Functionality: A Challenge for Cultural Gerontology

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Today, the language of functional age, functional abilities, and functional capacities shapes both biomedical and political approaches to the promotion of 'healthy aging' (see, for example, World Health Organization). As a number of scholars have noted, interest in developing measures of functional age has flourished since the mid-twentieth century, prompted by recognition of diversity in physical and social capacities of those of the same or similar chronological age (Fletcher; Jones and Higgs; Moreira). While aging bodies have long been viewed through the biomedical lens of senescence, or loss of function, legitimizing their management through varying regimes of expertise, functionality, rooted in the biologization of aging, now seems to dominate ways of knowing about age and aging (Katz, Disciplining: "From Chronology"). As a sociologist interested in aging and embodiment, I approach the concept of function (and its companion term dysfunction) as underpinning a significant problematic for age studies (Marshall and Katz, Embodied Life Course 230), and one which raises critical questions about the role of disciplinary expertise in shaping later life.

As Stephen Katz and I have argued in previous work, the binary of functional and dysfunctional provides a powerful way to distribute aging bodies across a matrix of data points, opening them up to a wide variety of techniques of measurement, standardization, and intervention (Is the Functional Normal?). As function/dysfunction displaces normal/pathological as a master binary, it provides new ways of biomarking the life course. Functionality and normality are not necessarily correlated – and particularly with respect to aging bodies, what is statistically normal is routinely constructed as dysfunctional. Bodies are disassembled and then materialized around discrete functional subsystems (for example, hormonal, neurocognitive, vascular, muscular), each of which can be linked to specific interventions (60–61, 66–67). While the language of functional age may appear to acknowledge diversity in aging and to liberate it from the constraints of chronological age, it is problematic in

shaping a view of aging as "a problem that is not only amenable to, but that also morally compels, technoscientific action" (Fletcher 7). In other words, "the aging trajectory is reinterpreted as a set of bodily functions that can be measured, monitored, and reverse engineered" (Jones and Higgs 1517).

Cultural gerontologists have been particularly critical of the ways in which the focus on *function* and *functionality* aligns with the individualization of risk and the discourse of successful aging. The binary of *function/dysfunction* maps onto that of success/failure and grounds "neoliberal mandates of activity, enablement, self-care and independence" (Katz and Marshall, *Is the Functional Normal?* 68). If the goal of successful aging, premised on the optimization of *functional capacities*, has dominated health promotion for older people, it has often done so via the threat of decline and *dysfunction*, as the latter have now been transformed from inevitabilities into modifiable outcomes (Pack et al. 2086)

One example of the way that the functional/dysfunctional binary has shifted understandings of normal aging is the recasting of typically experienced (and statistically normative) age-related changes in sexual capacities as sexual dysfunctions. In the late twentieth and early twenty-first centuries, erectile difficulties in men, arousal problems in women, and reduced desire in both, once viewed as part of normal aging, became targets for prevention and/or rehabilitation. Now, all are seen as the result of modifiable age-related conditions rather than age itself. Moreover, the definition of sexual function is circumscribed by hetero-patriarchal cultural narratives, and narrowly understood as the ability to engage in penile-vaginal intercourse. Through this lens, it becomes measurable, standardized, and rendered malleable to intervention. A panoply of indices, questionnaires, and checklists invite individuals to assess their sexual function and modify their risk factors as part of the expansion of self-responsibility for managing bodily aging (particularly as changes in sexual functioning are cast as early warning signs of more threatening conditions, such as heart disease) (Marshall 214). A kitbag of hormones and medications to enhance erections and vaginal receptivity hold out the promise of remaining "forever functional" (Marshall & Katz, Forever Functional 43). As Rafaella Camoletto and colleagues have noted, even the idea of sexual rights in later life are often taken to be "synonymous with the right to access medical intervention to continue youthful and normative forms of sexuality" (126).

Aging sexuality is just one context where the logic of functionality has

furnished an assemblage of measures, standards, knowledges, and practices which provide new modes of quantifying age. Another can be found in the expanding range of digital devices and apps that track bodily movements and functions (Katz and Marshall, Tracked and Fit; Marshall and Katz, How Old Am P), extracting them as data which only become meaningful by interpretation through culturally available narratives (Dourish and Cruz; Mejias and Couldry; Smith). While self-tracking technologies, such as wearable fitness trackers, are promoted as enhancing self-knowledge and responsible health management, tracking technologies designed specifically for older people are pitched as tools to enable others to monitor and assess their functions, abilities, and locations. The corporeal moments that ground everyday life – eating, bathing, sleeping, toileting, moving from room to room – are rendered as disembodied data with no intrinsic meaning. However, once interpreted through cultural narratives of aging-as-decline, they offer facticity to the call for technologically-assisted monitoring and intervention. As one manufacturer of sensors explains,

Even before vitals decline, senior adults show declines in their daily activities such as eating, sleeping, grooming, toileting, etc. In order to catch these early "invisible signs" of an issue and enable intervention, daily activity and behavior patterns need to be monitored continuously... However, human observation is often unreliable, inefficient or expensive. (Artificial intelligence powered wearable solutions for senior care)

Celia Roberts and colleagues refer to such monitoring technologies as "dys-tracking," given their focus on monitoring decline in physical functionality "rather than paying attention to what older people say they value most" (146). Concern for maintaining functionality, while not absent, does not appear to be primary in most older adults' conceptions of aging well (Badache et al.; Ménard et al.). Consider the men and women, mostly nonagenarians, that inform Meika Loe's wonderful ethnography of late life. They speak frankly about their challenges and the ways in which they adapt and creatively mobilize resources to deal with these barriers. They joke about drooling and leaky bladders, complain about their arthritis, and express anxiety over memory loss. But alongside these functional challenges, they recount sensory pleasures, some of which "shift and intensify with age" as they "rely

increasingly on a range of tactile activities to experience their worlds, to achieve pleasure and intimacy" (294).

Clearly, aging embodiment is far more complex than the binary of function and dysfunction suggests and cannot be reduced to either the spectre of frailty (Grenier) or the fantasy of not aging (Ellison). Both these tropes align with ageist (and ableist) cultural narratives. It seems particularly important for age studies scholars to reflect on what the concept of functionality, and its reductive rendering of corporeality, cannot measure – such as sensation, intimacy, wisdom, joy, connection, and creativity (Gallistl). At the same time, if social and cultural gerontology scholars neglect to engage with the materiality of aging bodies, they risk shoring up biomedicine's claim to exclusive authority over them. A productive path forward might be found in recent posthumanist and new materialist contributions to gerontology (Andrews and Duff; Cozza et al.; Höppner and Urban), where health, well-being, and age itself are forged through shifting and more-than-human assemblages of interacting bodies, environments, objects, technologies, and discourses. Perhaps eschewing the static language of function in favor of more fluid conceptions of changing capacities, thus normalizing rather than pathologizing the vulnerability of all bodies, would be a good place to start.

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