

Book Review

Pride and Prejudice: Breaking Down Socially Constructed Attitudes and Moving Towards a “Convergence” in Aging and Disability Studies

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Jeffrey S. Kahana & Eva Kahana (2017). *Disability and Aging: Learning from Both to Empower the Lives of Older Adults*. Lynne Rienner Publishers, Inc., Boulder, CO, 251 pp., \$68.00 (hardcover).

Jeffrey and Eva Kahana, a mother and son team from different academic positions, tackle the critical issue of how the disability and aging fields could learn from one and other by sharing compelling personal family experiences as an enriching accompaniment to the data driven facts and theories presented throughout the book. Eva Kahana is a distinguished gerontologist who has spent her career researching issues that impact older adults and Jeffrey Kahana is lawyer who holds a PhD in policy history. Both authors have exemplar credentials and are experts in their fields, yet nothing has prepared them to write such a powerful book more than their own lived experiences of taking care of loved ones who are aging and who have a disability. In particular, Jeffrey has a child who was born with a disability and Eva shares her experiences in taking care of her mother, a Holocaust survivor, who travels into new territory as she becomes increasingly disabled as she ages. Eva also shares her own experiences in getting older with her husband and some of the challenges they have faced; in particular, she describes through an autoethnographic method their international journey and some of the stressors encountered as they traveled. The authors are successful in the difficult job of balancing the sharing of private, revealing stories about their lives while bolstering this with applicable theories and discussing pertinent policies and research that are tackling ways to advance both the aging and disability fields.

This book's focus is on the effects of acquiring a disability later in life, it is not about aging with a disability; although, this is an important area that needs further exploration and has garnered more research in the recent

past. This book tackles the issue of how older adults perceive themselves as they age and how disability that comes on in older age is conceptualized for the person in a very different way than for those who are born or who become disabled earlier in life. In fact, the authors argue that older adults who become disabled in late life often will never self-identify as a person with a disability: older adults will often embrace a culture that includes a “denial of disability” or “reluctance” to identify or call out their disability.

This is a very different experience from those who have had a lifelong disability who are often part of a larger community of people with disabilities and who have crusaded for equal rights and feel pride in being part of such a strong group of activists fighting for inclusion and independent living. This is not the case for older adults who may have lived a life without a disability and who now have to face their greatest fear: living a life with declining mental or physical health—in essence a failure of the mind and body to age productively or gracefully. The authors frame this perspective through some of the dominant theories that have reigned in aging, such as productive aging or activity theory that focus on successful aging and remaining disability free. Kahana and Kahana offer adaptations to existing theories and frameworks throughout their book in an effort to embrace groups of all people living with disabilities regardless of age. Their goal is to “normalize” or “embrace” adults who acquire a disability later in life and to expand upon the definition of “productive aging”.

Kahana and Kahana discuss how older adults can “opt out” of a disability identity in a way that those who acquire a disability at a younger onset are not afforded that option.

They refer to this as “disability cognizance”, which is an awareness that the older person might have a disability, but an unwillingness to be categorized as such. This is the case even though 63% of older adults have at least one functional limitation. The authors offer a life course matrix to onset of disability that could be very helpful to academics, researchers, and policy makers to consider when envisioning how to redesign and deliver services to people who have disabilities. They present three periods of disability onset—childhood, young to middle adult, and late-life onset—broken down by disability type, trajectory, identity, model, and support, just to name a few of the characteristics. What is important in this matrix for professionals and researchers in aging to consider is that there are stark differences in opinion or approach between young/middle adult onset and late-life onset of disability. For example, pride most often characterizes identity for those with an early onset disability compared to an identity of rejection for later onset. Another important distinction in the life course matrix falls under the model, or guiding principle, for how services are delivered. Specifically, people who have an early onset of disability likely follow a social model (or an independent living model) for service delivery whereas a medical model of service delivery is more dominant for those with a later onset of disability.

The authors dedicate a chapter to “Managing the Physical Environment” to show us once again how the goals of older adults and people with disabilities converge—whether referred to as “aging in place” or “living in the most integrated setting”—it is the desire across the ages to live independently. DeJong (1979) published a seminal article on moving from a medical model to the independent living paradigm and the differences within each model. DeJong describes that the root of the problem lies within society, professionals, and the environment in that barriers are put up that prohibit successful independent living for people with disabilities. This is at the crux of the independent living movement—to break down these barriers and put the control back in the lives of the people who have the disability. This chapter concludes that consumer voice across the lifespan inclusive of age and disability is critical to developing policies and programs to help people live independently. Historically, this is a place where the voice of older adults have been less vocal and where we can learn much from disability studies and advocates. Although, it does seem that this trend is turning as Age Friendly initiatives across the country hold listening sessions and gain critical consumer input from older adults about ways in

which the community they live in can support (or hinder) independent living.

This in-depth book explores how aging and disability fields can learn from each other and spans many disciplines as the authors bring in salient research and theories from the fields of aging, sociology, and disability studies. Relevant policies and historical contexts are also covered throughout. Academics and professionals from many fields will find this book an asset. It would also be a wonderful contribution to a class reading list as the authors share their personal stories through their professional lens in an authentic yet scholarly manner.

This book makes a contribution to an area that is still understudied and where additional scholarship is needed. As stated, “although disability is part of the lives of a number of older adults, advocates for the elderly and those concerned with disability have seldom combined forces” (p. 26). We are seeing more of this through federal, state, and local initiatives that are building upon the mission promulgated by the Administration for Community Living of community living and independence for both older adults and people with disabilities across the lifespan, yet there is still much work left for academics, policy makers, and practitioners. This book offers insight into how we can continue to move towards stronger programs for both older adult and people with disabilities and that the “promise of convergence in aging and disability studies” heavily relies on learning from each other and breaking down silos so we can become a more unified voice dedicated to strengthening the lives of all people.

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Reference

- DeJong, G. (1979) Independent living: From social movement to analytic paradigm. *Archives of Physical Medicine and Rehabilitation*, 60, 435–446. ISSN: 0003-9993, 1532-821X, 0003-9993.