

Old Age and Ageism, Impairment and Ableism: Exploring the Conceptual and Material Connections

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Much can be learned about (old) age-identity and age-related oppression by noting their similarities to, respectively, impairment and ableism. Drawing upon the work of Shelley Tremain, I show that old age, like impairment, is not a biological given but is socially constructed, both conceptually and materially. I also describe the striking similarities and connections between ableism and ageism as systems of oppression. That disability and aging both rest upon a biological given is a fiction that functions to excuse and perpetuate the very social mechanisms that perpetuate ableist and ageist oppression.

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Among most philosophers and theorists, it is now a truism that identities, or at least some identities, are socially constructed. These identities include gender identity, racial identity, and what we might call ability identity, as a disabled or non-disabled person. To this list I also want to add age identity, in particular, age identity as an elderly or aged person.¹

To regard these identities as socially constructed is to say, first, that they are not “natural”; that is, they are not entities that exist in “nature” independent of human agency. As the work of Simone de Beauvoir revealed (1952), one is not born, let alone conceived, a woman, an Aboriginal, a disabled person, or an elderly person, but rather becomes a woman, an Aboriginal, a disabled person, or an elderly person. Second, to regard these identities as socially constructed is to say that they are created, reinforced, and sustained, although not necessarily with intention or full consciousness, through normative conventions, relations and practices.

On this much there is fairly general agreement. However, many theorists are willing to take the social constructionist thesis only so far. Usually they insist that there is a biological “foundation” or “substratum” on which the social identity rests. In the case of disability, the biological substratum is said to be impairment, an organic injury to, defect in, or absence of a limb, organ, or physiological system. So, while being a disabled person is an identity that is socially acquired, people are thought to be born with, or at some point become the victim of, mutilating or injurious diseases and accidents whose results—impairments—are part of our biological condition. And in the case of aging, the biological substratum is almost universally thought to be the actual old age of the individual. So, while being an elderly person is an identity that is socially acquired, on

a material level it is thought to be the actual number of years lived that provides the material foundation for this identity. Thus, in this analysis, impairment is the supposed biological foundation for disability, for the sake of which individuals may, unfortunately, experience ableism, and old age is the supposed biological foundation for aging, for the sake of which individuals may, unfortunately, experience ageism.

Yet, philosophers ranging from Alison Jaggar (1983) to Judith Butler (1990) have shown that this analysis, the idea of a social identity built upon a biological substratum, seriously underestimates and misconstrues the role of culture. For the so-called biological substratum in each case is, itself, socially constructed. It is not a natural entity, pre-existing human intervention and possessing an existence independent of human intervention. Instead, the so-called biological substratum is itself a product of social construction; that is, it is created, reinforced, and sustained, not necessarily with intention or full consciousness, through human relations and practices.

In her paper, "On the Government of Disability," Shelley Tremain clearly identifies and describes the social construction of impairment. She points out that the social model of disability, which is the standard view of disability and impairment, claims that disability is the social disadvantage imposed upon the "objective, transhistorical and transcultural" (2001, 617) impairment, which is biologically given. But as Tremain argues,

allegedly 'real' impairments must now be identified as constructs of disciplinary knowledge/power that are incorporated into the self-understandings of some subjects. . . . [I]mpairments are materialized as universal attributes (properties) of subjects through the iteration and reiteration of rather culturally specific regulatory norms and ideals about (for example) human function and structure, competency, intelligence, and ability. (2001, 632)²

I suggest that there are two main ways in which the social construction of impairment occurs. First, the term "impairment" itself is given a definition by extension, by picking out certain states of physical features—limbs, organs, and systems—and attributing significance to them as fundamentally defining particular individuals and groups of individuals as abnormal or defective in ways that are believed to be "biological." Impairment also can be redefined or expanded, by picking out new arrays of features thought to be abnormal or defective. This is not to deny that real suffering—physical and/or psychological—may attach to the possession of features that are also picked out as defects. My intention here is not to deny the reality of the body or the immediacy of discomfort, pain, fatigue, depression, and weakness. But within any given social context, features that involve suffering may or may not be recognized as impairments (as opposed, say, to normal variations, sources of spiritual

insight and divine inspiration, or stigmata). Moreover, in some cases, it is the identification of a feature as a defect that actually *causes* the suffering—for example, in the case of so-called “birthmarks.”

We also can see that a characteristic designated as an impairment, and considered to be a biological given, might not be an impairment within a different cultural environment. For example, Sophia Isako Wong imagines a situation where a characteristic currently considered an impairment is instead regarded as just another human difference (Wong 2002). She imagines a world in which half the people have Down syndrome, and persuasively suggests that in it, “there would be integrated households, educational resources, public facilities, and political structures.” In this world, “the interaction between people with DS [Down syndrome] and those without it would . . . be seen as essential to the flourishing of the human species” (Wong 2002, 102). Down syndrome is an impairment only within a particular social environment, the environment in which we happen to live.

So far, I have argued that impairment is conceptually constructed; that is, the term “impairment” itself is given a definition by extension, by picking out certain states of certain physical features and attributing significance to them as fundamentally defining particular individuals and groups of individuals as atypical, abnormal, or defective. I also want to argue that impairment is socially constructed in a second way, that is, materially. Impairment is constructed materially first, by means of maternal malnutrition, fetal alcohol syndrome, or the ingestion of teratogenic drugs, all of which cause harm to fetuses before birth, and second, by means of workplace injuries, environmental hazards and contaminants, or simple deliberate human aggression, which cause harm to the limbs, organs, and physiological systems in children and adults. Notice that there is both an individual and a societal component to this material construction of impairment. On the one hand, individuals can be individually injured or “disfigured,” but also the creation of impairments across an entire population can result from broader social forces, including poverty, classism, pollution of the home and workplace contexts, and environmental degradation, as well as sexism and racism.

I now want to propose a comparable social constructionist argument, this time with respect to the identity of elderly people. Age theorists have assumed that elderly persons suffer from a social disadvantage that is superimposed upon a biologically given old age.³ This idea is, however, mistaken, for the supposedly biologically given old age is, itself, socially constructed.

How is it possible for old age itself to be socially constructed? If old age identity is founded upon the number of years lived, isn’t the number of years lived an immutable material given? Most theorists seem willing to grant that aging is at least a culturally-*imbued* process, in which age

identities such as young adult, middle-aged person, young-old, and old-old are generated. The rate at which one ages, how one ages, and the ways in which aging persons are regarded and regard themselves are accepted as being at least partly socially generated. Yet, it is almost always taken for granted that the cultural process of aging is founded upon the immutable and objective biological foundation of years lived and life stage attained.

I believe that assumption is mistaken. Years lived and life stages attained are also socially constructed and interpreted, and there is no definite, biologically given number of years lived that, by itself, constitutes being old or that provides an immutable and inevitable foundation on the basis of which social aging processes are built. Years lived do not, of themselves, constitute one's age—whether young age, middle age, or old age. Aging is not a "natural" process; that is, it is in no way outside of culture. This is not to deny that, like impairment, the process of aging may entail real suffering, physical and/or psychological. My intention here is not to deny the reality of the body or the immediacy of changing capacities that may accompany the process of aging for some, though not all, persons. But within different social contexts, characteristics of the aging person may or may not be recognized as liabilities and defects—rather than, for example, reserves of wisdom.

Of course, this is not to say that one can change the number of years one has lived. Nothing will make a person who is 75 years old 40 again, for the simple reason that we cannot unmake and remake the past. Nonetheless, as baby boomers and their immediate predecessors are fond of saying, "50 is the new 40" and "60 is the new 50." They are describing a social change, namely, that what was picked out and defined as being "middle-aged" in earlier times is now taken to be pre-middle-aged.

There is a lot of cultural flexibility in the designation of the number of years that constitutes old age—and, for that matter, youth and middle age. Just as cultures pick out certain bodily features and attribute significance to them as fundamentally defining certain groups of people as atypical, abnormal, or impaired in ways that are regarded as "biological," so also cultures *pick out* a certain number of years and *attribute* biological and cultural significance to that number as constituting the state of being old, physically and mentally worn out, no longer in one's prime, and near the end of one's life. And, like "impairment," "old age" also can be *redefined* or expanded, by picking out different numbers of years lived and/or new arrays of features and defining them as constituting oldness (or as youth, middle age, and so on).

To take just one example of the conceptual constructedness of aging and life stages, the state that was regarded as being "old" came much earlier a century or even half a century ago than it does now. Sixty-five, 60, or even 55 was once considered definitively, inevitably, and unavoidably old, even though there were always some individuals who lived much

longer than these ages, into their 80s and 90s. But over the past century, with improvements in health, nutrition, and education, and as more people work, both with and without pay, well after the normative date for retirement, none of these ages is considered as “old” as it once was. Oldness has gotten older, so to speak, and is probably now around 75 or even 80. Moreover, life stage concepts—such as youth, middle age, and elderliness—are not just empirical reflections of the actual duration of objectively given human life stages, but also incorporate and reduplicate normative judgments about how long both the parts and the whole of human life *ought* to be.

A skeptic might argue that even if there is an element of social construction in the creation of old age, there are limits to how far that construction can go. Not every human age can, for example, be defined as “old.” But I’m not convinced that there are such limits. Any age, whether it is considered a young age or an old age, is young or old *with respect to* some human environment or some human purpose. Thus, for example, the age of 18 is considered too old *with respect to* learning to be a competitive skater, gymnast, or dancer. Age 30 is considered too old *with respect to* acquiring fluency in a language that will enable the individual to pass as a native speaker. The age of 50, however, is too young *with respect to* taking early retirement and benefiting from government- or corporation-sponsored pensions.

In addition to being, like impairment, socially constructed by means of a (changing) conceptual definition, old age and stage of life, like impairment, are materially constructed at both the individual and the social levels. People do not acquire the physical, psychological, and intellectual markers of aging at the same rates, and the rate of aging is strongly reflective of social context. On an individual level, a person can be “old” at 50 rather than 70 or 80 because of disease or self-destructive habits such as high alcohol consumption, or because of inactivity, both mental and physical. People also can learn, be pressured, or even decide to act “old” or to live the life of a stereotypical “old” person. But there is also a strong societal component to the social construction of old age: social factors such as poverty (along with poor working conditions and inadequate or nonexistent health care and education), racism, sexism, and environmental degradation, contribute to shaping the biological reality of being 60, 70, or 80. So a class of poor persons may be considered old at 40 because of the deprived conditions in which they have lived and worked, whereas wealthy persons would have to be 70 before reaching a comparable condition. This material construction of old age is exemplified in the wide variations in life expectancies between first-world and third-world citizens; it is also evident within different socioeconomic classes in Western society.

My general point, then, is that for both disability and aging, the supposedly fixed biological foundation for each—namely impairment and old age—is, itself, socially created, sustained, and elaborated. In comparable ways the biological foundation for impairment and old age is created conceptually, through picking out particular features and defining them as constituting impairment or as constituting oldness, and materially, through the shaping and manipulation of material human features or groups of features.⁴ I will turn, now, to a comparison of the two related systems of oppression, ableism and ageism, in order to highlight the ways in which they are similar and connected.

The social practices and institutions that identify and constitute so-called impaired features as individual and social problems comprise the system of oppression that is ableism. And the social practices and institutions that identify and constitute a certain number of years lived as individual and social problems comprise the system of oppression that is ageism. In both cases, social practices and institutions establish and reinforce negative values that make rather ordinary characteristics of some human beings into liabilities and stigmata. The systems of ableism and ageism function to make, respectively, certain bodily features (limbs, organs, or systems), and certain numbers of years lived, into social liabilities, rationalizations for subordination, and sources of shame. In Western societies, thanks to ableism and ageism, it is taken to be self-evident that lives with so-called impairments, and lives that are elderly, are of lesser value than lives without so-called impairments or lives that are youthful. These lives are even considered, in some cases, not worth living.

Moreover, ableism and ageism are intertwined in malignantly effective ways that result in disrespect, reduction of autonomy, and the disregard of the rights of those targeted. First, those who are rendered disabled may be inappropriately treated as if they were either significantly older or significantly younger than is the norm for behavior toward non-disabled people with the same number of years lived. That is, they are treated as if they were in a state of decline stereotypically associated with aging, or they are treated paternalistically, as if having a disability necessarily reduces the person's competence and autonomy to the level of a child (see Paterson and Hughes 1999, 606). Cultural reactions either age them or infantilize them. Second, people who are "getting on in years" are subjected to explicitly disabling behavior, practices, and policies in cultures that are set up primarily to serve the goals and plans of those with a relatively lower number of years lived, and whose features have not been picked out as impaired.⁵ Thus, for example, the increasing speed of modern culture, the multiple demands of communication technologies, and the pressure to be competitive, to get ahead, and to earn more money are features of Western society in the twenty-first century that have the effect of adding

to the social disablement that older people experience. Another common socially disabling practice in some jurisdictions is mandatory retirement, which makes an arbitrary number of years lived, unrelated to the specific demands of the job, the age at which individuals are forced to give up their jobs, independent of their socioeconomic needs or of any desire they may have to keep working.

There is a real (though quite imperfect) correlation between years lived and certain bodily features designated as impaired. For example, as the number of years lived increases, an individual is more likely to experience arthritis. Nonetheless, there is no one-to-one correspondence between old age and arthritis, since some who are very young may have it, and others who are long lived may not. Yet, because of imperfect correlations such as these, ageism and ableism are strongly linked and even reinforce each other. A large number of years lived is stigmatized at least partly because people associate it with the supposedly inevitable development of features regarded as impairments. On the other hand, the features regarded as impairments are stigmatized because, I would argue, they are associated, stereotypically, with the loss of what is seen as youthful vigor and capacity.⁶

Both ableism and ageism incorporate normative ideas of uniformity. Every body should be similar, with similar abilities and energies, and, among other requirements, the ideal human body is a body that has not lived a long time and does not have any of the features designated as impairments. Those individuals with bodies that for one reason or another fail to conform are expected, nonetheless, and despite the difficulties or even impossibilities, to attempt to fit in or assimilate. One attempts to assimilate by minimizing or disguising one's years lived and by minimizing or disguising any of one's features that are designated as impaired. Because disability and aging are considered shameful, weak, and low in value, those who are disabled and/or aged by culture experience pressures to pass as non-disabled or non-aged, to engage in various sorts of pretense that they are as much as possible like the so-called young and healthy social norm (Paterson and Hughes 1999, 608). In other words, they are expected to try to "pass for normal"—where "normal" means "not subject to disablement or aging" (Overall 1998, 151–71). People of all ages internalize the negative valuations of impairment and old age and, as a result, almost everyone participates in the social conspiracy to pretend that there are no impaired or aged people. Assimilationist pressures are among the key tools of oppressive systems such as ableism and ageism.

Using Susan Wendell's terms, I would describe these practices as being the results of the "disciplines of normality" (Wendell 1996, 88). She points out that as the pace of life increases, "[e]veryone who cannot keep up is urged to take steps (or medications) to increase their energy, and bodies that were once considered normal are pathologized" (Wendell 1996, 90).

"Keeping up" is a normative requirement, and anyone who has trouble keeping up is, in effect, rendered impaired and expected to compensate as much as possible. Individuals with these socially conferred impairments are often expected to try to act so as to compensate for the impairments, to engage in substitute activities designed to reassure others that the individual is still functional,⁷ or to change their appearance so as to appear unimpaired.⁸ In the case of aging, older individuals are often expected to try to dress, talk, and act like someone who is younger.⁹ The purpose of trying to assimilate is, in part, to reassure others and spare them any feelings of vulnerability or anxiety about their own prospects that the perception of "oldness" or "impairments" may incite. Thereby one also reduces the likelihood of being the target of ageist or ableist prejudice.

The professional agents of ageism and ableism alike include physicians, psychologists, gerontologists, politicians, and journalists. They seize upon and reinforce ableist and ageist tendencies already present in the culture. One way they do this is by promoting the almost-ubiquitous concept of "burdensomeness," a significant negative value that is incorporated into both ageism and ableism. People who have lived many years, along with people with features deemed to be impairments, are regarded as being nonfunctional and nonproductive, hence burdensome. Such individuals can try to compensate for their putative burdensomeness by being patient, submissive, cheerful, eager to please, non-complaining, and willing to listen to others, but the possession of this constellation of virtues is usually insufficient to compensate for the ways in which they are considered to be an economic, social, and psychological problem for other people who have not lived as long or do not have impaired features. Even bioethicists contribute to making human years lived and certain human features a problem through their creation and promotion of the concept of burdensomeness as an allegedly inherent feature of aging and impairment. Key examples include John Hardwig (1997, 2000) and Daniel Callahan (1998). Hardwig, for instance, argues that one has a duty to die—even if one does not want to die—"when continuing to live will impose significant burdens—emotional burdens, extensive caregiving, destruction of life plans, and . . . financial hardship—on [one's] family and loved ones" (Hardwig 1997, 38). From this conservative biomedical ethical standpoint, prolonging human life, whether individually or collectively, and supporting individual people with features deemed to be impairments, become problematic and even morally unjustified.

In conclusion, I have argued that there are significant conceptual parallels as well as cultural connections between old age and impairment and between ageism and ableism. This comparison reveals the extent of social construction within age identity and ability identity, both of which are ordinarily believed to be biologically based. The comparison also helps to reveal the connections between two forms of oppression that are ordinarily

so seemingly normal that they are nearly imperceptible. Old age, like impairment, is not a biological given but is socially constructed, both conceptually and materially. That disability and aging both rest upon a biological given is a fiction that functions to excuse and enable the very social mechanisms that perpetuate ableist and ageist oppression.

However, the societal implications of the social construction of aging are not all negative. By recognizing that old age is socially constructed we could create a truly radical transformation of prevailing cultural ideas about age and being "old." If old age is a social product, not a biological given, then aging is a potential site not only for oppression but also for liberation. Social and political reforms in the areas of employment, education, housing, health care, family structures, social welfare, and architecture could redefine the societal context of aging, eliminate or at least reduce ageism, and support increasing rights, opportunities, and freedoms for people who have lived many years. There is nothing inevitable about ageism or about the ways in which old age is currently constructed.

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Notes

1. In this paper I eschew the terms "the disabled" and "the elderly." The problem with the term "the disabled" is that it implies the existence of a group of persons who are nothing but disabled, and whose whole identity is taken up with being disabled; there is no other personal residuum. Similarly, the term "the elderly" or "the aged" has a reifying effect that suggests the existence of a group of persons who are nothing but old, individuals for whom being elderly subsumes their entire being, and whose entire identity is taken up with being

old. For these reasons, the term “disabled persons” or “persons with disabilities” is preferable to “the disabled.” And “elderly people” is preferable to “the elderly.”

2. Similar ideas are put forward by Hughes and Paterson (1997).
3. For example, Copper (1988), Bell (1992), Callahan (1998), Heilbrun (1997), and Hardwig (2000).
4. Where I disagree with Shelley Tremain and some others who defend the social construction of the purported biological foundations of identities is that they then conclude that the identity and its supposed biological base are the same, because both are constructed. Thus Tremain says, for example, “impairment has been disability all along” (Tremain 2001, 632). Similarly, in talking of gender and sex, Butler writes, “If the immutable character of sex is contested, perhaps this construct called ‘sex’ is as culturally constructed as gender; indeed, perhaps it was always already gender, with the consequence that the distinction between sex and gender turns out to be no distinction at all” (Butler 1990, 7). However, I suggest that this type of conclusion is not correct. Although each one is socially produced and maintained, sex is not identical with gender; impairment is not identical with disability; and old age is not identical with aging. Each of the terms within each pair—“sex” and “gender,” “impairment” and “disability,” and “old age” and “aging”—has a different *denotation*. The words in each pair each signify something that is socially constructed, yet the words are used to pick out two different parts of the social world. Thus, “impairment” is *used to refer to* a supposedly given organic injury to, defect in, or absence of a limb, organ, or physiological system, whereas “disability” is *used to refer to* the social liability imposed on top of an impairment. Similarly, “old age” is used to refer to a supposedly given number of years lived, whereas “aging” is *used to refer to* a social process imposed on top of the supposedly given number of years lived.
5. It is worth noting that ageism is not just a problem for those who have lived many years. It is also manifest with respect to human beings who have not lived for many years, that is, children. Young children are, for example, systemically disabled through architectural features such as stairs, elevator buttons, toilets, and sinks that are difficult to use and might be dangerous. Young children are also systemically disabled through a social system that relegates them, like aging people, to their own age-segregated niche. For aging people that niche is nursing homes and “seniors” residences; for young children, the niche is school. Furthermore, children are disenfranchised and rendered vulnerable through political and social arrangements whose justification is not always well established.
6. In addition, the social creation of life stages, especially for women, generates disabilities and contributes to the interpersonal validation of the supposed independent reality of impairments. “Menopause,” for example, no longer simply means the cessation of menses, and instead refers to a life stage that

may extend for years, supposedly creating impairments by destabilizing a woman's memory, emotions, and physical capacities (Gullette 1997).

7. I'm thinking of the Paralympics and Special Olympics here.
8. For example, individuals who have had a breast removed because of cancer are usually expected to wear a prosthetic.
9. Here is where sexism intersects with ageism, since a youthful appearance is more highly valued in women, and hence is more desperately sought by them. For example, both youthfulness and femininity alike can be achieved by means of "the knife" of cosmetic surgery (Morgan 1991).

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