“There is Already Something Wrong”: Toward a Rhetorical Framework for Aging

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In a special issue regarding the movement to end aging in the *Journal of Aging Studies*, John A. Vincent, Emmanuelle Tulle, and John Bond enjoin scholars to consider how a resistance to aging, when accepted uncritically, occludes a number of non-empirical, ethically-charged conversations, including the “nature of the human condition,” ageism and attitudes toward the elderly, biogerontological classification, the benefits and limitations of a biological basis for social policy related to the elderly, and personal lifestyle choices (292). Indeed, as we look toward a future in which the aged population of the United States increases (Heller, Gibbons, and Fisher 329), it is critical that scholars explore not only the emergent movement to end aging but also the phenomenon of aging itself, and that they do so from humanistic as well as scientific perspectives. However, while readers of *Present Tense* would surely agree that rhetoricians are well equipped for such a task, aging remains an under-discussed topic in our field.

In response, I offer in this essay a conceptual framework for analyzing rhetorical constructions of age and aging. Drawing from both disability studies and the rhetoric of health and medicine, I take as a guiding assumption that aging is, to some degree, constructed and negotiated through the linguistic articulation of the body. After explaining this framework, I employ it to provide a brief rhetorical analysis of two transhumanist proponents of the anti-aging movement, Aubrey de Grey and Ray Kurzweil, highlighting how their rhetoric extends and intensifies familiar biomedical metaphors—the “military metaphor” and the “body-as-wetware”—and in so doing stigmatizes the aging body. While Hailee M. Gibbons has powerfully argued that “system[s] of compulsory youthfulness” integrate both ageism and ableism, framing “old and disabled people [as] failures” (7), I claim that the integration of the anti-aging sentiment with transhumanism is particularly damaging because it renders all bodies as inherently “disabled.” In my conclusion, I emphasize the need to identify and develop counter-rhetorics that critique the stigmatization of age and aging.

My suggestion for a rhetorical framework for aging consists of three arguments. First, because aging tends to be framed as a deviation from the solid, stable, supposedly “normal” state of the body, aging and its effects are frequently linked implicitly or explicitly to disability and/or disease, often by way of metaphor. I will illuminate this by examining two specific metaphors below, but would first like to declare my methodological stance toward metaphor more generally. Much of our discipline’s discussion of metaphor has been influenced by Lakoff and Johnson’s Cognitive Metaphor Theory (CMT), which argues from a cognitivist perspective that “the way we think, what we experience, and what we do every day is very much a matter of metaphor . . . [and this] is not something we are usually aware of” (3). Scholars
of disability studies, however, have critiqued certain ableist assumptions of CMT. Amy Vidali, for example, criticizes the “preponderance of ablebodied metaphors”—which CMT tends to draw from and works to naturalize—and argues that CMT reflects “a refusal to recognize and include disability, both as human experience and metaphoric phenomenon” (41). Similarly, Sami Shaulk writes that CMT “assumes that there can be no common cultural metaphors based upon the experiences of tremors, stuttering, or using a wheelchair because these experiences are regarded as random, accidental, and idiosyncratic.” My approach to examining the rhetoric of aging, taking these insights into consideration, emphasizes that there is nothing “natural” or determined about the metaphors, or the language generally, we use to discuss aging. Rather, our language reflects, and to some degree (re)inscribes, understandings of the aging body.

Second, neither age nor the aging process contains fixed meanings, values, or possible interpretations, but is capable of shifting and being shifted, often through rhetorical performance. As Robert McRuer points out, “Visibility and invisibility are not . . . fixed attributes that somehow permanently attach to any identity”; they are moved by forces such as politics, economics, and—of course—language (2). Theorizing “compulsory able-bodiedness,” McRuer argues that individuals are compelled to shore up and demonstrate their own supposed lack of disability, foregrounding “ability” as a performative act rather than an objective matter of being (9, 19). Visible disability, then, becomes coded as a flaw in character, an inability to fulfill the demands of able-bodied identity flexibly (23). Jay Timothy Dolmage does similar work with the term normate, which “designates the subject position of the supposedly (or temporarily) able-bodied individual” and acts as a “normative mandate . . . to uphold the fiction of perfection and to generate the systematic self- and other-surveillance and bodily discipline of normative processes” (23). Gibbons, furthermore, has reworked these concepts to address aging specifically and to theorize compulsory youthfulness, “the social mandate to maintain the ideals of youthfulness in regards to ability, memory, health, appearance, activity, energy, sexuality, and social roles throughout the life course, including in later life” (5). While it is misleading to conflate disability and aging, I do find that disability studies offers a useful conceptual apparatus for addressing the rhetoric of aging. Specifically, I suggest that compulsory pressures similar to those produced by certain rhetorics regarding disability are operative in arguments for resisting aging. More broadly, and drawing on McRuer, Dolmage, and Gibbons, I assert that this language can work to construct and circulate particular understandings of age and aging, making those understandings more or less visible.

Third, any particular rhetoric of aging, though never existing in a vacuum or outside relations of power, is contestable precisely because it is not a natural phenomenon. Therefore, these articulations should not be regarded as determined or deterministic. I will return to this last point in my conclusion as a way of charting futures for how we, as rhetoricians, might attempt to approach questions of aging in our work in productive and potentially ameliorative ways. Primarily, however, I will illustrate the first two points of my framework by providing a brief rhetorical analysis of the anti-aging rhetoric of de Grey and Kurzweil and considering their uptake of biomedical metaphors. In doing so, I outline how the authors construct a particular
(and potentially dangerous) rhetoric that links aging to disability and disease.

Both de Grey and Kurzweil are representative of a “transhuman” turn in scientific-medical thought that posits a moral imperative for ending not only senescence—the deleterious effects that accompany old age—but also the aging process itself. Their arguments, furthermore, highlight key features of the framework discussed above, as their use of metaphor makes certain conceptions of the aging body visible in ways that are often problematic, in this case wedding aging to a form of biologically-ordained disability and/or disease that must be eradicated and “normalized.” Though the prolix public discourse produced by de Grey and Kurzweil is worthy of analysis, I focus here on each author’s seminal text: Ending Aging: The Rejuvenation Breakthroughs that Could Reverse Human Aging in our Lifetime and The Singularity is Near: When Humans Transcend Biology, respectively. By attending to these monographs, rather than the public discourses themselves, I treat the texts as points of rhetorical formation, as sites where the ideas now promoted more publicly by their authors were inscribed.

One rhetorical feature of their inscriptions, the military metaphor, has been well discussed both outside and within our field. Susan Sontag, for example, argues that illness is often framed as a problem of will that places blame on the sick individual and, especially in the case of cancer, is predominantly articulated by way of militaristic language (57, 66-67). More recently, scholars of the rhetoric of health and medicine, such as Gayle Sulik and Judy Z. Segal, have addressed the military metaphor, the former arguing that the trope acts as “a symbolic attempt to demystify the uncertainty of cancer by categorizing it into a simple value system” and the latter asserting that the use of the military metaphor works to persuade patients and doctors to employ increasingly invasive treatment procedures (Sulik 75; Segal [Health] 124).

It is unavoidably clear that de Grey and Kurzweil repurpose the military metaphor in their discussions of the aging body. De Grey vociferously critiques mainstream biogerontology’s attempt “to dissect the aging process in order to understand it—just not in order to combat it” and claims that “scientists could solve the problem of mitochondrial mutations by copying mitochondrial DNA from its vulnerable spot at ‘ground zero,’ within the free radical generating mitochondria, into the bomb shelter of the cell nucleus, where damage to DNA occurs far less frequently” (22, 39, all emphases mine). In doing so, he clearly associates both senescence and aging generally with acts of violence and terrorism. The metaphorical relation of ending aging with military action becomes almost suffocating, however, in de Grey’s brief final chapter, “War Bonds for the Campaign Against Aging.” As the title suggests, de Grey makes use of incredibly bellicose rhetoric in the chapter, writing, for example, that “Once the War on Aging begins, it must end in victory, and the future of indefinite health will be ours” (335).

While Kurzweil’s somewhat utopian vision of the supposed Singularity—the culmination of human/machine integration—initially seems to lean less heavily on the military metaphor, appeals to combat and struggle manage to find their way onto its pages. One such example is Kurzweil’s call for current knowledge to be “aggressively applied” to alleviate aging and his description of “aggressively reprogramming [his]
biochemistry,” statements that intimate through metaphor his forceful attitude toward the aging body (371, emphases mine). In a section regarding disease, however, he more emphatically adopts the military metaphor, writing that he considers “the process of reversing and overcoming the dangerous progression of disease as a war,” that “it is important to mobilize all the means of intelligence and weaponry that can be harnessed, throwing everything we have at the enemy,” and that “key dangers—such as heart disease, cancer, diabetes, stroke, and aging—be attacked on multiple fronts” (212, emphasis mine). This rhetoric deploys a violent image of diseases—aging included in their supposed ranks—marching forward across a battlefield, only to be halted by technological counterattacks against the “enemy.”

A second metaphor deployed by the texts, however—the “body-as-wetware”—appeals to technology more directly in its resistance to aging. While I employ the term wetware to account for de Grey and Kurzweil’s sometimes oscillating descriptions of the body as both hardware and software, the implications of “body-as-machine” and “genes-as-code” that comprise this metaphor have been addressed by rhetorical scholars. Barbara E. Willard explains that “what is lost in this view of the body as machine is the mind and the role it plays in healing” (134), and Celeste M. Condit, discussing the “genes-as-code” metaphor, writes that “A genetically ill body needs not merely to have an alien invader run out, or merely to have a part replaced, but to have an expert rewrite the fundamental ‘code’ of the body,” thus rendering it vulnerable to an invasive biomedical gaze (130).

The body-as-wetware is frequently deployed by both de Grey and Kurzweil. For de Grey, ending the aging process can be reduced to a question of hardware: “Aging of the body, just like of a car or a house, is merely a maintenance problem” (21). This comparison occurs again a few pages later, where de Grey asserts that the only real difference between a body and a car is the impossibility of acquiring a new body, making the importance of maintenance ever more significant (33). He also refers to the body more generally as “machinery,” likens the harmful effects of mitochondria to those of “coal or nuclear power plants,” and (again) chastises mainstream biogerontology for “continuing to cite the long-disproven vicious cycle theories either to support or refute the role of mitochondria in aging, instead of seriously grappling with this detailed mechanistic account” (37, 53, 76, emphasis mine).

Preferring a computational vocabulary to an industrial one, Kurzweil urges his reader to “consider that the genetic difference between chimpanzees and humans, for example, is only a few hundred thousand bytes of information” (5). Extending this informatics perspective, he proposes the development of nanobots: “robots designed at the molecular level” that will be capable of healing the aging body in real time (28). While this is technically a “hardware”-based operation, Kurzweil later states that nanobots will only be a last resort to deal with those problems that cannot be cured by “software”-related methods:

We'll actually accomplish most of [ending aging] with biotechnology, methods such as RNA interference for turning off destructive genes, gene therapy for changing your genetic code, therapeutic cloning for regenerating your cells and tissues, smart drugs to reprogram your metabolic pathways,
and many other emerging techniques. But whatever biotechnology doesn’t get around to accomplishing, we’ll have the means to do with nanotechnology. (256)
The language here renders aging as a self-evident problem and distinctly argues that its solution lies in reprogramming the “genetic code,” mobilizing a wetware-based understanding of the human body. That the aging body is considered deviant and fundamentally “disabled” is put into stark relief by Kurzweil in his “Singularitarian” manifesto: “Taking supplements and medications is not a last resort to be reserved only for when something goes wrong. There is already something wrong” (371).

In order to draw connections to the framework presented above, I offer two summative claims. First, these authors’ use of the military and body-as-wetware metaphors constructs the body—indeed all bodies, since all bodies currently age—as inherently “wrong” and in need of “fixing.” In doing so, their rhetoric leverages a normative mandate similar to those described by McRuer, Dolmage, and especially Gibbons, framing aging as a problem that must be overcome by force of will. This is most apparent in de Grey’s repeated claim that those who resist the anti-aging stance have fallen victim to an illogical, “pro-aging trance” for which one must “engage in embarrassingly unreasonable conversational tactics to shore up that irrationality” (11). Second, I want to emphasize again that these authors do not deliver some objective analysis of the aging process. Rather, they construct a particular and value-laden rhetoric that makes age and aging negatively visible. To be clear, rhetorics of aging can never provide such an objective representation, but age could certainly be framed in alternative, less stigmatizing ways.

The goal, then, should be to seek and to formulate articulations of aging that value all bodies; that respect choice and difference in how individuals respond to aging; and that consider the experience of aging not as “natural” or shared across all human beings but as emerging at the intersection of language and particular, embodied experiences of being in the world.

With this in mind, I would like to conclude by briefly considering my third argument regarding the possibility of contesting harmful rhetorics toward aging and suggesting future work. I have taken the insights of both rhetoricians and disability theorists to propose a language-focused rhetorical framework for considering aging, but this framework should be understood as a point of departure, not a point of arrival. If, as Segal claims of the rhetoric of health and medicine, our work should “aim[] to be useful and ameliorative in motive” (“Rhetoric of Health and Medicine” 229), we as scholars must work to excavate and develop counter-rhetorics of the aging body capable of resisting harmful language that positions aging as either deviant or wrong. One way of doing this, as Segal asserts, is through typical academic interventions, such as the analysis and critique of language use offered here (228). Just as important, however, is attending to how rhetorics of aging affect the experiences of living, aging bodies and how those bodies might offer a resistant response in return. The framework for considering aging and the analysis of anti-aging rhetoric I have offered, in other words, points toward a more focused and developed consideration of the rhetoric of aging that also accounts for the body itself.
Endnotes

1. As Gibbons notes, “to redefine ageism as ableism prevents scholars from exploring how ageism and ableism intersect” (4).

2. While certain critical-theoretical and postmodern strains of trans- and posthumanism have been well discussed in humanities disciplines, the transhumanist school of thought from which de Grey and Kurzweil emerge is marked instead by what Cary Wolfe describes as an attitude of rational-empiricism that draws explicitly or implicitly on “ideals of human perfectibility, rationality, and agency inherited from Renaissance humanism and the Enlightenment” (xiii).

3. This text was co-written with Michael Rae, but since the book is written from De Grey’s first-person perspective and since De Grey now extols its ideas publicly as his own, I refer only to de Grey throughout this essay.

4. The term wetware is drawn from Rudy Rucker’s work of science fiction, also titled Wetware, in which it refers to the application of hardware and software to organic and biological matter.

Works Cited


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