

Chapter 6

Gendered Understanding of Disability and Aging: A North Indian Context

Vaijayanti Bezbaruah

Jawaharlal Nehru University, India

Nilika Mehrotra

Jawaharlal Nehru University, India

ABSTRACT

In its early conventional sense, disability was largely understood in bio-medical model which subsequently was supplemented with the psycho-social underpinnings of disability. In recent times, the social identities in terms of race, religion, class, caste, and gender add other dimensions to the social science discourse on disability studies. The chapter attempts to inform through the dimensions of age and aging in relation to the disability discourse, drawing from ethnographic cases over a period of research in North India. In the process, this chapter offers an analysis of disability and aging with focusing on the lack of access to social and familial resources for people with disability who are old and people who acquire any kind of disability in their old age. This chapter examines uncertainties experienced by the older disabled and the disabled older persons in relation to the extent of family ties and other social resources in both the rural and urban context.

INTRODUCTION:

Disability cross culturally is often socially defined as something ‘abnormal’/ ‘deficient’ or even ‘deviant’. A person is identified as a disabled by his/her society because of his/her difference of appearance than the normal expected definition of that society (Helander 1995). The early sociological literature on disability is clearly informed by the concepts of ‘normal’ and ‘pathological’ that Durkheim (1982) familiarized the academia with. Eventually Parson’s (1951) conceptual framework of the ‘sick role’ came to inform the notion of the ‘disabled’, which led to the understanding that disability is something like a disease

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and needed cure and rehabilitation to restore into normal functioning in the society. The complication lies upon the idea that while the 'sick role' could be still assumed as a temporary situation, the role of the 'impaired' or the 'disabled' is a situation wherein the individual has 'accepted dependency' (Oliver 1996). Therefore, disability under the Parsonian idea would have acquired a status of a permanent disease invoking the question of existence beyond the limits of cure.

The dilemma of 'normal versus pathological' within the disability discourse is also seen in the dialogues within the ageing studies. The notions of 'normal' and 'pathological' can be seen in the popular discourse of ageing well, when theories of activity and continuity in later life, as opposed to the disengagement theory, is considered to be the only successful way of ageing. Age related diseases such as osteoarthritis is very common in older people, affecting more of ageing women than men over 65 (Woods 2011). Therefore, the 'normal' or the typical older person may expect to have this often painful and disabling condition. However, due to the anticipatory aspect of this condition one would aspire to avoid it through treatment and desire to experience ageing where it is less prevalent. Similarly, when ageing is sometimes accompanied by the feelings of loss of selfhood in the form of psychological problems such as dementia, Alzheimer's and mood disorders there could be a tendency to view them apart from the normal ageing process, where the older person experiences a good adjustment to the challenges and opportunities of later life. There is often a dichotomy drawn within the process of ageing by putting it into the compartments of 'abled ageing' and 'disabled ageing.'

Ageing is essentially a life-course aspect, due to which, a person's advanced years need to be looked through their individual, physical, psychological and social history that influences one's experience of the ageing process. Although it is a universal phenomenon, it is essential to understand the experiences of the heterogeneity of the ageing population, as it is marked by class, gender, body and ethnicity (Davidson 2011).

There are situations established, within which the disabled, often compare themselves with the non-disabled age-peers. The middle years of one's life are the most dramatic when the effect of age interact with disability. It is also reasoned that adjusting to alternate lifestyles, may become easier if disability is experienced in earlier years of life (*ibid*). Physical decline and impairment in a normative sense may be specific to age, in such a way that the impact of physical disability, on self-conception may differ. It also depends on the time of the occurrence of the physical impairment within the life course. To illustrate through an instance, the agents of socialization, like the media, could be used to emphasize the perception of ageing, to be associated with physical decline. In the process this also produces a general expectation that physical impairment in older age is 'normal'. In the opinion of Bultena and Powers (1978), the negative stereotypes of old age and older people could ironically be functional by providing a necessarily dull picture of old age, so that by comparison many older people have a feeling of advantage.

Both the disabled person and the older person are often considered to be dependent upon the society. This may result into paternalism, segregation and discrimination stripping the person from their own autonomy and identity. This experience of infantilization (Cohen 1998) is a common thread that weaves the both—disability and ageing—together. Though there have been attempts to include the people with disability by providing them the space of choice, empowerment, equality of human rights and integration the existence of disability cannot be denied (Mehrotra 2013). Though the body is central (Shakespeare 2006) to both disability and ageing processes and the fact remains that the people with disabilities and the elderly are people who need special assistance. But the complete wellbeing cannot transpire only with the provision of medical assistance, as social care and nurture becomes equally important.

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