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

The experiences of older people and people with disabilities are commonly understood to unfold through patterns, events, and transitions throughout the life course and into late life. Chronological age is at the heart of such thinking, as are ideas of what counts as standard ‘normal’ development at generalized life stages. A critical life course perspective can focus on the experiences of older people and people with disabilities as they take place against the backdrop of a life—and within the limits, boundaries, and expectations, of the ‘institutionalized life course’ (see Dannefer and Settersten, 2010; Kohli 2007, Kohli & Meyer 1986, Mayer 2004). This includes attention to the interplay between individual experience, social structures (e.g., policies and programs), and cultural expectations. In the standard model, individuals are considered to progress via their chronological or stage-based age, along a relatively linear structure with events occurring at particular times (e.g., childhood, adulthood, and late life). They are also expected to conform in some ways with social and cultural expectations of development, progression, and ‘success’. Yet while scholars have drawn attention to the shifting interpretations of the life course, and the shifting meanings of ‘growing old’ there is less attention to how this happens at the intersections of aging and disability, and/or how this impacts groups who are positioned ‘outside’ institutionalized structures or dominant cultural frames (for exceptions see Minkler and Fadem, 2002; Priestley, 2000; 2003; Raymond and Grenier, 2013; 2015). Yet, it is precisely the complex relationship and differential positioning of disability and aging in the chronological life course and institutionalized structures that create unique tensions where contemporary aging and the life course are concerned.

This article focuses on locations of age and disability as they are conceptualized in institutionalized models of the life course. First, we explore the paradox that exists when the intersections of aging and disability are set against the conceptualizations of normative, chronological models of aging and the life course. In particular, we grapple with how the separation and conflation of aging and disability occurs across the life course, and how this has influenced assumptions and responses to older people and people with disabilities. Second, we outline how the experiences and expectations of aging and disability have been structured and institutionalized across the life course and into late life. This includes how policies and practices, such as those organized around dependency, have shaped and impacted what we know or assume about ageing and late life. We then turn to how contemporary debates around age, disability, and ‘success’ de-stabilize taken-for-granted assumptions in the context of population aging. The chapter concludes with a call to reconsider the constructs, narratives, and responses across the life course and into late life. It outlines how reconsidered notions of bodies and experiences over time can expose the disjuncture between standard life course anchors and subjective experiences that are structured in part by a chronologization of the life course and institutionalized through policy and practice responses.

**Age and Disability In the Chronological Life Course**

If we consider conceptualizations of the life course as a means to understand the relationship between individual experience, social structures, and cultural expectations, we see that aging and disability are paradoxically positioned in the standard chronological model of the life course. Chronological age dominates understandings of the pathways through the life course. Organized around age and stage-based transitions, the base for experience in the standard life course is primarily linear, with aging generally articulated as a process that unfolds across the period of one’s life (Grenier, 2012; Hockey and James, 2003). Most challenging for considerations of late life is that aging is both a biological and a socio-cultural process that is primarily measured in chronological years for the individual, and lifespan or life expectancy, where populations are concerned. Yet, the socio-cultural meanings and interpretations also play a role in configuring aging and late life. Whether referring to biological limits of life (i.e., longevity), the age of eligibility for public services whereby ‘dependency’ is structured according to paid labour, or the cultural constructs of ‘third’ and ‘fourth age’ that are respectively defined around new leisure lifestyles and decline (see Featherstone & Wernick, 1995; Gilleard & Higgs 2000), aging refers to a particular period of life that is accompanied by normative age-based assumptions and expectations. The greatest of these is the master narrative of ‘decline’, which manifests both in the joining of age and impairment[[1]](#endnote-1), and a counter cultural ethos of activity, productivity, and success that functions to reinforce the imperative of ‘staving off’ disability and decline (see Gullette, 2004; Minkler and Fadem, 2002; Katz, 2005).

The position of disability can be considered to challenge the dominant age and stage based conceptualization of the standard chronological life course. Where aging is considered to occur toward the end of the life span, impairment and disability are not confined to a particular period or ‘time’. Injury and disability can take place across the life course and are difficult to fix in time. Such trajectories thus exist alongside social structures, institutional practices, and cultural expectations, and as such, are often conceptually and practically positioned outside standardized notions of the life course. Where institutionalized structures are concerned, policies and practices (especially those rooted in structural functionalist approaches), tend to separate disability from the standard linear and chronological life course. In such models, people with disabilities move through (or not) the institutions of the life course that are structured by age, stage, and institution (e.g., school, family, work, retirement) (Hockey and James, 2003). Such understandings, organized around the binary of normal/abnormal in relation to the standard life course explain, in part, the distinctions that are made between impairment as a functional or physical limitation which affects a person's body (Burchardt, 2004) and disability as a feature of social, environmental, or attitudinal barriers that limit full community participation relative to able-bodied counterparts (Crow, 1996**;** Stone, 2013). Led by advocates of social models of disability, these differences draw attention to the medicalization of disability, and the need for rights, citizenship, and inclusion for people with disabilities (Bricher, 2000; Lang, 2001; Burchardt, 2004). They also, however, point to how different historical trajectories rooted in social identities and identity-based claims shape responses to older people and people with disabilities in different ways. Such distinctions only scratch the surface of the paradoxes that exist between aging and disability across the life course and into late life.

What is striking with regards to aging and disability is that although separated throughout the life course, impairment, disability, and age become conflated in late life. This occurs through attention to the biological realities of aging (i.e., co-morbidity and age-related impairment that occur as one ages), and the socio-cultural narratives of decline and dependency. While ‘successful aging’ and ‘leisure lifestyles’ have gained prominence over the last 10-15 years, both the models upon which theories of aging are built (e.g., continuity, activity, disengagement), and the cultural narratives that can be considered to shape responses to older people, are based on the idea of decline as one moves through the life course. In isolation, the models of decline and ‘success’ would have impact, but be perhaps less troublesome where aging and disability are concerned. The mutually reinforced ideas of success and failure, however, link impairment, structured dependency, and failure, creating a paradox where disability and aging are concerned. In this context, age can be considered to alter the interpretation of disability as one moves farther along the life course, and into the upper extremes of late life (Grenier, 2012). This differential positioning, or ‘situatedness’ of age and disability across the life course, and the conflation of age, disability, and impairment in late life, thus holds important insights for understanding the tensions that can exist between groups. While everyone undergoes a process of aging, and many people acquire impairments in late life, impairment and disability are not necessarily a part of ‘growing old’ (Oldman, 2002). It is this idea – that aging could be disability free— that exposes a crucial problem in existing conceptualizations and approaches to aging, disability, and the life course.

The separation and conflation of age and disability that occur through the chronological life course creates tensions and reinforces the exclusion of people with disabilities and older people in different ways. Whilst disability is separated as ‘abnormal’ throughout the life course, age and impairment become conflated as ‘normal’, or expected, in late life. One result is that impairment and living with a disability becomes ‘naturalized’ through age. This can be seen in both the social impetus of initiatives to design better cities and spaces in order to prepare for population aging, and the experiences of people who have aged with disabilities. In the latter, people with disabilities have articulated how their needs for meaningful participation are finally being recognized, at least rhetorically in the frameworks on aging (Raymond and Grenier, 2013; 2015). A second result is the reinforcement of a medicalized view of disability as impairment that is supported by a biomedical model, and accompanying practices that prioritize function and the body in late life (Albrecht, 1992; Smart, 2006-2007). In fact, nearly all of the reference to disability among older people (with the exception of people who are aging with disabilities) takes place through the use of the term impairment rather than disability.

A third result takes place in the realm of social identities and cultural narratives. Older people can express reluctance to cross the boundaries of identity and align with 'the other'; a label frequently assigned to persons with disabilities who are unable to live up to able-bodied established norms (Morris, 2001; Siebers, 2006). Older people may also resist the classification of ‘disabled’ (Oldman, 2002) and enact an alignment with ‘successful’ ‘disability-free’ trajectories in order to counter the implications of disability and impairment in age (4th age) (Grenier, 2007; 2012). Similarly, people aging with disabilities may position themselves outside the chronological categorization of ‘old’ in order to resist the narrative of decline. What is often unrecognized in theory and practice, is how these identity-based responses may link up to conceptualizations in the chronological life course and the pathways created by structured dependency. Where the two groups meet is in the experience of unequal access, stigma, and the conflation of age, impairment, and disability that happens within the master narrative of decline (Oldman, 2002). That is, they meet outside the peripheries of the standard chronological and institutionalized life course, where they, as other groups are relegated to a late life period of devaluation. The dominant tendency to focus on normative, time-based discourses as they relate to age-based chronology and impairment, thus create and sustain a particular paradox of aging and disability with regards to age and the life course. We turn now to the impact of how policy and practice responses can shape aging and disability in later life.

**Policy, Practice and Shaping Expectations across the Lifecourse and into Late Life**

A focus on structured responses draws attention to how the separation and conflation of aging and disability have an influence that extends beyond questions of identity. Throughout the life course, policy frameworks and service structures play a key role in establishing classifications and frameworks that shape responses to people with disabilities and older people. As outlined above, the institutionalized life course is characterized by the creation of policy that is heavily structured around chronological age and normative patterns. In many ways, policy discourses focused on disability share many similarities with those on aging, wherein the emphasis in both has been on the work-welfare divide of exemption from adult labour. Herein, the social categories of ‘disabled’ and ‘old’ are, at least in part, constructed and defined by their relationship to work and the economy (Macnicol, 2006; Phillipson 2013; Barnes, 1996; Oliver, 1989). From this structured dependency perspective, aging and disability are produced as an economic problem – with older people and those with a disability being forced into situations of dependency because they do not participate fully in the processes of production (Oliver, 1996). Structured responses thus create forms of exclusion that take place through relationships with work and biomedical interpretations of impairment throughout the life course and into late life.

That said, a good deal of variation exists in the structured responses to aging and disability. Here, medicalized interpretations of impairment and ‘disabled bodies’ inform approaches to ‘dependency’, and define eligibility for social programs in ways that sustain the separation and conflation of disability and aging. Standard life course models rooted in chronological age position age as primarily indisputable based on date of birth. Yet, the status of ‘disability’, especially as contested eligibility, can be considered to fluctuate between medical definitions and the identity claims of an individual or group. Such differences can result in non-recognition and ineligibility for services wherein some people are classified as not ‘disabled’ or ‘not disabled enough’ to qualify. Policy and services thus structure dependency, reinforce the importance of a ‘disabled identity’ in rights and service claims, as well as shape cultural interpretations or expectations. At the same time, medical definitions and classifications on the body are reintroduced in late life at the point of impairment (by means of standard assessments of functional limitations). Where age provides access to the universal programs of income support such as retirement, thereby altering the interpretations that accompany ‘structured dependency’ of this nature, it is impairment that provides access to health and social services for older people.

Major differences exist between how persons who have acquired disability in later life and persons aging with a disability fit into the institutionalized frameworks and constructs of late life. Persons who have aged with a disability are often considered ‘disabled’ (including self-identification), with persons who have acquired impairments in late life labelled as ‘impaired’, ‘elderly’ or in what is known as the ‘fourth age’. Impairment and diagnosis are used to distinguish between individuals and channel eligibility for services, and therefore, inclusion in the institutions of the life course. Jonson & Larsson (2009) argue that the chronologization of the life course is divided into three stages: education, work, and life after retirement. So, while the trajectories of some people with disabilities take place within the educational system or labour force, and thus within the boundaries of the institutionalized life course, others have trajectories of specialized education or receive social benefits outside of work (i.e., income support) that flag their dependence, and position them outside the life course[[2]](#endnote-2). Such conceptualizations, along with approaches to structured ‘dependency’ across the life course, create insider/outsider boundaries, and reinforce the importance of rights and identity based claims. This is especially the case where a ‘disabled identity’, or ‘frail’ classification in late life, provides access to programs or services. What this means in terms of the paradox, is that the separation from the standard life course is reinforced through a structured dependency rooted in classifications of the ‘disabled body’. This plays out differently in earlier and later life, primarily organized around medical definitions that provide access to services. We turn now to the second part of the analysis to demonstrate the complexities of the re-entry where disability and impairment become conflated in late life.

Considering structured responses in late life draws our attention to a shift that occurs as people with disabilities move into late life, set against the conflation of disability and aging. At the practical level, the shift occurs as people with disabilities move from income support programs based on disability to those based on age (i.e., public pension). Where the transition between such programs can result in changes in income or medical coverage, they also signify a reconnection where the standard chronological life course is concerned. People with life-long disabilities, or those that occur before the age of retirement (roughly 65), move into a period characterized by tensions between age-based ‘reward’ and ‘decline’. The implications for identity and meaning are substantial. Age, and the associated defining of older people as 'elderly' rather than 'disabled' significantly alters eligibility for social programs and services relative to their younger counterparts (Jonson & Larsson, 2009; Kane & Kane 2005). In this sense, access can be understood as expanded in some ways (i.e., universal pension), and in others reduced (i.e., the idea that impairment and decline in late life is normal). However, a focus on the changes in structured dependency, and associated socio-cultural questions that occur as one moves through the life course, offers insight into the paradox of disability and aging. The differential responses structure inequality and conflate disability and aging in ways that are problematic for both groups. Walker and Walker (1998) for example, have made the claim that there has been a "longstanding preference on the part of policy makers to draw a line between older and younger disabled people on the grounds that disability in older age is a 'natural' part of the ageing process …that absolves the responsibility of taking action to recognize the needs of older disabled people" (p. 126). Yet, such assumptions also raise problems with regards to how the normalization of impairment and disability can provide the impetus to overlook older people’s needs, especially when set against the idea of having income support in late life, and the expected models of successful aging. Transitions and trajectories often understood as representing differences between population groups, have mutually reinforcing consequences for aging and late life.

The impacts of variations in structured dependency are most obvious in the example of retirement. Initially configured as a right and form of social protection for older people, retirement offered a reward for a life time of contribution. In this case, a form of legitimacy accompanies structured dependence in late life, via links to a life time of work force participation. The protection, both in terms of economic benefits and status, is deeply rooted in the participation in the ‘normative’ and standard institutionalized life course. This raises two challenges for older people and people with disabilities. First, while universal, and thus offering a particular form of recognition, the protections offered have the greatest benefit to groups who have held a life-long connection to the work force. In current systems, there is differential access to the rewards of social protection, wherein groups such as older women and people with disabilities with lower levels of life course work force participation have less access to both the material resources (work force contributions structure pension benefits, so they end up poor), and the associated ‘deservedness’ associated with connections to the labour market. Separation from standard institutions produces trajectories of inequality that are deeply apparent as one moves through the life course. Late life poverty, and the associated stigma or exclusion, is therefore not only systemic, but unequally distributed. The second related issue is that shifting institutionalized frameworks, such as measures to raise the age of eligibility for public pension will pose the most significant challenges for older people who have had less stable (or non-existent) ties to work. This includes large numbers of people with disabilities who may have experienced discrimination in terms of accessing employment, persons unable to work for health reasons, and groups of older people who have left the workforce earlier than retirement as a result of illness or injury. So, while retirement can be seen in some ways to offer a ‘legitimized identity’ in later life, it is only partially available, as well as connected to health and wellness in retirement—a theme we will explore in section three.

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

**The Contemporary Focus on Success and the Limits of Life course Policy**

The contemporary societal focus on 'success' has meant that disability in later life is often framed as a matter of failed personal responsibility (Laliberte Rudman, 2006; Martinson & Minkler, 2006) and an example of a ‘failed aging’ (Boudiny, 2013). Contemporary debates around success, and the challenges brought about in the context of population aging, demonstrate how current realities and tensions at the locations of aging and disability de-stabilize both the standardized life course, and new models of aging that are organized around ‘success’. Positive aging discourses, which are defined broadly to encompass various terms such as 'active', 'successful', 'productive', or 'healthy' aging, were coined as a challenge to the construction of aging as a period of decline, dependency, and disability that were dominant since the late 1960s (Katz, 2001-2002). The idea was that aging did not need to be considered a negative period of life, but one that held potential and promise. The problem, however, is that as positive aging discourses, including the widely known 'successful aging' paradigm proposed by Rowe and Kahn (1997), prioritized good health, independence, continued engagement, and social connectedness (Asquith, 2009; Tulle-Winton, 1999), it also drew a crucial boundary between health and illness in late life, and relegated ‘disabled bodies’ to locations of ‘unsuccessful aging’, and a period of impairment known as the ‘fourth age’ (Grenier, 2012). This rift between healthy and ‘ill/impaired bodies’ was solidified as ‘success’ became the ‘gold standard’ and dominant model for late life. The result was, and is in many ways, a return to the normal/abnormal positions embedded in the conceptualization of the standard chronological life course. In the current case, impaired older bodies are not necessarily positioned outside the norm, but outside the standard and the ideal, resulting in a lack of space within which to identify the experiences of people with disability as ‘successful’. This emphasis on success thus reinforces the tensions between people with disability and older people. The conflation of impairment, disability, and aging, as operationalized through successful aging, thereby creates impossible targets for older people with disabilities who, in turn, may be marginalized, receive fewer opportunities for meaningful social engagement, and subsequently be excluded from mainstream society (Laliberte Rudman, 2006; Mendes, 2013; Raymond & Grenier, 2013).

In gerontology, the wielding of success as a framework to confront age-based discrimination and accompanying stigma in research, policy, and practice resulted in standard rooted nearly entirely in the avoidance of disability in late life. This, combined with an emphasis on individualised lifestyles, has created a powerful divide between the freedom of third age lifestyles and the devaluation of fourth age impairment. As a result, ‘success’ has become a location that, for the most part, is disability/impairment free, or at least, to be approached with the minimal number of rehabilitative aids or markers possible (e.g., cane, wheelchairs, etc). Too much disability and need for assistance, quickly tips the older person into the ‘fourth age’ of impairment, and the antithesis of ‘success’. Yet, what happens when such aids have been a part of a life-long strategy?

'Success', when considered from locations of aging and disability may provide freedom and recognition of the need for inclusion, access, and support. However, this freedom is based on one’s position within the continuum of biomedically defined impairment. It is also problematic to the extent that it privileges lower levels of disabilities and operates as part of a powerful illusion that a disability free life can be achieved in late life. So, while people with disabilities can conceptually be considered to re-enter the standardized life course in later life, they do so at a location that is problematic and discriminatory, at best. As such, it is perhaps more appropriate to consider how disability and impairment are used to make connections between ‘dependent’ populations for the purposes of public spending, and how these classifications play a role in sustaining inequalities and exclusion when set against the individualized gold standards of 'success' and participation. As disability becomes more prominent in society as a result of demographic change, it is possible that the illusion of ‘success’ as it is currently configured may become exposed for what it is. Until then, there is a need to grapple with the tensions between disability and aging, and create spaces where older people with disabilities (lifelong or acquired) can see themselves in frameworks, and live out their later years without the stigma of being defined as ‘unsuccessful’.

This paradox of disability and aging that exist in contemporary frameworks such as ‘success’, draw attention to the need to investigate more fully the gap between policy frameworks and lived experiences (Thomas, 2007). Life course policy has been suggested as one way to move away from chronological age. Extending features of life course analysis into policy measures would seem to hold potential where trajectories of disadvantage and inequity are concerned. In particular, it may hold promise in moving away from chronological notions of age and stage, and the underlying connections to ‘normalcy’ within current models. However, at present, the measures and parameters of what life course policy would look like remain in their infancy, and may be difficult to implement. Another challenge is that life course policy may offer little in terms of the larger socio-cultural interpretations and associations made between aging and disability. Questions to consider include: To what extent can life course policy capture and mitigate inequality across the life course?; Does life course policy have the potential to alter stigmatized locations and expectations?; and How does life course policy play out within social settings and spaces frequented by older people and people with disabilities? One of the key concerns is that moving in the direction of life course policy may contribute to an erasure of age that will prevent scholars and governments from witnessing how inequality can accumulate through the life course. This is especially the case for groups, such as people with disabilities, where access must not only be stated, but configured and worked into systems, structures, and programs. Policies that render differences less visible may not only raise challenges in terms of implementation, but also raise concerns about those who experience unequal aging.

**Conclusion**

The constructs, frameworks, and responses to disability and impairment across the life course and into late life require rethinking to alter the existing paradox described above. This rethinking will also aid in re-conceptualizing a late life with disability that is not inevitably negative, but mindful of wide-ranging realities. We argue that a good proportion of the problem lies in our reliance on standard life course approaches rooted in age-based models of the life course. Even approaches that have attempted to remove barriers of age remain heavily structured around age, via a link to either structured dependency or impairment as negative experiences. This is characterized by the tendency to separate or position disability as outside the ‘frame’ of the life in earlier periods of the life course, yet to re-introduce and conflate impairment in aging as a central feature as one progresses in chronological age – the decline narrative.

Further, we have argued that the separation of disability and aging from the life course, and the conflation of aging and impairment, create a paradox within the current context that is dominated by ‘success’. Extant critical approaches have tended to focus on either disability *or* aging, yet contemporary contexts call for more nuanced understandings of the relationship between responses to aging and disability across the life course and into late life. We acknowledge that frameworks based on chronological age and the standardized life course may well have reached their limit. However, at the same time, there is a void from which to define experiences that incorporate aging and disability. A view of life experience as being more fluid and permeable across time may be the first step in recognizing the complexity of the interrelationship between disability and age. However, the life course perspective would also seem to fall short both in its restriction to the individual, and a concomitant lack of consideration of context/structure. Further, a focus on fluidity holds the potential risk of making identity claims on the basis of disability and/or age contestable. As such, this type of approach may be problematic where the connection between social identities, recognition, and public services are concerned.

What is needed is an approach capable of considering personal, social, political, and cultural expectations of ageing, and how these play an important role in research, policy, and practice for future aging societies. Considering the differences and alternate pathways into aging can provide insight into the disjuncture that exists between dominant age- and stage based approaches rooted in linear time, the suggested models organized around dependence and success, and the subjective needs and experiences of older people and people with disabilities. One of the most significant challenges for the future will be in addressing the normalized discourses and exclusionary practices that continue to play a role in shaping disability, aging and late life. Normalized discourse still plays a significant role in the shaping of aging and late life. It is this challenge that we urge research, policy and practice to work closely with older people and people with disabilities to discover suggestions and solutions to the existing paradox.

**References**

Albrecht, G. (1992). *The disability business: Rehabilitation in America*. London: Sage.

Asquith, N. (2009). Positive ageing, neoliberalism and Australian sociology. *The Australian Sociological Association, 45*(3), 255-269.

Barnes, C. (1996). *Theories of disability and the origins of the oppression of disabled people in western society. Disability and society: Emerging issues and insights*. London: Longman.

Boudiny, K. (2013). 'Active ageing': from empty rhetoric to effective policy tool. *Ageing & Society, 33*, 1077-1098.

Bricher, G. (2000). Disabled people, health professionals and the social model of disability: Can there be a research relationship? *Disability & Society, 15*(5), 781-793.

Burchardt, T. (2004). Capabilities and disability: the capabilities framework and the social model of disability. *Disability and Society, 19*(7), 735-751.

Crow, L. (1996). Including all of our lives: renewing the social model of disability. In C. Barnes & G. Mercer (Eds.), *Exploring the Divide: Illness and Disability (*pp. 55-73). Leeds: Disability Press.

Dannefer, D., & Settersen, RA., (2010). The study of the life course: Implications for social gerontology. In D. Dannefer & C. Phillipson (Eds.), *The SAGE handbook of social gerontology* (pp. 3-19). London: Sage Publications.

Featherstone, M., & Wernick, A. (1995). *Images of aging: cultural representations of later life.* London: Routledge.

Gilleard, C., & Higgs, P. (2000). *Cultures of ageing: self, citizen and the body*. New York: Prentice Hall.

Grenier, A. (2007). Constructions of frailty in the English language, care practice and the lived experience. *Ageing & Society, 27*(3), 425-445.

Grenier, A. (2012). *Transitions and the life course: Challenging the constructions of 'growing old'*, Bristol: Policy Press.

Gullette, M. (2004). *Aged by culture.* Chicago: University of Chicago Press,

Hockey, J., & James, A. (2003). *Social identities across the life course*. Houndsmills: Palgrave MacMillan.

Jonson. H., & Larsson, A. (2009). The exclusion of older people in disability activism and policies--A case of inadvertent ageism? *Journal of Aging Studies, 23,* 69-77.

Kane, R.L., & Kane, R.A. (2005). Ageism in healthcare and long term care. Generations, 29(3), 49-54.

Katz, S. (2001/2002). Growing older without aging? Positive aging, anti-ageism,

and anti-aging. *Generations, 25*, 27-32.

Katz, S. (2005). *Cultural aging: life course, lifestyle, and senior world.* Peterborough: Broadview Press.

Kohli, M. (2007). The institutionalization of the life course: looking back to look ahead*. Research in Human Development, 4*(3), 253-271.

Kohli, M., & Meyer, JW. (1986). Social structure and the social construction of life stages. *Human Development*, *29*(3), 154-159.

Laliberte Rudman, D. (2006). Shaping the active, autonomous and responsible modern retiree: An analysis of discursive technologies and their links with neo-liberal political rationality. *Ageing & Society, 26*(2), 181-201.

Lang, R. (2001). *The development and critique of the social model of disability*. Overseas Development Group: University of East Anglia.

## Macnicol, J. (2006). *Age discrimination: An historical and contemporary analysis*. New York: Cambridge University Press.

Martinson, M., & Minkler, M. (2006). Civic engagement and older adults: A critical perspective. *The Gerontologist, 46*, 318-324.

Mayer, K. (2004). Whose lives? How history, societies and institutions decline and shape life courses. *Research in Human Development, 1*(3), 161-187.

Mendes, F. (2013). Active ageing: A right or a duty? *Health Sociology Review, 22*(2), 174-185.

Minkler, M., & Fadem, P. (2002). ‘Successful aging’: A disability perspective. *Journal of Disability Policy Studies, 12*(4), 229-235.

Morris, J. (2001). Impairment and disability: Constructing an ethics of care that promotes human rights. *Hypatia, 16*(4).

Oldman, C. (2002). Later life and the social model of disability: A comfortable partnership? Ageing and Society, 22, 791-806.

Oliver, M. (1989). Disability and dependency: A creation of industrial societies. In L. Barton (Eds.), *Disability and dependency* (pp. 7-22). Barcombe, UK: The Falmer Press.

Oliver, M. (1996). *Understanding disability: From theory to practice*. New York, NY: St. Martin’s Press.

Phillipson, C. (2013). *Ageing*. Cambridge, UK: Polity Press.

Priestley, M. (2000). Adults only: Disability, social policy and the life course. *Journal of Social Policy, 29*(3), 421-439.

Priestley, M. (2003). *Disability: A life course approach*. Cambridge, UK: Polity Press.

Raymond, E., & Grenier, A.(2013). The rhetoric of participation in policy discourse: Toward a new form of exclusion for seniors with disabilities. *Canadian Journal on Aging, 32*(2), 117-129.

Raymond, E., & Grenier, A. (2015). Social participation at the intersection of old age and lifelong disabilities: Illustrations from a Photo-Novel project. *Journal of Aging Studies, 35*, 190-200.

Rowe, J., & Kahn, R. (1997). Successful aging. *The Gerontologist, 37*, 433-440.

Siebers, T. (2006). Disability in theory: From social constructionism to the new realism of the body. In L.J. David (Eds.), *The disability studies reader* (pp 173-183). New York: Routledge Taylor & Francis Group.

Smart, J. (2006-2007). Challenges to the biomedical model of disability. *Advances in Medical Psychotherapy & Psychodiagnosis, 12*, 1-4.

Stone, S. (2013). The situated nature of disability. In M.P. Cutchin & V.A. Dickie (Eds.), *Transactional Perspectives on Occupation* (pp. 95-105). Springer.

Thomas, C. (2007). *Sociologies of disability and illness: Contested ideas in disability studies and medical sociology*. Basingstoke, UK: Palgrave Macmillan.

Tulle-Winton, E. (1999). Growing old and resistance: Towards a new cultural economy of old age? *Ageing and Society, 19*, 281-289.

Walker, A., & Walker, C. (1998). Normalisation and "normal" ageing: The social construction of dependency among older people with learning difficulties. Disability & Society, 13, 125-142.

1. We use the term impairment throughout with regards to the practices of assessment and framing of disability in late life. In late life, the dominant use of impairment is related to bio-medically framed assessment practices that take place with regards to older bodies and care. Our intent in using this term is to draw attention to the differences that exist in the language used in earlier and later periods of late life, and to problematize how this language structures and shapes experiences across the life course and into late life. This distinction is part of the paradox. We welcome suggestions from the reviewers on how to employ the two terms across the text. [↑](#endnote-ref-1)
2. The use of other in the structure is intentional here, to denote how othering occurs through this process, and results in a separation from the life course. [↑](#endnote-ref-2)