

# When It Comes to Images, Let's Not Crop Frail Older Adults Out of the Frame

Once upon a time, I had a mom. She wore glasses. She had a hearing aid. She had partial bridges. She used a cane, and then she used a walker. She was kind of a bionic woman: intraocular lenses, two artificial hips, and one artificial knee. Not many hospitalizations but lots of chronic conditions—or enough to qualify her as frail by the time she died. I have written about her journey, under the expert care of geriatrics health professionals, and my experience of her loss in the *Journal of the American Geriatrics Society*.<sup>1,2</sup>

I have been thinking lately about how I perceive each of the assistive devices on mom's list: glasses; partial bridges; hearing aids; artificial hips and an artificial knee; intraocular lenses; a cane; a walker. The funny thing is, it did not occur to me to describe *almost all* of these devices as representing losses when I was writing "My Mom Is Dead (and That's OK)."<sup>1,2</sup>

The cane and the walker, however, were exceptions.

They loomed large in that essay, with each representing a loss along the road of her life.

Lately, I have been thinking about what we can do, personally and professionally, to be sure we see canes and other assistive devices of older age in the same way we see the tricycles and training wheels of youth: as tools that support our independence and freedom to move about rather than as visible representations of loss.

As backdrop, the American Geriatrics Society (AGS) has been focused on helping colleagues understand why we should adopt more inclusive terminology when we talk about age, principally so others can better hear what we have to say.<sup>3</sup> We know from AGS work on this front with the Leaders of Aging Organizations (LAO) and the FrameWorks Institute that even small changes to words (eg, using "older adults" instead of "seniors") can impact how we are heard.<sup>3,4</sup>

This guidance from FrameWorks can inform how we think about the images we choose to depict aging—so much so that we run the risk of choosing images we see as presenting a more optimistic view of aging rather than ensuring our images reflect the true diversity of how we age. As a denizen of social media, I already have noticed some social media influencers calling out images of frail older people as they look to shift our focus to images more representative of who these influencers are now.<sup>5</sup> The key word here is "now."

And that misperception is not limited to Twitter. The Centers for Disease Control and Prevention recently released a

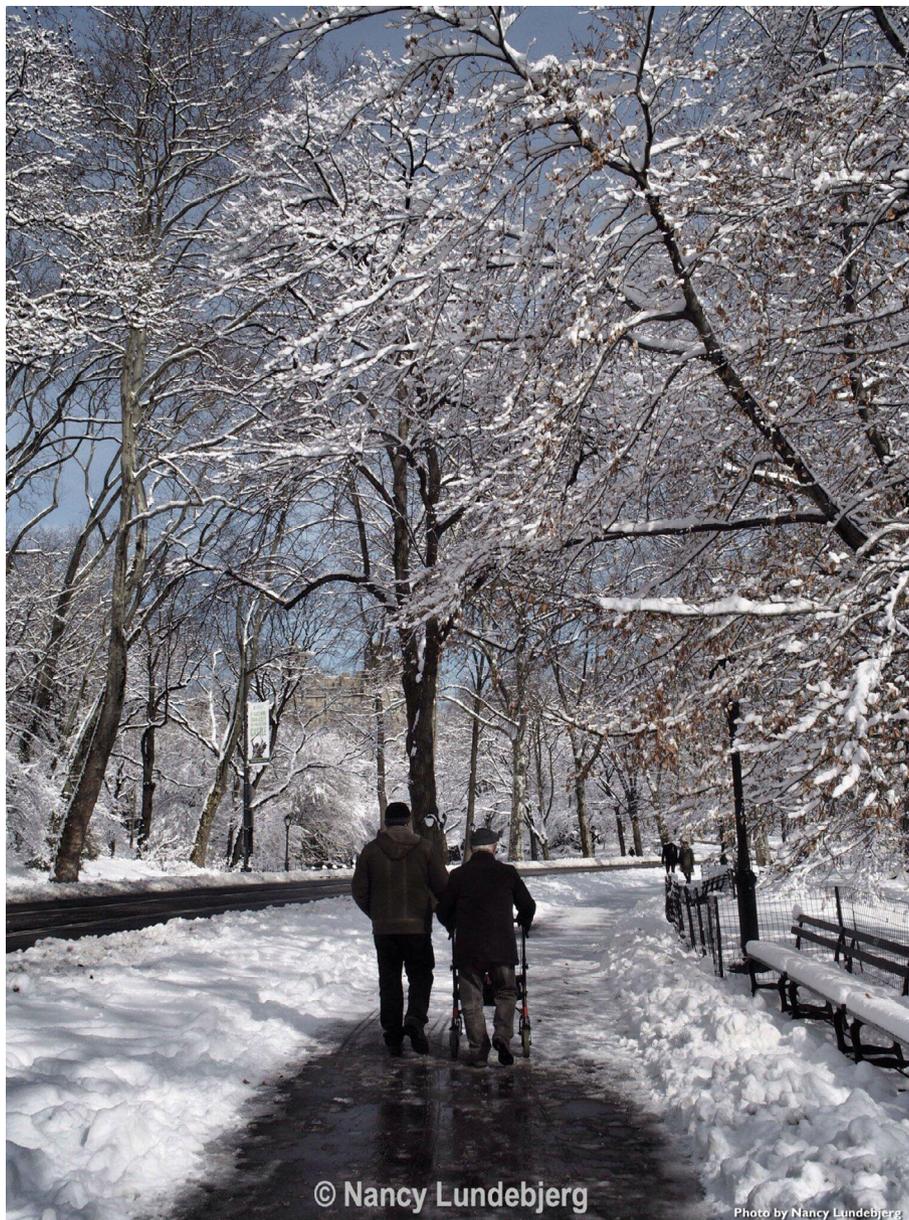
"MyMobility Plan" tool to help Americans plan ahead because "[y]ou might not have mobility problems now, but you could in the future."<sup>6</sup> Much to my surprise, the plan includes only photos of active older adults driving, exercising, and walking independently.<sup>6</sup> Here, as on social media, it is as if canes and walkers are being airbrushed out of our collective future in favor of images of older adults who need no visible supports to remain mobile and active.

Others have noticed this trend toward denying aging as well. In "No Country for Old Age," Davis writes eloquently about how, in our rush to have meaningful lives as we age, we may be losing our way when it comes to the "evening of our lives."<sup>7</sup>

But in the same context, Davis also rightly notes that geriatrics and gerontology have contributed to important and helpful changes in how we think about aging. This idea makes sense because both disciplines focus on improving our experience of age through research, clinical practice, and education. The AGS recently contributed to this discourse, too, with an expanded definition of "healthy aging."<sup>8</sup> The AGS called for a life span approach to healthy aging that is very much in keeping with geriatrics' focus on helping each person live the healthiest life possible and always working to ensure that those in their care have what Davis might describe as the best "night-fall" when it comes time for us to go gentle into that good night.<sup>8</sup> With this definition, we are moving beyond the current perspective on healthy aging as the absence of disease or infirmity, and toward a conceptualization that recognizes the influence aging has on our physical, mental, and social needs and expectations (and vice versa).<sup>8</sup>

Once again, the field I have come to know and love in my work has offered a lens for a different (and better) view of my own aging and the supports I will likely need. The AGS acknowledgment that "healthy aging" reflects more than the absence of disease and disability is a significant step forward in redefining the landscape of how we all *should* view ourselves as we age.<sup>8</sup> It is the antithesis of "anti-ageism ageism," that desire Oscar Wilde captured so well in *The Picture of Dorian Gray*: to retain our youthful appearance and never grow old. The AGS definition of healthy aging is consistent with how geriatrics health professionals practice. They are pioneers in advanced-illness care for older people, focused on championing inter-professional teams, eliciting personal care goals, and treating older people as unique whole persons. And, once again, with this definition of healthy aging in mind, they are helping me to see more clearly that my mom's cane and her walker—like all

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**Figure 1.** When it comes to images, let's not crop frail older adults out of the frame. Photograph taken by the author in Central Park, New York, NY (2014).

the other devices listed earlier—were tools that helped her live her best possible life. Not only that, they are tools we need to *see*—quite literally—more often and in a different light.

So what is a person to do? How can I prepare to live my best life as I age? Rethinking my perception of canes and walkers and even wheelchairs is a start. First, the personal reframing: Now, when I see someone using an assistive device, I think, “Go you. You are out and about and active in the world.” Second, the professional: I am committed to keeping the pendulum from swinging so far toward images of older adults who are free of obvious physical disabilities that we unintentionally “otherize” frail older people by taking them out of the picture. Guidance from organizations like the LAO and FrameWorks is critical to that work, but we also need to continue reflecting on all the realities of what it means to age. We must work to change our perception of how we see the arc

of aging, breaking away from the lens of “anti-ageism ageism” and representing the diversity of older people in the images we choose “now,” so we do not unintentionally create a future where we cannot see the most vulnerable and the most frail because we have cropped them out of the frame (Figure 1).

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