self in Alzheimer's Disease." Aging and Society 12/4, pp. 443–461.

Scheper-Hughes, Nancy and Lock, Margaret (1986): "Speaking Truth to Illness Metaphors, Reification and a Pedagogy for Patients." Medical Anthropology Quarterly 17/5, pp. 137–140.

Shuffelton, Amy (2013): "How Mothers Divide the Apple Pie: Maternal and Civic Thinking in the Age of Neoliberalism." Philosophy of Education Archive, pp. 328–336.

Sontag, Susan (1978): Illness as Metaphor, New York: Farrar.

Stafford, Philip (1991): "The Social Construction of Alzheimer's Disease." In: Sebeok Thomas and Umiker-Sebeok Jean Biosemiotics: The Semiotic Web. (eds.), Berlin: Mouton de Gruyter, pp. 393–406.

Stillman, Sarah (2007): "The Missing White Girl Syndrome: Disappeared Women and Media Activism." Gender and Development 15/3, pp. 491–502.

Turken, Slaman/Hilde Eileen/Nafstad, Rolv/Mikkel Blakar/Katrina Roen (2016): "Making Sense of Neoliberal Subjectivity: A Discourse Analysis of Media Language on Self-development." Globalization 13/1, pp. 32–46.

Villain, Nicolas and Bruno Dubois (2019): "Alzheimer's Disease Including Focal Presentations." Seminars in Neurology 39/2, pp. 213–226.

Wilson, Duncan (2014): "Quantifying the quiet epidemic Diagnosing dementia in late 20th Century Britain." History of the Human Sciences. 5, pp. 126–146.

Zarney, B.D. (June 13, 2021): "Hope and controversy: FDA approves first new Alzheimer's drug in decades." https://www.freethink.com/health/alzheimers-drug-aducanumab