

Research Articles

Aging and Disability: The Paradoxical Positions of the Chronological Life Course

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Abstract: This paper explores aging and disability, problematizing the paradoxical tendency to separate and conflate these social locations in chronological understandings of the life course. Exploring how such thinking has shaped assumptions, responses, knowledge, policy and practice, we conclude with suggestions to reconsider disability across the life course and into late life.

Keywords: successful aging, structured dependency, legitimized identity

Introduction

The experiences of older people and people with disabilities¹ are commonly understood to unfold through patterns, events, and transitions throughout the life course and into late life. Lives are also considered to take place against a backdrop of age-based markers, social or institutional boundaries, and social and cultural expectations that correspond with stages or periods of life. Heavily influenced by structural functionalist thinking, the standard model of the life course, views individuals as progressing through ‘normative’ notions or stages along a relatively linear structure, with life events occurring at particular times (e.g., childhood, adulthood, and late life).² Chronological age is at the heart of what counts as standard ‘normal’ development at generalized life stages, with such understandings configuring lives through a set of structures, institutions and expectations of the ‘institutionalized life course’ (see Dannefer & Settersten, 2010; Kohli, 2007, Mayer, 2004). As such, both our views of the life course, and the experiences that take place within this frame, are heavily influenced by the expectations and norms of the frame itself. Yet while scholars have drawn attention to the shifting interpretations of the life course and ‘growing old’, there is less attention to how this happens at the intersections of aging and disability, or how this impacts groups positioned ‘outside’ institutionalized structures or dominant cultural frames (for exceptions see Minkler & Fadem, 2002; Priestley, 2003; Raymond & Grenier, 2013). Yet, it is precisely the complex relationship and differential positioning of disability and aging in the chronological life course and across institutionalized structures that create unique tensions where contemporary aging and the life course are concerned.

This article focuses on locations of age and disability as they are conceptualized in institutionalized models of the life course. First, we explore the paradox that exists when the intersections of aging and disability are set against the conceptualizations of normative, chronological models of aging and the life course. In particular, we grapple with the separation

and conflation of aging and disability across the life course, and how this has influenced assumptions and responses to older people and people with disabilities. Second, we outline how the experiences and expectations of aging and disability have been structured and institutionalized across the life course and into late life. This includes how policies and practices, such as those organized around dependency, have shaped and impacted what we know or assume about aging and late life. We then turn to how contemporary debates around age, disability, and ‘success’ de-stabilize taken-for-granted assumptions in the context of population aging. The paper concludes with a call to reconsider the constructs, narratives, and responses across the life course and into late life. It outlines how reconsidered notions of bodies and experiences over time can expose the disjuncture between standard life course anchors and subjective experiences that are structured by a chronologization of the life course and institutionalized through policy and practice responses.

Age and Disability Across the Chronological Life Course

If we consider conceptualizations of the life course as a means to understand the relationship between individual experience, social structures, and cultural expectations, we see that aging and disability are paradoxically positioned in the standard chronological model of the life course. Chronological age dominates understandings of the pathways through the life course. Organized around age and stage-based transitions, the base for experience in the standard life course is primarily linear, with aging generally articulated as a process that unfolds across the period of one’s life (Grenier, 2012; Hockey & James, 2003). Most challenging for considerations of late life is that aging is both a biological and a socio-cultural process that is primarily measured in chronological years for the individual, and lifespan or life expectancy, where populations are concerned. Yet, the socio-cultural meanings and interpretations also play a role in configuring aging and late life. Whether referring to biological limits of life (i.e., longevity), the age of eligibility for public services whereby ‘dependency’ is structured according to one’s position in paid labor (i.e., ‘structured dependency’), or the cultural constructs of ‘third’ and ‘fourth age’ that are respectively defined around new leisure lifestyles and decline (Gilleard & Higgs 2000), aging is generally considered to refer to a particular period of life accompanied by normative age-based expectations that are institutionalized through structures, and the frame of the life course itself. The greatest of these is the master narrative of ‘decline’, which manifests both in the joining of age and impairment³, and a countercultural ethos of activity, productivity, and success that functions to reinforce the imperative of ‘staving off’ disability and decline (see Gullette, 2004; Katz, 2005; Minkler & Fadem, 2002).

In many ways, the position of disability challenges the dominant age and stage based conceptualization of the standard chronological life course. Where aging is considered to occur toward the end of life, impairment and disability are not confined to a particular period. Injury and disability can take place across the life course and are difficult to fix in time. Such

trajectories exist alongside social structures, institutional practices, and cultural expectations, and as such, are often conceptually and practically positioned outside standardized notions of the life course. Where institutionalized structures are concerned, policies and practices (especially those rooted in structural functionalist approaches), tend to separate disability from the standard linear and chronological life course. In such models, people with disabilities move through (or not) the institutions of the life course that are structured by age, stage, and institution (e.g., school, family, work, retirement) (Hockey and James, 2003). Such understandings, organized around the binary of normal/abnormal in relation to the standard life course explain, in part, the distinctions that are made between impairment as a functional or physical limitation which affects a person's body (Burchardt, 2004) and disability as a feature of social, environmental, or attitudinal barriers that limit full community participation relative to able-bodied counterparts (Stone, 2013). Led by advocates of social models of disability, these differences draw attention to the medicalization of disability, and the need for rights, citizenship, and inclusion for people with disabilities (Bricher, 2000; Lang, 2001). They also, however, point to how historical trajectories rooted in social identities and identity-based claims shape responses to older people and people with disabilities in different ways. Such distinctions only scratch the surface of the paradoxes that exist between aging and disability across the life course and into late life.

What is striking with regards to aging and disability is that although separated throughout the life course, impairment, disability, and age become conflated in late life. This occurs through attention to the biological realities of aging (i.e., comorbidity and age-related impairment that occur as one ages), and the socio-cultural narratives of decline and dependency. While 'successful aging' and 'leisure lifestyles' have gained prominence over the last 10-15 years, both the models upon which theories of aging are built (e.g., continuity, activity, disengagement), and the cultural narratives that can be considered to shape responses to older people, are based on the idea of natural decline as one moves through the life course. This is similarly the case in institutional practices, where assessment and eligibility rely on impairment and loss of function. In this context, age can be considered to alter the interpretation of disability—and vice versa—as one moves into late life (Grenier, 2012). This differential positioning, or 'situatedness' of age and disability across the life course, and the conflation of age, disability, and impairment in late life, thus holds important insights for understanding the tensions that exist. While everyone undergoes a process of aging, and many people acquire impairments in late life, impairment and disability are not necessarily a part of 'growing old' (Oldman, 2002). It is this idea – that aging could be disability free— that exposes a crucial problem in existing conceptualizations and approaches to aging, disability, and the life course.

The separation and conflation of age and disability that occurs through the chronological life course creates tensions and reinforces the exclusion of people with disabilities and older people in different ways. Whilst disability is separated as 'abnormal' throughout the life course, age and impairment become conflated as 'normal', or expected, in late life. One result is that

impairment and living with a disability becomes ‘naturalized’ through age. This can be seen in both the social impetus of initiatives to design better cities and spaces in order to prepare for population aging, and the experiences of people who have aged with disabilities. In the latter, people with disabilities have articulated how their needs for meaningful participation are finally being recognized, at least rhetorically in the frameworks on aging (Raymond & Grenier, 2013). A second result is the reinforcement of a medicalized view of disability as impairment that is supported by practices that prioritize function and the body in late life (Albrecht, 1992; Smart, 2006). In fact, nearly all references to disability among older people (with the exception of people aging with disabilities) take place using the term impairment rather than disability.

A third result takes place in the realm of social identities and cultural narratives. Older people can express reluctance to cross the boundaries of identity and align with ‘the other’; a label frequently assigned to persons with disabilities who are considered ‘unable’ to live up to able-bodied established norms (Morris, 2001; Siebers, 2006). Older people may also resist the classification of ‘disabled’ (Oldman, 2002) and align themselves with ‘successful’ ‘disability-free’ trajectories in order to counter the negative implications of impairment in age (i.e., 4th age). Similarly, people aging with disabilities may position themselves outside the chronological categorization of ‘old’ in order to resist the narrative of decline. What is often unrecognized in theory and in practice, is how such identity-based responses are both a function, and representation of a chronologically configured life course and the pathways created by structured dependency. Where the two groups meet is both in the practical allocation of services related to ‘dependency’, and experiences of unequal access, and/or stigma—that may occur at the intersections of age and impairment (see Oldman, 2002). That is, they meet outside the peripheries of the standard chronological and institutionalized life course, where ‘they’, as ‘othered’ groups are relegated to a late life period of devaluation. The dominant focus on normative, time-based discourses related to age-based chronology and impairment, thus create and sustain the paradox of aging and disability. They also represent a significant challenge for theory, policy and practice, especially in the context of population aging. We turn now to a discussion of how policy and practice responses shape aging and disability in later life.

Policy, Practice and the Configurations of Dependence

A focus on structured responses draws attention to how the separation and conflation of aging and disability have an influence that extends beyond identity-based questions. Throughout the life course, policy frameworks and service structures shape responses to people with disabilities and older people. As outlined above, the institutionalized life course is characterized by the creation of policy that is heavily structured around chronological age and normative patterns. In many ways, policy discourses focused on disability share many similarities with those on aging, wherein the emphasis in both has been on the work-welfare divide of exemption from adult labor. Herein, the social categories of ‘disabled’ and ‘old’ are, at least in part,

constructed and defined by their relationship to work and the economy through what is referred to as 'structured dependency' (Barnes, 1996; Oliver & Barnes, 2011; Phillipson, 2013). From this structured dependency perspective, aging and disability are produced as an economic problem – with older people and those with a disability being forced into situations of dependency because they do not participate fully in the processes of production. Structured responses thus create forms of exclusion that take place through relationships with work and biomedical interpretations of impairment throughout the life course and into late life.

That said, a good deal of variation exists in the structured responses to aging and disability. Here, medicalized interpretations of impairment and 'disabled bodies' inform approaches to 'dependency', setting forms of recognition, and defining eligibility for social programs in ways that sustain the separation and conflation of disability and aging. Standard life course models rooted in chronological age position age as primarily indisputable based on date of birth. Yet, the status of 'disability', especially as contested eligibility, can be considered to fluctuate between medical definitions and the identity claims of an individual or group. Such differences can result in non-recognition and/or ineligibility for services, wherein some people are classified as not 'disabled' or 'not disabled enough' to qualify for services or compensation schemes (Chouinard & Crooks, 2005; Lightman et al, 2009). Policy and services thus structure 'dependency', reinforce the importance of a 'disabled identity' in rights and service claims, as well as shape cultural interpretations or expectations. At the same time, medical definitions and classifications on the body are reintroduced in late life by means of standard assessments of functional limitations or 'frailty' in order to qualify for public services (Grenier, 2007). Where age provides access to the universal programs of income support (e.g., retirement), thereby altering interpretations of 'dependency', it is impairment that provides access to health and social services for older people, and disability that provides access to compensation for people with disabilities who are 'not yet old'.

Major differences exist between how persons who have 'acquired disability in later life' and persons 'aging with a disability' fit into the institutionalized frameworks and constructs of late life. Persons who have aged with a disability are often considered 'disabled' (including self-identification), with persons who have acquired impairments in late life labelled as 'impaired' or 'elderly' (Jonson & Larsson, 2009). Impairment and diagnosis are used to distinguish between individuals and channel eligibility for services, with such processes marking recognition, and the boundaries of inclusion/exclusion. Jonson & Larsson (2009) argue that the chronologization of the life course is divided into three stages: education, work, and life after retirement. So, while the trajectories of some people with disabilities take place within the educational system or labour force, and thus within the boundaries of the institutionalized life course, others have trajectories of specialized education or receive social benefits outside of work (i.e., income support) that flag their dependence, and position them outside the life course⁴. Such conceptualizations create insider/outsider boundaries, and reinforce the importance of

rights and identity based claims. This is especially the case where a ‘disabled’, or ‘frail’ identity or classification provides access to programs or services. What this means in terms of the paradox, is that the separation from the standard life course is reinforced through a structured dependency rooted in classifications of the ‘disabled body’. This plays out differently in earlier and later life, primarily organized around medical definitions that provide access to services and compensation schemes. We turn now to the second part of the analysis to demonstrate the complexities of the re-entry where disability and impairment become conflated in late life.

Considering structured responses in late life draws our attention to a shift that occurs as people with disabilities move into late life, and whereby disability and aging become conflated. At the practical level, the shift occurs as people with disabilities move from income support programs based on disability to those based on chronological age (i.e., pension). Where the transition between such programs can result in changes in income or medical coverage, they also signify a fusion of disability and age where the standard chronological life course is concerned. People with lifelong disabilities, or those that occur before the age of retirement (roughly 65), move into a period characterized by tensions between age-based ‘rights’ and ‘decline’. Yet, while the processes may be considered a mere transition in the broader ‘institutionalized life course’, the implications for identity, meaning, and response, are substantial. Age, and the associated process of defining of older people as ‘old’ rather than ‘disabled’ begins to alter eligibility for programs and services relative to younger counterparts (Jonson & Larsson, 2009). Where in some ways, this transitional point expands access (i.e., entitlements become universal in the case of pension), in others, access (or benefits) may be reduced under assumptions that normalize impairment and decline in late life. This turning point in the configuration of ‘structured dependency’, and its associated socio-cultural implications as one moves through the life course offers insight into the paradox of disability and aging. In particular, how differential responses organized around age can serve to structure inequality and conflate disability and aging in ways that are problematic for both groups. Walker and Walker (1998) for example, claim that there has been a “longstanding preference on the part of policy makers to draw a line between older and younger disabled people on the grounds that disability in older age is a ‘natural’ part of the ageing process ...that absolves the responsibility of taking action to recognize the needs of older disabled people” (p. 126). Where such processes can obscure the different needs that may exist, they also draw attention to how the normalization of ‘age-based’ impairment can justify overlooking older people’s needs, especially when set against the cultural imperative of successful aging. In this case, a transition often depicted as new or different has mutually reinforcing consequences where disability and late life are concerned.

The impacts of variations in structured dependency are most obvious in the example of retirement. Initially configured as a right and form of social protection for older people, retirement offered a reward for a life-time of contribution. In this case, a form of legitimacy accompanies ‘dependence’ in late life, via links to workforce participation. The protection, both

in terms of economic benefits and status, is deeply rooted in the participation in the 'normative' and standard institutionalized life course. This raises two challenges for older people and people with disabilities. First, while universal, and thus offering recognition, the protections offered have the greatest benefit to groups who have held a lifelong connection to the work force. In current systems, there is differential access to the rewards of social protection, wherein groups such as older women and people with disabilities with lower levels of life course work force participation have less access to both the material resources (work force contributions structure pension benefits), and thus, the associated 'deservedness' that is associated with connections to the labour market. Separation from standard institutions produces trajectories of inequality that become deeply apparent as one moves through the life course. Late life poverty, and the associated stigma or exclusion, is therefore not only systemic, but unequally distributed. The second related issue is that shifting institutionalized frameworks, such as measures to raise the age of eligibility for public pension will pose the most significant challenges for older people who have had less stable (or non-existent) ties to work. This includes large numbers of people with disabilities who may have experienced discrimination in terms of accessing employment, persons unable to work for health reasons, and groups of older people who have left the workforce earlier than retirement as a result of illness or injury. So, while retirement can be seen in some ways to offer a 'legitimized identity' in later life, it is only partially available where disability is concerned.

The differential structuring of dependency that occurs in relation to the institution of work provides insight into the paradox of aging and disability, where the life course is shaped by social and cultural constructs that include social policy and organizational practices to aging and late life (see Phillipson, 2013). Attempts to alter frameworks and programs that structure dependency through inclusion of people with disabilities in the educational system and retirement, will thereby create new challenges where aging and disability are concerned (Priestley, 2003). Initiatives designed to confront 'dependency' through social participation (especially with regards to work) will continue to have differential impacts as effects are carried into late life. While the discourse of participation resonates with longstanding advocacy for access, inclusion, and normalcy (Priestley, 2003), the impacts will depend on whether this access is rhetorical, or meaningful, as well as whether it proves capable of altering the systemic exclusion that currently occurs (Raymond & Grenier, 2013). Frameworks of participation, if enacted in line with the experiences of people with disabilities, hold the potential to challenge the separation from the life course, and subsequent accumulation of inequalities. Yet, to what extent are these measures concealed efforts to 'get everyone to work' and reduce spending and forms of social protection in the context of increased longevity and population aging? And further, how will this merger of 'dependent' groups that occurs through work and 'extended work lives' play out in late life, where the backdrop for aging is one of a 'success' that is disability free?

The Contemporary Focus on Success and the Potential Future of Life Course Policy

Over the last 20 years, the negative interpretations of aging as ‘dependency’ have shifted dramatically to include a potential that is organized around ‘success’. Positive aging discourses such as ‘active’, ‘successful aging’, ‘productive’, or ‘healthy’ aging, were coined as a challenge to the construction of aging as a period of decline and dependency that were dominant since the late 1960s (Katz, 2001-2002). The idea was that aging did not need to be considered a negative period of life, but one that held promise. However, frameworks of ‘success’ have proven contradictory where questions of health or disability position particular groups outside the boundaries of ‘success’ (Asquith, 2009; Lewis, 2013; Mendes, 2013; Raymond & Grenier, 2013). The contemporary focus on ‘success’ in guiding frameworks on aging for example, means that disability in later life is often framed as a matter of failed personal responsibility (Laliberte Rudman, 2006; Martinson & Minkler, 2006) and an example of ‘failed aging’ (Boudiny, 2013). The problem is that as positive aging discourses, including the widely-known ‘successful aging’ paradigm proposed by Rowe and Kahn (1997), prioritized good health, independence, continued engagement, and social connectedness (Asquith, 2009), it also drew a crucial boundary between health and illness in late life, and relegated ‘disabled bodies’ to ‘unsuccessful aging’, and ‘the fourth age’ (Grenier, 2012). This rift between healthy and ‘ill/impaired bodies’ solidified through the narrative of ‘success’ became the dominant model for aging and late life. The unintended result was, and is in many ways, a return to the normal/abnormal positions embedded in the conceptualization of the standard chronological life course.

Although disability across the life course has not been organized according to this expected frame of ‘success’, what is problematic where disability and age is concerned is how ‘successful aging’ leaves no space within which to meaningfully articulate experiences of aging that are accompanied by impairment. In this case, it is not simply that impaired bodies, or impaired older bodies, are positioned outside the norm, but that the key framework from which to confront negative interpretations of aging as dependence and decline, age-based discrimination, and the accompanying stigma, is rooted in the avoidance of disability in late life. That is, ‘freedom’ from the negative valuations of age, is only possible by avoiding illness, impairment, and disease. In her work *Feminist, Queer, Crip*, Kafer (2013) frames this problem as the ‘curative imaginary’ where the idea of a future can only be conceived through purging or solving disability. As such, older people with impairments become located outside both the standard and the ideal, when late life ‘success’ is defined as disability/impairment free, or at least, to be approached with the minimal impairment possible. Too much disability and need for assistance (e.g., cane, wheelchair, etc) quickly tips the older person into aging by means of impairment, and thus, the antithesis of ‘success’. Yet, contradictions emerge at the locations of lifelong disability and the strategies used to support activity and social engagement. Although on one hand, lifelong disability can serve to de-stabilize the coupling of age and impairment by means of rendering

difficult the answer to ‘when does one become old?’, the emphasis on success as the absence of ‘impairment’ reinforces the paradox of aging and disability. The conflation of impairment, disability, and aging, as operationalized through standard models of aging, and reinforced through frames of ‘success’, thereby creates an impossible target for older people with disabilities who, in turn, may be marginalized, receive fewer opportunities for meaningful social engagement, and subsequently be excluded from mainstream society (Laliberte Rudman, 2006; Mendes, 2013). It is also problematic to the extent that it privileges lower levels of disabilities and operates as part of a powerful illusion that a disability free life can be achieved in late life. So, while people with disabilities can conceptually be considered to re-enter the standardized life course in later life, they do so at a location that is problematic and discriminatory, whereby the idea of disability as ‘tragedy’ is reinforced through the dominant narrative of success=a disability-free life.

Similar issues are present within various ideologies, policy constructions and practices that justify the systematic oppression of those living with disability (Barnes, 2005). From an international perspective, most disability policies remain rooted in a narrow medical model (Horejes & Lauderdale, 2014) – wherein the very label of ‘disabled’ is an attempt to categorize those who have failed to meet the expectations of ability (Greco & Vincent, 2011). Here, sociocultural expectations of ‘normalcy’ are established and given meaning in a context which privileges and projects ‘able-bodied’ values (Fitch, 2002; Terzi, 2004)—a focus that McRuer (2006) (drawing on Butler), terms ‘compulsory able-bodiedness’. Demonstrating parallels with discourses of successful aging, people with disabilities are often evaluated and categorized at the individual level in relation to their degree of dependence, with these assessments forming the basis for recognition and often times, service response (Fine & Glendinning, 2005). The social model of disability was a deliberate attempt to shift attention away from the functional limitations of individuals with impairments onto the problems caused by disabling environments, barriers and cultures (Priestley, 2003). Social model rhetoric, if not policy, is now clearly evident in the publications of a host of agencies dealing with disability and related issues in both the statutory and voluntary sectors (Barnes & Mercer, 2010; Shakespeare, 2006). Yet, as Barnes (2012) points out, these policies have had only a marginal impact on the growing numbers of people labelled ‘disabled’ in both rich and poor countries alike.

Recent work in disability studies has turned to the importance of ‘reconfiguring and imagining spaces in ways that can include the widest array of bodies and minds’ (McRuer, 2006; Kafer, 2013). Concepts of ‘crip futurity’ (McRuer, 2006) and ‘feminist queer crip’ (Kafer, 2013) for example, question current constructs, practices, and envision shared/sustainable futures, and are in line with the critique we offer through this paper. Tackling ideas about disability, Kafer (2013) outlines how the configuration of disability as ‘tragedy’ and the absence of a future, or ‘what ends one’s future’ (p.3) is a major part of the problem. It is precisely this interpretation – combined with devaluations of age—that portray impairment in age as a negative state. Although

currently representing a small body of literature, perspectives on ‘crip futurity’ have evolved from postmodern conceptualizations that position disability as a more fluid, dynamic, and less descriptively-defined concept (Carling-Jenkins, 2014; Meekosha & Shuttleworth, 2009). Interpretations of fluidity in disability studies for example, have outlined the importance of articulating the contextual nature of identity formations and transformations, as well as changing micro-macro social relations and cultural meanings (Meekosha & Shuttleworth, 2009). The focus on fluidity has also drawn attention to the inherent challenges of the social model, in particular, how insistence on the removal of barriers may be unrealistic (Shakespeare, 2006; Shakespeare & Watson, 2001; Tremain, 2002), as well as how approaches to date may have excluded important dimensions of people’s experience (Barnes, 2012; Shakespeare & Watson, 1997). Kafer’s (2013) ‘crip theory’ holds potential for rethinking age and disability, suggesting an ‘ideal vision’ for the future (and futures), and theorizing the possibility of alternative temporalities. For our purposes, ‘feminist queer crip’ and/or ‘crip futurity’ may provide the theoretical frame to uncouple lives from the current limits of the standard normative chronological life course.

Our attempt in this paper has been to bring understandings of work on disability and aging in closer discussion, in order to consider the intersections and contradictions. What it has produced is a clear need to reconsider categories, relationships embedded in policies and practices, and the need to develop an inclusive and sustainable vision for the future. The paradox of disability and aging and the implication of ‘tragedy’ and ‘failure’, draw attention to the need to more fully investigate the relationship between policy structures and lived experience. Particularly needed are approaches that detail how trajectories of disadvantage can lead to inequalities across the life course and into late life. Such understandings outline how age, and ‘aging’ as attributed by means of ill-health and impairment, is not only a function of chronological age, but may occur ‘prematurely’ as a result of access and/or structures of disadvantage. There are countless examples where the presence of multiple impairments (often referred to as comorbidities) result in what is often labelled ‘premature aging’ as a result of disadvantage (e.g., homelessness and aging; Indigenous aging). Important in their own right as social issues, such illustrations draw attention to the very problem we are trying to address—the idea that late life impairment is interpreted as ‘aging’, irrespective of the ways in which lives were configured by social conditions (e.g., poverty, poor housing, water/sanitation, colonial practices, and so forth). It is this challenge of balancing ‘needless’ impairment as a result of disadvantage, with the valuing of disabled lives that will pre-occupy our future. This issue of understanding and responding to age and disability in meaningful ways can be expected to intensify in the coming years.

Population aging represents a unique context characterized by greater numbers of older people (‘greying societies’), increased longevity (longer lifespans overall, including groups who have historically lived shorter lives), and lives that may be spent with more years of chronic conditions or impairments (as a feature of longevity and biological aging, disadvantage, but also

as a result of medical and technological advancements). What this means is that impairment and disability are likely to become more prominent features of our so-called 'greying societies', and will likely prompt (if only by sheer volume of people) a reconsideration of disability, as well as a reconfiguration of public space. As such, it is entirely possible that the illusion of 'success' as it is currently configured may shift or become exposed for what it is—an illusion. In this context, the stakes are high for reconfiguring and imagining a more habitable world (Kafer, 2013). Population aging and the future thus underscore the need to grapple with the tensions between disability and aging, and create spaces where older people with disabilities (lifelong or acquired) can see themselves in frameworks, and live out their later years without the stigma of being defined as 'unsuccessful'.

One suggestion to move away from the fixed age-based responses is to draw on life course approaches as a policy lens—that is, to develop what may be referred to as a life course policy (McDaniel & Bernard, 2011; Priestley, 2003; Settersten, 2003). According to McDaniel and Bernard (2011), the idea is that principles of the life course perspective⁵ can open new possibilities for policy interventions across institutions such as education, labor and employment, family policy, health care and social assistance. Although life course policy remains underdeveloped at this point, the suggestion is that trajectories, patterns, and relationships—when configured as more than individual trajectories—may hold potential for targeting responses across the life course and into late life. In this vein, life course policy may offer a flexible frame that highlights trajectories of disadvantage and inequity, and works across complex social and policy environments to 'bring disadvantaged groups into being an advantaged group' (McDaniel & Bernard, 2011, p.S10). In the case of aging and disability, it may shift the focus from chronological notions of age and stage and the problematic currents of 'normalcy'. However, there is also the challenge of replicating existing age-based assumptions that are embedded in the institutionalized life course, and the reality that life course policy may offer little in terms of altering socio-cultural associations such as those of late life 'impairment as decline', and 'disability as tragedy'. If life course policy is to become a useful approach, it will require a detachment from chronological approaches to the life course, and the paradoxical relationship between disability and aging. Here, we suggest that the development of life course policy as a potential solution engage in two considerations: First, ensuring that the approach balances views of inequality with reconfigured relations of access and inclusion. Second, that responses developed from this lens recognize and support 'disabled and older lives', rather than positioning them as 'tragedy' or 'failure'. Further, perspectives must provide the space to articulate meaningful interpretations and experiences at locations of disability and age. It is here that we suggest that the future versions of life course policy be grounded in Kafer's (2013) utopian vision of a sustainable future that provides a basis for reimagining individual identities, social justice, and shared futures.

Conclusion

The constructs, frameworks, and responses to disability and impairment across the life course and into late life require review. This rethinking will aid in re-conceptualizing a late life with disability that is not inevitably a ‘tragedy’, and devoid of ‘future’, but mindful of wide-ranging realities (see Kafer, 2013). We argue that a good proportion of the problem lies in our reliance on standard institutional life course models and approaches that are rooted in age-based models of the life course, and interpretations of impairment as inherently negative. Even approaches that have attempted to remove barriers of age remain heavily structured around chronological age via a link to either structured dependency or impairment as a negative experience. This is characterized by the tendency to separate or position disability outside the ‘frame’ of the life in earlier periods of the life course, yet to re-introduce and conflate impairment in aging as a central feature as one progresses in chronological age and into the upper extremes of the life course – an intersection of the ‘decline’ and ‘tragedy’ narratives. A view of life experience as more fluid and permeable across time may be the first step in recognizing the complexity of the interrelationship between disability and age, and loosen the current bind of approaches to impairment, disability, and late life. Here, we suggest that linking the body of scholarship on fluidity in disability studies and gerontology may be particularly fruitful, and that the notion of futurity in particular, may help to resolve the current paradox.

Further, we have argued that the separation of disability and aging from the life course, and the conflation of aging and impairment, create a paradox in the contemporary context that is overwhelmingly dominated by individual and active interpretations of ‘success’ and ‘failure’. Extant critical approaches have tended to focus on either disability or aging, yet contemporary contexts call for more nuanced understandings of the relationship between aging and disability across the life course and into late life. We acknowledge that fixed frameworks based on chronological age and the standardized life course may well have reached their limit. However, at the same time, there is a void from which to define experiences that incorporate aging, impairment, and disability. Where a refined version of the life course may hold potential, current interpretations, in particular those that rely on individual trajectories may fall short of the rethinking that is required. Such an approach may be problematic for example, where experiences at particular social locations and/or identities butt up against current practices of recognition and/or eligibility for public services (e.g., the expectation of frailty or a particular diagnosis of ‘risk’). Our suggestion is to reconsider aging, impairment and disability from critical perspectives of the life course that account for the interplay of power within and between structures, systems, contexts (including the socio-cultural), relationships, and lived experiences. This may include linking critical studies of aging with notions such as those outlined in Kafer’s (2013) perspective of ‘feminist, queer, crip’.

Rethinking and reconfiguring responses to aging/impairment and disability/aging will require an approach that is capable of considering personal, social, political, and cultural expectations of disability and aging that can inform research, policy, and practice for future aging societies. The differences and alternate pathways across the life course and into aging can provide insight into the disjuncture that exists between dominant age and stage-based approaches rooted in linear time, the suggested models organized around binary models of independence/dependence and success/failure, and the subjective needs and experiences of older people and people with disabilities. One of the most significant challenges for the future will be in addressing both the exclusionary practices and the normative assumptions that continue to shape responses and experiences of disability, impairment, aging and late life, and in configuring spaces of meaningful involvement. We urge research, policy and practice to work closely with older people and people with disabilities to discover suggestions and solutions to the existing paradox. It is only through ventures that link these voices, accompanied by insights from disability studies and the critical perspectives of aging and late life, that we can move forward in creating understandings and future visions where the needs of older people with lifelong and acquired impairments can be meaningfully included in the social and cultural spaces of a re-envisioned and inclusive life course.

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Endnotes

- ¹ Throughout the paper we use first-person language of older people and persons with disabilities as a means to recognize the person and their experiences. We also use the term disability when referring to disabilities across the life course, and persons aging with disabilities

when speaking of a population group. We recognize the challenge that exists in the language (especially when moving across fields such as critical gerontology and disability studies), and that leading advocacy work has used the language of ‘disabled persons’ as a means to shift responsibility from the individual to society (Morris, 2001). An interesting discussion on the language used in disability studies can be found in Kafer’s (2013) work on feminist queer crip, where she discusses the tension between biomedical and corporeal realities and the social configurations of space, noting that both exist in tandem, and must be acknowledged (see p 4).

² See Hockey and James (2003) for a critique of the standard model of the life course.

³ We use the term impairment throughout with regards to the practices of assessment and framing of disability in late life. In late life, the dominant use of impairment is related to bio-medically framed assessment practices that take place with regards to older bodies and care. Our intent in using this term is to draw attention to the differences that exist in the language used in earlier and later periods of late life, and to problematize how this language structures and shapes experiences across the life course and into late life. This distinction is part of the paradox.

⁴ The use of other in the structure is intentional here, to denote how othering occurs through this process, and results in a separation from the life course.

⁵ McDaniel and Bernard (2011) outline “The life course consists of four basic principles: 1) that our daily experiences form a trajectory that begin at birth and stretches to death; 2) that life-course patterns unfold in a multiplicity of interconnected realms; 3) that social bonds for throughout our lives that affect our life course and that of others; and 4) that a variety of local and national contexts shape life courses, and are shaped by them” (S2).