SESSION 3135 (SYMPOSIUM)

AGEING, DEMENTIA, AND THE SOCIAL MIND

Chair: P. Higgs, *University College London, London, United Kingdom*

Co-Chair: C.J. Gilleard, *University College London, United Kingdom*

The sociology of dementia has been a relatively neglected but increasingly important topic in studies of health and illness. The theme of dementia, its diagnosis and its cultural role intersects with a number of important concerns within sociology and aligned disciplines. The symposium addresses gaps in our sociological knowledge of dementia and provides a forum for the development of new themes and perspectives within social gerontology. All of the papers presented locate dementia within the context of ageing societies. The papers range in scope from an overview of the classed nature of dementia, its diagnosis and treatment to a study of embodied citizenship in long term care. The underlying theme is to integrate concepts such as class, citizenship and social exclusion with the specific effects of dementia and societal responses to what the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) now calls 'major neuro-cognitive disorder'.

The first paper is concerned with the complex relationship between dementia and social class found in both epidemiology and social gerontology. This is followed by a paper examining whether issues surrounding dementia might better be understood in terms of the concept of precariousness. The third presentation engages with the contemporary debate about the relationship between embodiment and citizenship in long term care. The concluding contribution focusses on the social location of personhood within debates occurring in dementia care policy and practice. Taken together these papers map out key dimensions in the sociology of dementia

DEMENTIA, CLASS, AND SOCIAL RELATIONS

I.R. Jones, *WISERD, Cardiff University, Cardiff, United Kingdom*

Studies have shown higher risk of dementia in those with lower Socio-economic status. But socio-economic status is used and defined in different ways and it is difficult to untangle effects and causal properties. This paper discusses how the relationship between social class and dementia may be problematic in epidemiological terms but goes on to argue that social relations underpin the diagnosis, care pathways and experience of dementia and that sociological research still has an important role to play in interrogating how class and class relations influence the everyday experiences of people with dementia.

PRECARITY IN LATE LIFE: RETHINKING DEMENTIA AS A FRAILED OLD AGE

A.M. Grenier¹, C. Phillipson², E. Lloyd³, 1. *McMaster University, Hamilton, Ontario, Canada*, 2. *The University of Manchester, Manchester, United Kingdom*, 3. *University of Bristol, Bristol, United Kingdom*

This paper analyses the extent to which frailty and dementia are better understood in the context of new forms of insecurity affecting the life course. Approaches to ageing that

are organized around productivity, success, and active late life have contributed to views of dementia as an unsuccessful, failed or 'frail' old age. Operating through dominant frameworks, socio-cultural constructs and organizational practices, the 'frailties' of the body and mind are often used to mark the boundaries of health and illness in late life, and shape responses accordingly. Our concern is that whether taken for granted, or 'imagined', ideas that couple dementia and frailty can marginalize persons who occupy the locations of dementia and disablement. In this paper, we draw on the concept of 'precarity' to reconsider debates, and shift interpretations of the 'fourth age' away from age- or stage-based thinking into a recognition of the shared vulnerability and responsibilities for care. We conclude with a call to acknowledge the fragility and limitations which affect human lives, and argue that this recognition be grounded in an inclusive form of citizenship.

A RELATIONAL MODEL OF CITIZENSHIP: INSIGHTS FROM A STUDY OF ELDER-CLOWNING

P. Kontos^{1,2}, K. Miller¹, A. Kontos³, 1. *Toronto Rehabilitation Institute-University Health Network, Toronto, Ontario, Canada*, 2. *Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada*, 3. *Human Rights Law Section, Department of Justice Canada, Ottawa, Ontario, Canada*

The citizenship perspective in dementia has redressed some of the gaps inherent in personhood- and relationship-centred approaches to dementia care by contextualizing individuals in terms of their relationships with the state and its institutions. However, this perspective has yet to be influenced by the emerging theoretical subfield of embodiment, which places the body and embodied practices at the centre of dementia representations and care. We draw on findings from a study of elder-clowns in a long-term care facility to advance a model of "relational citizenship" for individuals with dementia. Relational citizenship foregrounds the reciprocal nature of engagement and the centrality of capacities, senses, and the experiences of bodies to the exercise of human agency and interconnectedness. Relational citizenship offers an important rethinking of selfhood, entitlement, and reciprocity. It also provides new ethical grounds to explore how residents' creative and sexual expression can be cultivated in the context of long-term care.

THE SOCIAL LOCATION OF PERSONHOOD IN DEMENTIA CARE, POLICY, AND PRACTICE

C.J. Gilleard, P. Higgs, *University College London, London, United Kingdom*

The use of the term personhood has become central in defining key aspects of policy and practice in dementia care. While much has been made of its philosophical status, rather less attention has been paid to sociological approaches to concepts such as 'self' and 'personhood'. The present paper argues that a return to the classical debates within sociology over self and society offers a useful avenue for rethinking the role of personhood in dementia care. Rather than essentialising the concept of personhood, we argue that a greater consideration needs to be given to the social realisation both of dementia and of dementia care.