Journal of Aging Studies 49 (2019) 9–15

Contents lists available at ScienceDirect

Journal of Aging Studies

journal homepage: www.elsevier.com/locate/jaging

The challenge of inclusion for older people with impairments: Insights from a stigma-based analysis

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ARTICLE INFO

Keywords:
Social participation
Disability
Impairments
Discrimination

ABSTRACT

The intersection of disability and aging often presents obstacles and discomfort for older people with disabilities keen to access mainstream opportunities for social participation. Besides individual situations and preferences – disability-based or not – environmental and social factors may limit full access to participation for older people with disabilities. Although ageist and ableist trends of contemporary ideas of aging have been documented, few studies have examined how those discourses are enacted in the field. In the context of participatory action research carried out since 2014 in a seniors' leisure club, we conducted 14 individual interviews with volunteers and seven focus groups with 45 members in order to explore their personal experiences with impairments and disability within the club, whether members who develop impairments can continue to participate and whether prospective new members with different types of impairments would be welcomed. We used an interactionist framework inspired by Goffman's work and based on the concept of stigma to analyze participants' narratives. Results indicate that participation by members with disabilities is seen as unusual, disconcerting and disjunctive. Evidence exposes the stigmatizing practices, encompassing labeling, stereotyping, setting apart and discrimination against members with impairments. Their participation may be acceptable if it does not affect the normal course of activities; otherwise, stigmatizing discourses relegate them to the margins. Because stigma can have an overwhelming impact on the lives and social participation of older people with impairments, stakeholders' awareness should be raised so they can understand it and intervene more effectively.

Introduction

This paper is intended to contribute to understanding disability-related stigmatization in a seniors' club based on the narratives of its members. Like other scholars in critical aging and disabilities studies, we observed that older people with impairments who want to access mainstream social participation spaces and opportunities often face obstacles that may prevent their full participation, including prejudices about their realities and capacities. But while discourses about the centrality of social participation in old age are pervasive, there is a lack of field studies examining how different groups of older people may experience symbolic and environmental exclusion when they try to integrate into community or seniors' settings.

Background

Disability as unsuccessful aging

Nowadays, older people are aging in a context where policy (Raymond, Grenier, & Lacroix, 2016) and media discourses (Wolbring & Abdullah, 2016) emphasize that a youthful appearance, vitality and abilities are the basis for optimal aging. These injunctions regarding a new lifestyle for older people have been promulgated at least from the early 2000s, with the idealized aging trajectory characterized by an ethic of activity (Katz, 2000), healthy choices (Tulle-Winton, 1999) and enthusiasm (Biggs, 2004). It has been argued that people aging with impairments may be seen as not corresponding to successful aging norms (Minkler & Fadem, 2002), implying the avoidance of disease and disability (Rowe & Kahn, 1997). Functionalist gerontological theory resulted in rejection for older people with impairments (Katz, 2003; King & Calasanti, 2006); so do disability perspectives focusing on autonomous adulthood, work life and consumption, which, supported by

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https://doi.org/10.1016/j.jaging.2019.03.001
Received 9 November 2018; Received in revised form 22 February 2019; Accepted 2 March 2019
Available online 15 March 2019
0890-4065/

both the policy division between age and disability-based programs and the cultural representation of disability activism, have tended to distance themselves from aging issues (Priestley, 2003), a situation described as "inadvertent ageism" (Jönson & Larsson, 2009).

The current idea of aging, rooted in a "compulsory youthfulness", views growing older with impairments as a failure, and consequently perceives older people with impairments within a framework of vulnerability (Gibbons, 2016). Older people with impairments may feel they do not meet the able-body standards inherent in the current dominant models of aging, where staying healthy permits one not to be old (Róin, 2014). This group embodies the divisive boundary between aging well and aging badly, disregarding their specific timelines and experiences of disability (Priestley, 2003). In Western neoliberal societies, impairments are tragic at any age; when considered in conjunction with old age, they are also highly disruptive, specifically as an indicator of unsuccessful aging (Katz & Calasanti, 2015; Martinson & Berridge, 2015).

Participation, but not for all

In line with the successful aging paradigm, and in a way embodying it, participation is a crucial topic in the gerontological discourse worldwide. Thus, the idea of social participation was introduced in publications on aging in the 1990s, presented as a key aspect of models of productive, active aging (Morrow-Howell, Hinterlong, & Sherraden, 2001; Walker, 2002). Based on these scientific proposals, and following the Second World Assembly on Aging held in Madrid in 2002, we see a decisive change in the representation of older adults in public policy from a logic of decline to one of activity (United Nations Organization, 2002). This change in discourse was backed up by numerous studies providing evidence of the benefits of social participation for seniors' well-being and their physical and mental condition (Gilmour, 2012; Zedlewski & Butrica, 2007). Although, in general, this transformation is viewed positively, this kind of discourse can lead to narrow norms regarding the expected level of participation in activities or contributions (Grenier, 2012; Katz, 2005). Not all groups of older people have access to the same possibilities for social participation (Raymond & Grenier, 2013; Vogelsang, 2016), or the ability or desire to live up to the recommended level of participation (Raymond & Grenier, 2015; Raymond, Grenier, & Hanley, 2014). This applies to older people with impairments, whose realities and needs for social participation have not been studied much (Bickenbach et al., 2012; Grenier, Griffin, & McGrath, 2016).

This lack of scientific evidence is concerning since we know that older people with impairments experience anxiety and complications regarding their involvement in chosen, meaningful and self-realizing activities (Jeppsson Grassman, 2013). For instance, within an organization of older people, the onset of ill health could mark the transition from a "friend" to a "sick person" for the individual concerned (Wilińska, 2012). Most studies examine participatory issues associated with specific impairments, such as vision loss (Cimarolli et al., 2017; Laliberté Rudman et al., 2016), deafness and hearing loss (Kurková, 2016), complex communication needs (Balandin, 2011), and intellectual disability (Van Schijndel-Speet, Evenhuis, van Wijck, van Empelen, & Echteld, 2014). Other studies show how individual cognitive, sensory and physical limitations affect older people's social participation (Anaby et al., 2009; Tang, 2009) and how those results could guide appropriate interventions by rehabilitation specialists at the personal level. Yet deeper insights from research into if and how older people with impairments are incorporated into "regular" social, leisure, activist or volunteer activities are hard to find.

Inclusion as an individualized challenge

For individuals with impairments, the path to social participation can be uneasy. Within society's perspective of disability in later life as the consequence of bad choices (Gibbons, 2016) or failure of personal responsibility (Grenier et al., 2016), the burden of inclusion can be experienced as an individual concern rather than a collective one, even though inclusion is promoted in local and national aging or disability policies (Warburton, Ng, & Shardlow, 2013). In a study of the social representation of disability in organizations of older people, making participation a reality was seen as primarily an individual responsibility, which is up to the person with disabilities. Participants called for these people to be proactive and to make concrete efforts in order to prepare appropriately for their entry and integration into the organization (Raymond & Lantagne Lopez, 2019). Combined with the private and social experience of disability as troubling the normal course of events (Raymond et al., 2016; Raymond & Grenier, 2015), the discourse positioning disability as the opposite of aging correctly may leave older people with impairments at the margins of the social spaces in which "successful agers" participate. However, considering the small number of field studies on this topic, we can only hypothesize that "the stigma of disability grows more pervasive by the day" (Conway, 2016, p. 3). What is lacking at this point is knowledge of whether those discourses are spoken and enacted in the field – and thus, if they are likely to affect access by older people with impairments to inclusion in social participation spaces and opportunities. This study is intended to fill the gap by asking whether ableist discourses about old age shape organizational and relational practices in seniors' organizations.

Methods

The paper is anchored in a participatory action research project undertaken in 2014 within the *Compagnie des jeunes retraités du Plateau de Charlesbourg* (*"Young Retirees' Group of the Plateau de Charlesbourg,"* hereafter CJR), a seniors' leisure association currently offering its 2000 members more than 125 different types of activities each year thanks to the involvement of 300 volunteers. The CJR's membership has been steadily increasing since its creation. The activities it provides include sports (tennis, cross-country skiing, golf, bicycling, walking, yoga, etc.), social events (dancing, going to a sugar shack, etc.), cultural and educational activities (bridge, Scrabble, choir, theater, lectures, etc.) and trips (from day trips to month-long ventures).

In 1994, a group of recently retired individuals from a mainly white, middle-class neighborhood of Quebec City created the CJR. The mid-1990s were a period of cutbacks in public spending in Canada and numerous public employees were enabled – or forced – to take early retirement. The reference to "young retirees" in the CJR's name denotes the initiators' desire to form a social club that was more active and vibrant than what was seen as the typical golden-age organization. Similar remodeling of spaces for participation prefigured the rapid changes that took place in public policy and planning regarding aging in the province of Quebec. In less than a decade, the provincial government created an overarching policy framework on aging that saw participation both as a guiding principle and as a projected outcome within the model of active, healthy aging (Raymond et al., 2016).

Twenty years later, celebrating the CJR's forthcoming twentieth anniversary in 2013, board members realized that physical and cognitive impairments were starting to impact the participation of their aging membership (50% of members were now 70 and older, and the mean was 73 years old). To avoid people leaving the organization because of impairment, in 2013 the board adopted an internal policy on inclusion, the goal of which was to allow all members to stay active and integrated in the CJR's activities. This document laid the groundwork for the definition of key concepts, such as inclusion, impairment, and social participation. It also promoted the values that were important for the CJR (respect, equality, solidarity, freedom of decision, confidentiality). However, it had not yet been applied one year later, when board members contacted the author, a researcher interested in the intersection of aging and disability and involved in community-based organizations. The author and board members met a few times to discuss a

Table 1
Distribution of sample by source, age and sex.

Source	Age/sex	Source	Age/sex	Source	Mean age/ sex
Interview 1	76/M	Interviews 7–8-9	X70/1 W-2 M	Group 1	70/6 W
Interview 2	67/M	Interview 10	66/M	Group 2	75/2 W-2 M
Interview 3	W[a]	Interview 11	70/W	Group 3	71/7 W-1 M
Interview 4	72/M	Interview 12	66/M	Group 4	75/3 W-3 M
Interview 5	67/M	Interview 13	71/W	Group 5	74/5 W-7 M
Interview 6	76/M	Interview 14	70/W	Group 6	70/5 W-1 M
				Group 7	70/2 W-2 M

Note: W = Women; M = men.
[a] Participant refused to give her age.

possible collaboration and decide on undertaking a participatory action research (PAR) project in 2014 to enhance proper implementation and evaluation of the inclusion policy (for more detailed information about the PAR project, see Raymond & Lacroix, 2016).

The data used throughout the paper come from an early phase of the PAR project, when information was collected about what CJR members thought and experienced concerning the inclusion of members with impairments. Our purpose was to better understand the circumstances, dilemmas, possibilities and conflicts related to the implementation of an inclusion policy in the organization. We used three recruitment procedures: (1) we published information in the CJR's newsletter, describing the goal of the data collection and the procedure; (2) in each type of activity, volunteers (the members organizing activities for their fellow members) distributed recruitment leaflets; (3) the research was presented at the CJR's large social events by members who had become involved as co-researchers.

We conducted 14 individual interviews with volunteers, and seven focus groups with members (see a sample of the sociodemographic information on participants in Table 1). In all, 59 participants answered the following questions: What are your personal experiences with impairments and disability within the CJR? Can members who develop impairments remain involved in the CJR? Can the CJR accept and include prospective new members with different types of impairments?

We recorded and transcribed all the individual and group interviews and used N'Vivo software to categorize text segments from the transcripts, first into open categories and then into categories identifying different factors that enhance or discourage the inclusion of members with impairments (Creswell, 2013). We established the credibility of the results with three strategies, some of which involved the participants themselves (Padgett, 2008): prolonged engagement in the field for the research team; member checking by participants in the project at all steps; and peer debriefing and support. We ensured reliability by using inter-coder agreement (between professional and volunteer co-researchers) in all the coding steps, including development of a codebook (Creswell, 2013).

We performed a second analysis to examine the first-wave results in more depth. Conducted within an ecological framework, the latter both confirmed the reality of discriminatory dynamics in the CJR and appeared useful for practical purposes in determining how to improve inclusion within an organization, for example by simultaneously targeting social and physical accessibility. However, the systemic perspective of the theoretical tools did not allow the team to answer a central question: How are those dynamics built, embodied, endorsed and maintained? We decided to use an interactionist approach to elucidate unspoken, assumed attitudes and behaviors regarding disability in old age.

We choose a Goffman-inspired conceptualization (Goffman, 1963) to better understand discourses on aging and daily practices applied in the CJR and whether related stereotypes actually created stigma – and therefore, generated experiences of exclusion for members with impairments. Link and Phelan (2001) define stigma as being embedded in power relationships, a standpoint that seems relevant considering the inherent hierarchy of the "aging well" ladder. They say stigma exists when four interrelated components merge:

1. Labeling: people distinguish and label human differences;
2. Stereotyping: dominant cultural beliefs link labeled people to undesirable characteristics and negative stereotypes;
3. Separation: labeled people are placed in distinct categories to achieve some degree of separation of "us" from "them";
4. Status loss and discrimination: labeled people experience status loss and discrimination that lead to unequal outcomes.

We used those four components to scrutinize and categorize the data once again because the fit between the conceptual framework and our data appeared convincing. Indeed, an interactionist perspective led to an examination of the circular causality connecting, on one hand, daily experiences and interactions, and on the other, discourses and structures that model the consensus-based culture of aging. Such viewpoints impacted how dominant discourses about "aging well" affected CJR members' visions of disability and inclusion, and conversely, how members might frame operative practices of exclusion, or even self-exclusion. In other words, disability-related perceptions, decisions and actions seen as predestined or inevitable (e.g., giving up and leaving the CJR when moderate or severe impairments occurred) appeared, under an interactionist light, as social processes that are produced and reproduced. Within the PAR project, we observed that similar awareness conveys a potential for change, as social processes can be influenced.

Results

This section presents how the four components of stigma, as defined by Link and Phelan (2001), converge in the CJR around people with impairments.

Labeling

This first component of stigma relates to the categorization of people based on human differences that are socially discernable. The reference to the social character is key, as the attributes that matter in a social context can differ substantially depending on the time and place. Usually, even though they are assigned, these distinctions appear to be naturally given, taken for granted and unquestioned.

In the case of the CJR, the labeling of disability showed up robustly as the threshold of being significantly old. In other words, disability appears to underscore the inexorability of growing older:

> *I think that as you age, you have to go through a grieving process for all your abilities that are disappearing one by one. When I went to see my doctor, I told her, "I've never been as fit as since I stopped working. I've started exercising actively." She said, "Make the most of it." She said, "It goes in steps, and when you're 70, 72, you'll see that there's a loss" and she said that at 80, it's even more severe. (…) So it means you have to accept that, when it happens, there are things you can't do anymore. (Interview 5).*

This oversimplifies the link between aging and disability, as it ignores the many ways in which disability can intersect with a person's life trajectory. In a way, there are two groups: the pre-impairment group and the post-impairment one:

> *So it [the inclusion project] doesn't concern them much, probably because it doesn't affect them yet. But gradually, we'll definitely have to keep talking about it to make everyone aware because it's going to affect everyone at some point. People who have only just retired at age 60 or 62, I get that it interests them less or it seems far off to them, but even at that age, there are some people with physical limitations. So those ones*

listen more but the ones who don't have any physical limitations and are still "young old," well, for them, it's as if it didn't exist and didn't concern them. It's kind of a pity but it's a fact I've noticed. (Interview 4).

We can understand such grouping and labeling as showing how the loss of physical capacities acts as a marker of a new step in the aging process. While the coming of disability is framed as normal, the naturalization of what it means in terms of access and inclusion is also noticeable. While pre-impairment aging trajectories are promising and flourishing, the post-impairment ones are seen as limiting, both for the individuals concerned and for their social environment (and, indeed, their fellow CJR members). But what is presented above as something obvious given the inescapability of the aging-related loss of capacities, is presented in the following excerpt as a situation that is "not normal".

Interviewer[1]: Do you think that there are shared problems or challenges related to the participation of members who have functional limitations or disabilities?
Participant: Yeah, sure. Because in reality, you organize an activity for situations that I would call normal, and of course the clientele, we have about a hundred people at the CJR who are over 80, so obviously aging is evident in terms of functional limitations in vision, hearing, and mobility. So naturally some of them have a certain number of difficulties at some point. (Interview 1).

What can be understood here is that normality constitutes "not being obviously aging," which is presented as the case for most CJR members. While volunteers organize activities for this dominant group, they have to be aware of a small group that has limitations and thus may require special attention or assistance. This paradox of disability as normal in biological terms but annoying or troubling in sociocultural terms is the basis for the next component of stigma.

Stereotyping

Linking the labeled person or group to a set of undesirable characteristics is the second component of stigma. Because it has an automatic component and thus is cognitively efficient, the stereotype acts as an immediate justification of the labeling operation. This process is noticeable in the following quotation:

I'll tell you, when I started [tennis], about 10 years ago, it was a bit less obvious; there were people of all calibers and the distribution of groups worked out well. It took about 4, 5 years, it improved, there were retirees… because not all retirees arrive at age 70 or 65, we get some in their 50s and they're in pretty good shape. There are two or three ladies, they're nurses, they're fit and they play well. So we can't put them with older ladies. We have to put them in the afternoon, where we set up a group of ladies together. My wife is in it; they're strong, and from time to time, we [the male players] play with them, and they're really strong. So it improved the quality. Now it's pretty stable, except that new retirees arrive, and we never know what caliber they'll be. On the other hand, we have 20 out of 60 players who are getting older; they're still very good and they get in some good shots, but the caliber has gone down because they're not as fast or powerful anymore. (Interview 2).

Here we can see how the equation – being old + having impairments = unwanted condition – operates. Because being older coincides with having impairments, achieving the expected level of successful aging is henceforth impossible. Since aging conveys disability, and thus loss and decline, it is viewed as problematic per se:

So people are getting older. So we're going to experience more and more of those kinds of problems. I'm just talking about cycling, skiing, because I'm part of the group, and Scrabble, because I'm part of the group; that's where I see them most. But I know there are some in the CJR's other activities too. I don't remember if it's the same with pétanque, if there are people who are getting older and who have quite severe problems, which are hard to deal with by getting the other people involved. Not everyone is ready to do that. (Interview 4).

The stereotypes linking being old and having impairments characterize older people with impairments as a problem for the people around them, especially for the CJR volunteers in charge of organizing activities:

We talked about it; it's hard on the organizers [the volunteers responsible for activities]. I've been involved in organization and it's hard – we talk about it. I'm not saying it won't be done [the inclusion project], but an alternative would be to group together all the people who have difficulties, disabilities, and who can still do it [bicycling] with shorter distances. They could still be independent and do their own thing. Giving them routes but not taking responsibility for the groups and having supervisors with them. That's one thing that could be done. (Interview 12).

Moreover, older people with impairments are not only seen as demanding – they also lack awareness that they are disruptive in a social environment, in this case a social club, and thus are imposing their presence and requirements on able (or undemanding) people:

In my opinion, people who are getting old, whose faculties are decreasing, don't realize that at times they're bothering a lot of people who have to help them. I say "bother" because, when you're dealing with a sport or a team, the others have to contribute. And if someone isn't able to ride a bike anymore, what do you tell them? That's my question. Normally, when people are young, they tell them… I know someone who wanted to join a basketball team, and they told him, "No, you're not good, we won't take you." So when you have a team and it's important to you that the team should have fun – after all, it's for fun, it's recreation for people – and you have 50 people who show up, well, I think they have a right to their game. When they refuse to play with So-and-so, they say, "I don't want to play with So-and-so," that's when you start to have constraints and then conflicts in the club. (Interview 3).

As we saw earlier, even though disability is envisioned as a normal step in the aging process, not everybody experiences it, or, in other words, not everybody is actually "aging," given that disability marks the threshold of getting older. This distinction is key to the minorization thinking that operates between the stereotyping and separation components. Overall, the core of the stereotype characterizing people with impairments in the participants' accounts is being part of the group of "agers," a group membership that is made visible because they cannot attain the level of agility, strength or cleverness expected to fully and satisfactorily participate. While this appears as the first foundation for the separation operation, the additional element is not having the courtesy to simply withdraw from the CJR when it is time to do so, in order not to inflict special demands on the organization. Moreover, this kind of awareness of not performing as expected is framed as an individual duty.

Separation

Considering the labeled group as fundamentally different from "normal" people, precisely because of stereotyped perception, is the basis for the next component of stigma. In a way, the labeled group seems to deserve such treatment: their negative characteristics constitute both the reason and the justification for the separation.

The "them" versus "us" pattern is prominent in participants' accounts, where a group we might refer to as the "performers" oppose themselves to the "others," the limited, disabled ones.

If we are young retirees [referring to the social club's name], there shouldn't be a bunch of people in wheelchairs that we have to do

[1] For some quotations, we report the question asked by the interviewer because it appeared relevant for understanding the construction of the shared account.

everything for. Someone who can't hear or who uses a walker, it doesn't bother me if the person is functional. If they aren't, we can no longer call ourselves young retirees. (Group 5).

The performers appear to be the majority of CJR members, while the non-performers seem to be a marginal group. This clearly reveals the distance that can exist between social representations and the realities of people assigned to a minority group. Indeed, statistics about disability in old age show that 17% of 65- to 74-year-olds and 31% of 75- to 84-year-olds old have moderate or severe impairments (Institut de la statistique du Québec, 2013). Nevertheless, disability is perceived as an undesirable attribute for proper participation (i.e., taking part in each activity in the standard way).

In the following quotation, we can see that the pressure to perform is described as "just the way things are," an aspect of labeling, the first component of stigma:

Participant 1: Yes, the person was slower – there are some people like that, we know there are, but that doesn't mean we should push them aside. But since people are the way they are, you have to perform, you have to be "jet set," that's the way it is.
Participant 2: You have to be competitive.
Participant 3: You need to function, you need to perform. It's as simple as that. People no longer want to get older – maybe especially women. But women more, you can't deny it: they put on makeup, they do all kinds of things, they try to stay young in all kinds of ways. It's because they don't accept it. (Group 2).

In addition to being assigned to the disabled group, the slower, under-performing members with impairments are described as a threat to something like the performers' "right to have fun," or even their collective identity.

There are young members who are barely 60 years old when they join the CJR. They are energetic, fast, they want a certain level of play and they see people next to them who are more than 80 years old, who are slowing down the pace. These people are not always ready to accept restrictions. They are there to have fun too. (Interview 4).

The rather clear division between "them" and "us," embedded in the disdain for disability, builds the validation for the fourth component of stigma.

Status loss and discrimination

Link and Phelan show that, while it is absent from most definitions of stigma, this last component confirms the deleterious effects of stigmatization: "People are stigmatized when the fact that they are labeled, set apart and linked to undesirable characteristics leads them to experience status loss and discrimination" (2001, p. 371).

Our methodology made it possible to consider the CJR's potentially discriminatory practices toward members with impairments, based on participants' personal experiences of discrimination. It appears that the organizational discourses and behaviors disadvantage members with impairments. An efficient practice of rejection is described in this quotation:

The third case was a lady who had a walker and who had someone else sign up for her, and then she needed help to get up a small slope to cross a – how would I describe it? – a 4-in. step; she couldn't do it. So we had to put the balls [for pétanque] practically in her hands, and practically throw them for her; we had to pick them up for her, and she was slowing down the whole group. And I had 8 people playing with her. So I said, "This way, I risk losing the 8 people who play with her. For the next sign-ups, we're going to say, 'you can't do that anymore'." And then I saw that she might easily fall, so the next day I picked up the phone, I called her and I said, "Didn't you think that you needed to have a certain flexibility, a certain ability to play pétanque?" It's simple: if you go bicycling, you need to be able to keep your balance. Same thing if you go skiing. So I said, "If you want to play pétanque and you fall, well, we don't have insurance and you could hurt yourself badly or break a hip." I'd heard that someone from another club had fallen and broken her hip or something. "It can be dangerous," I said. Of course, it's not a dangerous sport, but I said that for a person with reduced mobility, it can be dangerous. So she ended up saying, "It would be better if I don't go." I said, "That's what I thought you'd say." (Interview 3).

Since a certain level of performance is expected in the CJR, as illustrated above, it defines a requirement for membership in some ways. For people unable to meet such informal, unwritten norms, the circumstances of participation can be unfortunate. Indeed, several interviewees stated that members with limiting impairments should accept their condition, make personal adaptations, and stay home if participation seems not to be possible any longer.

Interviewer: Yes, if a functional limitation or disability prevented you from doing your favorite activity at the CJR, how would you react? If you got up tomorrow morning and you could no longer do the activities you used to do, how would you react?
Participant 1: That happened to me. First of all, you have to expect it, it's part of getting older; we need to grieve these small losses.
Participant 2: You have a lot of resilience.
Participant 1: That's it. You have to accept that you have a problem and it isn't the CJR's problem. You adapt, you make changes if you can, and if you can't, well then, you quit and do something else. (Group 4).

This quotation clearly establishes how stigma affects the social environment of the CJR and creates a barrier for people with impairments. Even if discriminatory practices are not direct or immediate, they appear to apply, as confirmed in this account:

Participant 1: For instance, I play Scrabble, and there are some people, if you play with them, you almost feel uncomfortable; they play so fast and, if you take your time, they get in a bad mood. So I talked to the person in charge, and she said, "It seems to me that we haven't seen much of you lately." I said, "It's because two or three times, I found myself with impatient people; it takes time to play. I don't play [fast] and I don't play on the computer at home. When I go there on Monday is when I play. I won't be the fastest person in the group, no matter what.
Interviewer: How did the person in charge react?
Participant 1: She's going to talk about it at the start of the next semester, but I want to say that, in my view, she thinks she'll talk about it and then people will adjust. What I'd do is put the people who play [fast] together and let the other people play together.
Participant 2: The ones who aren't as skillful at Scrabble…
Participant 3: I think that people who are used to playing fast and performing well, they're entitled to that, a bit like we were saying with physical fitness: stage 1, stage 2, stage 3…
Participant 4: You're going to have to take tests.
Participant 5: Sometimes playing with good people can help us.
Participant 1: But the problem isn't that they're good; I don't have a problem with someone who's good. The problem is that the person who's good gets impatient with you and you feel that… oh well… they don't say it to your face, but you feel it very, very clearly. (Group 1).

The notion of "stigma consciousness" or "stereotype threat" is underscored in this testimony, where the member links his experiences of lost status and discrimination to the fact he does not meet the standards of performance that define those accepted by the CJR. It is important to mention that, while Link and Phelan (2001, p. 374) say "no one in the immediate context of the person needs to have engaged in obvious forms of discrimination" to call it stigma, our results display efficient, direct mechanisms of exclusion.

Participant: I accept myself in the sense that, if I'm not able to do something, I'll do other things, differently, I'll do it but differently. I told you, I won't stay in my chair staring at the wall – I won't do that. But I also won't bother people where I don't fit in either. Because one thing's for

sure: I won't go to extremes, go skydiving – forget it! And if they go rock-climbing, you can forget that too. But in any case, I don't like it.

Interviewer: For you, that settles the issue.

Participant: That's why I don't want to force my way in either. If I see that – I'm a sociable person, I went bowling, I like participating… but if I see that I'm bothering you, I'll get out of the way very quietly without saying anything. I'll space out our meetings, I'll space… I withdraw quietly. (Interview 11).

In order to avoid rejection, members may adopt different strategies, like trying not to be noticeable (e.g., hiding hearing aids or leaving a walker at home) or having the politeness to withdraw from the organization themselves (as seen in the previous quotation). Because disability-based stigma marginalizes people so efficiently, it shrinks the agency and the social world of older people with impairments.

Discussion

Current debates in gerontology are addressing the possible hurtful effects, for some groups, of the participatory rhetoric included in the successful aging paradigm (Gibbons, 2016). For older people with impairments, if participation is limited to people who have a healthy, active and autonomous lifestyle (Biggs, 2004; Katz, 2005; Laliberté Rudman, 2011), it can raise barriers to their access to participation. If policies infused with models of "normal," "independent" (Putnam, 2002; Ray, 2014) or "disciplined" (Katz, 1996) aging act to polarize participation and disability, success and dependency, significant environmental and symbolic tensions may arise for older people with moderate and severe impairments who try to join mainstream seniors' organizations.

Our results reveal those tensions, uncovering them in the narratives of members of a seniors' social club. The interactionist analysis of the stigmatization of older people with impairments in a mainstream seniors' social club indicates that their participation is seen as unusual, disconcerting and disjunctive. Their participation may be acceptable if they do not affect the normal course of activities, but if not, there is a risk they will be relegated to the margins. Such dichotomization echoes policy and media discourses, in which "unhealthy" older people are expected to stay home or attend specialized centers (Lagacé, Laplante, & Davignon, 2011; Rozanova, 2010). However, no previous study, to our knowledge, has attempted to explain how discriminatory discourses structure and crystallize the conflicting presence and participation of older people with impairments in a recreational organization.

Following the seminal work of Cohen (1988), some studies showed how stereotypes and prejudices influence the aging trajectory of people with impairments (Lund & Engelsrud, 2008; Minkler & Fadem, 2002; Pardasani, 2010; Raymond et al., 2014; Zarb & Oliver, 1993). For example, such representations can prevent older people "without impairments" from mixing with older people with impairments because they represent deviant cases (Coupland & Coupland, 1993) – people who have failed in their moral responsibility to themselves and society (Laliberté Rudman, 2011; Róin, 2014). On the other hand, several studies have discussed the challenge members in mainstream seniors' organizations face in considering an older individual with impairments as being one of them (Wilińska, 2012) or envisaging adjustments to meet their needs (Tang, 2010). One of the problems is that accommodations can be perceived as negatively affecting the experience of people without disabilities. Another difficulty is lack of knowledge and resources associated with disability-related needs (Balandin, Lewellyn, Dew, & Ballin, 2006; Bigby & Balandin, 2005; McConkey & Collins, 2010). This study contributes by linking these results within an interactionist perspective and revealing how stigma can have an overwhelming impact on the lives and social participation of older people with impairments. Due to its multiple structural and cultural roots, changing this stigma should not be seen as straightforward.

Subsequent steps within the club

Can something be done to eliminate the predicament associated with disability for older people with impairments who want to start or continue social activities, especially in seniors' settings? Finding out how to achieve this goal is difficult because stigma depends on authority: "It takes power to stigmatize" (Link & Phelan, 2001, p. 375). Consequently, changing stigma implies changing the power relationships between the stigmatized (here, schematically, members with limiting impairments) and the stigmatizers (here, the members of the CJR whom we call the "performers").

Within the PAR conducted in the CJR, we decided to attempt to transform the stigma surrounding older members with disabilities. It is important to mention we are not considering the former as passive victims of stigma or the other members as bad people intending to stigmatize them. Our attention was focused on shaking up the "regime of truth" (Foucault, 1966) configuring the participation of older people with disabilities in the organization. We designed a multifaceted, multilevel approach (Link & Phelan, 2001) addressing the cause of stigma. Amongst other actions, we:

- Worked with the board to align the CJR's mission and strategic planning with an inclusive philosophy;
- Carried out several awareness-raising actions about aging and disability to revisit the stereotypes and prejudices linked to this intersection;
- Offered training regarding social participation and universal accessibility;
- Undertook pilot studies to experiment with and evaluate inclusive measures;
- Developed a guideline on inclusive practices in the organization of activities;
- Implemented an ombudsman service that could receive complaints related to experiences of disrespect and discrimination.

Altering the "performer" group's power is difficult as it rests upon cultural beliefs that are profoundly anchored and visible in both policy (United Nations Organization, 2002, 2008) and media discourses (Rozanova, 2010; Wolbring & Abdullah, 2016).

Of course, a fundamental transformation of stigma within the social club will take time. At least, thanks to the changes in the CJR's structures and cultural circumstances, disability-related stigmatizing attitudes or behaviors now appear more undesirable in this microcosm. But the interactionist perspective means we cannot feel a sense of accomplishment, as the elimination of stigmatization toward older people with disabilities requires a critical reconsideration on the social, organizational and personal levels, of what aging well really means.

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