

Do those diagnosed with Alzheimer's Disease lose their souls? Whitehead and Stengers on Persons, Propositions and the Soul.

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Introduction

It is unsettling to see someone grapple with themselves when trying to remember a word or construct a coherent sentence. We have a lingering feeling that speech and thought are inextricably linked. The Enlightenment vision of the self casts a long shadow. The correct and proper use of language makes claim to be a window onto the healthy mind. Any loss of language or linguistic capacity is a direct symptom of an unhealthy mind and, in cases of Alzheimer's disease, an unhealthy brain. Or so it is supposed. This raises the question of what is being lost? Or, who is being lost? If the loss of language is symptomatic of changes in the brain then it is easy to start thinking that the person diagnosed with Alzheimer's disease¹ is losing their personality, their self, their mind. This way of thinking is one of the unfortunate consequences of the very word "dementia"² with its roots in the Latin for mind (*mens*) with the prefix "de" connoting "away" or "removal" (for a further discussion of the definition of dementia see, Sabat et al, 2011: 283-84). In this article I want to challenge this easy slip from the loss of language to the loss of the core of a person; a position which Moser (2008) starkly summarizes as:

the idea that people with Alzheimer's disappear into the 'mist of oblivion' or

¹ Throughout this article, I have used the phrases "diagnosed with Alzheimer's disease" and "diagnosed with dementia" as opposed to alternatives such as "patients with dementia" or "people suffering from Alzheimer's disease". There are a number of reasons for this. I want to avoid objectifying or reducing those diagnosed with dementia, so that their condition completely defines who they are. I also want to avoid notions of victimhood and passivity. Additionally, it seems that a definitive diagnosis of Alzheimer's disease can only be made *post mortem*. In many cases, a post-mortem is not deemed necessary and, in a sense, the existence of the condition is never absolutely confirmed.

² For the moment, I am conflating Alzheimer's disease and dementia. As will be seen shortly, this is not always an accurate or wise approach.

some unknown land, that they leave real life reality, and that they get lost to us before they have actually left us. That they are 'living dead'. That there is simply 'no one there'. Thus it is widely argued that people lose – or are deprived – of their mind, their rationality, and, by implication, their subjectivity and dignity. (Moser, 2008: 104)

I am not the first to express concern as to whether those diagnosed with dementia or Alzheimer's disease suffer a loss of what we normally consider to be identity, self or personhood. Indeed, one of the main contributions of sociological analyses of dementia³ has been the denial that it entails a necessary and irretrievable loss (see, for example, Basting, 2003; Beard, 2004; Herskovits, 1995; Kitwood, 1993; Kitwood and Bredin, 1992; Moser, 2008; Millett, 2011; Nowell et al, 2013; Sabat, 2000; Sabat and Harré, 1994; Sabat et al, 2011). There is, however, a danger in making such arguments in terms of the concepts of identity, self or personhood, as many of these authors do. It runs the risk of assuming that we already know what we want to maintain or recover in those diagnosed with dementia because we already have an idea of what human selves or persons are. Instead, following Schillmeier (2014), I want to argue that questions concerning the kind of self that is supposedly lost in such cases should always be tied to questions of what kind of selves we all think we are: 'research on dementia can primarily be understood as the study of experience and its different forms' (Schillmeier, 2014: 50). Thinking about dementia can help us think about human experience in general. Given that debates over the status of subjectivity still rage with sociology, anthropology, cultural studies, philosophy and beyond, it does not seem wise to assume that we already know what may be lost by those diagnosed with dementia.

I have chosen to approach this topic by asking whether we implicitly consider that a person diagnosed with Alzheimer's disease is in danger of losing their soul. The choice of this term, this concept, might appear surprising. There are three reasons why I have selected this word. Firstly, I use the word "soul", initially, as a placeholder or marker for our intuitions regarding the core of a person, for that which is at risk of being lost. In this sense, the word should be taken neither literally or metaphorically. I intend it to operate as a first step which will allow me to engage in

³ It may have been noticed that I seem to be using the terms "dementia" and "Alzheimer's disease" interchangeably, as if they referred to the same "thing". My focus in this piece is intended to be Alzheimer's disease. However, the literature that I am using to contextualize my analysis discusses both dementia and Alzheimer's disease. As such, in the initial stages of my argument I will switch between the two. When I turn to the more focussed elements of my argument, I will talk only of Alzheimer's disease. Also, as will be seen later, it is not accurate to talk of "dementia" as a unitary concept of condition; it involves a range of symptoms.

the kind of the grounded but productive speculation as outlined by Stengers (2009, 2013; see also, Puig de la Bellacasa, 2011, 2012).

The mention of speculation is linked to my statement that I do not want to take the soul literally or metaphorically. This might seem like trying to have my cake and eat it, but this is not the case. In modern universities and academia we may deny the existence of the soul but we still know what the word means. In this sense, I *am* recruiting the connotations of the word “soul”; I am borrowing from our conceptual history and relying upon a shared understanding of what it was supposed to mean. It invokes the most precious aspect of an individual; one which is at constant risk (traditionally through temptation and sin). Even if we no longer accept that the soul exists, we still know what it would mean to lose one’s soul. Theologically speaking, it would entail eternal damnation.⁴ Yet we still know what we are implying if we comment that a doctor who had taken a job with a tobacco company has “sold their soul to the devil”. In this respect, I envisage the choice of the word “soul” as upping the stakes. My intention is to emphasize the risks that we run when conceptualizing dementia as some kind of loss. Rather than hiding behind more comforting notions such as “self” or “identity”, I want to make stark the consequences of our conceptual approaches. If those diagnosed with Alzheimer’s disease lose their souls, rather than their self, then they are lost to us forever. My aim is to dramatize the problem without being overly dramatic.

The third reason that I have chosen the term “soul” is that it is one which peppers the texts of Alfred North Whitehead whose work has become increasingly important for tackling thorny issues with sociology, social theory and beyond (see, for example, Halewood, 2009, 2011a, 2014; Schillmeier, 2014; Shaviro, 2009; Stengers, 2011). More specifically, Isabelle Stengers (2005) has provided an extended analysis of Whitehead’s comments on the relation of the soul to language. The main conceptual work of this article with involve a rendering of Whitehead’s and Stengers’ analyses in

⁴ At least in the Judaeo-Christian tradition. I am aware that my argument might appear to be located only within this specific theological outlook. I have two responses to this charge. One is that a concept of the soul, or similar, is to be found in other traditions, for example in Islamic theology. The different shades of meaning which could be found in these do not go against the main force of my discussion. Eternal damnation is not a necessary step in my argument. At the same time, we do not have to believe in the soul to understand what the ramifications of losing our soul would be. We can understand what is at stake in the story of Faust without believing in God.

terms of Alzheimer's disease. This will follow a review of other sociological approaches to the question of whether dementia and Alzheimer's disease entail some kind of loss of self or personhood.

Setting the Sociological Scene

One strand which unites sociologically influenced analyses of dementia is the refusal of any simplistic biomedical model of dementia or Alzheimer's disease. The aim is to counter the tendency to locate the complete fact and meaning of such conditions in changes to the brain which are viewed as the ultimate cause and explanation of the epiphenomenal symptoms which we encounter at the "social" level. The problem with the biomedical model is that it tends to reduce the individuals involved to medical cases, to objects of medical knowledge. Not only does this involve an immediate denial of the specific subjectivity of the individual, it creates a conceptual difficulty in treating the experiences of those involved, including the "patient", their carers, families and friends, as real and meaningful on their own terms. The social aspect is envisaged as dislocated from the deeper "problem". Only the biomedical facts can define the situation, what can be done, and the inevitable outcome - a difficult and distressing death.

Equally, however, sociological readings run this risk of overemphasizing the other side of this apparent dichotomy, by making the social realm able to explain all that is involved in instances of dementia or Alzheimer's disease. For example, the analysis of Fontana and Smith (1989) suggests that social roles take precedence over any interior concept of the self. In the case of Alzheimer's disease, it is these social roles which persist while the self of the "victims" "unbecome". "The self of Alzheimer's disease patients appear to consist mainly of internalized social norms and customs that are presented to the world [...] The self has slowly unraveled and "unbecome" a self" (Fontana and Smith, 1989: 45). This may challenge a biomedical explanation but it does so at great expense. We have completely lost the self, and all we are left with are social roles: 'due to the mental deterioration caused by the disease, it is largely social practices that allow the self to continue to exist in the eyes of others' (Fontana and Smith, 1989: 35). This sets up the polar opposite position to that of the biomedical model. Now, all that is left is the social identity as produced through the

eyes of others. I want to argue that there is a need to tread carefully, not to immediately side with either the social (identity, self, mind) or the scientific (the medical, the brain and its changes). The task is to think these together or, at least, to approach the problem in a different way which does not start from such a split. The need to think the “natural” and the “social” together is an important task for contemporary sociology (see Halewood 2012, 2015) and might involve deploying terms such as “naturecultures” (Latimer and Miele, 2013; Puig de la Bellacasa, 2011). Although not to the fore in this article, this thinking together of the social and the natural is another aspect of the argument that I am attempting to set out.

To return to other sociological readings of dementia and Alzheimer’s disease, a more subtle and influential approach can be found in the texts of Kitwood (1993) and Kitwood and Bredin (1992). Coming from a social-psychological background, one of the aims of these analyses is to recognize both the biological and social aspects of dementia.

the dementing process should be viewed as the outcome of a dialectical interplay between two tendencies. The first is neurological impairment, which does indeed set upper limits to how a person can perform. The second is the personal psychology an individual has accrued, together with the social psychology with which he or she is surrounded. (Kitwood and Bredin, 1992: 271)

By stressing the importance of the personal social psychological aspects of dementia, and seeing this as in interplay with the biomedical (neurological) aspect, Kitwood and Bredin (1992) outline an approach which, they argue, counters the prevailing ‘malignant social psychology’ (Kitwood and Bredin 1992: 271); one which has resulted in an “us and them” paradigm. Those diagnosed with dementia are treated only as patients, as different from us normals, who are not so “afflicted”. Instead, there is a need to recognize the “personhood” (Kitwood and Bredin, 1992: 271) of those diagnosed with dementia. This entails what Kitwood calls ‘A person-centred approach to care’ (Kitwood, 1993: 64-6).

This mention of “care” is important on several counts. It points to an abiding theme of many of those working and writing within nursing, sociology and social-psychology. Their engagement with dementia is not just theoretical but is involved with developing better modes of practical caring for those who have had such a diagnosis (see, for example, Beard, 2004; O’Connor et al, 2007; Sabat and Harré, 1994). In

this vein, Puig de la Bellacasa (2011) has outlined a subtle but important distinction between concern and care. In her reading of Latour, Puig de la Bellacasa (2011: 88-9) proposes what she calls “matters of care”, a term which is related to, but not synonymous with, Latour’s notion of “matters of concern”. Puig de la Bellacasa, argues that Latour develops the idea of “matters of concern” to overcome a simplistic model of “matters of fact” and to put politics into nature and nature into politics. This is not the same as care: ‘Concern and care can mean similar things [...] But also express different things (Puig de la Bellacasa, 2011:89). As she comments: ‘We cannot possibly care for everything, not everything can count in a world, not everything is relevant in a world’ (Puig de la Bellacasa, 2012: 204). This is a key point. Any item in existence is a matter of concern, for itself and for those entities to which it is related. This is the first step, a very general one. When we approach such matters of concern, we should do so with care. Building on the work of Haraway, Puig de la Bellacasa sees care as an activity, a doing, an involvement in the world, and not just a secondary, almost passive, reflection upon such a world (Puig de la Bellacasa, 2012: 198). Thinking is a form of doing and we need to actively think with a specific kind of care: ‘It is [...] a specific meaning of thinking with care that appears here: the embeddedness of thoughts in the worlds *one cares for*’ (Puig de la Bellacasa, 2012: 202. Emphasis in original).

With regard to the question of Alzheimer’s disease, language and the soul, what I take from Puig de la Bellacasa is that it is necessary to embed one’s thinking in a world that one cares for. It is at this point that I should, perhaps, outline the position from which I approach a diagnosis of Alzheimer’s disease as both a matter of concern and of care.

My father was diagnosed with Alzheimer’s disease in 2010. He died in 2013, though the main cause of his death was prostate cancer. During the final years of my father’s life, questions of how to act, relate and think in light of such a diagnosis swept up my family, my father’s friend and others. Those who encounter dementia and Alzheimer’s disease are invited to think about our taken-for-granted assumptions regarding reason, memory, language, selfhood, health and illness. Alzheimer’s disease is a genuine matter of concern. But, through this article, I also aim to be careful in my thinking and not to provide a general theory of experiences of

Alzheimer's disease. Instead, my intention is to identify and respond to a local yet important problem. One important aspect of this is the need to focus not on what has been lost but what has been retained. This is a point that is neatly made by Sabat and Collins:

Although there is a large extant literature concerning the various and sundry cognitive deficits that accompany AD [Alzheimer's disease] in terms of losses in memory, praxis, and linguistic function, there is less literature focusing on the intact abilities which remain despite the progression of the disease. (Sabat and Collins, 1999: 11)

Sabat has been an important influence on rethinking dementia and Alzheimer's disease (see, for example, Sabat and Harré 1992; Sabat and Collins, 1999; Sabat, 2000; Sabat et al, 2011). Again, Sabat (and his cowriters) critique any over-reliance on the biomedical model. They explicitly rely upon social constructionist theory to argue that the self requires recognition from others in order to be fully constituted. However, Sabat has a specific take on this, calling such a self or subject "semiotic" (Sabat and Harré, 1994; Sabat et al, 2011). On such a view, all subjects (including those diagnosed with dementia) act 'out of intention – reflection and intention [and] are built upon systems of meaning', interpret 'events and situations' and evaluate 'events, situations, or actions' (Sabat et al 2011: 289). This is a welcome rebuttal to those who envisage all forms of dementia as premised on some kind of loss. However, as with Kitwood and Kitwood and Bredin (1993; 1992), it situates the self within a primarily social regime. Communication, language and body language become the primary seats and evidence of the self. While this focus upon a resolutely "social" sense of the self does point to the importance of treating those diagnosed with dementia as similar to "us" rather than as constituting some kind of alien other, it commits the proponents of such a position to an all-encompassing reliance upon language, in any and all of its forms. This might work as a first step in countering the 'depersonalization' (Sabat et al, 2011: 286) of which Sabat and Kitwood and Bredin (1992) are so critical. But it envisages the person "behind" the dementia as a purely "social" person. The problematic status of the concept of "person" will be discussed in more detail in a later section. Before turning to this, it is important to introduce a different approach to the question and problem of dementia, notably in those who are influenced by STS and ANT.

Rather than simply oppose the social and the biomedical, Moser (2008) seeks to investigate the *problem* of the problem of Alzheimer's disease. By focussing on the different concerns exhibited within a conference on dementia, an Alzheimer's patient's movement, a pharmaceutical advert, a medical textbook, and more, Moser demonstrates that it is not so simple to talk of Alzheimer's disease as an obvious and accepted fact or thing. It plays out in different ways and constructions. Moser argues that 'each of these locations presents a different version of what Alzheimer's is and how the problem should be dealt with' (Moser, 2008: 99). Due attention needs to be paid to how and where these constructions arise and endure. Perhaps most importantly for this article, Moser describes the complexity and uncertainty in medical science's approach regarding the constitution of Alzheimer's disease, which means that the condition is 'a puzzle rather than a matter of fact and a fully-fledged object' (Moser, 2008: 102). Crucially, this is not to completely decry the biomedical aspect and to resort, instead, to the social realm to explain all we need to know about Alzheimer's disease. It is to insist that we try to understand how the biomedical model comes to be and plays out in different scenarios, as well as to unpick its entanglements with what we might be tempted to call the "social" aspect (Moser, 2008: 109).

Schillmeier (2014: 7-15) has also addressed general representations of dementia and Alzheimer's disease in Europe. He points to the widespread descriptions in the media and the political sphere of dementia as constituting some kind of epidemic, a "national crisis", which is an apparently "natural" consequence of an inexorably aging population. The important question that Schillmeier raises is that of why and, more importantly, *how* dementia is constituted as a problem. On Schillmeier's reading, a speech made by the UK prime minister, David Cameron, in 2012, is indicative of a widespread misconception and misunderstanding of dementia. Cameron has a 'simplified understanding of "dementia" [which] functions as an umbrella term that lumps together causes and symptoms' (Schillmeier, 2014: 11). Cameron frames dementia as 'a general and public issue as it refers to a bodily impairment with dramatic effects for personal and social life' (Schillmeier 2014: 9). The "personal and social" aspect arises out of the biomedical but is mainly envisaged in terms of the cost of diagnosing and treating dementia; something which represents a huge and growing economic burden on society as a whole. The task at hand is to know the

enemy (dementia) and defeat it. This will produce economic and social benefits for all. As Schillmeier (2014: 7-15) argues, this is an clear example of Foucault's notion of "biopolitics" where issues of health, illness, society, individuality, and power coalesce to produce an object of knowledge (dementia) which entails that certain experts have the ability and right to define, instruct and act on a supposedly clearly identifiable phenomenon. In doing so, Cameron, and many apparently common sense approaches to dementia, buy into and reinforce an understanding of the normal, healthy citizen as opposed to the isolated, pathological individual who is "ill". Schillmeier cites Foucault (and his gendered pronouns) to make the following important point, using "madness" as the threatening example: a mad person does not 'lose *the* truth but *his* truth: he loses himself' (Schillmeier, 2014: 18). This returns us to the question of what is supposedly "lost" in cases of dementia; it invokes what is known as a "deficit-model", where the individual person ("sufferer", "victim") is seen and defined as lacking something. The problem is individualized and that individual is isolated from the realm of healthy individuals and normal social or societal relations.⁵ There is a need to 'shift from the realm of a cosmopolitanism of health that presupposes and requires sanity and reason [...] towards the cosmopolitics of dementia which puts sanity and reason into question' (Schillmeier, 2014: 47). Schillmeier (2014) is one of the first to use the Isabelle Stengers' work, and the concept of "cosmopolitics", in an analysis of dementia. I will return to the relevance of Stengers after a discussion of Whitehead's refiguring of the problem of the person.

Persons (and the Soul)

As has been seen, one of the contributions of sociological analyses of dementia, in their challenging of a simplistic biomedical model, has been to stress the importance of treating those diagnosed with dementia as "persons". The injunction is to develop "person-centred care". This is, of course, important. But it does produce a problem, namely, what is a "person", and what are we trying to retain or recover in cases of a diagnosis of Alzheimer's disease? Such models tend to rely on a wholly "social" conception of the person; one in which persons are constituted and defined through their relations with other human individuals. The biomedical model remains

⁵ Throughout his text (2014), Schillmeier makes an important distinction between the meanings of the terms "social" and "societal". This is also discussed by Halewood 2012 and 2014).

unchallenged and seems to lie below the social, quietly but insistently producing a physical decline in the cognitive capacities of individuals, making the search for the person “behind” these symptoms more and more difficult. To put it bluntly, “person-centred” approaches seem to assume that we already know what a person is; moreover, such persons are envisaged primarily in “social” terms.

Alfred North Whitehead avoids any such assumption of what constitutes a person by taking a more general view. For Whitehead, to talk of persons is to talk of societies (for example, Whitehead, 1933: 263-7). This may seem strange but, within Whitehead’s philosophy, the enduring entities of the world that we encounter, be they molecules, trees or individual humans are societies. Whitehead chooses the terms “social” and “society” to describe how any thing that manages to consist and endure does so by holding together elements that were previously diverse (for a fuller discussion, see Debaise, 2006: 133-74; Halewood, 2011: 85-80, 2014: 151-60). An entity which manages to hold these elements together over time is a society. ‘An ordinary physical object, which has temporal endurance, is a society’ (Whitehead, 1978: 35). Societies are achievements. The social and societies are not premised on humans but humans can and will be involved in societies. The question now becomes, how do societies relate to persons?

Whitehead is initially shy of the term “person” as ‘unfortunately, “person” suggests the notion of consciousness, so that its use would lead to misunderstanding’ (Whitehead, 1978: 35). This initial scepticism is beneficial when considering Alzheimer’s disease. As mentioned previously, there is a temptation to conceive this condition as inextricably linked to a decline in cognitive capacity, as evidenced by lapses in linguistic capability. This conflates personhood, consciousness and the use of language. Whitehead avoids this elision by side-lining consciousness. Consciousness exists, but it needs to be explained, not assumed (Whitehead, 1978: 267). There are more fundamental factors which need to be addressed which means that we cannot start from the human individual (or consciousness).

Whitehead is, however, interested in how any entity, human or nonhuman, ‘sustains a character’ (Whitehead, 1978: 35). This is the sense in which Whitehead approaches the word person. This “sustaining of character is”, he writes, ‘one of the

meanings of the Latin word *persona*' (Whitehead, 1978: 35). As a result: 'Societies of the general type [...which] are purely temporal and continuous, will be termed "personal". Any society of this type may be termed a "person"' (Whitehead, 1933: 263). Being a person does not necessarily make you human. There are various "personal societies", most of which do not correspond to what we normally think of as a human individual. At this point in his argument, Whitehead is focussing on what he calls 'contiguous occasions in serial order' (Whitehead, 1933: 263). These occasions are experiences which are linked. Considered together, these experiences constitute a personal society.

Having set out his more general account of persons, Whitehead turns to a discussion of how this notion of "personal society" operates within what we normally think of as an individual human being. 'The whole body is organized, so that a general co-ordination of mentality is finally poured into the successive occasions of this personal society' (Whitehead, 1933: 271). The body acts as a 'complex "amplifier"' (Whitehead, 1978: 119). The body and mind are not separate. For Whitehead, experience is always located bodily and is not a simple matter of "mental" experiences (see, for example, Whitehead, 1933: 263-4). This inclusion of the body is one of the ways in which Whitehead avoids any simple split between the natural and the social. Yet, it is possible to distinguish one element which is the focus of a set of experiences; this is the "personal society" of an individual and this 'personal society is the man [sic] defined as a person. It is the soul of which Plato spoke' (Whitehead, 1933: 267). We have arrived at the soul, finally. A few pages further on, Whitehead boldly restates his position: 'This "personal" society is composed of occasions enjoying the individual experiences of the animals. It is the soul of man [sic]' (Whitehead, 1933: 271). The "personal society" which comprises the ongoing experiences of an individual constitute the soul. Importantly, this society is not substantial, in that it does not lie behind the experiences of an individual human. The soul, as a "personal society", is not some core which subtends our existence. In this way, Whitehead makes the initial step which might allow us to avoid seeing a person as some kind of entity which can be lost in cases of dementia or following a diagnosis of Alzheimer's disease.

Are we at the end of the argument? The short answer is a definite “no”. To stop at this point, would only be to offer an account of the somewhat peculiar but hopefully interesting philosophical position of Whitehead. Furthermore, it should be noted that, up to this point, it is Whitehead’s thoughts as set out in *Adventures of Ideas* (Whitehead, 1933) which have been the main source of analysis. Although Whitehead refers to the notion of the soul in various texts, Whitehead does not have an over-arching theory of the soul. Each of Whitehead’s texts addresses different problems. *Adventures of Ideas* (1933) is concerned with reconceptualising the status and role of ideas within the history of humanity. His treatment of the soul is consistent with his philosophical outlook as set out in his other texts, but is not all that he has to say on the matter. As such, it is important not to simply take Whitehead’s ideas, as set out above, and simply apply them to Alzheimer’s disease. This might produce a generous account in which those diagnosed with such a condition fit in to Whitehead’s vision of persons and personal societies, as they retain some continuity of experience, although the manner of this continuity has been disrupted by the onset of Alzheimer’s disease. As a result, there never was a danger of the loss of the soul. The fact that any continuity of experience can be established is enough to ensure this. Yet, the argument that I want to make involves more than this; it also concerns the question of the relations of the soul to language. This is a question that Whitehead addresses not in *Adventures of Ideas* but in another text – *Modes of Thought*. Stengers’ (2005) reading of this argument will be addressed after a detour through another of Whitehead’s key terms, namely, “propositions”.

Whitehead on Propositions and Contrasts

The term and concept of “proposition” is an important one for Whitehead. It was also, and still is, a key term within the school of analytic philosophy. However, even by the time that he was writing, in the 1920s, Whitehead bemoaned the status that propositions had been given, arguing that they had, unfortunately, ‘been handed over to logicians, who have countenanced the doctrine that their one function is to be judged as to their truth or falsehood’ (Whitehead, 1978: 184). Philosophy has been reduced to ascertaining whether the thought content of verbal propositions such as “There is beef for dinner today” or “Socrates is mortal” are true or false (Whitehead, 1978: 11). Whitehead has a wider scope: ‘every proposition proposing a fact must, in its complete analysis, propose the general character of the universe required for that

fact' (Whitehead, 1978: 11). This mention of a "proposition proposing" is important and I will return to it.

For Whitehead, propositions are not simply "out there" in the world; they are not objects or states of affairs which can only be judged as true or false. Rather, propositions express the complex interrelation of what we normally consider to be objects and subjects. Importantly, propositions are always experienced or felt rather than immediately judged. And, crucially, they are always felt in a certain way. To understand what reality is, we must focus on "how" reality is: '*how an actual entity becomes constitutes what that actual entity is [...]* This is the principle of process' (Whitehead, 1978: 23. Emphases in original). The "how" of the world can be found in propositions. Propositions are actualities but they always involve possibility or potentiality. The world does not present itself as fixed, it always comes with an element of possibility. Whitehead hints at this idea when he describes propositions as 'the tales that perhaps might be told about particular actualities' (Whitehead, 1978: 256).

At this point, it is worth returning to Puig de la Bellacasa's (2012) notion of care and her adoption of Haraway's phrase - "Nothing comes without its world". As stated above, for Whitehead, propositions operate by pro-posing. The world offers itself to be felt. Propositions are 'lures for feeling' (Whitehead, 1978: 25). To reduce the importance of a proposition to a simple question of whether it is true or false is to rip one element of a proposition from its context, from its world; it is to ignore its environment, that which supports it, that which enables it. Not only does this exhibit a lack of care, it limits the role and purpose of philosophy and theory.

To recap: propositions are tied up with Whitehead's assertion that we must always pay attention to "how" the world is, not just what it is. This suggests that matters of concern, and even care, are central to existence and are not just added on at a later stage, as some sort of subjective injunction which only involves humans. Still, it might not appear totally clear how this "how" happens. For Whitehead, it is through his notion of "contrast". This is a term which it is easy to miss when reading Whitehead and it is thanks to the work of Isabelle Stengers on Whitehead (especially, Stengers, 2012) that the importance of this term is beginning to receive its due. So, Whitehead writes: 'a proposition is, in a sense, a "contrast."' (Whitehead,

1978: 24). Within *Process and Reality*, the kind of contrasts that Whitehead alludes to are, not surprisingly, philosophical ones. For examples, those between “order” and “disorder” (Whitehead, 1978: 83), “simplicity” and “complexity” (Whitehead, 1978: 133), “endurance” and “change” (Whitehead, 1978: 136), “affirmation” and “negation” (Whitehead, 1978: 243).

The point of the notion of “contrast” is that, for Whitehead, it goes beyond that of opposition (especially binary ones). Night is not defined in opposition to day, for example. But there is a contrast between the two. ‘The inhibitions of opposites have been adjusted into the contrasts of opposites.’ (Whitehead, 1978: 109). To view the world in terms of oppositions is to limit and inhibit our appreciation of the world and its possibilities. By approaching the world in terms of contrasts, we can entertain and enjoy various possibilities. This further explains the role of propositions in Whitehead’s thought. They describe the manner in which (or *how*) we entertain and enjoy the possibility and potentiality of the world. It is in this sense that Whitehead calls propositions “theories” (Whitehead, 1978: 184). These theories are not simply a mental exercise in which we judge whether something is true or false: ‘it must be remembered that propositions enter into experience in other ways than through judgment-feelings’ (Whitehead, 1978: 197).

The entertaining of propositions as contrasts might well involve thinking, but not in the usual sense. Whitehead does not start with consciousness, with a rational self, from which thoughts emanate. Instead he starts with those occasions when there are thoughts. ‘The thinker is the final end whereby there is the thought’ (Whitehead, 1978: 151). Such thinking involves contrasts. Consciousness is the outcome (not the origin) of the entertaining of contrasts:

a felt ‘contrary’ is consciousness in germ. When the contrasts and identities of such feelings are themselves felt, we have consciousness [...] Consciousness requires more than the mere entertainment of theory. It is the feeling of the contrast of theory, as mere theory, with fact, as mere fact. (Whitehead, 1978: 188)

This mention of consciousness returns us to the question of the “identity” and status of those diagnosed with Alzheimer’s disease. In the following and final section, I will rely heavily on Isabelle Stengers’ (2005) analysis of Whitehead’s thoughts on the soul and its relation to language, in order, hopefully, to come to a more telling and productive conclusion.

Language and the Soul

In *Modes of Thought* (1938), Whitehead writes:

If we like to assume the rise of language as a given fact, then it is not going too far to say that the souls of men are the gift from language to mankind. The account of the sixth day should be written, He gave them speech and they became souls. (Whitehead, 1938: 57)

In the book of Genesis, the sixth day is when God created “man”. Isabelle Stengers has made Whitehead’s rewriting of this account the subject of an important article (Stengers, 2005). On Whitehead’s reading, we can, for the moment, treat language as a “given fact”. The key point is that we “became” souls rather than simply possessing them. Souls are an outcome not an essence. What is of interest is the relationship of the given fact of language to how we have become human. This seems to involve the soul.⁶ But souls are not a direct gift from God.

Whitehead’s description of language as a “given fact” might remind some of the now notorious “linguistic turn” in philosophy and social theory. This is certainly not Stengers’ (or Whitehead’s) position. Indeed, Stengers’ article is constructed as an argument against seeing language as the royal road to explaining the world and our experiences of it. She is trying to avoid any position which makes us ‘prisoners of illusions induced by language’ (Stengers, 2005: 49). Language is important but it does not, it cannot, explain everything. According to Stengers, and Whitehead, experience and human experience are more diverse than such a position allows for. The search for ultimate explanations beyond the experiences in which we find ourselves immersed, leads us to ‘downgrade this human experience, describing it in terms of intellects dominated by linguistic abstractions’ (Stengers, 2005: 50). Those social and cultural theorists who over-rely on the linguistic have fallen into one side of what Whitehead calls the Bifurcation of Nature (Whitehead, 1964: 26-48). They have made the cultural, the human, the origin and explanation of meaning and the world. Facing them, on the other side of this conceptual void are those natural scientists who make brute matter of fact the only true origin and explanation of reality. This is reminiscent of the split between social and biomedical approaches to Alzheimer’s disease.

⁶ As mentioned above, although compatible with Whitehead’s use of the word “soul” in his other texts, it is important to remember that in *Modes of Thought* (Whitehead, 1938), he is addressing a specific problem, that of language and the soul.

On Stengers' reading, the task that Whitehead sets himself is to rethink this problem, this divide; the challenge is to think matters of fact and potentiality together. Stengers cites Whitehead on exactly this point: 'we require to understand how mere matter-of-fact refuses to be deprived of its relevance to potentialities beyond its own actuality of realization' (Whitehead, 1938: 115 in Stengers, 2005: 42). Knowledge is specialist and addresses a limited set of facts. Understanding is broader and is not reducible to knowledge.⁷ There is a need to understand how the matters-of-fact with which we are confronted are always situated in relation to possibilities that go beyond the present, beyond what we encounter now. 'We require to understand, not to be led back to the maze of language' (Stengers, 2005: 50).

The belief in fixed objects, which are what they are, and can be analysed in separation from the rest of reality, is a high abstraction and not how we experience the world. There is potentiality in actuality and actuality in potentiality; this is something we experience in our everyday lives. Crucially, our encounters with potentiality and actuality are tied up with the operations of the soul. On Stengers' reading (2005: 42-3), when we adopt a scientific or sociological frame of mind which reduces the world to mere data or matters-of-fact we 'are shedding that mode of functioning which is the soul' (Whitehead, 1938: 87). Again, we have returned to the soul. But the soul should not be envisaged as some kind of thing or enduring entity:

The doctrine of the enduring soul with its permanent characteristics is exactly the irrelevant answer to the problem which life presents. That problem is, How can there be originality? And the answer explains how the soul need be no more original than a stone. (Whitehead, 1978:104)

Whitehead's descriptions of the soul respond to specific problems. It is always important to ask the right questions, to formulate our problems carefully, with care (see Puig de la Bellacasa, 2011, 2012). If an enduring soul is posited, then we have already closed off the very line of enquiry that Whitehead wants to take up, which, in *Modes of Thought* (1938) concerns how potentiality inheres in matters of fact, and how we experience this. This is "the problem that life presents". Therefore, Whitehead talks not of the soul, as such, but of "that mode of functioning which is the

⁷ This might remind some of Weber's concept of *Verstehen*. However the kind of understanding being developed here is not as tied to human consciousness as Weber's concept is often taken to be. Having said this, Weber's concept is not as narrow as is often thought and could also apply to animals (see Halewood, 2014: 108-9).

soul". When we lose sight of the mixture of fact and potentiality which is the basis of existence itself and of our experience of existence, we are losing our souls.

Seen in this light, the role of the soul is, according to Stengers, to elicit how

the experiences that come to matter on the sixth day are those which may be associated with the intense feeling of alternative, unrealized possibilities: what we could have done and did not do, what we could have chosen and decided not to. (Stengers, 2005: 49)

The soul is that "mode of functioning" whereby we become aware of the "unrealized possibilities", what might have been, what could be. These are not elements which are separate from some kind of dead, matter-of-fact, world but are integral to our experience of the world, within the world.

The real danger lies in immediately reducing such possibility to the realm of language. This is an important aspect of how we conceive of those who have been diagnosed with Alzheimer's disease. If language is the direct location and expression of meaning, self, consciousness and rationality, then the loss of language or the disruption of effective communication would seem to threaten all of these. This is the position which is tacitly adopted by those social and cultural theorists who see language as the key to understanding the world and our selves. By positing language as the key element of human subjectivity and inter-relations, we filter the world and take a stance where human language becomes the creator and guarantor of all that we can know, say or even feel. We have reduced our understanding of the world to the realm of meanings and feelings as expressed in language. As Stengers put it: 'in making language the social condition for the feeling of "unrealized possibilities," we have just missed the problem of the soul' (Stengers, 2005: 50). Remembering that the problem of the soul is how to describe the inextricable link between matters of fact and possibility.

We should not use language, or notions of social or discursive production, to explain away the "sense of unrealized possibility" by saying that such possibility is itself produced by language. Instead, we need to think about and to "experiment" with the contrasts between what we say, or are inclined to say, and what we feel, or could feel:

experimenting with the contrast between our statements and what we feel, dreaming of escaping the prison of our judgements, are [...] adventures of souls – what we became when we were given speech, not what was given to us by speech. (Stengers, 2005: 50).

It is at this point that Stengers' analysis appears to contradict the argument that I am attempting to construct. Throughout this article, I have attempted to challenge the direct link between a diagnosis of Alzheimer's disease, the loss of language, and an irretrievable loss of the person so diagnosed. I have attempted to do this by looking at Whitehead's concept of the soul and the role of propositions and contrasts as inherent to the functioning of such a soul. In doing so, the role of language was downplayed. One reason for this was that, initially, Whitehead treated language as a "given fact". He bracketed its status in order to make his argument regarding how we "become souls", without premising this on the operations of language. This is not, however, to deny any role to language. Having made his point, Whitehead knows that language must be afforded its place. We cannot deny the role that language plays within the lives of humans. This is clear from the final line of the quotation set out at the start of this section "He gave them speech and they became souls". How we became souls seems tied up with speech. Stengers, sticking closely to Whitehead's text, is also clear that it is important not to dismiss language:.

If, on the sixth day, being given speech, we became souls, it is thus not because we entertain propositions: so does a rabbit, or an oyster, or a living [...] We became souls because of the difference that language makes in the rippling consequences of a proposition's impact. (Stengers, 2005: 53).

While the entertaining of contrasts and of propositions may be one element of the functioning of the soul, such entertainment of propositions does immediately provide evidence of the functioning of a soul. Rabbits and oysters also encounter propositions. But neither Whitehead nor Stengers, at this point, want to grant souls to either rabbits or oysters. This would be too easy a solution. What concerns Whitehead and Stengers at this stage, the problem that they have set themselves, is to describe the specific form of becoming human. This involves both souls and speech. The main point is not to make language the foundation of our existence as humans. Language is not the source or condition of all our experience. The linguistic turn has got things the wrong way around. For, 'language must require, indeed presuppose, the feeling of those tales that may be told; it must not create them. Human experience must testify to the existence of such tales, not explain them' (Stengers, 2005: 51). Yet, it is clear that language, in the form of speech, *is* a crucial

aspect of human experience. We cannot ignore it or explain it away. Humans are a specific kind of entity. Their souls play a part in this specificity; as does language which is a part of human experience. Language must be given its rightful place without viewing it as the progenitor of all human experience and of the soul. To do this, Stengers invokes another of Whitehead's concepts, that of the "social environment".

Being given language means that when a proposition is entertained it is given a social environment such that its impact may be amplified into many divergent, entangled consequences, activating that mode of functioning which is the soul. (Stengers, 2005: 53)

The key term here is "social environment". This does not imply a return to any easy sociological approach, where the social helps explain what we really need to know. It is a challenge to sociology. Whitehead is using the term "social" in his specific, technical, sense, as discussed previously, where any social element is not premised on humans, but refers to the ability of diverse elements to cohere and endure. Language may help provide a social environment for thought and action but it does not determine either of these. Propositions are not reducible to language or the linguistic. Nor is the soul a permanent or substantial aspect of our existence. Just as the occasional thought creates the occasional thinker, so it is with the soul. We become souls, from time to time. The role of language in the expression of these occasional souls is to provide a wider "social environment" environment and allows the entertainment of propositions to have consequences. As stated previously: 'We became souls because of the difference that language makes in the rippling consequences of a proposition's impact' (Stengers, 2005: 53).

Again, this reintroduction of the importance of language might seem, to some, as going against my argument. But this is to miss the point of Whitehead's and Stengers' analysis; the whole point of which has been to resituate the role of language. To suddenly say that their description of language, as tied up with the functioning of the soul, means that they have fallen back into the grips of linguistic constructionism is to make us, once again, "prisoners of illusions induced by language". This is precisely what Whitehead and Stengers are trying to avoid.

To put it another way, Whitehead and Stengers *are* trying to say something about what is specific about the human soul and its mode of functioning. But they are not guilty of any form of human exceptionalism; they are not trying to elevate humans above the rest of existence and say that the functioning of the soul is the marker of all that is special about humans, and defines their essence: ‘we should not exaggerate our differences from a rabbit’ (Stengers, 2005: 53). ‘Soul is a mode of functioning that occasionally happens, not the ultimate truth of our existence’ (Stengers, 2005: 53-4). To immediately latch on to the mention of language and make it the linchpin of the argument is to overestimate its role in human existence. It is to misrecognise the complexity of those events in which the functioning of the soul operates. It is to rip language from its place in the social environment, in the world (see Puig de la Bellacasa, 2011, 2012), and to make it ordinary, when it is only one element, albeit an important one.

We need to be careful in our treatment of the imbrication of language in the “social environment”. This will involve making this social environment less sociologically social. By approaching the issue “backwards”, it is possible to displace the apparent authority of language to explain all human experience. What is needed is to shift and extend our understanding of the operation of language and to incorporate and enable other elements such as emotional warmth and creativity, perhaps, which we can encounter in all humans, including those diagnosed with Alzheimer’s disease. The importance of taking seriously the emotions and capabilities of those diagnosed with Alzheimer’s disease is something that has been raised by other authors (see, for example, Millett, 2011: 510; Moser, 2008: 104; Sabat and Collins, 1999). Where the analysis presented here differs from those of Millett (2011) and Sabat and Collins (1999) is that it does not link such capacities and competences to any enduring notion of the self or person.

Yet, speculative thought is unlikely to provide any easy answers or consolations. So, to return to my initial question regarding whether any loss of linguistic capacity in those diagnosed with Alzheimer’s disease entails a loss of the soul, the answer, it turns out is not a simple “yes” or “no”. We need to rethink our approach, how we ask such questions and what is at stake in them. As Schillmeier (2014: 48) puts it: ‘dementia demands that we slow down and interrogate how we do things and rethink

what we consider normal, meaningful, true and good knowledge, common sense and so on'. We need to reflect more carefully on the role of language in all our social environments, in Whitehead's specific sense of this term. Nevertheless, there is a need to be honest about cases of Alzheimer's disease which can involve a change in linguistic capacity. The point is not to see this as immediate evidence of a loss of the cognitive capacity which we imagine, wrongly, to be the core of the person or self. Instead, following Whitehead and Stengers, the problem has changed. It now becomes one of establishing a social environment in which new and different forms of language (thought of in its widest sense) can prosper. Moser (2008) outlines a resonant approach when describing the work of Marte Meo nurses:

What these nurses are involved in, then, is the fabrication of an alternative version of Alzheimer's disease – together with an alternative form of subjectivity. By manipulating and working on the relations and practices of care they reconfigure subjectivity and then redistribute it – with the effect that people with Alzheimer's disease also come out as active, rational, conscious, communicative and emotional. They emerge as full of life rather than its opposite. (Moser, 2008: 104)

This suggests a way of thinking and acting which offers a different approach to the question that I initially set out. Rather than looking for deficiencies in memory or language as harbingers of an inevitable decline, we need to insist upon the possibility of a real life being lived. Of course, more conceptual and practical work will need to be done to substantiate such a view. The arguments of this article are only envisaged as one, initial, step.

Conclusion

It turns out that Whitehead's concept of the soul is no simple solution. More work needs to be done. Whitehead offers us a different way of approaching this question. He has not completely dislocated the soul from its ties with language, but he has placed their relations elsewhere. We are spared the notion of seeing those with Alzheimer's disease as being lost, in terms of their self or rationality. Instead of framing the question in terms of what is being lost, of what has changed, it now becomes a question of metamorphosis.⁸ Something has happened, something is happening; but what has happened and what is happening is not decided. We need

⁸ On May 9th 2015, I gave a version of a paper at an event titled 'Thinking with Stengers', which was organized by Andrew Barry and Andy Goffey and held at UCL. Isabelle Stengers was present and during her comments on my paper, she introduced me to this idea of the important contrast between loss and metamorphosis. I am very grateful to her for her input and support.

to contrast loss and metamorphosis, and to pay due attention to the role of the “social environment” in enabling us all (including those diagnosed with dementia) to function as entities with occasional souls. We are all occasional souls. It is really a question of how we attempt to produce and sustain those vivid experiences which constitute our sometime soulfulness. None of us can take our own souls for granted and we certainly cannot deny such souls to others, including those diagnosed with dementia. Indeed, to seriously ask the question “Do those diagnosed with Alzheimer’s disease lose their souls”, imagining that they might have done so, is to risk losing one’s own soul.⁹ This because it would already involve denying or disallowing vivid experiences to others, to those who are supposedly excluded from the ability to enjoy or entertain propositions, as a result of their diagnosis.

The character of the problem has changed; the risk is now that of being lost in terms of relations to the “social environment”. But this is a danger which faces all of us, not just those diagnosed with Alzheimer’s disease. We are all, always, immersed in a “social environment” which enables us to function as entities with occasional souls. There is, however, a price to be paid for all this. Yet, there is still a of letting other forms of judgement or even discrimination creep in through the back door. If we dislodge the soul and language from their usual places as the harbingers of healthy reason (and accept Whitehead’s argument of how to do this), we might be tempted to set up a sliding-scale on which some organisms will exhibit more occasions when they are functioning as a soul than others. ‘It is not a mere question of having a soul or of not having a soul. The question is, How much, if any?’ (Whitehead, 1933: 267).

Whitehead and Stengers offer us something productive; not just for thinking about Alzheimer’s disease but for thinking about all of us. We all occasionally function as souls. So, there is no need to immediately view those diagnosed with Alzheimer’s disease as inevitably lost to us and themselves as they retain that mode of functioning which is the soul. This does not rely upon a wholly social conception as is the case with other approaches (for example, Kitwood and Bredin, 1993; Sabat and Harré, 1994). Another benefit of their approach is the emphasis on the role of the

⁹ Again, this is a point that Isabelle Stengers made in response to a presentation of a version of this paper.

social environment considered as more than the simple meanings or symbols that humans apply to their various locations (see Halewood, 2011b). This notion has more in common with recent discussions of the importance of “being alongside”, “dwelling” and “keeping” as set out by writers such as Latimer (2013. See also, Latimer and Munro (2009) and Schillmeier and Domènech, 2009)). Interesting moves have also been made by Tirado, Callén and Cassián (2009) who analyse the use of GPS systems by the Spanish Red Cross in developing novel forms of dementia care which involves a ‘reconfiguration of what has been considered social and health care spaces’ (Tirado, Callén and Cassián, 2009: 377). Moser (2008), discusses a conference on dementia care held in Oslo in 2004 which outlined projects on ‘the design of good, enabling and user or “dementia friendly” physical environments, including care homes, gardens, and neighbourhoods [...] other projects brought in aesthetic appreciation, and ways of engaging the creative and expressive powers of people with dementia that rely less on verbal capacity’ (Moser, 2008: 108). A Whiteheadian analysis would not decry such initiatives, and the emphasis on bringing out the inherent capacities of people without prioritizing language sits well with the argument I am trying to make. However, we might want to ask for more; for more attention to be paid to that which enables us to contrast, to enjoy contrasts, to act as beings with souls. Dementia, as a matter of concern, and Alzheimer’s Disease, as a matter of care, remind us that we need other people, things and places to think and be. We don’t think or live as individuals. The individual thoughts and experiences which make us what we are involve our environment and other people.

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