

Age and/as Disability: A Call for Conversation

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The links between old age and disability might seem obvious at first. When we look at the iconic white stick figure in a wheelchair against a blue background that denotes handicapped parking, we are just as likely to imagine a young man with cerebral palsy as an old woman with crippling arthritis. The common use of the term handicap and the handicapped symbol do not distinguish between age and disability. In fact, old age through such sign systems ends up being widely equated with disability, and the word “old” itself typically functions as an automatic signal of the need for assistance and adaptation. For many people, the fear of disability fuels the fear of growing older.

While many in Western culture conflate old age and disability, others—including individuals and organizations—have sought to draw boundaries between these categories. In fact, some popular ideals of aging are grounded in a triumphant disavowal of disability. For example, when gerontologists John W. Rowe and Robert L. Kahn introduced their now widespread model of “successful aging” in the late 1980s and 1990s, they named the “avoidance of disease and disability” as the first precondition for “success” (Holstein and Minkler 789). Martha Holstein and Meredith Minkler argue that these health-centered “preconditions for successful aging have become transformed . . . into the concept [of successful aging] itself,” leaving no room to recognize disabled individuals as successful agers (789). An internet image search on “successful aging” bears out their point, turning up photo after photo of smiling, visibly older men and women who rarely have any noticeable impairment—bicycling, stretching, lifting weights, or with their strikingly athletic bodies holding difficult yoga poses. That the individuals featured in these images are also typically white and shown as part of a heterosexual couple simply reinforces the privileged norm that is successful aging.

The prevalent conception of successful disability similarly ignores aging. Within disability studies, the prominent social model of disability—framing society’s systemic barriers, negative attitudes, and exclusion as responsible for disabling individuals—is rarely explicitly extended to those disabled by age-related bodily changes, and perhaps not even to persons with disabilities who grow old. Conducting an image search on “disabled by society” thus reveals pictures of individuals with observable impairments living active lives, few of whom show any discernible signs of advanced age.

The idealized visions of old age and disability are, then, to a large extent, created by the distance they mark from the added stigma of the other term—“old” or “disabled.” In her ground-breaking article on “Ageility Studies,” Leni Marshall confirms: “Clearly, there is plenty of reason that aged subjects resist the added ‘illegitimacy’ of disability, that a person with a disability would reject the extra layer of Otherness that accompanies the label of *old*, and that anyone who could pass as belonging in neither category would decide to do so” (23-24; emphasis in original). In another formulation, it may be that when these categories of old age and disability converge, there is a reinforced tendency to locate perceived “problems” of age or ability in individual bodies, creating added resistance to the alternate and more liberatory accounts we might wish to advance. Thus, while old age and disability may have many points of crossover, our desire to claim greater positivity about either category often leads us to reinforce the distinctions between them.

Similar to the categories themselves, the fields of disability studies and age studies meet at a significant intersection where there seems to be substantial shared ground for inquiry and some clear parallels in theoretical approaches. Both fields raise critiques of how disability and aging are often framed within a medical model in which able and young bodies are normative. Therein disability is read as a problem of the individual needing to be fixed, and aging is read as a process of individual decline needing alleviation. In response to these dominant perceptions, disability and age theorists both advance social models. Disability studies

differentiates between impairment and disability and argues society disables physically or mentally impaired people through systemic barriers. Age studies speaks to the many ways in which we are “aged by culture,” but has not yet developed so clear a theoretical distinction between this cultural aging and physiological aging (Gullette).

Disability studies and age studies are both also invested in challenging problematic societal preconceptions about disability and old age. Proponents in both fields argue that fear of the unknown makes both disability and old age seem worse from the “outside,” when research consistently shows that disabled and older people generally report higher levels of life satisfaction than non-disabled and younger people assume that they have or report themselves (Albrecht and Devlieger; Carstensen et al.). These false assumptions about the quality of disabled and old lives raise obvious concerns in healthcare contexts—such as in determinations of the need for life-saving measures, or in resource allocation—but they also point to an especially interesting conundrum for those who seek to understand ableism and/or ageism: the need to explain why so many people express a “seemingly-logical, sometimes almost visceral resistance to accepting a change in identity *that often leads to a higher level of self-reported quality of life*” (Marshall 24; emphasis in original). Thus, both fields must address a similar central paradox: If aging and disability, individually at least, bring higher life satisfaction, why do they inspire such dread?

Both fields also draw attention to the fluidity of these categories of bodily identity as a way of insisting on their relevance to all individuals. Just as disability studies often argues that non-disabled people are just “temporarily able-bodied” (terminology suggestive of future age-based decline) so, too, does age studies continually call attention to the fact that everyone who doesn’t die becomes old. Both fields, then, walk the difficult line between enforcing their universal relevance and positioning themselves as addressing marginalized majorities.

Despite these clear parallels, disability studies and age studies have not been in regular conversation. The motivation of each field

to promote greater acceptance of its own identity category—disability and aging-into-old-age—has contributed to the distancing of one from the other: “To practitioners and scholars studying age, disability is most often a negative category, and one that older people risk falling into. . . . Disability studies scholars rarely consider late life and focus much more on youth, early adulthood, and, perhaps, middle age” (Chivers 9). It may be that when these categories of old age and disability converge, there is a doubled emphasis on the medical model—i.e., a reinforced tendency to ground difference, framed as problematic, in old and disabled individual bodies—which makes the reframing of the social model that each field so desires at least doubly as difficult.

This lack of dialogue is gradually beginning to change, however. As one recent example, Sally Chivers, in her 2011 book *The Silvering Screen: Old Age and Disability in Cinema*, takes as her “critical lens for . . . analysis” the “combination of critical gerontological perspectives with disability perspectives on contemporary aging” (9). Through her foray into film, she argues that “in the public imagination, disability exists separately from old age, but old age does not ever escape the stigma and restraints imposed upon disability,” leading her to the conclusion that “the popular perception of old age could benefit from some of the power, excitement and creativity of a disability perspective” (8). Chivers’s book is joined by other humanities-grounded work from scholars like Marshall, Christine Overall and Sharon-Dale Stone. Like Chivers’s quote above, these humanities approaches have typically been more invested in what a disability perspective might do for age studies than what a consideration of age might do for disability studies, reflecting disability studies’ greater establishment as a field and theoretical perspective within the humanities. Scholars more squarely in the social sciences have also recently explored disability through a lifecourse perspective, as evidenced by work from Eva Jeppsson Grassman and Anna Whitaker, Jessica Kelley-Moore, Mark Priestly, and Tamar Heller and Lieke van Heumen.¹ In contrast to the humanities, ageism research has been longer established within the social sciences than ableism research.

Despite the excellent pioneering work of these scholars, many questions about the complex relationships between disability and aging-into-old-age remain relatively unexplored. This gap is particularly noticeable regarding inquiry that incorporates additional points of intersectionality: how do gender, race, class, sexuality, and so on, affect the experience of aging with disability? Thus, multiple fields—not just disability studies and age studies—have a stake in the intersection between these two categories: queer theory, gender studies, critical race studies, design studies, migration studies, memory studies, health humanities, and more. It may be that looking at old age and disability together makes it doubly difficult to see beyond the individual-body-as-problem, but that difficulty in turn suggests that the strategies for less stigmatized lives that such intersectional thinking will inspire will be powerful indeed. As temporarily-abled and always-aging individuals, we all have significant stakes in the difficult conversations ahead.

This collection of brief essays embarks on those needed conversations. Many of the essays in this forum originated from a roundtable session titled “Age and/as Disability” at the 2014 Modern Language Association (MLA) Annual Convention in Chicago.² This forum was further shaped by conversations at a summer seminar on “Age, Ability, and Healthcare” at Hiram College in July 2014, where a group of scholars from age studies, disability studies, and the health humanities formed a working group called CHAD: the Critical Health, Age, and Disability Collective. The essays included in this forum—by Jane Gallop, Rüdiger Kunow, Aimi Hamraie, and Kathleen Woodward—all speak compellingly to the value of and need for more critical inquiry at the intersections of disability and aging.

Affiliated with neither disability studies nor age studies, renowned literary critic Jane Gallop leads off this forum with observations that illuminate the longstanding disconnect between these two fields. In “The View from Queer Theory,” Gallop considers how within queer theory, disability studies has become “not a special-interest application, but an

advance in theorizing queer,” moving the field in new directions through the formation of “crip theory.” Why, she questions, has aging not been more attractive to queer theorists? Drawing on a close reading of Riva Leher’s personal essay “Golem Girl Gets Lucky,” wherein Leher paints “crip” as “a wildly sexy” (because “threateningly anti-normative”) identity while simultaneously suggesting that age will eventually desexualize her disability, Gallop argues that “age threatens to undo the queerness of disability.” She ends her piece by considering queer temporality—a recent trend in queer theory that focuses on the child and challenges “the normative life course that privileges reproductivity and devalues nonreproductive lives and moments”—and suggests that, particularly with the growing acceptance of gay marriage, old people may be even more devalued than queers by “the worship of the reproductive future.” Recognizing such devaluation provides a starting point for collaborative resistance. And bringing age into the conversation, like disability before it, may offer a new theoretical lens facilitating novel ways of theorizing queerness.

Instead of theorizing *through* disability or age, in the second piece in the forum, age studies scholar Rüdiger Kunow suggests a new lens to bring *to* our study of these topics: the term *care*. In “Another Kind of Intimacy: Care as Transnational and Transcultural Relationship,” Kunow argues that age and disability need to be considered not just as identity markers but as markers of “certain associations, socialities, or connectivities.” In other words, age and disability put us in relationships of care with one another. Care of older and disabled populations, Kunow argues, long a gendered-female activity, is increasingly being provided by migrant workers, affording key moments of contact between social and cultural others and inviting critique of the “essentially asymmetrical” and “inescapably . . . capitalist” nature of a care relationship. The key move Kunow makes in urging us to think age and disability through care is to forge beyond our basic critiques “of how both groups are ‘culturally constructed’” to a “civic humanist critique.” Care, he suggests, is “the point . . . at which the epistemological obligations of age and disability studies

branch out into ethical ones,” raising questions of “distributive justice and the social covenant.” This lens of care extends the basic social-justice impulses of both fields to consider not only the marginalized lives of old and disabled individuals, but also how studying the commonalities of aging and disability can illuminate additional areas of inequity.

This impulse to expand the conversation to include additional categories of identity and marginalization is equally a part of disability studies and design studies scholar Aimi Hamraie’s contribution, “Inclusive Design: Cultivating Accountability toward Race, Aging, and Disability.” Thinking age and disability together is productive, certainly, but especially given the “overwhelming whiteness of mainstream age and disability scholarship and activism,” Hamraie argues that race must be kept central in our future conversations about age and disability. After all, “access to aging is a marker of privilege in a dominant culture” wherein many are free to overlook the possibility of foreshortened life expectancies that widespread police violence and social inequality perpetuate on people of color. Keeping her three terms in play—race, age, and disability, Hamraie makes a historical argument about the role that these terms have played in twentieth-century inclusive design. As a starting point for race-sensitive conversations about the relationship between disability and aging in the twentieth century, she argues that “attention to design and environments can enable disability studies and age studies, as majority-white fields, to practice accountability toward the spatial politics of race.” Hamraie shows the intersection of age and disability to be fertile ground for intersectional approaches of increasing complexity.

In a piece that has been developed from its first articulations at the MLA conference into a longer essay, Kathleen Woodward’s “Feeling Frail and National Statistical Panic: Joan Didion in *Blue Nights* and the American Economy at Risk” explores how the “all-pervasive discourse of risk” is useful for comprehending “two distinct yet intersecting issues of frailty”: frailty as the term pertains to the bodily health of old individuals, and frailty as the term is applied to the economic health of developed nations facing population aging. She provides a close reading

of Joan Didion's 2011 memoir *Blue Nights*, in which Didion poignantly describes the experience of frailty as both a biological and a psychic condition. Woodward then connects this individual experience of the aging body to the aging of the nation and similar accusations of frailty made about the American economy based on the perceived frail bodies of old individuals. In such discourse, she notes, frailty, old age, and disability are terms that are, problematically, often used interchangeably. Woodward argues they should be separated analytically as carefully as they can be. Frailty is a biomedical syndrome, but one that is not inevitable in old age. Old age is associated with aging (a process, not a state) and is not equivalent to disability. Disability should likewise be distinguished from impairment. Where these three terms do find a common denominator, however, is in the discourse of risk, which, in tying these terms problematically together, sharpens the "statistical panic that our aging population will weaken our economy to the point of frailty." Risk, she concludes, although it requires a future to exist, can "radically foreshorten our time." Risk is thus a key impediment we will need to address if we are to turn the difficult conversations ahead away from the frail individual-body-as-problem.

All of these pieces help us to realize that thinking age and disability together is only a beginning—and a fertile one. Instead of narrowing inquiry about these topics to small points of overlap or inspiring the protective drawing of lines in the sand, these thoughtful pieces show us that thinking age alongside disability opens up new possibilities and couples productively with other concepts—care, frailty, risk—as well as other points of intersectionality—race, sexuality, class, nationality, gender, and more. These pieces illustrate how fruitful the conversations ahead can be, albeit complex and fraught as well. Those of us who have been drawn to age studies and disability studies—indeed, to any of these intersectional fields looking to create a more thoughtful, just, and equitable world—should already be schooled in the high stakes of difficult conversations. Let's start talking.

NOTES

¹ My thanks to Hailee Gibbons in the Department of Disability and Human Development at the University of Illinois at Chicago for sharing several of these resources, and to my colleague Dr. Michelle Nario-Redmond for connecting me with Gibbons. Gibbons has recently started an intriguing “Disability+Aging” blog available at www.haileegibbons.com/disabilityaging-blog.

² I chaired this MLA roundtable, which featured disability studies scholars Michael Bérubé and Lennard Davis, age studies scholars Kathleen Woodward and Rüdiger Kunow, and, representing someone with a critical distance from both fields, literary critic Jane Gallop. This session was organized by members of the MLA’s Age Studies Discussion Group Executive Committee, with the help in particular of Michelle Massé, Devoney Looser, and Leni Marshall.

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