

Vulnerable and Vulnerability: Complexities and Conundrums in Discourses About Older People

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The term *vulnerable* is widely deployed in public discourses, often with the best of intentions. Broadly defined, *vulnerable* means “capable of being physically or emotionally wounded; open to attack or damage” (*Merriam-Webster*). Further, *Lexico.com* notes that, when referring to a person, *vulnerable* means “in need of special care, support, or protection because of age, disability, or risk of abuse or neglect” (*Oxford Lexico*). Typically, labelling a social group (e.g., older adults, women and children, racialized peoples, the LGBTQIA2s+ communities,¹ people with low income or education, rural communities, and immigrants) as *vulnerable* is meant to draw attention to disparities and inequities in relations of power. The academic use of the term originated in the field of Bioethics and was intended to guide and protect the treatment of human research subjects. However, “the application of vulnerability has been expanded from research ethics to the broader realms of health care and health technologies, and beyond individual contexts; families, groups, communities, populations and countries may be described as vulnerable” (Clark and Preto E308).

Throughout the COVID-19 pandemic, labelling groups as *vulnerable* frequently became a means of guiding decisions surrounding public health orders. The label was particularly associated with older adults and in many cases resulted in differential expectations or requirements, from acquiring priority for vaccines, to being subject to curfews or recommendations to self-isolate. To be labelled *vulnerable* brings forth a variety of contradictions: older adults may be stigmatized by this label, denying them agency in the world; the term can also critically acknowledge lived realities that warrant public attention.

¹ “LGTBQIA2S+ is an acronym for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, and the countless affirmative ways in which people choose to self-identify.” (Portland Art Museum)

Arguments that support the use of *vulnerable* within work on aging typically include a reminder “that careful application of this concept can serve to highlight our moral obligations to work toward social justice and to justify access to resources” (Clark and Preto E309). As Brown argues, “ideas about vulnerability shape the ways in which we manage and classify people, justify state intervention in citizens’ lives, allocate resources in society and define our social obligations” (313). COVID-19 foregrounded this stance; in many areas of the world social distancing and other public health orders were premised on the notion that it was a public duty to protect *vulnerable* populations, including prioritizing their access to vaccines, which almost always included older people. Not only does identifying groups as *vulnerable* position them as central to such policy decisions, it also foregrounds them as priorities in health research, social programs and, importantly, funding. Katz et al. have commented that researchers (including themselves) make “general use of the term ‘vulnerable’ in order to attract resources, policy interest and public concern to a particular issue” (608). Clearly, the term has had rhetorical usefulness in addressing social inequities.

However, others point out that the term itself is risky in contexts where older adults are too often infantilized and denied agency. Clark and Preto (E308) criticize the paternalistic and oppressive nature of the term’s use in research, arguing that labeling a group as *vulnerable* may happen without group members’ consent and can increase stigma (E309). Such uncritical uses of the term can be self-serving within the research community. Katz et al. elaborate on this point. In their 2020 study, they found that poorly or undefined uses of *vulnerable* are pervasive. They postulate that when the causes of inequity are vague, readers may turn to false and damaging narratives to fill in the blanks (602). McLaren et al. further caution that the word *vulnerable* can be used as a linguistic shortcut to cope with journal word limits, and we might add, word count constraints in funding applications (2). Such a reduction of complex ideas to a simplistic and sloppily deployed term may bolster ageist social narratives that construct older people as *necessarily vulnerable*, rather than understanding the *conditions* which render a person *vulnerable* to injustice if they become physically weak and frail, cognitively disadvantaged, or socially isolated. Indeed, as Lagacé et al. found in their sample of Francophone Canadian media discourses during COVID-19, *vulnerability* was yoked to concepts of decline and loss, and was the media’s main way of describing the

aging process (1).

In this way, uncritical, stigmatizing notions of *vulnerability* contribute to a *deficit discourse* that perpetually calls attention to the shortcomings of older adult individuals and communities, rather than highlighting their potentialities, contributions, strengths, or resilience (McLaren et al. 1). For example, Lagacé et al. describe how during the pandemic, public discourses in the majority of articles they studied positioned older adults

as frail and vulnerable people that cannot take part in the fight against the virus, but for whom the rest of society must do so. One of the negative outcomes of such age-based stereotypes [they argue], . . . is that it can lead to prescriptive ageist attitudes expressed through pity and sympathy toward older adults, resulting in *benevolent* or *compassionate* ageism. (6)

Further, uncritical use of the term *vulnerable* as a property of age, or necessary condition of aging, suggests that *vulnerability* results from individual “poor decisions,” “negative behaviors” and/or biological destiny (Katz et al., 606), rather than seeing *vulnerability* as a collective responsibility, a situation, or perhaps a temporary condition due to specific contextual factors.

Notwithstanding the above arguments against the term *vulnerable*, some authors suggest it has benefits beyond its rhetorical advantage in attracting public attention and funding. Typically, their arguments eschew use of the term as an *inherent* property of individuals and question its opportunistic usage in funding applications or as writing shortcuts. As McLaren et al. note, citing Zarowsky, Haddad, and Nguyen (2013), “there is a rich legacy of work that aims for a more thoughtful and sophisticated understanding of vulnerability as both a condition and a set of processes” (1). Such uses consider how *vulnerabilities* are generated by factors such as structural barriers (read colonialism, racism, misogyny, imperialism, restricted constructions of citizenship and economic exploitation) (Katz et al. 603).

A radical position on *vulnerability* links it to a critique of bourgeois subjectivity and privilege. Clark and Preto forward the notion that, “vulnerability need not be considered a negative attribute. To be human is to be vulnerable” (E309). Certainly, in some disciplines, acknowledging *vulnerability* may facilitate intersubjective exchange and lead to understanding or social change. This position is commensurate with that of Judith Butler,

who argues that *vulnerability* needs to be in articulation with the concept of resistance. She challenges the idea that complete bodily autonomy or independence is possible or desirable. Arguing from a queer, feminist view informed by critical disability studies, she cogently asks for a rethinking of “the body,” including the aging body, not as an entity, but as a relation “that cannot be fully dissociated from the infrastructural and environmental conditions of its living” (11). As Butler contends, we are dependent on others, and on infrastructures that enable our ability to have agency in the world. An absence of such supports exposes us to specific *vulnerabilities* and is a reminder that no one lives in a singular, discrete, completely self-sufficient manner.

For Jacquelyn Falskerud, there are specific political risks in abandoning the term, at least in the current American context. By refraining from labelling any group as *vulnerable*, Falskerud argues, populations with health disparities risk not being identified as a focus of health research (905). In the case of the University of California, Los Angeles (in 2018 at the time of Falskerud’s writing), the term *vulnerable* was tied to a field of scholarship, a center, a model, and a research training program (906). Changing the term, while perhaps necessary, risks obscuring a rich history of expertise in public health and may lead to unintended consequences. Falskerud also suggests that banning words can lead to a backlash where people increasingly use restricted words out of defiance (906). She also highlights the Trump administration’s ban on the use of terms, including *vulnerable*, by officials at the US’s highest public health agency. Other terms prohibited by this order included: “entitlement, diversity, transgender, fetus, evidence-based, and science-based,” (904). In light of this ban, we must ask whether, by revisioning the term *vulnerable* more broadly, we contribute to the suppression of a suite of words and concepts that were intended to expand rights and freedoms, equity, diversity, and inclusion?

Should we ban the use of *vulnerability* from age studies? No, but we should use it with care and caution, and not as a form of shorthand that too readily equates aging *a priori* with *vulnerability*. Falskerud (905) and Katz et al. (608) suggest that the term must be accompanied by a well-articulated theoretical framework. Clarke and Preto, as well as Butler, understand the term as a challenge to bourgeois, individualistic, and masculinist notions of autonomy; for Butler, it must also be discussed in relation to resistance. Arguably, the term *vulnerable* can be a useful tool if one does not make it a property of individuals or an inherent or necessary result of one’s age. As the above

authors propose, *vulnerability* should be understood as a set of conditions and processes that *render* older adults *vulnerable* in *particular* situations and instances. In this sense, it may be wiser to speak and write of *conditions of vulnerability*.

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