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Aging

Kathleen Woodward

The biological process of growing older, human aging is almost always accompanied by limitations in physical capacities and, in many cases, diminution of mental acuity. In addition, aging is, like disability, both a biological and a cultural phenomenon that is inflected decisively by the social, legal, medical, statistical, and experiential meanings given to it. For example, old age may be defined by a society in chronological terms (in the United States, ages sixty-two and sixty-five mark eligibility for Social Security) and individually in psychological terms (someone may be seventy-five years old and “feel” fifty). In the United States and many other industrialized nations, aging, as Susan Wendell (1999, 133) has written, is disabling. Aging is invoked rhetorically—at times ominously—as a pressing reason why disability should be of crucial interest to all of us (we are all getting older, we will all be disabled eventually), thereby inadvertently reinforcing the damaging and dominant stereotype of aging as solely an experience of decline and deterioration (Davis 2002; Garland-Thomson 2005; Stiker 1999). But little sustained attention has been given to the imbrication of aging and disability (for exceptions to this rule, see Wendell 1996; Silvers 1999; Kontos 2003). Aging is not—yet—a keyword in disability studies.

Nor have the insights of disability studies been taken up in any depth in age studies, a relatively small field that for the most part, unlike disability studies, has not been entwined with identity politics. In 1969, the

gerontologist and psychiatrist Robert N. Butler coined the term “ageism” in analogy with other social prejudices based on biocultural categories, such as sexism and racism. But the cultural study of age, with attention directed to older age understood to be part of the normative American youth–old age system, did not emerge in the United States until the 1980s. As cultural studies scholar Margaret Gullette has memorably put it, we are aged by culture. Gender has been fundamental to the analysis; as lesbian writer and activist Barbara Macdonald wrote in 1983, “Youth is bonded with patriarchy in the enslavement of the older woman. There would, in fact, be no youth culture without the powerless older woman” (39). Also fundamental to analysis has been the spectacle of the aging body. The “decline” associated with aging is largely detected in a visual register, while passing and masquerading as young—aided by a plethora of antiaging products and practices—serve as strategies for evading exposure as old (Katz 2005). At the same time, if disabled bodies can be understood as anomalous and extraordinary, visibly marked aged bodies are typically considered so ordinary that they recede from view, becoming invisible (Woodward 1991, 2006). The able body is the norm; so too is the healthy youthful and middle-aged body.

What are the biopolitical dimensions of aging today in neoliberal economies? As with most biopolitical queries, scale matters. Around the world, many national populations are aging. For centuries in the West, old age was considered part of the spiritual journey of a life (Cole 1992). Beginning in the twentieth century, however, as life expectancy increased enormously and in some cases almost doubled, aging became a medical problem to be solved, with an accelerating search in the twentieth-first century for scientific keys to slow down and stop the process. Aging populations present an enormous economic contradiction: on the one

hand, aging populations constitute a huge market; on the other hand, political leaders, economists, policy makers, and others often regard an aging population as a potentially catastrophic impediment to the vitality of their national economies, as insufficiently productive. At the same time, in anticipation of old age, retirement accounts grow globally, which even in times of economic downturn can make enormous sums for investment available; unsurprisingly and ironically, a good portion of those investments are in antiaging research.

Aging is a process; disability is typically understood as a condition, as something one has. Temporally, aging and disability converge in the case of frailty, a syndrome often associated with advanced old age. As such, frailty—and to a certain extent aging itself—is conceptualized simultaneously as a disability in the present and as a risk factor for developing a disability in the future.

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Blindness

D. A. Caeton

Blindness is a condition of the flesh as well as a signifying operation. William R. Paulson maintains that blindness “means very different things, and moreover it *is* very different things, at different times, different places, and in different kinds of writing” (1987, 4). Such a critical stance can lead the field of disability studies to analyze disability in a manner that reckons with both the ways that bodies are made accessible through language and the ways that bodies exceed language. The state of visual impairment long ago assumed a metaphoric plasticity, making literal blindness serve as a figurative marker for other diminished capacities. This interplay permeates, for example, one of the West’s foundational texts, Sophocles’s version of the story of Oedipus. It is evident in the confrontation between Tiresias, the blind prophet, and the figuratively blind Oedipus, as well as in the ghastly scene where Oedipus literally blinds himself upon gaining his figurative sight (Stiker 1999).

Perhaps the earliest English-language example of blindness’s physical/metaphysical conflation occurs in the tenth-century *Blickling Homilies*. The narrator of the second quire, *Quinquagesima Sunday*, observes of the blind beggar of Jericho, “Right was it that the blind man sat by the way begging, because the Lord himself hath said, ‘I am the way of truth,’ and he who knows not the brightness of the eternal light is blind; and he liveth and believeth who sitteth by the way begging, and prays for the eternal light, and ceaseth not” (Morris 1880, 16). This exegesis clearly demonstrates a transformation