

## Research Articles

### **'My Body Feels Old': Seniors' Discursive Constructions of Aging-as-Disabling**

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**Abstract:** Social gerontology and disability studies have made similar but separate arguments for ways to study aging and disability, respectively. This article argues for the use of a disability studies perspective to examine seniors' lived experiences. This study conducts interviews with twelve seniors ages 60 to 80 and analyzes the ways they talk about their bodies using grounded theory (Corbin & Strauss, 2008; Glaser & Strauss, 1967). The study finds that seniors characterize aging as disabling and position both identity constructions as negative.

**Keywords:** phenomenology, lived experience, discourse

While conversations in social gerontology and disability studies have much in common, they have not, until recently, informed one another. Chivers (2011) argues that social gerontologists do not fully appreciate disability studies theory and the way it promotes how "different ways of being in the world can be sources of knowledge, satisfaction, creativity, and happiness" (p. 9). Further, disability studies scholars do not examine the elderly (Chivers, 2011). Addressing this gap, Chivers (2011) examines the complex relationship between old age and disability, arguing that social gerontologists have traditionally described "aging well" as aging without disability. Yet this positions disability as negative and does not provide a framework for understanding aging with disability or aging into disability. Instead, Chivers argues, we should examine old age through the lens of disability theory: "It would be exciting to redefine 'successful aging' to include seemingly inevitable disabilities as a welcome transformation of self and world" (p. 21).

This study takes up Chivers' call to examine how disability can shed light on the aging body. Separately, the fields of social gerontology and disability studies have evolved in a parallel way, developing similar theoretical lenses for thinking about the aging and disabled body. Specifically, both social gerontology (Calasanti & Slevin, 2006; Coupland, Coupland, & Giles, 1991; Nikander, 2009) and disability studies (Brueggemann, 1999; Davis, 2010; Linton, 1998; Shakespeare, 2010; Wilson & Lewiecki-Wilson, 2001) have examined the ways aging and disability are socially constructed. In disability studies, for instance, the social construction of the concept "normal" creates the concept "deviant," and thus produces the disabled other in our society (Davis, 2010). Social constructivism led to the development of the social model of disability, which is distinguished from the medical model:

"The medical model has a biological orientation, focusing almost exclusively on disability as embodiment. The social model opposes the medical model by defining

disability relative to the social and built environment, arguing that disabling environments produce disability in bodies and require interventions at the level of social justice” (Siebers, 2008, p. 25).

Critiques in both social gerontology (Oberg, 1996) and disability studies (Hughes & Paterson, 1997; Siebers, 2008) have pointed out that social constructivist approaches limit examination of the body’s contribution to the lived experience of aging and disability, and that the corporeal body needs to be reentered into the discussion. Siebers (2008) writes, “Some scholars complain that the medical model pays too much attention to embodiment, while the social model leaves it out of the picture” (p. 25). He goes on to write that “some factors affecting disability, such as chronic pain, secondary health effects, and aging, derive from the body” (p. 25), so the corporeal body needs to have a role in the study of disability.

This study bridges the fields of social gerontology and disability studies to examine the aging body from a disability studies perspective. The study conducts interviews with twelve seniors ages 60 to 80 who were recruited from senior center yoga classes in the Midwestern United States. Through grounded theory analysis of interviews, the study finds that seniors construct the aging body as disabled in a number of ways, some of which are more progressive than others. This article suggests an interdisciplinary approach to studying aging, argues for the need to examine a number of metrics to understand aging, and discusses the value in analyzing discourse as a way to examine lived experience.

Re-centering the body within scholarly inquiry about aging and disabilities is not without problems. Several scholars admit that refocusing on the materiality of the body in the analysis of disability and aging could lead researchers back to the medical model (Hughes & Paterson 1997; Siebers, 2008; Twigg, 2004). To avoid this regression, researchers argue for analyzing these phenomena by examining how the body is both socially and materially constructed, and how those poles work reciprocally and continuously to construct the disabled and/or aging body (Hughes & Paterson 1997; Siebers, 2008; Twigg, 2004). In this study, Hughes & Paterson’s (1997) phenomenological approach to studying disability is used as a theoretical framework for understanding lived experience. A phenomenological approach, they argue, collapses the Cartesian mind/body divide: “Phenomenology interrogates the ‘felt world’ in which the carnal, the emotional, the cognitive and the cultural are indistinguishable. ‘Lived experience’ is itself a concept that refers to the collapse of these analytically separable domains into a perceptual unity” (p. 336). Impairment is a somatic experience while at the same time it is colored by cultural constructions of that experience. Likewise, disability is a social construct that simultaneously is “embodied as ‘suffering’” (p. 336).

From a phenomenological position, it is important to understand lived experience as both social and material. Hughes & Paterson’s (1997) sociology of impairment allows for the

imagining of two continua: disability on a continuum with material on one side and social construction on the other, and impairment on a continuum that has the same poles. These continua intersect in many cases, as most people who experience disability also experience impairment, and vice versa. In this article, the terms corporeal and material are used to talk about the embodied pole of this dialectical spectrum, and lived experience is used to describe the dialectical space between social constructivism and materiality.

To examine the dialectical space between materiality and social construction, many researchers study discourse about the body and bodily experience (Hughes & Paterson, 1997; Tulle, 2003; Twigg, 2004; Whitaker, 2010). Twigg, a social gerontologist, notes that “age and aging are deeply social,” yet “death and decline are after all central to aging, and they – however socially interpreted – ultimately exist at a bodily level” (p. 70). Still, she writes, researchers need to avoid the medical model, and to do so she argues that

“We need to give weight to the complexity and plurality of social and cultural meanings that have and do adhere to the bodily, recognizing the ways in which the body and bodily experience are constituted in and through discourses. And yet at the same time we need to recognize how these discourses are formed and take shape in a dialectical relationship with real bodies that experience real pain, sickness, and death – as well as other more enjoyable sensations” (p. 70).

Discourse, then, becomes central: researchers can use discourse about the body to identify how the body is discursively represented as well as how the material body influences the discursive representation. This study examines discourse about the body in order to gain a better understanding of the lived experience of aging.

### Methods

This study looks at the ways seniors talk about their bodies by analyzing the interactional dialogue (Benwell & Stokoe, 2006; Davies & Harre, 1990; De Fina, Shiffrin, & Bamburg, 2006; Silverman, 2005) between researcher and participant in one-on-one interviews. Participants were recruited from two senior center yoga classes in the Midwestern United States. Participants’ ages ranged from 60 to 80, and the mean age was about 69. Institutional Review Board approval was obtained by the researcher’s university, and approval to recruit participants was obtained by the directors of both senior centers and by the instructors for both yoga classes. Pseudonyms are used to maintain the anonymity of the participants.

Yoga classes were chosen as recruitment sites because yoga complicates traditional Western notions of the mind/body divide, a complication that may be valuable to understanding lived experience. Identity can be explored through phenomenological, lived experience (Faircloth, 2003; Mitchell & Snyder, 2001; Oberg, 1996; Tulle-Winton, 2000; Siebers, 2008; Twigg, 2004;

Wilson & Lewiecki-Wilson, 2001). Oberg (1996) writes that we need to reject Cartesian dualism to understand the lived experience of the elderly: “Dualism is of no help to us. Instead, development narratives should be based on an integrated relationship between body and soul” (p.716). As an Eastern philosophical practice, yoga has as its goal the union of the body and the mind and the overcoming of Cartesian dualism (Feuerstein, 2003). Since yoga provides people with the opportunity to reconsider mind/body dualism, it might complicate participants’ conceptions of mind and body and, thus, aging and identity, in interesting ways.

Volunteers from these yoga classes participated in interviews that lasted 57 minutes on average. Participants were asked a series of questions that focused on seniors’ conceptualizations of their bodies, thoughts about exercise, health, and wellness, and the ways they read and write about their bodies. The recordings were transcribed according to an adaptation of Gail Jefferson’s (1984) transcription guidelines, and then selections from the transcripts were cleared of false starts, vocalized pauses, and the researcher’s continuers for readability in the article.

Grounded theory (Corbin & Strauss, 2008; Glaser & Strauss, 1967) was used to analyze and categorize the data, and a coding scheme was generated to organize the ways participants discussed age. Their discussions of age were organized into ten categories that emerged from the data set. The largest of the ten was the one analyzed here: “participants describe aging as a disability.” That category was subsequently organized into four sub-categories:

1. Seniors describe how there are physical things they cannot do because of their ages.
2. Seniors describe how they engage in exercise to combat the physical effects of aging.
3. Seniors describe how they are physically capable in spite of their ages.
4. Seniors describe others as being old and disabled.

While recruiting participants from senior centers, I did not use terms like “senior,” “aging,” or “elderly,” in my recruitment materials to avoid assigning participants a particular age identity. However, I use the term “senior” in this written representation of the study because participants identified themselves as seniors insofar as they joined a senior center yoga class. In the context of this study, “senior” is defined as individuals who participate in events offered by senior centers.

Throughout the interviews, the topic of age only was discussed if the participant initiated it. Recruiting from a senior center yoga class posed challenges, as anyone age 55 and older can participate in the center’s exercise classes. Participants’ ages ranged from 60 to 80, with a median age of 68. Although the site from which participants were recruited created a younger sampling than many studies on older adults, the data set is still useful because it characterizes participants entering the first stages of older adult life.

## Analysis

This section describes how seniors talk about their bodies to equate aging with disability. There is value in looking at the ways seniors talk about their bodies because it draws a connection between the social construction of aging and the materiality of aging. Talking about the body reveals seniors' lived experiences, which brings the body back into the analysis. An examination of lived experience can help us identify the nuances of the experience beyond guesswork.

### 'I Used to Think Old People Are Just Complaining'

Seniors equate aging with disability when they argue that there are things they cannot do because of numerical age. Michele, 68 and French Canadian, implies that her numerical age prompted bodily decline. Michele describes when she started to feel bodily pain associated with age: "It's only when I reach 50 then all this came over me, probably from the driven life." She reports that she was caring for several family members, including a mother with Alzheimer's disease, a husband with depression, and two kids, plus keeping up with a full-time job. She goes on to describe various physical problems, including a collapsed arch, pain in her knee, neck, and shoulders, and atrial fibrillation. She says, "So, yeah, my body collapsed (laughs) since I was 55. I'm 68 now." Michele implies that reaching age 50 prompted the deterioration of the body and the onset of conditions.

While Michele argues that her numerical age prompts bodily decline, Elizabeth and Kay describe bodily decline happening in spite of a young numerical age. In each example, numerical age is connected with physical decline, showing that participants view aging as disabling. Early in her interview, Elizabeth mentions that she has read up on the changes the body undergoes while aging. Later, the researcher asks her if she has "experienced any physical changes over time throughout [her] life." Elizabeth responds that she has noticed a number of changes, starting in her late 40s. She says, "I'm not as flexible as I was," and, later, she adds, "Of course, you just chalk it up to, well, I'm getting older." Here, Elizabeth argues that aging has reduced her flexibility, which equates age with bodily decline. The researcher asks her to clarify her statement: "You say you're getting older. What does that mean?" Elizabeth describes how her numerical age, her own physical changes, and the deaths of her parents and her husband's parents have prompted her to think more about aging and mortality. Yet, she says:

"Mentally, I don't feel old. Sometimes my *body* feels old but mentally I don't think of myself as old and 63 isn't that old. But then there are enough physical changes to make me realize that, yes, I am getting older. And then having watched my mother and my husband's father and watching his mother – now it's just, I'm more conscious of it: of the aging process."

Elizabeth lists three potential indicators of age: her mental construction of age, her numerical age, and her physical state. She argues that the first two indicators do not point to old age: she says that “mentally, I don’t feel old,” implying that the internal self is somewhat ageless as compared with the changing physical body, what Featherstone & Hepworth (1991) call the “mask of aging.” Second, she argues that “63 isn’t that old,” so the identity marker of the numerical age of 63 does not, in her mind, categorize her as old. Even though Elizabeth’s numerical age and mental state exclude old age from her identity, Elizabeth argues that her physical state marks her as old: “There are enough physical changes to make me realize that, yes, I am getting older.” These physical changes reference her earlier comments that she does not sleep as well and is less flexible than she used to be. Thus, it is her declining physical abilities that mark her as old.

Physical changes are a more powerful indicator of age than numerical age among some participants. Several participants mark old age by the changes they experience despite their numerical ages. Kay describes her worsening arthritis and goes on to say:

“I’m only 66 and I used to think old people are just complaining. Why are they complaining so much? But you start feeling little aches and pains here and there and you think, okay, it’s starting. Now I understand what they were complaining about.”

Kay characterizes her numerical age, 66, as young by using the adverb “only” to describe how she is “only 66.” However, she says that in spite of this young numerical age, she is experiencing old age through “little aches and pains here and there.” Even though she sees her numerical age as young, she identifies as old because of physical debilitation. She further identifies as old by contrasting a former version of herself with “old people,” who she “used to” identify as old because they were “complaining” about physical ailments. Conversely, she now says that since “aches and pains” are “starting,” she now understands “old people,” showing that she identifies more closely with them. Kay’s identity as old is bound up with her material reality, while discursive constructions such as numerical age (Coupland, 2009) do not contribute to an aging identity.

### **‘It Keeps Me from Walking Like an Old Man’**

The second way seniors connect aging with disability is by describing how they engage in exercise to combat what they perceive as the negative, disabling effects of aging. Bob, 68, describes his friends’ reactions to his participation in the senior center yoga class: “Sometimes the guys asked the question, you know, like, ‘What are you doing [yoga]?’ They give you the face, you know, like, ‘You do yoga?’ It’s like, it keeps me from walking like an old man.” Bob layers disability onto aging by stating that a person can perform a bodily movement – walking – in a way that is explicitly and exclusively characterized as old: “like an old man.” In this simile,

old age is characterized by walking, but not just any kind of walking; it's a type of walking that one wants to avoid. Bob shows he wants to avoid this type of physical movement when he says yoga "keeps me from" doing it. Because Bob equates age with a physical movement that he wants to avoid, he casts both age and this bodily state as negative and disabling. Bob therefore shows that he perceives his use of exercise as combatting the disabling effects of aging.

Other participants also describe exercise as a way to avoid the disabling effects of aging. Sandra, 65, describes the exercise classes she has taken throughout her life, including aerobics, Jazzercise, Zumba, and kickboxing. When asked why she engaged in these activities, Sandra responds:

"Cos I really wanna stay healthy and active. My mom just passed away two weeks ago. She was 98. So we have some pretty strong genes in our family. But at the same time, I think you need to try to ward off arthritis and just some basic things that can get you as you get older."

Sandra marks old age as a time when one is vulnerable to disabling conditions. She does this by characterizing arthritis and other "basic things" as enemies "that can get you as you get older." She extends this metaphor by describing how she battles the invading enemy, arthritis, arguing that exercise helps her to "ward off" the condition, among other ailments that can come with age. Sandra characterizes conditions that come with age as debilitating, undesirable states, thus equating aging with disability and positioning both as negative. In both of these examples, participants draw together aging with disability as physical states to avoid, while distancing themselves from those physical states and the identities that go along with them.

### **'I ... Can Still Lift My Wife Off the Ground'**

Participants also equate aging with disability by articulating that they can do some activity in spite of their age. When participants emphasize the anomaly of being old and also being capable, they articulate the norm that old is equal to disabled, and both conditions are undesirable.

When John, 63, is asked to describe himself, he responds, "Easygoing, active. I never think I'm as old as I am." The researcher prompts John to clarify what he means by that. He says:

"Being involved with the wetlands and being out on job sites and doing the things that I do. When I was younger I thought, 'Oh, old people.' I thought of old people as being old, didn't do those things. But now I teach scuba diving still. I feel like I stay active and that keeps me feeling younger."

John articulates the logic that old is equal to disabled, and that since he is abled, he cannot identify as old. John says that he never thinks he is as old as he is because he works with the wetlands and teaches scuba diving, among other activities. This statement implies that people who are in their 60s should not be able to do these types of activities. He then states that concept directly, saying, "I thought of old people as being old, didn't do those things." His statement equates old people with a lack of ability to engage in these activities. He goes on to contrast himself with that image, saying, "I teach scuba diving still." His use of "still," implies that he should not be able to teach scuba diving at age 63. By arguing that he is able to do physical activities in spite of being an age he once saw as old, John distances himself from an undesirable identity of aging/disabling.

At 80, Ernest represents the other end of the spectrum of participants' numerical ages, and he also distances himself from the identity he constructs of aging-as-disabling. When asked how old he is, Ernest responds, "How old would you guess?" Later he reveals that he is 80 and says, "Very few people expect that." He argues,

"Because I maintain a youthful attitude. I maintain a confidence that appears young. I'm not grumpy. I don't form frowns. I don't grouch about things. I don't bark at people. There's this certain characteristics that some old people are blamed for. (laughs) Sometimes they have good reason to be grouchy if they're not being treated properly. I think it has to do with a attitude and demeanor just doesn't impress on someone who's older."

Ernest describes how older people are stereotyped for grumpy, negative attitudes, but then adds that they may have reason to have those attitudes, and that those attitudes are not exclusive to older people. Ernest identifies himself as youthful by distancing himself from an old person's identity. In the first excerpt, he describes how he is not "grumpy" and doesn't "form frowns," and that his positivity helps him to "maintain a youthful attitude." While the example does not relate to the body, it provides background for the next part of the conversation, where Ernest talks about his body in a parallel way.

The researcher then asks Ernest how he feels physically. Ernest responds,

"I feel great most of the time. I obviously have some limitations, 'cos I can't (1.0) But. I know that if I keep moving, keep doing. Can still lift my wife off the ground. There I have physical strength. I still have a lot of energy I can use if I want to. I'm not decaying as it were, except a very small amount."

Ernest begins his statement as if he is about to list some things that he cannot do when he says, "'cos I can't," and then pauses for one second before restarting his statement. This aligns



with much of Ernest's interview, which is composed of his identity construction as youthful in spite of his age. Like John, Ernest uses the word "still" to say, "I ... can still lift my wife off the ground" and "I still have a lot of energy I can use if I want to," which implies that one should assume he should not be able to do these things at his age. By arguing what he can do, Ernest distances himself from the aging/disabling identity, thus tying aging and disabling more closely together.

In both excerpts, Ernest's parallel comparison between his youthful body and old people's disabled physical states could be attributed to the order of the researcher's questions, asking first about his age and then about his physical state. However, Ernest's descriptions of aging/disabling in comparison with his youthful abilities are detailed enough to show that he has thought about this before and that his remarks are genuine to his conceptions of his abilities and identity.

### **'Maybe Life Isn't Worth Living Anymore'**

In addition to seeing aging-as-disabling in themselves, participants make the same conclusion about age and the disabled body when talking about others. This lends insight into one's own sense of aging. For example, Charlotte, 72, contrasts herself with the other participants in her yoga class, marking them as older because they have fewer physical capabilities. Charlotte laments that her yoga class has gotten less rigorous as people with fewer abilities have joined. She says, "I think she [the yoga instructor] was doing a few more things, and I think what she's done is modify, modify, modify for the people that she has in there." Later, she says, "I would like her to go a little faster but then I see that a number of the people in there who cannot. So she has to sorta modify." She goes on to explain that in yoga classes, she, too, can individualize the practice by doing extra moves that the rest of the class does not, and therefore she still enjoys the class. So far in this conversation, Charlotte has not indicated that the less capable participants in the class are less capable because of age. When asked to characterize how the clientele has changed, Charlotte describes how past participants were in better shape:

"They all seemed to me to be in better condition than those people that are there today. Now the gal that was right next to me the other day she was brand new, and she was just a very frail little woman. She had a real difficult time. I mean she couldn't follow the directions. And so [the yoga instructor] kept coming over to help her. And then I've noticed that two or three of the other people that are there are not people that have been there from the beginning."

Charlotte does not directly call the other participants "old," but her characterization appears to go beyond just novice or less capable. The current participants are in worse condition, and one of the participants is "just a very frail little woman." While Charlotte does not use the word "old"

to describe this woman, she does use terms that commonly describe the elderly, such as “frail” and “little,” and she emphasizes this characterization by adding the qualifiers “just” and “very.” By describing the other participants in the class as aging and disabled, she equates these characterizations, and she also distances herself from the group. This description shows that Charlotte finds the old/disabled characterization as undesirable, and her move to distance herself from it shows that she identifies herself as young.

Participants build their own identities as youthful by describing others as old, and they build a conception of aging-as-disabling in their descriptions. Like most of the men interviewed, John, 63, distances himself from an aging identity throughout the interview by highlighting his physical capabilities. He says that his activities, including his involvement with wetlands conservation and scuba diving instruction, “[keep] me feeling younger.” He reflects on his numerical age as compared with his physical age: “I always thought gee sixties, that’s old. Now that I’m sixties, it’s like, huh. That’s not old. Eighty’s old.” When prompted to define “old,” John says:

“Well I think old is basically when you can’t do the things that you like to be doing. You see people that can barely get around and I feel very blessed and fortunate. I think when people reach that point where they’re not able to enjoy life anymore, I feel that’s old. (laughs) And really there’s nothing wrong with being old I guess. I guess being old is better than not being. (laughs) Although I don’t know. I guess my philosophy would be that if I’m not able to enjoy the life I enjoy, maybe it’s not worth worrying about, not worth being around anymore. (laughs) Not that I have suicidal tendencies or anything. It’s just that I see people that are so miserable and don’t enjoy life, and you wonder, gee, if I couldn’t enjoy good food and a nice glass of wine now, it’s like, well, maybe life isn’t worth living anymore (laughs).”

John equates aging with disability by characterizing the aging of others. He defines old as lacking the ability to do what you want to do and “to enjoy life.” Like the other participants, John describes being old and disabled as conditions he actively tries to avoid.

John takes this attitude a step further when he says that he would rather die than live as old and disabled. His monologue articulates a fear, somewhat masked by the light-hearted tone and laughter, of aging and bodily decline that would strip John of his identity as a physically and socially active adult. The way that his hypothetical narrative invokes tropes of assisted suicide and even eugenics devalues the lives of people who are aging and/or disabled. This example, alongside but perhaps more emphatically than the others, shows how participants articulate resistance to an identity of aging/disabling.



### **Conclusion: The Discursive/Material Construction of Lived Experience**

Analyzing seniors' discourse about their bodies sheds light on the ways old age is constructed materially and discursively. Throughout this analysis, it is evident that both disability studies and social gerontology contribute to a nuanced understanding of aging-as-disabling, ultimately revealing that a model for understanding aging must include a number of "metrics" (Coupland, 2009), including numeric age, mental age, and physical age. Additionally, analysis of discourse allows us to study lived experience, and yet we cannot escape discursive construction and focus exclusively on materiality. The metrics that compose "old age" fall along a continuum of discursive and material construction, and it is that dialectical space that must be analyzed to obtain a fuller understanding of aging.

Elizabeth, Kay, and Michele associate numerical age with physical decline, arguing that physical decline is part of what characterizes old age. In talking about these two age markers, the participants draw a distinction between numerical age and material age. Just as Featherstone & Hepworth (1991) distinguish between seniors' mental and physical ages, the data here show that there is a further distinction between these categories and a person's numerical age. Coupland (2009) writes that

"Our biological and chronological ageing are, in objective terms, immutable and indisputable, at least until we start to see chronology as a socially created and endorsed meaning system, and until we realise that biological ageing is only one of several metrics that we can impose on ourselves and others" (p. 855).

That Elizabeth, Kay, and Michele describe their lived experiences as aging does not make them older than other participants or mean that their identities are more closely aligned with old age, even though these things may be true. What these discursive constructions of embodiment do, however, is show how "one of several metrics" function within the discursive/material constructions of aging for these women.

In the second and third categories, Bob, Sandra, John, and Ernest argue that aging well means maintaining one's physical abilities, and several people do that through exercise. Chivers (2011) describes this phenomenon, arguing that our culture promotes aging well by maintaining one's youthful appearance and physical abilities and avoiding becoming "feeble, frail, ugly, and disabled" (p. 20). The cultural assumption that aging well means avoiding disability is problematic because it demonizes disability. She argues that we should instead apply more progressive disability theories to aging in order to see old age in new, positive ways.

While exercise is almost universally accepted as only a healthy, positive activity in our culture, it can also be seen as an unhealthy support of the medical model. Shakespeare writes that

the medical model “[reduces] the complex problems of disabled people to issues of medical prevention, cure or rehabilitation” (p. 268). In the examples of Bob, Sandra, John, and Ernest, exercise is a method of preventing the onset of bodily decline, and thus is a “cure” for the “problems of disabled people.”

Conceptualizing the aging body in positive ways is an important move for social gerontologists. Both social gerontologists and disability studies scholars have called for a need to understand the material embodiment of the populations we study. Siebers’ (2008) theory of complex embodiment asks us to “account for both the negative and positive valences of disability, to resist the negative by advocating the positive and to resist the positive by acknowledging the negative” (p. 5). Therefore, the theory of complex embodiment asks us to acknowledge the bodily decline that can come with aging – the decline that Bob and Sandra are trying to prevent, and that John and Ernest argue they are preventing. Even though the cultural trope, “aging well,” may have disadvantages for disability studies and aging advocates, it is a construct that acknowledges the negatives of aging, including the potential for painful bodily decline.

The final category shows how Charlotte and John connect aging with disability by identifying it in others, rejecting an aging identity in themselves. Seniors’ discursive construction of aging/disabling tells us how they perceive aging in our culture, and their distancing from that identity shows that it is a characterization that they do not (yet) adopt and a materiality that they do not (yet) experience. Instead, they argue that their identity and materiality is young and able, which adds to and complicates our characterization of the lived experience of aging. Other seniors of similar ages admit to the material embodiment of aging/disability, yet these seniors reject it and its potentiality for the near future.

The examples of John and Charlotte complicate the goal of characterizing the lived experience of aging because they call into question what counts as aging. Numeric age, mental age, and materiality are three metrics that are indicators of old age. John and Charlotte do not identify as old, discuss an aging materiality, or indicate that their numeric age qualifies them as being old (John even says that his age, in his 60s, is not old). If “old” is only those seniors who identify as such and experience an aging materiality, then perhaps John and Charlotte are not old and should be excluded from an examination of seniors. While this approach acknowledges the discursive/material construction of age, it may leave out alternative ways that aging people (whether or not they identify as such, and however researchers might categorize them) experience aging materiality. Leaving out people who experience different types of lived experiences at any of these ages may exclude an analysis of the potential “positive valences” (Siebers, 2008) of aging. Seniors in this study only identified the aging body as negatively

disabled; but it is possible, through use of disability theory, to imagine other ways seniors might characterize their lived experiences.

A better approach than leaving out seniors like John and Charlotte is to acknowledge that the lived experience of aging is something that can vary from person to person, and to document the ways that participants identify and characterize their ages along multiple metrics. By parsing out the identity of “old” among metrics that fall somewhere within the dialectical construction of discursive and material, we can complicate the ways “old” is constructed and more accurately represent the lived experience of aging.

Several social gerontologists have called for the use of discourse to document seniors’ lived experiences (Hughes & Paterson, 1997; Tulle, 2003; Twigg, 2004; Whitaker, 2010). This study provides data that characterizes seniors’ lived experiences, showing that discourse is an appropriate tool for better understanding aging. Participants’ discourse about the body reveals both a description of seniors’ bodily experiences as well as discursive constructions of identities that often link up to common cultural tropes.

We need to maintain our focus on the dialectical space between the material and discursive body. Researchers in social gerontology and disability studies made the important move to turn away from the body in order to research its discursive constructions, and now they are making moves to bring the body back into the conversation. To avoid a return to a focus wholly on the body, we must continue to examine the dialectical space between material and discursive construction to get a fuller picture of lived experience.

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### Endnotes

<sup>1</sup> Shakespeare writes, “impairment is distinguished from disability. The former is individual and private, the latter is structural and public” (p. 268). While these distinctions exist, in the analysis, the term “disability” is chosen over the term “impairments.” Traditional notions of disability and impairment separate the body from disability. This article’s phenomenological approach (Hughes & Paterson, 1997) understands disability as including the body and impairment as partially socially constructed. Furthermore, the focus is on lived experience, which is the dialectical space between materiality and discursive construction on both the disability and impairment continua. Within each of these examples, it may be possible to identify evidence of both materiality and social construction of both disability and impairment, yet teasing that out is beyond the scope of this article.