

Research Articles

Compulsory Youthfulness: Intersections of Ableism and Ageism in “Successful Aging” Discourses

Hailee M. Gibbons
University of Illinois at Chicago

Abstract: This article forwards the theory of compulsory youthfulness as a way to explore how ableism, ageism, and other systems of oppression intersect to produce the societal mandate that people must remain youthful and non-disabled throughout the life course, particularly in a cultural context that holds successful aging as an ideal.

Keywords: ageism, ableism, intersectionality

Cultural stereotypes of old age as a time of loss, dependence, frailty, and disability prevail. As a result, impairment and illness are largely perceived as the "norms" of late adulthood (Priestley, 2003). Kelley-Moore (2010) referred to this phenomenon as the social construction of causality, and observed, “Becoming disabled prior to old age is framed as non-normative and disruptive to the life course...Alternatively, becoming functionally limited in older adulthood is framed as normative” (p. 107). Thus, disability and old age are inextricably linked, and consequently, so are able-bodiedness/able-mindedness and youthfulness.

In order to counter these stereotypes, the gerontological persuasion, or the “biomedical and social scientists, policy makers, activists, and entrepreneurs interested in the ‘gray market’” (Ballenger, 2006, p. 56), has engaged in ongoing efforts since the 1950s to reframe old age as a time of activity, leisure, able-bodiedness, and health. At the center of these efforts is the concept of successful aging, which emphasizes health and functionality, absence of disease and disability, and active engagement (Rowe & Kahn, 1998). The successful aging movement exemplifies these increasingly prominent discourses on aging. For example, in 2012, the World Health Organization (WHO) announced that the theme of their annual World Health Day was “Aging and Health.” As part of the campaign, a global news brief, a series of posters, and a video were released, all of which were centered on the slogan “good health adds life to years.” Each form of media featured diverse images of old people from around the world, in which older adults are engaged in activities such as working in various contexts (e.g., at a computer, as a doctor, as a farmer), exercising, caring for children, dancing, and even bungee jumping. In nearly every photo, the old people portrayed appear active, energetic, and able-bodied. Furthermore, the images imply that these old people are taking charge of their health and thus individually responsible for their youthful and non-disabled status.

While aspects of the successful aging movement are engaging in important efforts to dispel negative stereotypes about old age, an intersectional analysis of successful aging demonstrates

that an unintended consequence is the creation and promotion of a societal mandate for people to remain youthful and able-bodied throughout the life course, including in old age. Building on the concepts of compulsory heterosexuality (Rich, 1980) and compulsory able-bodiedness (McRuer, 2006), I term this form of oppression supported by the successful aging paradigm compulsory youthfulness. Framed through an intersectional perspective, compulsory youthfulness is produced through ableism and ageism, which are systems of beliefs, values, and practices that create and reinforce youthfulness and able-bodiedness/able-mindedness as ideals, thereby casting old age and disability as devalued states of being (Butler, 1989; Campbell, 2009; Palmore, 1999). Compulsory youthfulness highlights the ways in which ableism and ageism intersect within successful aging discourses to falsely present both being old and being disabled as choices, rather than the result of biological changes and cultural, political, economic, and social structures. As a result, old disabled people are labeled as failures for aging “unsuccessfully” and perceived as responsible for their own vulnerability (Portacolone, 2013; Rubinstein & de Medeiros, 2015).

I forward the neologism of compulsory youthfulness as a way to explore intersections of age and disability in a culture that holds successful aging as an ideal. I introduce this theory as a lens through which to analyze systems of power that survey, police, and discipline young, middle-aged, and old bodies by enforcing the maintenance of youthfulness and able-bodiedness/able-mindedness throughout the life course. First, I define successful aging, discuss its prominence in the field of gerontology, and explore existing criticisms of the concept. I also consider how a lack of collaboration between gerontology and disability studies and their feminist sub-fields, feminist gerontology and feminist disability studies, has limited the opportunities for intersectional critiques of successful aging. Then, I call for the use of intersectionality, as an analytical framework, to further bridge gerontology and disability studies and (re)consider old age and disability collectively, particularly in regards to successful aging discourses. Lastly, I engage in intersectional analyses of academic texts to explore how compulsory youthfulness enforces ideals of successful aging and thereby mediates the lived experience of old/disabled people in a sociocultural context of ableism and ageism.

Successful Aging

In the 1950s and 1960s, scholars in the emerging discipline of gerontology desired to challenge dominant narratives of old age as a time of loss, illness, and decline (Ballenger, 2006). Early iterations of successful aging consequently emerged (Havighurst, 1961). As Katz and Calasanti (2015) noted, “Successful agers were satisfied, active, independent, self-sufficient, and above all, defiant of traditional narratives of decline” (p. 27, emphasis added). This positive characterization of old age flourished, and in the 1990s, Rowe and Kahn provided a more precise definition of successful aging. Specifically, Rowe and Kahn (1998) asserted that gerontology should focus less on dichotomies of normal and abnormal aging, and more on older adults “aging

well.” Successful aging thus became an idealized form of aging. Rowe and Kahn (1998) defined successful aging through three primary components that are independent of each other but hierarchical. To age successfully, one must maintain: (a) “low risk of disease and disease-related disability;” (b) “high mental and physical function;” and (c) “active engagement in life” (p. 38). Since then, successful aging has proliferated. According to Katz and Calasanti (2015), successful aging “has been churned into theoretical paradigms, health measurements, retirement lifestyles, policy agendas, and anti-aging ideals” disseminated through “(a) an industry of books, conferences, journals, funding, and research programs, (b) web sites...and (c) institutional identities” (pp. 26-27). Thus, successful aging has become one of the most dominant gerontological concepts.

Critiques of Successful Aging

Despite its popularity, numerous gerontologists and aging studies scholars have critiqued successful aging. Martinson and Berridge (2015) conducted a systematic review of 67 gerontological articles challenging the idea of successful aging and found four primary types of critiques. The first type, “Add and Stir,” generally found the model of successful aging acceptable, but advocated for successful aging to either adjust the criteria to be less strict (in order for more older adults to meet the criteria), or add criteria to adjust gaps in the current paradigm related to psychological or social dimensions such as adaptation, well-being, and life satisfaction. The second type of critique, “Missing Voices,” called for successful aging models to include diverse older adults’ subjective definitions and perceptions of successful aging. The third category was “Hard Hitting Critiques,” and these critiques had five primary concerns about successful aging: “Its individualistic approach, implied ageism and ableism, neoliberal contexts, negative influences on society and the lived experiences of older adults, and impacts on social justice” (p. 62). These critiques expressed one or more of the aforementioned concerns, and consequently rejected the successful aging paradigm and called for alternative frameworks. The fourth category was “New Frames and Names.” Similar to the Hard Hitting Critiques, critics in this category rejected successful aging as a paradigm, and also posited alternative frameworks as solutions to the various problems that successful aging presents. Many of these new paradigms retained a focus on the individual, but employed more holistic and integrative approaches.

Lack of Intersectional Analyses of Age and Disability in the Successful Aging Paradigm

The existing critiques of successful aging are important challenges to this dominant paradigm of aging. However, few of these critiques consider multiple and interlocking forms of oppression, demonstrating that more intersectional analyses of successful aging are needed. For instance, of the many critiques, only a select few consider how the ideal of successful aging may be ageist and ableist (e.g., Holstein & Minkler, 2003; Minkler, 1990; Morell, 2003; Stone, 2003).

Interestingly, ableism was a term selected by Martinson and Berridge (2015) to describe these critiques. With the exception of Minkler (1990), who used the term handicapism, none of the articles in the review referenced ableism or described it as a system of oppression. Thus, since many of the critiques from gerontologists do not consider disability or ableism, it is essential for disability studies to consider successful aging. Notably, of the 67 articles Martinson and Berridge (2015) included in their systematic review, only one incorporated feminist disability studies perspectives (Morell, 2003).

Furthermore, some scholars recognize that the concept of successful aging harms disabled elders, but term this phenomenon “the new ageism” (Angus & Reeve, 2006, p. 143). This idea is similar to Cohen’s (1988) concept of the “elderly mystique,” which characterized by the ways “American ageism is focused upon the elderly with disabilities, as opposed to well elderly” (p. 25). The issue with these approaches to the oppression of disabled elders is they threaten to redefine ageism as ableism. Doing so inhibits critique of the ways non-disabled elders experience ageism. As Stone (2003) noted, people have many fears about aging, and disability is only one aspect of aversion to aging and older adults. Furthermore, to redefine ageism as ableism prevents scholars from exploring how ageism and ableism intersect, for disabled elders and for people as they progress throughout their life courses.

One of the reasons for a dearth of scholarship on how ageism and ableism interconnect is the lack of integration between disability studies and gerontology (Berger, 2013; Lightfoot, 2007). Furthermore, the feminist sub-fields of these disciplines, feminist gerontology and feminist disability studies, have also remained disparate. In many ways, feminist disability studies and feminist gerontology are fields on parallel paths. Individually, feminist disability studies and feminist gerontology have criticized feminist theory for failing to consider disability (i.e., Garland-Thomson, 2002) and old age (i.e., Calasanti & Slevin, 2006) as identities and analytical tools. Thus, these scholars have engaged in comparable, but disjointed, efforts to encourage the inclusion of disability and age in feminist work. Simultaneously, these scholars have individually called for their respective disciplines to incorporate feminist theory. Despite these analogous paths, these fields rarely intersect

However, collectively considering aging and disability is imperative; as Verbrugge and Yang (2002) noted, “Disability and aging are processes that interweave throughout the life course” (p. 253). The lack of integration between feminist disability studies and feminist gerontology prevents scholars from understanding and addressing the material, emotional, and social consequences of intersectional oppressions related to disability and old age. Thus, feminist disability studies and feminist gerontology must collaborate to engage in more intersectional analyses of disability and old age.

Intersectionality as an Analytical Framework

Intersectionality offers a way to consider how disability and age intertwine in later life and throughout the life course. Intersectionality, which originated in the work of Black feminists and queer women of color, is a framework for understanding intersecting identities and forms of oppression (Combahee River Collective, 1977; Crenshaw, 1991; Lorde, 1984). Intersectionality challenges the idea that an individual's lived experience is grounded in a single social identity and that axes of power and oppression can be examined and understood singularly (Bowleg, 2008). According to Collins (2000), intersectionality highlights "particular forms of intersecting oppressions, for example, intersections of race and gender, or of sexuality and nation...intersectional paradigms remind us that oppression cannot be reduced to one fundamental type, and that oppressions work together in producing injustice" (p. 18). Although some scholars have used intersectionality as a way to explore identities and subjectivities, Cho, Crenshaw, and McCall (2013) called for intersectional analyses that foreground power dynamics. They observed, "Intersectionality helps reveal how power works in diffuse and differentiated ways through the creation and deployment of overlapping identity categories" (p. 797). Thus, intersectionality recognizes that systems of oppression operate in interconnected ways, and intersectional analyses seek to uncover and critique political, structural, and cultural inequalities.

Intersectional analyses often center race, gender, and class and less frequently consider disability and age. Although feminist disability studies and feminist gerontology forward the importance of intersectional work, both fields sometimes struggle to enact this practice (Calasanti, 2009; Erevelles, 2011). Therefore, feminist disability studies must engage more intentionally with age, just as feminist gerontology must engage more intentionally with disability. Using an intersectional approach is not just additive, but considers how institutional and structural oppression related to age and disability (as well as race, sex, gender, class, and sexual orientation) come together to mediate the lived experience of old/disabled people in a sociocultural context of ageism and ableism. I argue that an intersectional analysis of successful aging that considers age and disability, in addition to other forms of oppression, demonstrates how the discourses around successful aging have contributed to compulsory youthfulness, which is interconnected with other compulsory systems (i.e., compulsory able-bodiedness and compulsory heterosexuality).

Introducing Compulsory Youthfulness

The theory of compulsory youthfulness recognizes that anti-aging discourses are entangled with anti-disability discourses due to the inextricable societal linkages between old age and disability. Hence, when people discuss their desire to "remain youthful" or "stay young," they are referring to more than the maintenance of a youthful appearance; they also want to be able-bodied/able-minded. Thus, compulsory youthfulness is the social mandate to maintain the ideals of youthfulness in regards to ability, memory, health, appearance, activity, energy, sexuality, and social roles throughout the life course, including in later life. In a culture obsessed

with beauty, independence, functionality, productivity, and “successful” aging, the idea that to be fully human, one must remain youthful and able-bodied/able-minded throughout the life course permeates nearly all aspects of society.

Genealogy of Compulsory Systems

Before further elucidating the concept of compulsory youthfulness and how it is supported by successful aging discourses, it is essential to acknowledge the genealogy of compulsory systems from which compulsory youthfulness emerges, particularly since these systems are interlocking. Queer theorists and disability studies scholars have discussed compulsory heterosexuality and compulsory able-bodiedness as forms of oppression that dictate specific ways of being, identifying, and living as “normal” and censure, police, and punish people who deviate from these norms.

Rich (1980) coined the term compulsory heterosexuality to describe the assumed male right of access to women sexually, emotionally, and economically. As males benefit from this access to females, this system centers heterosexuality and casts other forms of sexuality as deviant. Compulsory able-bodiedness operates similarly; as Kafer (2003) explains, “Able-bodiedness has been cast as separate from politics, as a universal ideal and a normal way of life, in much the same way as heterosexuality” (p. 79). Thus, compulsory heterosexuality and compulsory able-bodiedness are intersecting hegemonic ideological systems that hold heterosexuality and able-bodiedness as natural, normal, and desirable (McRuer, 2006).

McRuer (2006) observed that the definitions of able-bodied and heterosexual were redundant and defined using oppositional language: “To be able-bodied is to be ‘free from physical disability,’ just as to be heterosexual is to be ‘the opposite of homosexual’” (p. 8). Similarly, old is defined as “no longer young” (New Oxford American Dictionary, 2013). These definitions demonstrate that these systems are fueled by the idea of normalcy (Warner, 1999). McRuer (2006) described both able-bodiedness and heterosexuality as “non-identities,” meaning that these identities are largely invisible because they are held as the “natural order of things” (p. 12). This characterization aligns with Lorde’s (1984) concept of the “mythical norm” (p. 116) and Garland-Thomson’s (2002) work on the “normate” (p. 10). Each of these scholars is building on the idea that normalcy creates and enforces ideals, and although these ideals can rarely be met, those who cannot meet them are policed and punished. Both able-bodiedness and heterosexuality are held as the standard against which all other identities are measured, thereby promoting the regulation of all lives along notions of normativity. Compulsory heterosexuality and compulsory able-bodiedness denote how the lives of people with diverse sexualities and/or disabilities are regulated through the framework of normative sexuality (i.e., heterosexuality) and ability (i.e., able-bodiedness/able-mindedness). This renders diverse sexualities and disabilities unnatural, abject, and abnormal.

Compulsory Youthfulness and Successful Aging

Similar to compulsory able-bodiedness and compulsory heterosexuality, compulsory youthfulness casts old people, particularly old people who are unable or unwilling to remain young looking and able-bodied/able-minded, as abnormal and deviant. The successful aging paradigm attempted to redefine a “good” old age as one without disability as a way to contest this cultural and societal conflation of old age and disability. However, an intersectional analysis of successful aging demonstrates that the dominant view that associates disability with old age has not been replaced, but rather has become intertwined with successful aging discourses. If to be old means to be disabled, and successful aging is marked by the avoidance of disability and maintenance of high physical and cognitive function, then successful aging is equated with staying youthful and able-bodied. In this sense, successful aging discourses have not redefined old age as a time of health and functionality but rather have encouraged old people to remain as youthful, and thus non-disabled, for as long as possible in order to be “successful” at aging – thereby paradoxically continuing the entanglement of old age and disability, and moreover, contributing to compulsory youthfulness.

One of the reasons the conflation of disability and old age may have persisted despite the intentions of the successful aging paradigm is because successful aging forwarded the concept that able-bodiedness/able-mindedness were ideals for which old people should strive without recognizing that disability can be experienced at any point in the life course or considering how disabled people could fully participate in society and age in ways that are meaningful and empowering to them. Consequently, even people who do fit the norms of successful aging do not want to be old or disabled; they want to be “youthful” (i.e., as young as possible in regards to appearance and activity, and non-disabled). For instance, in her study of able-bodied late-living women in their 90s, Morell (2003) noted that her participants refused to define themselves as old because they were not yet disabled. Although these women were aging successfully according to the traditional model posited by Rowe and Kahn (1998), it is questionable if successful aging should continue to be held as an ideal if it holds individuals to the unachievable standard of compulsory youthfulness, which casts being old and disabled as diminished states of being.

Furthermore, in a system of compulsory youthfulness, old and disabled people become failures, particularly since successful aging has created a class of old disabled people who are “unsuccessful agers” (Rubinstein & de Medeiros, 2015). This sense of failure is tied to the pressure to be normal, and the framing of non-normative identities as “choices.” In other words, compulsory youthfulness, compulsory able-bodiedness, and compulsory heterosexuality frame being old, disabled, and/or queer as a choice, and a choice that one should avoid if at all possible. McRuer (2006) argued this framing was connected to the rise of capitalism: “In the emergent industrial capitalist system, free to sell one’s labor but not free to do anything else effectively meant free to have an able body but not particularly free to have anything else” (p. 8). Thus,

these compulsory systems work together to falsely present certain identities or ways of being as a choice in a system in which there is no choice. Furthermore, given that heterosexual desire, high rates of sexual activity, and able-bodiedness/able-mindedness are viewed as the “norms” of youth, compulsory youthfulness is further intertwined with compulsory heterosexuality and compulsory able-bodiedness.

Successful aging supports these oppressive ideologies because it frames disability in old age as a result of an individual’s failure to age well. As Rowe and Kahn (1998) noted:

“To succeed in something requires more than just falling into it; it means having desired it, planned for it, worked for it. All these factors are critical to our view of aging which...we regard as largely under the control of the individual. In short, successful aging is dependent on individual choices and behaviors. It can be attained through individual choice and effort” (p. 37).

Thus, for old people, the pressure to make individual choices that retain one’s youthfulness and able-bodiedness/able-mindedness are tightly intertwined, particularly in the context of discourses that mark disability as the norm of old age while simultaneously dictating that one should avoid disability, old age, and thus disability in old age as much as possible. In other words, to avoid becoming “old,” one must avoid becoming disabled, particularly in a culture that does not value and marginalizes both old people and disabled people. These expectations completely disregard people aging with disability, i.e., people who are born with a disability or acquire a disability prior to entering old age (Heller & van Heumen, 2013; Verbrugge & Yang, 2002). Thus, compulsory youthfulness creates an unobtainable ideal, as does compulsory heterosexuality and compulsory able-bodiedness.

Another important connection between the compulsory systems is their connection to neoliberalism and capitalism. As McRuer (2006) noted:

“Neoliberalism favors and implements the unrestricted flow of corporate capital...neoliberal states thus work toward the privatization of public services, the deregulation of trade barriers and other restrictions on investment and development, and the downsizing or elimination (or, more insidiously, the transformation into target markets) of vibrant public and democratic cultures that might constrain or limit the interests of global capital” (pp. 2-3).

Importantly, McRuer (2006) observed a shift in which homosexuality and disability moved from being pathologized to sometimes tolerated by neoliberalism, particularly when the tolerance of such identities served the purposes of neoliberalism.

Successful aging is in many ways a neoliberal concept. As Rubinstein and de Medeiros (2015) observed, successful aging is consistent with neoliberalism due to:

“...Its focus on (a) the individual as the key to social action; (b) its implicit creation of a class of unsuccessful agers, and (c) a failure to provide any explanatory notion, other than individual action, of how [successful aging] might come about” (p. 40).

Thus, successful aging’s emphasis on individual action contributes to the compulsory nature of youthfulness. Rowe and Kahn (1998) also considered “productive behaviors” a part of maintaining social engagement and life, and advocate for old people to be recognized for their “contributions” to society such as volunteerism and unpaid caregiving labor, which also certainly serves a capitalist economy. However, compulsory youthfulness supports neoliberalism and capitalism in a different way, as it encourages old people, as “non-producers,” to become the next best thing: consumers (King, 2006). As consumers, aging bodies are increasingly tolerated. Thus, one of the central ways compulsory youthfulness is promoted and enforced is in the arena of consumerism, as aging people are encouraged to consume products that will keep them as youthful and able-bodied as possible.

Perhaps one of the clearest ways compulsory youthfulness manifests is in the multi-billion dollar anti-aging industry. Compulsory youthfulness is heavily integrated into a cult of consumerism (Ritzer, 2005), through which old people with financial means consume in a futile attempt to maintain status in society. Much of what they consume are products of youth, i.e., products and services intended to mask, reverse, and distract from the signs of old age while simultaneously manifesting displays of vitality, activity, and independence. As King (2006) observes:

“Those few with spending power are invited by moralistic advertisements to lavish it on products that allow them to seem young, or at least look like they try. The spas, golf courses, surfing, dancing, sexual aids, wrinkle creams, hair dyes, and cosmetic surgery...render old people successful retirees who are doing their part as consumers” (p. 57).

The prominence of these intersecting discourses is apparent in anti-aging medicine, which has been heavily criticized by gerontologists, yet appropriates the same rhetoric as successful aging (Flatt, Settersen, Ponsaran, & Fishman, 2013). Increasingly, scientific and medical research aimed at helping people “age well” is focused on preventing disability and slowing or even reversing the aging process.

The pressure to consume anti-aging products and engage in anti-aging procedures affects all people, but is particularly true for old/disabled women, whose bodies are rejected bodies (Wendell, 1996), subject to intense scrutiny, discipline, exclusion, and erasure in a nexus of compulsory able-bodiedness, compulsory heterosexuality, and compulsory youthfulness. These compulsory systems dictate that old women do everything in their power to maintain a body that matches the ideals of these oppressive systems. The “normal” female body is young,

able-bodied, slim, and attractive, and these qualities are interwoven. As Calasanti and Slevin (2006) note:

“The body has become central to identity and to aging, and the maintenance of its youthful appearance has become a lifelong project that requires increasing levels of work. Many of the age-resisting cultural practices are the purview of women. Successful aging assumes a ‘feminine’ aspect in the ideal that the good elderly women be healthy, slim, discreetly sexy, and independent” (p. 3).

Although older women often experience a decline in their economic resources, they are still expected to consume products in order to meet these unobtainable ideals. In a recent *Time* article, “Nip, Tuck, Or Else,” Stein (2015) argued that soon nearly all women will purchase anti-aging cosmetic procedures because of the increased normalization of taking such measures. Furthermore, some anti-aging products, particularly those released in African, East Asian, and South Asian countries, are also marketed as skin lighteners and whiteners (Mire, 2014), furthering the idea that whiteness serves as a beauty ideal for which aging women of color should strive for and consume products to obtain.

Although some people may argue that anti-aging products are more related to the ideal of a youthful appearance than a non-disabled body, women are reporting using anti-aging products in order to avoid being labeled as disabled. In an article in *The Guardian*, “Do or Dye: Why Women Daren’t Go Grey (Unless They’re Very Brave or Very Young),” Kay (2015) spoke to hair colorist Jo Hansford, who revealed, “I meet women who say their (naturally) grey hair meant they were spoken to as if they were old, and deaf, and an imbecile” (para 18). These women color their grey hair in order to avoid these associations with disability. Thus, these women are aware of the cultural beliefs that equate disability with old age, and their efforts to appear young are directly connected to their efforts to be perceived as able-bodied/able-minded. This phenomenon is a manifestation of compulsory youthfulness.

Aging people are increasingly encouraged to consume anti-aging products and medical procedures in order to be successful agers who remain youthful and avoid disease/disability. Overall, the expectation to engage in consumerism in order to stay as youthful and non-disabled as possible, even in the face of increasing economic vulnerability in later life, highlights the ways in which compulsory youthfulness intersects with other systems of oppression based on race, sex, gender, class, and sexual orientation. The successful aging and healthy aging movements imply that, in addition to being youthful and non-disabled, old people should be White, wealthy, in a heterosexual marriage, retired, and thus capable of seeking leisure in a variety of ways and remaining consumers in a capitalist economy (King, 2006; Martinson & Halpern, 2010). Yet these social mandates ignore the material and social realities of many elders

whose gender, race, social class, sexual orientation, and disabilities exclude them from obtaining and maintaining this ideal of aging.

Being Old and Disabled: The Influence of Compulsory Youthfulness

An intersectional analysis of successful aging illustrates how the rhetoric of successful aging has contributed to the system of compulsory youthfulness, in which old and disabled people are made invisible, invalidated, and oppressed due to their failure to reach the unattainable ideal of remaining youthful and able-bodied/able-minded until their death. Analyses of compulsory systems, including compulsory youthfulness, compulsory able-bodiedness, and compulsory heterosexuality, are essential, as the intersections of these systems invalidates groups of people and particular intersectional identities, such as old and disabled people, especially those who are also identify as women, transgender, low-income, or people of color. As intersectional analyses demonstrate, these systems work collectively in a variety of ways that harm people. Thus, the theory of compulsory youthfulness makes important critical interventions in understanding how old age and disability intersect in successful aging discourses and how the power dynamics produced by political, structural, and cultural ageism and ableism influence the lived experience of disabled elders.

For instance, Calasanti (2009) discussed how some old lesbian women have claimed that aging is not as difficult for them because they are less subject to the male gaze; however, many old lesbians have also lamented that old age has made them invisible within lesbian and queer communities. Similarly, scholars and activists have lamented the inaccessibility of queer spaces and events for disabled people (e.g., Ndopu & Moore, 2012; Spade, 2007). Yet there has been little discussion of how to make LGBT communities and queer spaces inclusive for old disabled people (which would lead to the inclusion of non-disabled old people and young or middle aged disabled people as well). Paradoxically, one of the tenets of successful aging is social engagement; yet the discourses of successful aging and their contributions to the system of compulsory youthfulness make achieving inclusion difficult for old, disabled, and queer women.

Similarly, Portacolone's (2013) ethnographic work on precariousness for older adults living alone in the United States highlights the intersections of compulsory systems. Portacolone defines precariousness as "an intrinsic sense of instability and insecurity stemming from a lack of...essential resources" (p. 166), which manifests on micro, meso, and macro levels. Although Portacolone does not directly engage with the rhetoric of successful aging, she noted that participants grappled with the dominant cultural ideologies that successful aging reflects, which emphasize personal responsibility, independence, and self-reliance. Furthermore, despite Portacolone focusing solely on ageism, her participants demonstrate how ageism and ableism intersect and how compulsory youthfulness materializes in their ongoing struggle to live alone. Several of the solo dwellers interviewed emphasized the challenges they faced as old people with

chronic illness, injuries, and other impairments. They highlight the difficulty of doing everything (chores, shopping, cooking, paying bills, engaging in hobbies and entertainment) by themselves. Many of them discuss putting themselves in dangerous situations due to their fear of burdening others—for example, one participant drove a manual vehicle home after breaking her foot. Many of the participants who struggled the most were never-married, childless, low-income, and people of color. Their experiences demonstrate how compulsory youthfulness places old and disabled elders in situations in which they struggle to conform to an unattainable ideal of remaining youthful and able-bodied enough to continue living alone without help or assistance from others. If they fail, the consequences are severe – institutionalization or even death. These examples demonstrate how compulsory youthfulness, in addition to other compulsory systems, results in harmful and devastating consequences for old and disabled people.

Beyond the influence of compulsory youthfulness on old and disabled people's everyday struggle for survival, compulsory youthfulness also absolves society of the responsibility to provide for the needs of old disabled people. Successful aging and compulsory youthfulness place the onus on the individual by framing old age and disability as choices and preventable states of being. Thus, if people cannot age while “avoiding disease and disability,” “maintaining high physical and cognitive function” and having “active engagement with life,” it is the result of their own lack of effort and poor choices they have made. This ideology reflects the neoliberal campaign to “limit the state’s responsibility to provide social and other supports for elders and people with disabilities” (Martinson & Berridge, 2015, p. 63). Hence, the movement to lessen government spending and eradicate state support for old and disabled people is tied to the belief that becoming old and disabled is the result of individual (in)action. Consequently, compulsory youthfulness creates a structural and societal context in which old and disabled individuals are blamed for their failure to age without disease or disability and their subsequent dependence on the welfare state. Compulsory youthfulness thereby frames old disabled people as “failed citizens’ with only themselves to blame” (Portacolone, 2013, p. 172), and “morally irresponsible and socially undesirable” (Clarke & Griffin, 2008, p. 1092). The emphasis on individual responsibility also has implications for how old and disabled people are included in society. Under the system of compulsory youthfulness, aging people are included in society as long as they can remain youthful and non-disabled and participate in the economy as consumers. If they cannot maintain these norms, their subsequent rejection, isolation, and even institutionalization is a result of their own failings.

Using compulsory youthfulness as a theoretical lens to understand the experiences of old and disabled people highlights the need for aging frameworks that consider how social structures can promote old and disabled people aging in ways in which they are recognized, included, supported, and able to thrive and flourish. These frameworks will need to be intersectional and interdisciplinary in nature. For instance, working from a gerontological and disability studies

perspective, Minkler and Fadem (2002) advocated for further exploration of how physical and social environmental changes may support people with disabilities aging well, and echoed the disability rights movement's call for the provision of adequate resources for disabled people of all ages, which would include funding for expenses such as housing, food, transportation, personal assistance, and community engagement.

Additionally, disability studies is in the midst of grappling with how to address issues related to impairment that are not the result of the environment, such as pain (Patsavas, 2014; Price, 2015). Pain undoubtedly influences aging bodyminds (Price, 2015), and Price's (2015) feminist disability studies ethics of care in relation to the bodymind asks how care might be collective, participatory, and operate in consideration of positions of power. As Portacolone (2013) found, many disabled elders, particularly those who are women, low-income, and people of color, are struggling to make it day-to-day under the belief forwarded by compulsory youthfulness that they must retain their independence to avoid institutionalization. A life course, intergenerational approach to a feminist disability studies ethics of care may push the disability community to consider how the most marginalized disabled elders might be more intentionally included in collective care, and how these elders might also provide forms of care and support to younger disabled people. These ideas demonstrate the multitude of possibilities for coalitional, intersectional work that calls for and leads to economic redistribution, social change, and structural transformation (Spade, 2011).

Conclusion

The discourses on successful aging, with their emphasis on maintaining able-bodiedness/able-mindedness in old age, have not replaced the idea that disability and old age are the same. Rather, they have become intermingled with the discourses that equate youthfulness with able-bodiedness/able-mindedness. In this sense, successful aging has become entangled with anti-aging discourses that mark youthfulness and able-bodiedness as the ideal and encourage people to remain as youthful and able-bodied as possible in regards to appearance, energy, activities, and social roles. Thus, without destigmatizing disability in old age, working to represent disability as a part of human diversity that may be experienced at any point in the life course, analyzing the cultural, political, and structural forces that influence age and disability, and considering ways people could age well with, and even because of, disability, successful aging models have paradoxically reflected ageism and ableism, and contributed to compulsory youthfulness.

There are numerous possibilities for scholars and activists to continue to think about successful aging and compulsory youthfulness. One option is for research to engage in empirical work to explore how old and disabled people perceive successful aging discourses, and if the system of compulsory youthfulness is evident in their lived realities. One group of people that

future scholarship must include is elders who have aged with disability, as they have been excluded from successful aging models from the beginning (Minkler & Fadem, 2002). However, their experiences may help scholars in feminist gerontology and feminist disability studies conceptualize “successful” aging in new ways. Unlike older adults who age into disability, people aging with disability have been confronted with narratives related to dependency and failure throughout their life courses. Many disabled activists and scholars have resisted this rhetoric by developing disability identities, expressing disability pride, and arguing that their lives are actually framed by interdependence rather than dichotomies of dependence/independence. Consequently, resisting dominant discourses and adopting empowered viewpoints may help people who have been disabled throughout our life courses to enter old age with a different perspective than those who age into disability – thereby allowing them to age “successfully” (or on our own terms) because of disability, rather than in spite of disability. Other research could also focus on how other forms of oppression intersect with compulsory youthfulness. For instance, scholars are beginning to consider how successful aging may differ for old Black women (Baker, Buchanan, Mingo, Roker, & Brown, 2015) and old transgender people (Fabbre, 2015), but more analysis of how ageism and ableism intersect in the experiences of these minority groups is needed. Research could also explore how compulsory youthfulness and compulsory able-bodiedness affect disabled people who are young or middle aged. As Slater (2012) noted, “Although the ideal body is always young, the young body is not always ideal” (p. 201). Hence, compulsory youthfulness also influences young disabled people who deviate from the norms set forth by the conflation of disability and old age, and further exploration of this phenomenon is needed, particularly with a life course approach. Elman’s (2014) work on how adolescence has become medicalized as a treatable “condition” may also further elucidate which types of youthfulness are desirable and which are undesirable.

Compulsory youthfulness operates at individual, institutional, and cultural levels to discipline young, middle-aged, and old bodies by enforcing the maintenance of youthfulness and able-bodiedness/able-mindedness throughout the life course. As a theoretical lens, compulsory youthfulness allows scholars to analyze how ableism, ageism, and other systems of oppression intersect, particularly in a cultural context that holds successful aging, in which one remains youthful and able-bodied throughout the life course, as ideal. Calling attention to how compulsory youthfulness, compulsory able-bodiedness, and compulsory heterosexuality mediate the experiences of old disabled people allows scholars and activists to work toward increasing the life changes of these people, particularly those who hold other marginalized positions, such as women, queer people, transgender people, poor people, and people of color.

Hailee M. Gibbons is a Doctoral Student in Disability Studies and University Fellow at University of Illinois at Chicago.

References

- Angus, J., & Reeve, P. (2006). Ageism: A threat to “aging well” in the 21st century. *Journal of Applied Gerontology, 25*, 137-152. doi: <http://dx.doi.org/10.1177/0733464805285745>
- Baker, T. A., Buchanan, N. T., Mingo, C. A., Roker, R., & Brown, C. S. (2015). Reconceptualizing successful aging among black women and the relevance of the strong black woman archetype. *The Gerontologist, 55*(1), 51-57. doi: <http://dx.doi.org/10.1093/geront/gnu105>
- Ballenger, J. F. (2006). *Self, senility, and Alzheimer's disease in modern America: A history*. Baltimore, MD: John Hopkins University Press.
- Berger, R. J. (2013). *Introduction to disability studies*. Boulder, CO: Lynne Rienner Publishers, Inc.
- Bowleg, L. (2008). When black + lesbian + woman ≠ black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. *Sex Roles, 59*, 312-325. doi: <http://dx.doi.org/10.1007/s11199-008-9400-z>
- Butler, R.N. (1989). Dispelling ageism: The cross-cutting intervention. *Annals of the American Academy of Political and Social Science, 503*, 138-147. doi: <http://dx.doi.org/10.1177/0002716289503001011>
- Calasanti, T. (2009). Theorizing feminist gerontology, sexuality, and beyond: An intersectional approach. In V. L. Bengtson, D. Gans, N. M. Putney, & M. Silverstein (Eds.), *Handbook of theories of aging* (2nd ed.) (pp. 471-485), New York, NY: Springer.
- Calasanti, T. M., & Slevin, K. F. (2006). Introduction: Age matters. In T. M. Calasanti & K. F. Slevin (Eds.), *Age matters: Realigning feminist thinking* (pp. 1-18). New York, NY: Taylor & Francis.
- Campbell, F. K. (2009). *Contours of ableism. The production of disability and abledness*. United Kingdom: Palgrave Macmillan. doi: <http://dx.doi.org/10.1057/9780230245181>
- Cho, S. Crenshaw, K., McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs, 38*(4), 785-810
- Cohen, E. S. (1988). The elderly mystique: Constraints on the autonomy of the elderly with disabilities. *The Gerontologist, 28*, 24-31. doi: <http://dx.doi.org/10.1093/geront/28.Suppl.24>
- Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). New York, NY: Routledge.

- Combahee River Collective. (1977). The Combahee River Collective statement. Retrieved from <http://circuitous.org/scraps/combahee.html>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43, 1241-1299. doi: <http://dx.doi.org/10.2307/1229039>
- Elman, J. P. (2014). *Chronic youth: disability, sexuality, and U.S. media cultures of rehabilitation*. New York, NY: New York University Press.
- Erevelles, N. (2011). The color of violence: Reflecting on gender, race, and disability. In K. Q. Hall (Ed.), *Feminist disability studies* (pp. 117-135), Bloomington, IN: Indiana University Press.
- Fabbre, V. D. (2015). Gender transitions in later life: A queer perspective on successful aging. *The Gerontologist*, 55(1), 144-153. doi: <http://dx.doi.org/10.1093/geront/gnu079>
- Flatt, M. A., Settersten, R. A., Ponsaran, R., Fishman, J. R. (2013). Are “anti-aging medicine” and “successful aging” two sides of the same coin? Views of anti-aging practitioners. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 68(6), 944-955. doi: <http://dx.doi.org/10.1093/geronb/gbt086>
- Garland-Thomson, R. (2002). Integrating disability, transforming feminist theory. *NWSA Journal*, 14(3), 1-32. doi: <http://dx.doi.org/10.2979/NWS.2002.14.3.1>
- Havighurst, R. J. (1961). Successful aging. *The Gerontologist*, 1, 8-13. doi: <http://dx.doi.org/10.1093/geront/1.1.8>
- Heller, T. & van Heumen, L. (2013). Disability and aging. In M. Wehmeyer (Ed.) *Oxford handbook of positive psychology and disability*. Oxford, U.K.: Oxford University Press. doi: <http://dx.doi.org/10.1093/oxfordhb/9780195398786.013.013.0025>
- Holstein, M. B., & Minkler, M. (2003). Self, society, and the “new gerontology.” *The Gerontologist*, 43, 787-796. doi: <http://dx.doi.org/10.1093/geront/43.6.787>
- Kafer, A. (2003). Compulsory bodies: Reflections on heterosexuality and able-bodiedness. *Journal of Women's History*, 15(3), 77-89.
- Katz, S., & Calasanti, T. (2015). Critical perspectives on successful aging: Does it “appeal more than it illuminates”? *The Gerontologist*, 55(1), 26-33.
- Kay, K. (2015, August 1.) Do or dye: Why women daren't go grey. *The Guardian*. Retrieved from

http://www.theguardian.com/lifeandstyle/2015/aug/01/why-women-dare-not-go-grey-politics-of-hair?CMP=share_btn_tw

- Kelley-Moore, J. A. (2010). Disability and ageing: The social construction of causality. In D. Dannefer & C. Phillipson (Eds.), *The SAGE handbook of social gerontology* (pp. 96-110). London: Sage. doi: <http://dx.doi.org/10.4135/9781446200933.n7>
- King, N. (2006). The lengthening list of oppressions: Age relations and the feminist study of inequality. In T. M. Calasanti & K. F. Slevin (Eds.), *Age matters: Realigning feminist thinking* (pp. 47-74). New York, NY: Taylor & Francis.
- Lightfoot, E. (2007). Disability. In J. A. Blackburn & C. N. Dulmus (Eds.), *Handbook of gerontology: Evidence based approaches to theory, practice, and policy* (pp. 201-229), Hoboken, NJ: John Wiley & Sons. doi: <http://dx.doi.org/10.1002/9781118269640.ch8>
- Lorde, A. (1984). *Sister Outsider: Essays and Speeches*. Freedom, CA: Crossing Press.
- Martinson, M., & Berridge, C. (2015). Successful aging and its discontents: A systematic review of the social gerontology literature. *The Gerontologist*, 55(1), 58-69. doi: <http://dx.doi.org/10.1093/geront/gnu037>
- Martinson, M., & Halpern, J. (2010). Ethical implications of the promotion of elder volunteerism: A critical perspective. *Journal of Aging Studies*, 25, 427-435. doi: <http://dx.doi.org/10.1016/j.jaging.2011.04.003>
- McRuer, R. (2006). *Crip theory: Cultural signs of queerness and disability*. New York, NY: New York University Press.
- Minkler, M. (1990). Aging and disability: Behind and beyond stereotypes. *Journal of Aging Studies*, 4, 245-260. doi: [http://dx.doi.org/10.1016/0890-4065\(90\)90025-4](http://dx.doi.org/10.1016/0890-4065(90)90025-4)
- Minkler, M. & Fadem, P. (2002). "Successful aging:" A disability perspective. *Journal of Disability Policy Studies*, 12(4), 229-235. doi: <http://dx.doi.org/10.1177/104420730201200402>
- Mire, A. (2014). 'Skin trade': Genealogy of anti-ageing 'whiteness therapy' in colonial medicine. *Medicine Studies*, 4, 119-129.
- Morell, C. M. (2003). Empowerment and long-living women: Return to the rejected body. *Journal of Aging Studies*, 17, 69-85. doi: [http://dx.doi.org/10.1016/S0890-4065\(02\)00091-9](http://dx.doi.org/10.1016/S0890-4065(02)00091-9)
- Ndopu, E., & Moore, D. (2012). On ableism within queer spaces, or, queering the "normal." *Pretty Queer*. Retrieved from

<http://prettyqueer.com/2012/12/07/on-ableism-within-queer-spaces-or-queering-the-normal/>

Old. (2013). In *New Oxford American Dictionary*.

Palmore, E.B. (1999) *Ageism: Negative and positive*. New York, NY: Springer Publishing Company.

Patsavas, A. (2014). Recovering a criptistemology of pain: Leaky bodies, connective tissue, and feeling discourse. *Journal of Literary and Cultural Disability Studies*, 8(2), 203-218. doi: [http://dx.doi.org/10.1016/S0890-4065\(02\)00091-9](http://dx.doi.org/10.1016/S0890-4065(02)00091-9)

Price, M. (2015). The bodymind problem and the possibilities of pain. *Hypatia*, 30(1), 268-284. doi: <http://dx.doi.org/10.1111/hypa.12127>

Portacolone, E. (2013). The notion of precariousness among older adults living alone in the U.S. *Journal of Aging Studies*, 27, 166-174. doi: <http://dx.doi.org/10.1016/j.jaging.2013.01.001>

Priestley, M. (2003). Disability and Old Age. In M. Priestley (Ed). *Disability. A life course approach* (pp. 143-165). Cambridge, UK: Polity Press.

Rich, A. (1980). Compulsory heterosexuality and lesbian existence. *Signs*, 5(4), 631-660. doi: <http://dx.doi.org/10.1086/493756>

Ritzer, G. (2005). *Enchanting a disenchanted world: Revolutionizing the means of consumption* (2nd ed.). Thousand Oaks, CA: Pine Forge Press.

Rowe, J. W., & Kahn, R. L. (1998). *Successful aging*. New York, NY: Random House.

Rubinstein, R. L., & de Medeiros, K. (2015). "Successful aging," gerontological theory, and neoliberalism: A qualitative critique. *The Gerontologist*, 55(1), 34-42. doi: <http://dx.doi.org/10.1093/geront/gnu080>

Slater, J. (2012). Youth for sale: Using critical disability perspectives to examine the embodiment of "youth." *Societies*, 2, 195-209. doi: <http://dx.doi.org/10.3390/soc2030195>

Spade, D. (2007). Methodologies of trans resistance. In G. E. Haggerty & M. McGarry (Eds.), *A companion to lesbian, gay, bisexual, transgender, and queer studies* (pp. 237-261), Malden, MA: John Wiley & Sons.

Spade, D. (2011). *Normal life: Administrative violence, critical trans politics, and the limits of law*. Brooklyn, NY: South End Press.

Stein, J. (2015, June 29). Nip, tuck, or else: Why you'll be getting cosmetic procedures even if you don't really want to. *Time*, 40-48.

Stone, S. D. (2003). Disability, dependence, and old age: Problematic constructions. *Canadian Journal on Aging*, 22(1), 59-67. doi: <http://dx.doi.org/10.1017/S0714980800003731>

Verbrugge, L. M., & Yang, L. (2002). Aging with disability and disability with aging. *Journal of Disability Policy Studies*, 12(4), 253-267. doi: <http://dx.doi.org/10.1177/104420730201200405>

Warner, M. (1999). *The Trouble with Normal: Sex, Politics, and the Ethics of Queer Life*. Cambridge, MA: Harvard University Press.

Wendell, S. (1996). *The rejected body: Feminist philosophical reflections on disability*. New York, NY: Routledge.

World Health Organization. (2012). World health day 2012: Good health adds life to years. Retrieved from <http://www.who.int/world-health-day/2012/en/>