

International Journal of
Ageing and Later Life

Volume 4, No. 2, 2009

IJAL

International Journal of Ageing and Later Life

Volume 4, No. 2, 2009

Published with the support of the Swedish Council
for Working Life and Social Research
(Forskningsrådet för Arbetsliv och Socialvetenskap, 2008-1788)

Linköping University Electronic Press

ISSN 1652-8670 (www)
URL: <http://www.ep.liu.se/ej/ijal/>

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Acknowledgements

The Editor of the *International Journal of Ageing and Later Life* wishes to thank the following referees who generously provided evaluations and constructive criticism on submitted manuscripts in 2009.

Marco Albertini, University of Bologna, Italy
Pär Alexandersson, The National Board of Health and Welfare, Sweden
Sally Bould, University of Delaware, USA
Hannah Bradby, University of Warwick, UK
Marjolein Broese van Groenou, VU University Amsterdam, The Netherlands
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Kirsi Lumme-Sandt, University of Tampere, Finland
Roberta Maierhofer, University of Graz, Austria
Darryl W. Miller, University of Wisconsin River Falls, USA
Chris Phillipson, Keele University, UK
Janice C. Probst, University of South Carolina, USA
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Anneli Sarvimäki, Age Institute, Finland
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Age coding – on age-based practices of distinction

By CLARY KREKULA*

Abstract

In this article I discuss how conceptions of age create individuals' subjective experiences of old age. I introduce the concept of *age coding* and argue that it should be understood as referring to *practices of distinction that are based on and preserve representations of actions, phenomena, and characteristics as associated with and applicable to demarcated ages*. The article illustrates how age codes can be used (1) as *age norms*; (2) to *legitimize, negotiate and regulate symbolic and material resources*; (3) as a *resource in interactions*; as well as (4) to *create age-based norms and deviance*. This broad application means that the concept should be understood as a tool for analyzing age relations generally.

Keywords: age coding, age identity, othering, subjective age, categorization, chronological age.

Some years ago I conducted a study on how locations such as age and gender interact during the life course. At that time I interviewed women older than 75 years of age (see Krekula 2006, 2007). I became interested in how the women created self-images and negotiated the boundaries

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around how they could act by referring to phenomena and characteristics as more or less appropriate at different ages. They described feeling like outsiders in contexts where they seemed to be older than what they thought was expected. Depending upon how they related to these conceptions of what is appropriate at different ages, one and the same woman could oscillate between describing herself as old and distancing herself from such an identity. The diversity and contradictions that existed within the characterizations and in how they were used drew my interest toward these processes and to the consequences they had for the women's subjective everyday experiences. I chose to use the term *age coding* to describe these assumptions about activities and phenomena as more or less appropriate at different ages. It was through studies of individuals' experiences of hierarchical relations based on age and gender that the concept of age coding emerged as a useful analytic concept. Simply expressed, I needed the concept to problematize the processes I was observing.

In earlier work I have illustrated these phenomena and offered an initial discussion of the concept (Heikkinen & Krekula 2008; Krekula 2006, 2009; Krekula & Trost 2007). In this article I articulate a theoretical understanding of the age-coding concept and exemplify how it is expressed. Among other things, I show how the concept contributes to new perspectives on age relations and to alternative ways of revealing how space and context create individuals' experiences of old age. This article is an initial contribution to a more systematic use of the concept.

The article consists of two main sections. First, the significance of the concept is discussed and I note that *when* and *why age coding becomes relevant* should be understood in relation to the co-existence of other codings. In the second part of the article, I examine how individuals use age codings and illustrate practices that can involve these distinctions.

Age Coding – Practices of Distinction

When I refer to age coding, I refer to a specific understanding of this; namely practices of distinction that are based on and preserve representations of actions, phenomena, and characteristics as associated with and applicable to demarcated ages (see also Krekula 2009). The concept draws

attention to how situations and phenomena are presented as more or less appropriate for different age groups. These practices involve the endowment of ages and age-based groups and categories with assumed qualities. They emphasize differences between different ages while simultaneously articulating similarities within age groups.

In other words, age coding is about *practices of distinction* that are grounded in maintaining conceptions of age-based categories on the basis of different qualities. Herein lays a similarity with the concept of stereotypes. An important difference between these concepts, however, is that the age-coding concept entails a broader analytic perspective. It also encompasses the coding of *phenomena*, of situations and activities while the concept of stereotypes addresses opinions and beliefs about behaviors, characteristics, and attributes of *members of groups* (see, e.g. Baron & Byrne 2003; Braithwaite 2002; Feldman 2001; Whitley & Kite 2006). Within research fields that problematize the intersection between social positions it has been argued that individuals “do” engendered age. This takes place within concrete situations where factors like context and space are significant (see, e.g. Crenshaw 1994). Categories such as age and gender are not just done on a discursive level, but also in daily interactions between concrete embodied subjects. Discourses about categories are also constructed materially. For example, children are constructed as a category that is different from other categories through the introduction of institutions like schools and daycares, and through separate spaces in the form of playgrounds within parks (Winter Jørgensen & Phillips 2000). Similarly, an age-limited labor market constitutes the category of “elderly” as those who do not have access to the social arena of the workplace (Krekula 2006). In other words, social relations, vulnerability, and privileged positions are created contextually, concretely, and spatially. Analyses of how social locations are done on a subject level should therefore reveal how individual’s lived experiences are created in situ (Staubæs 2003). The age-coding concept reveals how social categories and identities are negotiated as individuals, spaces, routines, and situational manuscripts are ascribed age-based qualities. As such, it allows for a broader analysis of age relations and their interplay with other hierarchical positions.

The definition of age coding I offer above also encompasses actions. From a theoretical perspective that regards identities as plural and as created in a social context, actions express individuals' identity claims (see, e.g. Burr 1995 for a social constructivist perspective; Stets & Burke 2000; Stryker & Burke 2000 on identity theory, as well as West & Zimmerman 1987 on doing gender perspective). Goffman (1959[1990]) describes the relationship between individuals' identities and actions by arguing that through their actions individuals communicate how they wish to be perceived and what reaction and which rights they expect in return. By suggesting that age coding preserves conceptions of actions as more or less appropriate at different ages, we posit that they are central to those social processes within which individuals negotiate identities. Within these processes the importance of codings emerges primarily through their ability to activate, enforce, and even limit individuals' conceptualization processes. Codings provide a framework for what Appadurai (1996: 4), calls "the work of imagination", that is, the ability to imagine one's self within multiple possible scenarios.

When individuals use codings and categorize or identify themselves with associated age categories, the endowed qualities of these categories are reproduced. Categorizing is thus central to the processes I discuss here, but should not be regarded as synonymous with age coding. The latter also encompasses additional processes such as individuals' *identification with* categories. Moreover, age coding is a broader concept than categorizing as it also involves those practices by which the qualities associated with an age are used as resources and strategies.

Thus, I present age coding as a *practice*; it is something that is done. Discussions about age are not reduced to discourses, phenomena, stereotypes or biases, but are understood as strategies and resources. In this way the age-coding concept directs attention to *action, activities, and processes*. Its analytic perspective reveals how *individuals* and *institutional routines* and *processes* create age-based life circumstances.

The term *age coding* has been used earlier. Among other ways, it has been used to refer to the operationalization of the age variable. Used in this context, the term refers to how researchers categorize study participants into age groups that can be studied and compared. These groups are also named on the basis of their ages. When the term *age coding* is used to

describe the researcher's creation of age categories, it refers to this *sorting* of individuals. In this way it describes a practice of separation. However, the application does not imply that incidences and phenomena are associated with specific ages. Therefore it is not synonymous with the overarching processes that are captured in my use of the concept of age coding. Nevertheless, these operationalizations are related to the processes discussed.

In a discussion of quantitative research methods, Hughes (1995) argues that categorization is the first step toward reproducing the idea of distinctive, different categories and, by extension, to constructing some groups as a norm and others as subordinate. When (age) categories are given a name, they become visible and can therewith be measured quantitatively. They can be ascribed qualities which may be used to explain experiences and observations. Hughes describes analysis as a process by which measures of variables are transformed into facts and knowledge. These results reveal dissimilarities that confirm constructed notions about differences between groups.

By emphasizing that codings (re)create social conceptions of age, the specific age-coding concept I use highlights that actions appearing to be trivial (e.g. a researcher's operationalizations) are not unproblematic handiworks. Even everyday practices are based upon and maintain conceptions of age categories. They are therefore critical to an understanding of how age relations are created.

The term *age coding* has also been used to denote age norms; that is, social norms regarding what is regarded appropriate at different ages (see, e.g. Riedmann 1988). Although I agree with the idea that age coding is apparent in age norms, I think that the concept should not be confused with this particular term. A definition based solely on age norms does not grasp the basic characteristics of age coding or its consequences. Although we must analyze empirical expressions of age coding to see what creates boundaries for individuals as they shape their everyday lives, we must also clarify what lies at the heart of age coding. Therefore I use the term in a different way. As I illustrate below, age coding is also used in practices other than those that are encompassed by the norms concept. A narrow definition, based exclusively on the forms age coding can take, leads to an inadequate description of those situations in which individuals use coding

as a strategy in order to access resources, to expand and justify their actions and to influence the treatment they receive.

When Age is Ascribed Qualities

Among other ways, age codings emerge in everyday speech about not being able to do things because of one's age. This can involve both positive statements, such as being old and wise, and negative statements such as no longer being curious. Age codings can also be found in descriptions of actions or in explanations for a change in habit. They are also apparent in age-related expressions such as "mutton dressed as lamb," which is used as a derogatory description of women who do not dress themselves in accordance with what is expected for their age (see, e.g. Hockey & James 1993). Common to age codings, regardless of who codes and whether they limit individuals' opportunities or are used by them as a strategy, is the notion that age or age-related categories and groups possess inherent qualities and significance. One and the same action will therefore have different consequences depending upon the perceived age of the one carrying it out.

When age coding takes place the number of years or age-based category is used as though this in and of itself conveys enough information that the audience would understand the meaning of the situation or phenomenon. This use of age gives it a symbolic nature (see, Mead 1934[1967]). Reference to age is assumed *to represent something taken for granted in every situation*. However, *what* is included depends on the specific situation. The symbolic value of age can be compared with the significance that is assigned to gender, whereby biological markers are related to conceptions of some qualities as masculine and others as feminine. As a symbol, age is expected to represent common notions of what age labels comprise. This is not always the case, however. In many instances, it is enough that the information conveyed is generally applicable such that all actors can use it to create adequate meanings in respective situations.

Age codings also involve questions related to how they are created and reproduced. Assumptions about the inherent qualities of a specific age can be maintained with the help of *sanctions* such as shaming when one deviates from age coded expectations. They can also be reproduced as they

are *institutionalized*; they are embedded and materialized in routines and practices or written into rules and legislation. An example is so-called “elderly talk,” which is described as an institutionalized speech form in nursing homes. Similar to language used with small children, it can be characterized by its rhythmic cadence, high pitch and communication of a positive mood (Culbertson & Caporeal 1983, see also, e.g. Hummert et al. 1998; Nelson 2005; Ryan et al. 1995 who use the term “patronizing communication”). Studies show that caregivers use this form of communication because they ascribe poorer cognitive capabilities to the elderly and assume that they – unlike other age categories – prefer this type of speech (Caporeal et al. 1983). When age codings are embedded in material practices, routines, and ordinances they contribute to turn that which is commonly occurring also into an imperative. To use Pickering’s words (2001), norms are maintained as conceptions of how something *is*, are transformed into how it also *should be*.

Diversity of Social Positions – Diversity of Codings

Categories such as age, gender and class are neither stable nor homogeneous. Since individuals are located into a variety of social positions, each distinction is based on perceived similarities in some aspects and a simultaneous disregard for differences in relation to other aspects. Categories such as old/young, woman/man, Swedish/immigrant, etc. are created in relation to each other, as each others’ counterpoint and/or opposite. Each of these ignores the diversity that lies therein. Constructions of the elderly as a homogenous category conceals, for example, other distinctions like gender, class, ethnicity/race, etc. that exist within the same category. Boundaries for what is included and what is excluded are not given since the individuals’ diversity of social positions means that several categorizations/identifications are possible. As I discuss below, the consequences of this are nonetheless tangible in that they direct the distribution of both *material resources* such as work, income, treatment and care, and *symbolic resources* in the form of, for instance, respect, values, and expectations.

The multiple social positions of individuals mean that it is possible for them to identify themselves with several categories. Each of these offers a

possible source of norms and as such provides several perspectives and alternatives for action. According to Strauss (1959[1997]: 58), this multiplicity of possible ways to identify one's self can be described as "supplementary actors" that "[...] will expect gestures from him during the interaction." The existence of multiple social positions therefore means that the interaction is characterized by an ongoing exchange between identification with some selected characteristics or categories and distinguishing one's self from others. Therefore, age codings should not be understood as the only possible logic of distinction within ongoing interactions. In parallel with age coding, there can exist logics of distinction, such as gender coding, class coding, ethnicity/race coding, etc. For example, the concept of sex coding/gender coding (see, e.g. Bradley 1989) has been used to describe gender segregation processes. In empirical studies the concept has, for example, drawn attention to a gender-segregated labor market. In these cases the term describes the result of the distinction. This application does not focus on practices in the way I do when discussing age coding.

Even if terms for making distinctions are not introduced for all possible categories, the theoretical point of departure should therefore be that the existence of multiple social positions also involves a diversity of codings, which individuals can move between during interactions and use as a toolbox of possible resources to utilize in interactions. As a consequence, some logics of distinction are toned down during interactions while others are accentuated, depending upon the context.

In the course of interaction, the confrontation between the participants' different codings emerges as a question about perspective, wherein the actors' inner perspectives meet with the external perspectives of spectators. A spectator can categorize an individual and expect behavior that is in accordance with norms for that category. However, this does not necessarily mean that the individual herself also acts based on the identification with the same category. This discrepancy between the actors' perspectives is described theoretically in the distinction between sent and received norms (Rommetveit 1955).

Individuals' diversity of intersecting identities, with their accompanying codings, means that we should ask ourselves *when* and *why* age codings become relevant. When do we choose to *emphasize differences between*

individuals based on age, rather than accentuating the similarities these individuals share in other respects? I argue here that age coding can be understood as a logic of distinction that can be used in negotiating resources and the contingent actions that different categories allow for. Following from this, one theoretical assumption is that logics of distinction are utilized where they are relevant; that is, when they are useful.

Age coding therefore appears as relevant when resources and possible actions can be distributed and regulated with the help of conceptions about ages. De los Reyes (2005), in her discussion of power and discrimination, similarly suggests that coding emerges when resources and possibilities are limited and exposed to competition. She argues that an increase in the number of working women has contributed to a growth in gender coding. Moreover, notions about national characteristics in the form of “Swedishness” are more articulated in conjunction with increased globalization and mobility among individuals across continents.

Generally speaking, then, the argument points to codings being understood as practices for negotiating power relations. They can be utilized by privileged individuals and by superior groups to defend existing power relations. They can also be used by subordinated groups to challenge these relations. The existence of several possible categorizations/identifications sheds light on the key role played by codings in those processes in which individuals maintain, challenge, and negotiate age-based power relations and thereby create parameters for aging.

Exercising Age Coding

Age-based distinctions can be involved in different processes. Below, I illustrate how these practices can be used: (1) as *age norms*; (2) to *legitimize, negotiate and regulate symbolic and material resources*; (3) as a *resource in interactions*; and (4) to create *age-based norms and deviance*.

Age Coding as Age Norms

I begin by discussing how age codings appear as age norms and as such how they constitute key dimensions when individuals negotiate and create age identities. I illustrate this with quotations from qualitative data gathered through interviews with women aged 75 years or older. The

interviews with individuals as well as focus groups centered on questions of how identities change over the life course and the importance identifications with age categories have for them when they interpret their scope of action. Their discussions get to the heart of those processes by which individuals negotiate and create subjective experiences of social positions such as gender and age in relation to social discourses on the same categories. They therefore reveal aspects of how individuals “do old age” in interaction and the importance hegemonic conceptions of aging and age have for these performances (for more information see, Krekula 2006, 2007).

The quote below is taken from an interview with a woman who regards work as playing a central role in her life. She never married but had boyfriends and in some cases lived with them. When she describes her current relations with those she calls her boyfriends, she dismisses the thought of a sexual relationship, saying “I am 80 years old for heaven’s sake. Of course one could imagine being interested, but no...”

Her dismissal of intimate relations takes place with reference to age. The self-explanatory way she relates to her age (I am 80 years old for heaven’s sake), indicates that she assumes that a reference to age in itself contains information to enable me to understand why such a relationship is not appropriate. It suggests that she orients herself to a norm that says that 80-year-old women are not expected to have physical relationships with men they do not live together with. However, she does not see such relationships as questionable for younger people and has even had such relationships herself earlier. Thus, it is not the relationships that are problematic, but rather the thought of having such relationships at her age. Thus, she regards intimate relations as *an age coded phenomenon*.

By claiming that women her age cannot have intimate relations, the informant suggests that her actions are in accordance with expectations. With the help of age coding she thus rejects possible criticism of her for not engaging in intimate relationships, a criticism that is reportedly levied against young women. In interviews, younger women describe how they strive to be appropriately sexually available yet avoid acting in a manner that would result in them being classified as either loose or asexual (Berg 1999). One interpretation of the quotation above is therefore that the informant, with the aid of age coding, strives both to maintain resources in

the form of acceptance by those around her and to avoid shame (numerous researchers posit that avoidance of shame plays a role in how people shape their actions, see e.g. Heller 1985; Izard 1991; Katz 1999; Lehtinen 1998; Misheva 2000; Scheff 1990; Taylor 1985a, 1985b).

Age coding emerges in the example above as a *category-related norm*. Norms are not strictly social expectations that are maintained with the help of sanctions, but are also integral to “doing identities.” Following this, to say that age coding can constitute age norms also emphasizes that they are central aspects when individuals stage and negotiate age-based identities.

The quotation above reveals two parallel processes involved in negotiations about identity. On the one hand, the informant identifies with an age category; on the other hand, she places this category in relation to notions about what is appropriate for the specific phenomenon, in this case intimate relations. These processes, in which one first identifies with a category and then regards the world from a common perspective and acts in accordance with the norms one interprets as appropriate for the category, are what is referred to as social identities (see, e.g. Hogg et al. 1995; Tajfel 1982, see also Mead 1934[1967]). When the woman quoted acts on the basis of what she feels is appropriate for 80-year-old women, this is then a means of “doing age” for her. When she rejects intimate relations through her concrete actions or uses this as an argument when speaking to me, this is one way for her to carry out her position as an 80-year-old woman. In this case staging of her position as an elderly woman contributes to maintaining the perception of the categories as stable and essential. In this case, the category “elderly women” is created by boundaries around possible relations are drawn.

Age Coding as Legitimization, Negotiation, and Regulation of Resources

Age coding can be used by groups and individuals at all levels to procure resources. By referring to age coding as a means of legitimizing a division of resources, I primarily wish to shed light on how *conceptions of differences between ages are embedded in institutional practices and in rules and routines*. By revealing how power relations are materialized in institutional arrangements, analysis of how asymmetrical relations are maintained is

broadened. Focus is shifted from individuals' intended actions to also include how relations are maintained as codings are embedded in institutional practices.

The most obvious example of how age coding is used to distribute social resources is how we, in Sweden, at the age of 65 (Svensk författningssamling 1998 [Swedish civil code]) can begin to take advantage of retirement benefits or be rejected from the labor force, depending upon how we choose to view the situation. Another example of how age codings legitimize the distribution of resources can be seen in the Swedish housing debate. Tornstam (2008: 38) provides a critical examination of the debate within the housing sector, a debate that suggests that it is problematic that the elderly continue to live in their homes as this is argued to prevent younger people from coming into possession of them. The following quote is extracted by him from a leading national periodical for housing organizations:

A large portion of the country's pensioners still live in their own homes far into their old age. In step with the growing housing shortage, society's need for these pensioners to move is also on the rise. The question is how?

In the quote a division is created between "society" and "pensioners." Because "the pensioners" comprise individuals older than the official retirement age of 65, what they are excluded from here – "society" – are those who are younger than 65. In this context, then, the terms "pensioners" and "society" represent age-based categories for the qualities of "older than 65" and "younger than 65." Without justification the quote presents the needs of younger people for housing as unquestionably involving "the pensioners," i.e. those who are older than 65 years of age, leaving their single family homes. The action of living in a home is therewith constructed as reasonable for those who are younger than 65. Consequently, single family homes are presented as something less intended for persons older than 65. The logic illustrates how phenomena like housing choices and homes can be coded for demarcated ages. Irrespective of whether the implicit point of departure in the quote is that the age group 65+ is assumed to be weak and in need of sheltered housing, or other assumptions about age categories, these codings have consequences. In this case a debate regarding how housing resources

should be distributed, whereby younger people's needs are given precedence, follows.

Within the Swedish laws that regulate support for people with major and lasting disabilities, some benefits appear in different guises depending upon the individual's age. The exact same physical and/or mental status can constitute grounds for granting personal assistance if the application is submitted before turning 65 years old, while after this time it is classified as normal in relation to aging and results in the applicant being awarded home support instead; that is, publicly organized support that in practice is largely carried out in the home. Studies show that these two forms for intervention have different premises for supporting the individual's freedom and independence. In contrast to home support, personal assistance provides more opportunity to have control over the type and form of support received, more continuity with respect to the caregiver, less dependence upon family members, and better opportunities for the individual to participate in activities and in social settings (Hugemark & Wahlström 2004). Consequently, the 65th birthday is a fixed breaking point with respect to judging physical disabilities and support that is granted, and therewith for the rights and everyday opportunities individuals are bestowed with. For people younger than 65 years old, the need to participate in society is taken as a given point of departure to qualify for a personal assistant, while the same is not true for those older than 65 years. Participation in society is consequently coded in these law texts and practices as related to individuals younger than 65. Physical and/or mental changes are further coded as natural for those who are older than 65 years old but as a disability for younger age groups. The consequences of these codings are different forms of support and therewith different opportunities to participate in society depending upon age.

Age Coding as a Resource in Interactions

Age coding can also be used as a resource in interactions, as a strategy. In these cases notions regarding age are used in order to gain access to various advantages. Herein lays also a similarity with age coding as a means to legitimize the distribution of resources. By specifically referring to age coding as a resource in interactions, I draw attention to the fact that it is *carried out through interactions between individuals*. One such example is

the Swedish expression “*med ålderns rätt*” (the entitlements of age), which can be used, for example, by an elderly person who would like to jump a queue or receive support for their argument in a discussion.

Groups and organizations can even take advantage of age codings to reinforce their position. One example is lobby organizations for the elderly that encourage their members to bring their walkers and walking sticks to public meetings to gain public sympathy (see, Grenier & Hanley 2007). In other words, preconceived notions of the elderly as weak give them an advantage. Similar processes can even be observed in work places. Professional knowledge that is gained through experience can be valued on par with or as even greater than formal education (see, e.g. Ericson 2009). If knowledge and wisdom in such contexts is coded as associated with old age, this can contribute to elderly persons being expected to be in possession of these experiences to a greater extent than younger colleagues and as a result status will be assigned on the basis of seniority.

A more general example of this application of age coding can be seen in negotiations about identity, in which age coding emerges as *identity strategies*. I will illustrate the latter with the help of statements that relate to identity processes in which individuals do not identify with their age equals, but regard themselves as exemptions from an imagined category “the elderly.” These processes have been empirically described in divisions between chronological age and so-called subjective age (see, e.g. Barak 1987; Kaufman & Elder 2002; Uotinen 1998; Westerhof & Barrett 2005; Westerhof et al. 2003).

The quote I use is drawn from the same empirical material I refer to above. The informant in question is 78 years old and is working full time. This is possible because she runs her own business. She describes herself as happy, fortunate, and full of ideas for the future. When she characterizes herself in the present she describes herself as an “elderly woman” but comments upon this in the following way:

I don't feel like an elderly woman. I feel like I am at the midpoint of my life. For me an elderly woman is a lady with a cane, someone hobbling along the street, on the fringes of life. Sometimes I feel younger than my son's wife. It depends upon one's manner. I want so much more.

In the quote, the informant ascribes the category “elderly woman” with declining physical capacities (hobbling along) and diminishing social roles (on the fringes of life). Because she does not characterize herself in the same way, she finds it difficult to identify with this category.

When she wishes to communicate that she herself is a person who strives after achieving so much, she does so by describing herself as “younger than” her middle-aged daughter-in-law. That is, she describes characteristics such as being active and moving forward with age-related terms. In this way the informant age codes can-do spirit and high ambitions as belonging to middle-age and younger people, while declining physical capacity and limited social roles are coded to older ages. Above, I illustrated age coding of *activities* such as housing choices and of *phenomena* such as intimate relationships. Here it is the *characteristics* such as can-do spirit and being ambitious that are coded.

In the example above, the informant describes herself as possessing *characteristics* that she codes as youthful. At the same time she describes elderly women in general in a way that deviates from this description. They are characterized with qualities that she codes according to the actual chronological age. That is, she makes *two simultaneous age codings*; one with which she claims her own identity, and a second that is used to construct the category of “old women.” With the aid of these double age codings, she presents herself as a deviation from the category elderly women and therefore creates a category that does not include her. Even if she does not identify with the characteristics she codes as related to women her age, she does not use this as a point from which to question the categorization as such. That is, the common chronological age together with her experiences of old age are not used to negotiate what has been assigned to the category of elderly women generally. This would have meant using a single age coding, but one that was consistent with those qualities she claims for her own. This would have involved, for example, her coding high ambitions as related to elderly women.

Here age coding of elderly women is used generally as a backdrop against which the informant positions herself as faring better than her peers. This can be compared with Merton’s (1967) theory of reference groups that describes how an individual’s dissatisfaction in a given situation depends upon which group one compares oneself with. By

using simultaneous and – with respect to content – different age codings in this case, the informant appears to be a positive deviant from a negatively constructed category. On this basis she can expect to reap rewards in the form of recognition and admiration from others. The subjective age she creates by describing herself as younger than both her age peers and her middle-aged daughter-in-law can appear therefore as an identity strategy. With the help of this strategy she can lay claim to identities she values positively, which may result in well-being when she perceives affirmation from others.

In the final example noted above, age coding constitutes *a resource or strategy* that can be used in interactions to procure advantages. There is an important difference between age coding in this case and the previously illustrated example that showed age coding in the form of age norms. When coding has the character of a resource in interactions it is not associated with sanctions, e.g. in the form of shame, but instead with potential gains.

The simultaneous presence of multiple age codings reveals that neither the identity claims of individuals, nor constructions of age categories are given or static. Constructions of age categories should instead be understood as the result of *deploying a particular age coding rather than other possible codings*. Similarly, the staging of an age identity is based on specific age codings while also overlooking others. The concept of age coding shows that it is useful not to take categories and identity claims for granted. Instead, they can be taken as a point of departure for analysis with the aid of questions about how age codings maintain categories/identity claims. Moreover, they reveal those resources, possible actions, and power relations that are negotiated with the help of coding.

When Age Coding is Used to Create Age-based Norms and Deviance

Above, I discuss how age codings can be used by individuals as well as how they can be embedded in formal texts. Here I provide an example of how they can also be entwined in processes in which age-based norms and deviance are created. Based on statements about “being old” I here argue that age coding constitutes the *step at which norms and deviance are created based on age*. More specifically, I note that this takes place through (1)

dividing individuals into age categories; (2) respective age categories being assigned different qualities; and (3) the situation/activity being coded as more appropriate for some age groups than for others.

One example of these processes is found in excerpts from an interview with an 87-year-old woman who reports that she feels young when she is in her gymnastics group, but old when she participates in cultural contexts. The latter are activities she has been involved in for most of her life. For her the experience of being old is negative and she describes her own self-image as old as something created in her encounters with others:

[...] yes, everyone regards me as too old for everything. One almost doesn't dare take courses because they look at "that old person who is here" and such.

The quote illustrates how experiences of being old depend upon the situation. That is, they are not static. Her age identity is based in this case on her perception of herself as older than she thinks one is expected to be in this context. She describes herself as "old" because she experiences that she *deviates from the age coding of the situation*.

When other individuals, i.e. partners in interactions, use age coding, this involves categorizations that weave together apparent markers of difference between the actors with age codings of the actual situation. In the quote above, the informant perceives how her interaction partners code the activities as associated with younger ages (than her own). Even these categorizations, which are made by the counterpart in the interaction, are characterized by ambivalence. The observers, like actors, have multiple positions and they categorize on the basis of each of these and within the framework of the situational script. In Strauss' (1959[1997]: 50) words:

Classifications are not "in" the object; an object gets classified from some perspective. The same object will be differently classified from different perspectives; and categories into which it can be placed are inexhaustible. Different groups of men have characteristic perspectives and so neither name objects identically nor possess exactly equivalent systems of classification.

However, the categorization the informant perceives in the quote above is not only a categorization in the form of cognitive economics, i.e. the facilitation of information processing. It also positions the two counterparts

in the interaction in relation to one another. Using Pickering's (2001) distinction between categories and stereotypes, it can be argued that in the process above, not only does a categorization take place, but the informant also experiences being ascribed a position as "the Other" and that the other actors usurp the position of the norm. Like Strauss above, Pickering claims that categories are pliable and thus not a decisive aspect of individuals' processing of information; they "[...]; should not be regarded as *the* elemental structure of thought..." (Pickering 2001: 3, italics in original). As with categories, stereotypes strive to create order in life, but in contrast to categories they disregard dynamism.

Pickering's distinction between categories and stereotypes provides a valuable contribution to problematizing the flexibility of categories in that it shows how we as the observer can choose to see many positions. In the quote above, the informant can, for example, be categorized as a woman, as Swedish, as an art lover, etc. Depending upon the categorization and which positions are brought forth, similarities and differences between actors will be accentuated. However, through age coding the possibility of traversing between similarities as well as differences is lost and the perspective in the interaction is locked into one or the other. Put another way, with the aid of stereotypes and the taken-for-granted nature of what constitutes age, focus is directed to differences based on age, while possible similarities based on other aspects are toned down. As is apparent in the quote above, this stereotyping not only involves narrowly assigned features. Because the situation at hand is also age coded, this results in the informant feeling deviant because of her age. To perceive that one is ascribed a position as the Other, has been described as being:

[...] imprisoned in an identity that harms you. You are both silenced and spoken for. You are seen but not recognised. You are defined but denied an identity you can call your own. Your identity is split, broken, dispersed into its abjected images, its alienated representations. (Pickering 2001: 77–78)

Even if stereotypes and categories are twin concepts, othering, as Pickering posits, is more sharply defined than stereotypes since it reveals the relational, how We and Them are created as each other's anomaly. Stereotypes focus on the stereotyped and in this way overlook that these processes are based on comparisons, on how the one is perceived as

the other's opposite. The concept "the Other" has the advantage of also bringing attention to those who stereotype and therewith assume a position as subject while simultaneously assigning the Other a role as the deviant. Unveiling how these age codings can be entwined in processes of othering reveals the importance a situation's premises have upon individuals' subjective experiences of age. The concept of age coding reveals that subjective experiences of old age, for example, can be understood as created within a field of power. Someone commandeers the power to define the relationship and the situational manuscript, deeming him or herself as the subject and perceiving the counterpart as "the Other."

Closing Remarks

In this article I have discussed the concept of age coding and illustrated processes in which codings can play a part. I have shown that age coding can be used by individuals regardless of their age and that they can be written into formal texts and regulations. An important difference between these processes is that age codings, when they are involved in interactions, can be used to negotiate outcomes. However, once they are written into regulatory documents they cease to be an element of negotiations. Rather, they contribute to *maintaining normative assumptions* about age and hierarchical age relations. Overall the argument emphasizes age codings as practices. Although my use of the concept age coding has been presented in studies of how lived experiences of old age are created, the concept should be understood as a tool for *analyzing age relations generally*.

A major point in my argument has been that notions about the given qualities of different ages do not result only in negative consequences for the individual. The consequences of age codings can, as illustrated above, be negative for individuals when they are used as a basis for discrimination. In other contexts practices of distinction provide tools to be used as a strategy by individuals to expand their possible actions or to retain entitlements. While individuals can feel like outsiders and experience shame as a result of being ascribed a position as the Other, they can also experience satisfaction and well-being when age codings contribute to affirming identify claims or to retaining desired resources. Decisive for

what meanings assumptions about age will have is who is in a position to define the actual situation. This points to the necessity of clarifying the levels of analysis we are operating on as we discuss the consequences of varied conceptions of different ages. Reductionist perceptions of aging at a societal level, is not necessarily the only available discourse on age when individuals create meaning in their everyday lives. Nor do generally positive descriptions of aging necessarily mean the absence of limitations. The multiplicity of processes in which age coding is involved instead directs attention to how existing perceptions of age and aging can shift in nature when they are deployed at the individual level; they are transformed, utilized, and exploited. To declare the presence of stereotypes about the elderly or an age norm at the societal level is not the same as saying that this is important for individuals as they negotiate their courses of action and orient themselves in the world (Krekula 2006).

Above, I have illustrated practices in which age coding plays a part. This sheds light on the different research approaches that emerge depending upon whether age is assigned inherent qualities and is accepted as a satisfactory explanation for the state of things or is taken as a point of departure for analysis, i.e. whether the point of departure is the presence of age codings. When age is used as a satisfactory explanation for living conditions, explanations for the circumstances of aging are placed upon the individual. This involves a simultaneous toning down of how social frameworks shape what aging means. It masks the potential for change that exists, the possibilities of creating new parameters for aging. To say, "I am not curious because I am 80-years old" does not show the same potential for change as when one says, "There is no public transportation available near my home that will take me to new arenas where I can be curious." When the explanation for the circumstances of aging is placed on the level of the individual, change and problems are presented as individual concerns rather than as social problems. The concept of age coding redirects attention from the individual to the context in which he/she finds him/herself.

In describing the different practices in which age coding is deployed, I have, among other things, identified the key role that age coding has in identity processes, in the processes in which subjectivity is created. As I have argued, age codings can both maintain and challenge age-based

power relations. As an analytic concept, it can therefore contribute to revealing those practices that challenge age-based counter-normative practices, an area that is little discussed.

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Ageing well? Older people's health and well-being as portrayed in UK magazine advertisements

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Abstract

The media, including advertising, is an important source of information about health and ageing. Furthermore, advertising makes certain discourses, vocabularies and imagery available as resources for age and health identity formation for older adults. The aim of this study was to investigate qualitatively the prominent themes relating to health and ageing that emerged from a sub-corpus of 140 British magazine advertisements depicting older adults. We focus on how these depictions construct health identity in older age through their underlying discourses. The six main themes included solutions to health problems; maintenance or regaining of independence and quality of life; managing risks; staying younger, healthy and active; taking pride in appearance; and discourses of responsibility and choice. The most prominent underlying discourse was the possibility, necessity and desirability to take positive action to maintain health and well-being in older age. We relate these findings to current societal discourses of active ageing and anti-ageing.

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Keywords: Advertising, images of older people, health, active ageing, anti-ageing.

Introduction

Our lifespan identities, like other aspects of our identities, are subject to our own individual evaluations and (re)assessment in terms of how old we are (or feel) and what lifespan stage we inhabit. But as part of our social identities, age or lifespan identities are formed by social processes and influenced by societal expectations, some of which are available in the media, including advertising. Health identity is an important aspect of our (age) identity and our main focus in this article. We approach our data from a broadly social constructionist perspective which sees (age) identity as a socially constitutive process (Gergen 1985) involving identification work by individuals. Arguably, then, consumers of adverts may identify with or disassociate themselves from images in them. Advertising not only makes it possible for older people to use health information designed by others, it also makes certain discourses, vocabularies and imagery available as resources for age and health identity or identification that enable older people and their families to manage and think about their own health.

Consumers are neither passive targets of advertising, nor are adverts ideologically neutral. They not only represent “reality” linguistically and semiotically, they constitute it. It is also worth bearing in mind that adverts are typically created by people who are not old themselves. Hence for the author(s) of the kinds of adverts we consider here, the adverts constitute representations and discourses of the “other” which is also a potential subject position available for the reader. Fairclough (2001) describes how advertisements work ideologically: advertising discourse builds relations between the product/advertiser and the audience; it builds an image for the product; and it constructs subject positions for consumers. For example, many of the adverts under analysis in this article are specifically targeted at older individuals. They position older consumers as certain kinds of individuals through the construction of specific age-related needs, pursuits and problems.

We aim to explore how this is done. Our broader research project (see Acknowledgements) has examined types of images of older people in

print media (and TV) advertisements more generally (see Williams et al. 2010, in press), but our focus in this article is on advertisements that contain health-related messages that appeared in British magazines over a five-year period (1999–2004; this was a period five years prior to the start of the project, which spanned 2004–2007). Thus, we examine what messages and themes of ageing and health emerge from the texts and the accompanying visual imagery of these print media adverts and how they may construct health and body agendas for older people.

Older people's perceptions of health and their health identity as an ageing person derive from various sources of health communication (Piotrow et al. 1997). In contemporary society there are numerous sources of health information, such as service providers, books and publications, the internet and the media. The media is a particularly important vehicle for health information (Atkin & Wallack 1990). Some of this information is explicit and planned as in media health campaigns, but some are more indirect and implicit, unplanned and even unforeseen. Therefore, the messages available in advertising can be both direct and indirect in that they can focus in on particular health issues or they can inform about health and well-being consequentially while addressing another seemingly unrelated issue.

Apart from the rather obvious function of informing people and promoting particular products, advertising sets priorities for health in ageing. Advertisements show older people what they might expect as they age. In this way, advertising influences how older people construct themselves as ageing individuals as well as their conceptualisation of the ageing body and the health and welfare challenges of ageing. But on the other hand, advertising can also give false promises about ageing and might force older adults to construct themselves as ageless individuals. It is our intention in this article to examine the variety of health and well-being messages in advertising. Before that, we review some literature relevant to the current study.

Portrayals of Older People in the Media

Media images of older people have been studied for some years. There has been fairly extensive research into how older adults are portrayed in

various media (see Robinson et al. 2004, for a review). For example, TV programmes (e.g. Harwood & Anderson 2002; Harwood & Giles 1992; Kessler et al. 2004) and TV commercials have been scrutinised (e.g. Lee et al. 2007; Roy & Harwood 1997; Simcock & Sudbury 2006; Swayne & Greco 1987). More pertinent to this study, print advertisements have also generated research interest over the last 20 years and more (e.g. Bramlett-Solomon & Wilson 1989; Carrigan & Szmigin 1998; Harwood & Roy 1999; Robinson et al. 2008; Ursic et al. 1986) as has magazine and newspaper portrayals of health and illness in old age (e.g. McKay 2003; Rozanova 2006). Examining images of older age in advertising can be partially driven from a realisation of the increasing importance of the “grey market” (e.g. Carrigan & Szmigin 1999a; Peterson 1992).

Many of these studies rely on content analysis as their methodology and as such provide valuable information on general patterns of representation, but they typically don't offer in-depth analyses of the messages. Before examining such studies conducted in the UK context, we provide a brief review of the results of some content analytic studies with a focus on findings that apply to health and welfare for older people.

Results from content analytical studies have suggested that not only are older people (especially women) under-represented in general media (news media and TV), but that when they do appear it has tended to be in stereotype confirming roles (Peterson 1992, 1995; Robinson & Skill 1995; Smythe 1996). However, it has been found that the advertising media, as opposed to the general media, tend to portray older people positively rather than negatively (Harwood & Roy 1999; Simcock & Sudbury 2006). Thus, older people in adverts are often depicted in terms of positive stereotypes.

Several studies (Miller et al. 1999, 2004) found that “Golden Ager” (i.e. older people as relatively active, glamorous and competent) and “Perfect Grandparent” portrayals (older people in grand-parenting roles, typically in a family setting) (see Hummert et al. 1994) were rather typical of TV representations of older people. Our own recent study of magazine ads endorses this finding of the prominence of such images in the advertising media (Williams et al. 2010, in press). Golden Agers were frequently found in our sample of British print media ads (36% of our sample of 221 ads). But in addition we found that “Copers” (older people coping with a

mobility or health problem) were quite frequently portrayed, too (24% of the ads). Both these types of representation rely on associations between health and ageing. The former category depicts positive ageing, i.e. healthy and active older lifestyles, the latter alludes to physical limitations (and decline) brought about by ageing but promotes action, responsibility and ways for older individuals to cope with these limitations.

In terms of products, it has been fairly consistently found that in advertising older people are linked with a limited set of product types. For example, they are more often associated with food and drink than technological devices or cars (e.g. see Miller et al. 2004). Health products are important here as older people (typically indexing longevity) are used to sell the health benefits of certain foods such as olive oil-based margarine (Williams et al. 2007). Another dimension that has been explored in content analytical studies is the environment or setting of the advert and older people are frequently depicted as being at home. In terms of gender, women are represented more than men in terms of relational contexts; it has been suggested that US print advertisements often depict older characters with their spouses, colleagues and in service-related relationships (Harwood & Roy 1999).

In the existing literature, very few studies have systematically examined depictions of older people in advertisements placed in magazines designed for older readerships. There are some notable exceptions and we will discuss these and their findings as they apply to older people's health and welfare next.

In one such study, Roberts and Zhou (1997) examined adverts in USA *Modern Maturity* magazine. They found that the older people were almost always portrayed in important roles, but they were most often depicted in home settings. It was those aged 65+ who were depicted as "sedentary" while those younger than 65 were portrayed as active. Almost all older people in the ads in this publication were shown to be in good health.

A British study by Carrigan and Szmigin (1999b) is to our knowledge the only one apart from our own (Williams et al. 2010) which has attempted to compare the images of older people in advertisements in mainstream newspapers and magazines to those found in publications designed for older people. Comparing the *Daily Mail*, *Daily Telegraph*, *Good Housekeeping* and *Women's Journal* to *Choice*, *Saga Magazine*, *Goodtimes* and

Active Life, Carrigan and Szmigin explored the relative distribution and positivity of portrayals of older people across the two data sets.

Their findings echo those of previous research in that the older people were under-represented in mainstream publications, but they found this not to be the case in publications designed for older people. More pertinent to our current concerns, older adults were predominantly characterised as “favourable” (competent, looking active and enjoying an activity) in both mainstream and the specialist publications. In other words, older people were depicted as active and enjoying good health. In terms of the products associated with older people, mainstream publications tended to feature older people in ads for food, household appliances and health products. In magazines for older people, in contrast, a third of the ads featuring older people were for disability and mobility products (e.g. stair-lifts and orthopaedic beds). Ads for financial services were also fairly frequent as were ads for health and medicine.

Thus, we can see that advertisements that draw an association between ageing and health are very frequent in publications for older people. It has been shown (Williams et al. 2007) that many ads for common everyday foodstuffs in mainstream magazines also draw on associations between increasing age and health concerns. In a content analytical classification scheme these associations are in danger of being lost if the analysis records the data in terms of “product” (such as food and drink) and thus leaves the health association unrecorded. A closer textual and semiotic analysis offers a more holistic outcome as it enables the examination of the portrayal of the older person in the full context of the ad, including the product, the setting and the persuasive strategies that are used.

An example of a close, thematic analysis of representations of older adults and health in the media is a study by Rozanova (2006). Her focus was newspaper articles in a leading Canadian newspaper which covered health, illness and ageing (old age). Three main themes emerged. Firstly, the articles built an association between ageing and disease, bodily decline and general worsening of one’s health. Secondly, individual responsibility for healthy ageing was highlighted, including the reverse scenario of inappropriate (unhealthy) lifestyle choices as being direct causes for health problems in older age. Thirdly, the costs of (un)healthy ageing were foregrounded, both to individuals themselves but also to society at large in

the case of ill old people. The first two themes in particular are relevant to our investigation of how older age and health might be linked in adverts which promote healthy living and healthy ageing and we shall return to these in our analysis below.

There are a few studies that have investigated in-depth representations of old age in the British media. For example, Featherstone and Hepworth (1995) carried out an often-cited longitudinal case study of the *(Retirement) Choice* magazine. The magazine, from its conception in 1972, explicitly attacked the traditional ageist image of retirement in Britain, namely that of uselessness and passivity. Instead "the promotion of the benefits of an active, positive ageing lifestyle where the consumption of goods and services has an integral role to play in the battle against ageism" (Featherstone and Hepworth 1995: 40) has predominated, together with relatively glamorous, youthful, fit and healthy images of middle-aged and older people.

In another UK study Bytheway (2003) analysed the contents and imagery found in an issue of *YOURS* magazine, a weekly magazine targeted at older readers. In the features coverage Bytheway found "familiar images of later life: reflection and fulfilment, travel and activity, and advice and support" (Bytheway 2003: 44). The advertisements form the largest visual representations of later life that appear in the magazine, with clothing; travel/holidays/cameras; equity and medicines/food supplements/cosmetics being the most frequently advertised products. Models were judged as quite young – less than 50 years old – which seems incongruent in some cases as they did not appear to need the products they were advertising, such as stair-lifts. Bytheway concludes that through its imagery and other coverage *YOURS* magazine provides guidance for its readers on what active steps can be taken to fight the challenges and inevitabilities of older age. Such images can help set an agenda for successful ageing that is not just a template for how to *survive* old age, but which encourages the perception that people can *thrive* in old age. In line with this argument, he suggests that older people are persuaded that there are alternative lifestyles to be selected and enjoyed.

Relating to the notion of constructing alternative lifestyles in older age, recent research and theory in social gerontology has focussed on the (ageing) body as a social construct (e.g. Faircloth 2003). Indeed as long ago

as 1991, Giddens argued that in late-modern society “the self” – including “the body” – can be considered a “life project”. Perhaps, then, visual representations and media imagery prompt social comparative processes whereby we monitor how we are doing (for our age) compared to others of a similar age and social standing. It is possible that older consumers use these images as part of their life project. In late-modernity it seems that ageing is *eventually* inevitable – despite the ideology of “the anti-ageing enterprise” (Vincent et al. 2008). But for those in midlife, ageing can appear to be more about choice than inevitability. That choice is exercised through the consumption of goods and services that (are believed to) correct, delay or hide evidence of ageing, as is evident in many of the advertisements we consider here.

Moreover, Faircloth (2003) and others (e.g. Hughes 2000) have noted how late-modern society has medicalised the body so that we perceive disease as a deviant state of affairs that needs regulation and control (Burchill et al. 1991; Turner 1995). Decline in ageing falls under this remit: age-related immobility, disease and illness are seen as deviant and something one should endeavour to correct. We shall return to this notion later.

Considering the issues of body, health and decline within the context of an ageing population where “a widespread secular improvement in life expectancy in old age and in late-life healthiness seems incontestable” (Gilleard & Higgs 2000: 160), a health focus in advertisements depicting older people seems to us an important avenue of research. We seek to use a wider sample than previous UK-based research and focus on advertising itself rather than on other magazine content. We also seek to elaborate and extend our analysis beyond a simple content analysis – we therefore undertake closer textual, thematic and semiotic analysis in this article to extend our own (Williams et al. 2010) and others’ previous content analytical categorisation.

Based on a corpus of print media advertisements depicting older people, we examine what kinds of products are advertised and what kinds of health-related promises are made about the benefits of using the product. Our analysis will focus on the emergent thematic strategies and underlying discourses of the adverts; in other words, we focus on *how* health-related themes are realised in the adverts rather than on content analytical

distributional facts. Moreover, we explore the body-project and health and lifestyle options and implications for older consumers that our data present. In summary, we aim to answer the following set of research questions:

RQ1: What assumptions are made about older people's health and well-being?

RQ2: With what products are issues of health and well-being in older age associated?

RQ3: What themes emerge as prominent in the adverts that have a health and well-being focus?

RQ4: What underlying discourses about health and ageing are evident in these ads?

RQ5: What, if anything, can be said about societal assumptions about older people's orientation towards their health and well-being on the basis of these ads?

Method

Before describing the current study, we describe how we arrived at an overall sample of British magazine advertisements used for the wider research project. We consulted *Brad Monthly Guide to Advertising Media* (2004), *Willing's Press Guide to UK Media* (2003) and the *National Readership Survey* (National Relationship Survey 2003) to access information about readership profiles. We followed the practice often cited in previous research on magazine advertising (e.g. Harwood & Roy 1999) regarding the need to cover different types of magazines, and eight basic categories of magazines were identified within the following schemata: general, men's, women's, sports, home, business, young audience and older audience. We aimed to cover some of the most popular magazines but also different genres and age-groups.

In this way target publications for our sample of British magazines were identified. The resultant sample of magazines included one weekly publication, *Radio Times* (home), one fortnightly magazine, *The Economist* (business) and nine monthlies: *Saga Magazine* (older), *ASDA Magazine* (general, home and family), *Marie Claire* (younger women), *Rugby World* (men, sport), *Men's Health* (men), *FHM* (younger men), *Good Housekeeping*

(women, home and family), *Family Circle* (home and family) and *BBC Good Food* (home).

We examined magazines from June 1999 to May 2004, a five-year period with six years of publication. We collected nine monthly, one weekly and one fortnightly magazine for each of the six years. To create a more manageable sample, a single composite year was compiled using stratified random sampling. For example, for December of our composite year, issues were randomly selected from the December issues in our sampling frame. The composite year was composed of publications from: January 2002, February 2000, March 2004, April 2004, May 2003, June 1999, July 2000, August 2003, September 2002, October 2001, November 2001 and December 1999. Thus, each year in our sampling frame appeared twice in our composite year.

The resultant 121 magazine issues were then analysed for any advertisements a quarter of a page and larger, containing a “recognisable” human figure appearing to be 60 years or older. Although some earlier studies have chosen a cut-off point of 50 years, we chose 60 years because it has been found that people across different age ranges judge “old age” to start after the chronological age of 60 years (Garrett & Williams 2009). Therefore images of people in their fifties might be seen to depict “middle-aged” rather than “older” adults, especially in the context of an ageing population and increased lifespan. Two researchers (aged 42 and 54 years) independently scrutinised our initial database for adverts depicting people 60 years and over. The older person(s) in the advert were judged either to be 60 years or over or not (a binary yes/no coding). Inter-coder reliability was calculated using Cohen’s Kappa, which gave a result of 0.85. Disagreements in coding were discussed and resolved so that only adverts that both coders agreed depicted people 60 years or over were included in the final sample.

A “recognisable” human figure meant enough of the face was visible to be reasonably certain of the character’s sex, age and expression. Isolated photographic images of human hands, for example, even though they may have been clearly hands of an older person were not sampled, neither were cartoons nor puppets. This resulted in an initial total of 253 ads with an older person featured as one or more characters. These were further scrutinised and duplications were eliminated. This resulted in a final

corpus of 221 advertisements meeting all of the criteria. Because our wider research programme focuses on representations of older people in advertising, only adverts that featured (an) older adult(s) were collected. Adverts for health-related products (even if age-salient) that didn't contain an older person were therefore arguably missed from the sample.

Selecting Health-Related Adverts

Our database of 221 adverts was previously content analysed for categories, such as product, tone of advert (on a scale from derogatory to positive); type of portrayal; rhetorical scheme; the setting of the advert; the sex of the character(s); and the presence or absence of humour (see Williams et al. 2010). The results from the content analysis showed that 14.5% of the ads were for "medical or health" products. But this figure does not include adverts for other products that have a strong connection to health, mobility and welfare issues for older people and would therefore be of significance to this study. Some obvious examples that would not be found if we adhered to our initial coding of medical products alone are items such as help & support (e.g. stair-lifts) which comprised 26.2% of the ads and foodstuffs that claim a health benefit.

For this study, then, adverts that relate to health and well-being more broadly defined were selected. Criteria for selection were: that the ad related directly to health or medical issues, mobility or disability, food supplements, and food and drink items that included a health message, general consumer goods that included a health or longevity message, and more minor cosmetic ads (e.g. wigs and skin-care) were also included. Overall, 63.3% (140) of the adverts in our data base were selected by the researchers working together. The adverts that we examine here were drawn from the following product categories which we had identified earlier in our research: help/support, food and drink, medical/health, cosmetics, household and professional services.

The adverts were scrutinised qualitatively through emergent theme analysis, guided by Constant Comparative Method (Glaser & Strauss 1967; Strauss & Corbin 1998). This method is part of a Grounded Theory approach which seeks to develop theory inductively from the data itself. In practice, we examined our data corpus advert by advert, noting the thematic focus of the adverts. We categorised the data according to the

most salient health messages. Each advert was compared to previously classified adverts and new themes were devised as necessary. Both the text and the visual imagery were taken into account and two researchers worked together through this process. This was repeated in an iterative process until all adverts were classified and the researchers were assured that all main themes had been captured. This method of analysis was then combined with the examination of the language/discourse in the advert. Thus when we discuss the health-related themes below, we look at how those themes were discursively formulated through language. Six main themes emerged and these are described below.

As the aim of this study is to offer a qualitative and critical description of the advertisements that have a health and well-being focus, we will not offer quantitative information (apart from percentages) or statistical details about the associations between different variables regarding the adverts.

Findings and Discussion

Products and Presentation

In our database, typical products that are linked to health issues for older people include: mobility aids (e.g. stair-lifts, scooters, walk-in baths) (36.4%); food supplements (e.g. vitamins, Gingko Biloba) (5.7%); food (e.g. margarine, bread promoted as health food) (7.9%); vacuum cleaners (with emphasis on light weight) (5%); telephone/security aid (6.4%); sheltered and retirement housing or respite care (12.9%); lifestyle enhancers (products and devices related to teeth, eyes, ears, heart, bladder weakness and cosmetics) (17.9%) and health insurance (2.9%). Only two adverts for other general consumer products drew an association between an older person and health. These were an advert for sports footwear and an advert for swimwear, both emphasising the health and longevity benefits of exercise.

The most common category of adverts was mobility aids (special beds, stair-lifts, walk-in baths, scooters and so on) and the vast majority of these were found in *Saga Magazine*. These ads make up a fairly tightly defined genre. They appear informative – the information seems to take precedence over any other kind of content. For example, they are rarely if ever humorous and they are not particularly visually engaging. They

declare their basic information using headlines and by-lines and they usually use a representative who is demonstrating the product.

Typically the older person depicted using the product looks straight into the camera, thereby creating a visual form of direct address with the viewer of the image/reader of the advert. These types of images are what Kress and van Leeuwen (1996) term "demand" images: "the participant's gaze demands something from the viewer, demands that the viewer enter into some kind of imaginary relation with him or her" (Kress and van Leeuwen 1996: 122). Sometimes the ad representatives are well-known TV personalities who are now old – people the readers know and can trust – known in the advertising literature as "celebrity endorsers". For example, actress Dame Thora Hird says, "With Churchill's Relaxchair, I don't have to struggle to sit down or get up any more". Among other things, such models may help older people to admit that they need help: if Thora Hird admits that *she* struggles, then so can I. At other times, the endorsing figures are supposedly members of the public representing satisfied customers and appearing as happy and/or relaxed.

Problem Focus

One device that is commonly used in advertising texts to all consumer groups is to define the consumer as *having problems* for which the advertised product is presented as a solution (Winter 1982). What is significant about our data corpus is that the problems appear to be related to ageing, the underlying discourse is therefore about presenting ageing itself as problematic in terms of health and well-being. These problems range from more serious mobility issues to the hassles of needing reading glasses and dentures. We now provide some examples of adverts of this kind.

One ad for a walk-in bath declares "If you are having *problems* bathing you can suffer a real loss of independence". Another ad claims to be "the most complete answer to bathing difficulties". Similarly, "if you struggle to get in and out of the bath...you'll love my friend *BATHMATE*". Yet another one states "it's not you with the problem. It's your bath" – thus taking away the agency of the older consumer, as if to suggest that it is the environment that needs to adjust to the individual's needs rather than the other way round. "*Vulnerable?*" asks an ad for a personal alarm system

and promises, “our personal alarm system would enable you to call help at any hour of the day or night – simply by pressing the button”. Rarely do advertisers explicitly suggest that these aids might be for disabled or infirm consumers as the following one-off example does: “*Simply stairlifts* and *Scope* [name of charity] are in partnership to help *disabled* people and improve the lives of the elderly and *infirm*”. Interestingly, “elderly” and “infirm” are linked in adjectival co-occurrence (see Mautner 2007).

The visuals that accompany these advertisements for walk-in baths and the like are *not* of people who are having problems or who are obviously disabled, very elderly or infirm. On the contrary, older people who appear in these ads often look fit and glamorous and appear to be “young-old”. As previously noted by Bytheway and others, these characters do not look as if they obviously need the products they are advertising. But the connection between older age and physical limitations or vulnerability is built through imagery by presenting the older individual in a grandparent role together with grandchildren or through physiognomic cues of grey hair and “older style” dress, for example.

A minority of ads make fear or sympathy appeals (such as an ad for a cancer charity) which feature less glamorous, more “negative” and vulnerable, typically female, characters. For example, “June” (in an advert for *Aid-Call* personal alarm) has had a fall, she looks distressed, and is wearing a nightdress. But a closer inspection reveals that she is rather attractive and well made-up. These adverts seem to address readers who share an understanding (or an expectation) of certain kinds of physical limitations that accompany ageing; perhaps they or a family member has a similar problem. Thus, the answer to questions such as “Do you struggle to get in and out of the bath?” is presumed to be “yes” (or, alternatively, “yes, mother/father does”). While addressing a need, they confirm negative expectations of mobility and health in older age. On the other hand, these ads and their at times relatively glamorous models might be construed to demonstrate how even severe problems of older age and immobility can be managed.

Problem Solutions and Benefits

The overarching message of these adverts is that the proposed difficulties and problems can be overcome or at least satisfactorily managed – with

the help of the product advertised. This is achieved through several categories of *benefits* of these products that the adverts highlight. The first can be characterised as *ease and comfort*: they emphasise that life will be made "easier and safe" (e.g. getting in and out of the bath with *Bath-Knight*). The products are also described as "simple and easy", or the emphasis is on "comfort and safety". For example, orthopaedic beds offer "ultimate comfort". Similarly, "the *Relaxchair* soothes away aches and pains". Interestingly, the range of problems that a recliner is presented to ease is impressive: "arthritis, stress and anxiety, rheumatism, backache, fluid retention, circulatory problems and much more". Lightweight, easy to use vacuum cleaners also fall into this category. These are peddled by older women who are visually very stereotypical (of ageing housewives?) with curly grey perms and old-fashioned dresses.

The second category is *maintaining or regaining independence*: "Why struggle when you could be enjoying the pleasure of a long hot bath *again*" reads an ad for a walk-in bath. Similarly, "thanks to *Bath-Knight's* unique design, getting in and out of the bath can be just as easy again". So a sense of *regaining* that which has been lost or *maintaining* what one has seems to be emphasised. *Freedom* and *independence* are important words used here, as is the use of "again" with a connotation of a return to past pleasures (enjoyed when younger). For example, a stair-lift will allow you to "regain the freedom of your home". "I really used to enjoy having a bath" claims one endorser for a bathing product, and later "*Premier Bathrooms* has helped me regain my independence". Other examples include: "Let your bathing difficulties be a thing of the past"; "Retain your independence with ... 24 hour monitoring service". The use of words beginning with "re-" have the same connotation of returning to something that is lost (deriving this meaning from the prefix in words such as regain). A company of retirement builders claims that with their help you can "*maintain your independence*". The underlying message seems to be, then, that of continuity: despite advancing years, the quality of life in terms of independence can be maintained. Lack of independence is, of course, one of the main concerns of ageing individuals, so these products and adverts address this need, and arguably gain their success precisely through addressing these worries and fears.

Apart from maintenance of independence, the ads promise even greater benefits. A third type of benefit refers to *quality of life*. Enjoy a better “*quality of life*” states a company specialising in mobility aids; “*forget bladder problems and enjoy life to the full*” suggests an advert for incontinence underwear. Furthermore, a walk-in bath promises to “*change your life*” with the added advantage that “*your grandchildren will hardly know it is there*”. Therefore this aid will *not disrupt family life* or cause difficulties for other users. Other examples with an up-beat tone are: “*Happiness is Healthspan quality*” in an ad for a food supplement; “*enjoy your retirement*” and “*relax and do only the things you love; while we do all those things you hate*” in an ad for retirement living. Retirement lifestyle is constructed here as relaxation, but also activity, although notably only enjoyable (quality) activity.

The fourth category of benefits is *peace of mind*, which is often associated with the well-known persuasive strategy – appeals to fear (as alluded to above). In an ad for a personal alarm system this is formulated: “Mrs. Hope knows that help is coming – would you?”, accompanied with a picture of “Mrs. Hope” lying on the ground outside on the lawn (perhaps having attended to her garden), with her eyes closed but her finger on the button of the alarm placed round her neck for easy access. These ads promise to appease older adults’ fears and anxieties (cf. lack of independence above). “*Peace of mind*” is brought by a heart (ECG) monitoring device that promises freedom from a “*life of constant anxiety*”. So, again, the product is presented as a solution to an age-related problem. Incidentally, the target audience for personal alarm systems in particular and other “*peace of mind*” products might be children of ageing parents, as demonstrated in one ad which states, “Sheila thought it would never happen to her . . . thankfully her daughter didn’t”, accompanied by a picture of “Sheila” lying on the floor, eyes closed, at the bottom of the stairs (implying a fall), with her finger on the alarm button.

Ostensibly, addressing older people, one ad alerts readers that “[i]f you have an accident when you live alone, the consequences can be serious”. And another: “No-one would have heard June calling for help . . . if it hadn’t been for her *Aid-Call*” and “[l]iving alone doesn’t worry George or his family . . . especially now that help is always at hand”. Peace of mind is

presented as a benefit not just for ageing individuals but for their families, too.

In line with this peace of mind theme, and with a picture of a couple, an ad for a health screening scan shows a road sign illustrating a roundabout with straight on directions to "*peace of mind*" in bold and a left turn to *aneurysm*, second left to *cancer* and right to *heart disease*. The use of the traffic sign illustration invokes the idea of life as a journey with different potential directions. The endorser in the ad explains that he had a potentially fatal condition that was detected by the scan. The subsequent operation prevented the alternative, which would have "brought my life to a close before I had time to really *enjoy myself*". Peace of mind message can also co-occur with a more minor – albeit age-related health problem such as incontinence. An ad for incontinence pads declares that by using the product, one can "*just forget 'it'*". This bladder weakness is described as *light* and the photo is of a woman enjoying herself outdoors with friends.

The peace of mind theme, then, seems to involve the advertised product offering protection from potential risks of accidents such as falls, unknown callers on the door, or as yet undiscovered health problems. In these ads, the risks and problems are presented as increasing with age or linked with age-salient living conditions, such as living on one's own. We could also label this sub-theme or discourse as "managing risks in older age". That risk in older age is evoked for advertising purposes is not surprising, taken the prominent discourse of risk in modern society as a whole (e.g. Beck et al. 1994), where much of our everyday activities are construed as minimising or managing risks of various sorts. Here, ageing with increasing frailty, declining health or living on one's own are the prominent risk inducing factors.

Another theme is that of *staying younger, healthy and active*. A range of advertisements are targeted at people who are not having difficulties but who are ageing, and the ads are about investing in a healthy lifestyle in order to "age well". In this category are ads for *food supplements* – showing a smiling "Golden Ager" (or third age; Laslett 1996) type couples. "Happiness is *Healthspan* quality" is the heading of one such ad. The same couple appear in a number of these ads (suggesting advertisers' reliance on an image bank), sometimes with a child (representing a grandchild); they always smile and look happy. The use of these kinds of

images invokes an intergenerational “stake”. By using grandchildren they imply that older people have a familial duty to keep active and healthy. There is little text of any consequence beyond a listing of products, suppliers and so on in these adverts.

With the assumption that many middle-aged and older people are reasonably healthy and wish to remain so, some *food products* are also linked to health. One advert in this category features a named couple, husband and wife. He stands dressed in sportswear behind his rather homely looking wife, Sheila. She is said to have “*tried him on Benecol*”. Further on, Sheila says, “*I put Alan on Benecol . . .*” Alan is passive in this ad and portrayed as being engaged in more light-hearted activities, with his wife being in charge of the serious issues, here food and diet. Interestingly, the phrase “put on” is more usually associated with medicine rather than a foodstuff (such as, “the doctor put him on a course of . . .”). There are likely to be gender issues here as women are traditionally seen as the keepers of family health and well-being (Brubaker 2007; Saltonstall 1993) and therefore it is women as wives or long term partners who are likely to be the principal targets of this advert.

In adverts for another brand of margarine, *Flora*, users are quoted to say that their cholesterol has dropped (with some exact figures given to emulate scientific and medical discourse of facts); “good news for anyone trying to maintain a healthy heart”. The consumption of the product is presented as a lifestyle choice. An ad for *Burgen* bread, branded as health-food, shows a woman on her bike, dressed in sports wear. The product is presented as “a natural choice” and it is interesting that an older model has been chosen to represent well-being. The ad states: “what we eat and drink has a great impact on how we feel and our general well being”. An ad for Quorn products depicts grandparent figures, eating with their granddaughter, enjoying “healthier, more energetic life” and the captions “enhancing your life”, “looking good” and “feeling great” within the text cumulatively endorse the product as having benefits which go far beyond nutrition (see also Williams et al. 2007, who discuss the health and age associations in ads for *Olivio/Bertolli* margarine).

Finally we find a theme of *pride in appearance*. There are only a few adverts in our database that focus on appearance and cosmetic issues. One example is an ad for a denture fixative cream which depicts a close-up of

an ageing couple kissing, with the caption "Make the earth move. Not your dentures". The product is offered as a solution to wobbly dentures which may "restrict your confidence *and* your fun". The positive aspect of this ad is the possibility of romantic enjoyment by people who, because of their age, need dentures. The negative side is the message that aid is needed for care-free enjoyment.

In our sample, there is only one advert for an anti-ageing cosmetic cream, which is for "re-densifying moisturiser to plump up thin and sagging skin". The product is depicted to be for "mature skin" (appearing as a descriptor on a tub of the product within the ad) and the protagonist is identifiable as a grandmother whose cheek is being pinched by a grandchild, represented by a plump hand of an infant. Ads for anti-ageing creams typically feature middle-aged women and that is why they were not picked up in our sample, so this one is an exception. It is likely that the model was used to signify "maturity", to align with the product. That an older woman's skin is thin and sagging seems to be taken as a given in this advertisement and a promise is made to "improve skin density by 10 years", rhetoric much used in cosmetics advertising (see, Coupland 2000). The common sense assumption endorsed in such advertising is that ageing women wish to use products to help them appear younger, and promises are made of consumerised solutions for "turning back the clock" (Coupland 2007).

Another advert is for cosmetic surgery which features a couple in embrace, with a caption underneath: "Now we're over 50 Cosmetic Surgery is our little secret *of looking and feeling great*". In the text next to the couple we have: "Affordable personal improvement for over 50s who want to look & feel good". It is noteworthy that the couple are not especially old, but in the age bracket where visible signs of ageing appear. The woman in particular can be considered at a borderline for our sampling. The male looks older than the female, with greying hair and a receding hairline. Cosmetic surgery is advertised as a lifestyle product, with "quality after-care in a luxury spa". So this kind of product, although now easily available, may still be a luxury for most people.

Three ads in our sample were for non-health-related products, the first of which is an energy drink *Lucozade* (promises vitamins) which is said to give you "the oomph!". Ads for *Adidas* sports shoes and *Speedo* swimwear

were both found in the magazine *Men's Health*. Mr. Singh (who appears to be a real person) advertising sports shoes at age 92 is presented as an exceptional individual who regularly participates in marathon running events. As such he provides a positive image for the possibilities of old age. On the other hand, his physical condition could be found too exceptional and thus unattainable by most people. The swimwear ad is a very positive and striking image of a fit and slim-looking older man in swimming trunks; the image of the man walking alongside a swimming pool is credible and potentially encouraging. The rationale for the older model, though, seems to be to represent endurance, to index longevity and the potentially long life of the product: "Old age. It comes to every swimsuit eventually. But to Endurance swimsuits it comes much later in life". Perhaps old age itself can be postponed? This certainly seems to be the underlying message contained within this and many other ads.

Discourses of Responsibility and Choice

Some ads suggest that "you" – the consumer – are *responsible* for your own (and your family's) health: "take charge of your bladder problem" urges one ad. Henry Cooper, a well-known retired British boxing champion, says "Don't get knocked out by the flu", as he urges older people to get their flu jabs. Note the imperative mood in these ads, invoking a moral duty (going beyond just choice) for an ageing individual to take action. An ad for *Bupa* (private) hospital poses the question "When should you start to do something about your health?". *Flora pro active* margarine is allegedly "good news for anyone trying to maintain a healthy heart". "Interested in a healthy retirement?" asks an ad for *Research into Ageing*, a research charity. These ads connote agency, the allusion is that people are not passive victims of ill-health in older age. The adverts also appear to place the burden of responsibility on the consumers. They often imply that older adults owe it to their family to take care of their health and thus to enjoy an active and healthy old age. This (as the questions posed in the adverts indicate) is a lifestyle choice – a choice that is presented as obvious and unproblematic, as common sense even.

Relatedly, Jolanki (2008) found that older individuals (in their 70s and 80s, taking part in focus group discussions) tended to agree with the notion of individual responsibility for health and their ability to influence

their own health in older age. As Jolanki points out (also citing Crawford 2006: 402), "people define themselves and others at least in part by their 'healthy' or 'unhealthy' behaviour" (Jolanki 2008: 66). The advertisers of some of the products discussed above are constructing the consumption of certain foods or food supplements or the undergoing of health-related interventions as "healthy" behaviour. On the other hand, some older discussants in Jolanki's study articulated "fate discourse", linking older age with inevitable health problems, thus limiting their own agency and responsibility. The advertisers of the many mobility and other aids in our data can be seen to echo the sentiments of this discourse and to an extent normalise them as expectations of advancing years, compounded by the sheer plethora of protagonists in the adverts reporting having (had) "problems". But of course through the advertising industry, consumers are encouraged or even instructed to take responsibility to manage the problems (through consumption), as discussed above.

In a similar vein, Rozanova (2006) demonstrates how in her Canadian newspaper data, "although the risk factors causing unhealthy behaviour are pointed out, the locus of responsibility for one's health remains with the aging person herself" (p. 122). She elaborates on the moral dimension of these texts that imply that unhealthy lifestyles lead to unhealthy ageing, which is sinful, whereas healthy lifestyles and healthy ageing is presented as virtuous (p. 127). These ideas could be linked to the underlying discourses of our adverts, too, even if they are not so explicitly articulated in our texts.

Conclusions: Ageing well?

Our initial Research Question asked what assumptions were made about older people's health and well-being in these print media adverts. From a qualitative examination, it emerged that an underlying assumption of decline as well as risks were present. In terms of products, mobility aids and furniture designed to provide comfort predominated. Other notable products were food supplements such as vitamins; other food items with a health benefit; household items that were light and easy to use; telephone aids/personal alarm systems; sheltered and retirement housing or respite care; lifestyle enhancers and health insurance. Prominent themes were

health problems in older age and the benefits that the products could bring; maintenance of independence and quality of life; managing risks through having a “peace of mind”; staying younger, healthy and active; taking pride in appearance and discourses of responsibility and choice.

Underlying discourses included increased problems and risks in older age; the possibility of managing problems and regaining past pleasures; responsibility and choice of taking care of one’s health and appearance with the implication of healthy and “watchable” older age (cf. the “unwatchability” of older age, Woodward 1991). On closer analysis, it seems that there are societal assumptions of relative passivity (and to some extent vulnerability) in older age and therefore the adverts strive to urge older individuals to take positive action to maintain their health and well-being. That this action is possible and desirable is a prominent theme.

Readers will note that we sampled a variety of magazines. One of these – *Saga Magazine* – is designed specifically for older people. We found that the different categories of ads are unevenly distributed between *Saga* and the other more general readership magazines. In fact, *Saga Magazine* far outstrips the others in the frequency of ads for help/support and mobility aids whereas the general readership magazines are more likely to feature older people in ads for food and drink. This demonstrates that health messages conveyed in ads in *Saga* are different from those conveyed in other magazines. Although we don’t see this as a major limitation to our study, subsequent research would usefully examine a wider database both in terms of number of different publications and/or number of magazine issues to add to our knowledge of health and well-being themed adverts in general readership magazines. Another useful future avenue of research would be to examine more systematically the representation of older males and females in these adverts. We have only been able to make some brief observations on gender here as it was not a focus of our analysis.

Having discussed the prominent themes in these adverts vis-à-vis ageing and health/well-being, we’d like to link our findings with current societal discourses of active ageing and anti-ageing. “Most gerontological and policy discourses pose activity as the ‘positive’ against which the ‘negative’ forces of dependency, illness and loneliness are arrayed” and it is the “medical and cultural images of an active old age that have become

predominant" (Katz 2000: 147, 2005). Extending the "activity discourse" to health and well-being, health in any age is seen to be achieved through one's actions and lifestyle choices relating to things such as food/nutrition and exercise. Older adults are no exception, and the adverts considered here promote continuing consumer activities that work to this end, even if the products advertised are more specialised to age-related concerns and limitations.

The abundance of products focusing on promoting and prolonging health and well-being (as well as comfort) and managing mobility and other "problems" and risks (i.e. ensuring activity) reflects the health and activity orientation to ageing of the third agers. It also relies on their continued lifestyle based on consumerism (cf. Blaikie 2006; Jones et al. 2008). It is not a coincidence that "freedom" and "independence" are prominent themes displayed through the adverts as these concepts also allude to choice as an activity. Many of the mobility and other aids are targeted to fit a niche market of relatively wealthy older consumers (which is also the case for products such as conservatories and retirement housing). An ageing cohort which is accustomed to purchasing household equipment to ease the daily chores (such as vacuum cleaners, food processors, lawnmowers, etc.), might well be expected to respond well to aids that give a promise of the maintenance of a certain quality of life.

"[M]odern individuals find that their identity comes to be challenged by their ageing body over which they wish to exert control and turn to anti-ageing knowledge" (Vincent 2008: 333). Adverts for food and food supplements focus on notions of staying younger, healthier, fitter or active. In other words, they focus on *delaying* the ageing process (at times the promises are elaborate, as in one advert which presented selenium as "the miracle mineral"). Cosmetics and more drastic treatments such as cosmetic surgery tap into notions of pride in appearance. They promise to *conceal* the visible effects of ageing which are assumed to be unattractive and undesirable. In other words, what is being constructed here is the body-project of the middle-aged or third-age consumer that resonates an anti-ageing ideology.

"Anti-ageing" has been defined in various ways. For example, Vincent et al. (2008: 291) cite Binstock (2004) who identifies three types of strategies

and distinguishes between “attempts to (a) slow, retard; (b) stop, halt or (c) reverse, [and] rejuvenate the ageing process”. Other definitions centre on extending the life span, for example, or seeing “anti-ageing” as a social movement (Binstock 2004: 292). Our data came from magazines widely available to the general public, and not from specialist catalogues or websites of anti-ageing products. Yet the sentiments and values of combating ageing and viewing it in a biological and health frame are evident in the materials we examined. Ageing “well” is presented as slowing down ageing, not looking or feeling your age or managing age-related risks. The positivity in the images of our adverts is achieved by depicting ageing individuals who don’t look particularly old (even though they made it to our sample), that is, the majority of the images depict “young-old” individuals.

As we have seen from our analysis, some adverts – mostly those that focus on maintaining good health, delaying and/or concealing the ageing process – place responsibility, choice and control in the hands of the ageing person. It is possible that in a culture that views it as an individual responsibility to manage one’s health and appearance in ageing (cf. Shilling 1993), it would be considered feckless at the very least if one didn’t (cf. Featherstone and Hepworth 1993, 1995).

The question we might ask is: do older people accept the “stylised images” (Faircloth 2003) that we see in these advertisements as something they should aspire to? As has been found with respect to the gendered ageing body (Tunaley et al. 1999), increasing age could provide liberation from such moral imperatives. In other words there may well be a “freedom discourse” that older people tap into which exempts them from such responsibility. It is probably those in middle age who “buy into” the status quo but as people approach their 70s and 80s they can use increasing age as a reason to opt out. This makes us reflect on and ask what exactly “ageing well” entails: adherence to health regimens and continued attempts to control age-related problems thus responding to market forces, or stepping outside of this and refusing to treat consumerised choices as the basis for health and well-being? The second option is for obvious reasons not found in advertisements which depict older people or which are targeted at older consumers.

Acknowledgements

This study is part of a three-year research programme, "Images of Elders in UK Media Advertisements: Perceptions and Representations", funded by the UK Economic and Social Research Council (ESRC), Grant No. RES-000-23-0416.

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Miriam Bernard and Thomas Scharf (eds.)
(2007). *Critical Perspectives on Ageing Societies*.
Bristol: The Policy Press, Ageing and the
Lifecourse Series, 200 pp. ISBN 978 1 86134
890 6 (paperback)

REVIEWED BY LIAM FOSTER*

The first in a new series of Ageing and the Life Course texts by Policy Press, *Critical Perspectives on Ageing Societies*, edited by Miriam Bernard and Tom Scharf, brings together some of the leading experts in the field of gerontology from Britain and North America to consider how the current context of critical gerontology has developed over the last 25 years and discuss the future challenges it faces. In the foreword, Chris Phillipson reminds us how, with its roots in political economy, feminist and humanist foundations, critical gerontology has brought a greater appreciation of the links between ageing and cultural and economic characteristics in later life and the impact of social policy. He continues that this was particularly important during the Thatcherite regime with the emergence of “an ideologically driven critique of demographic change, with the labelling of older people as a ‘burden’ and ‘cost’ to society” (p. vii). This was combined with a reduction in the quality and scope of services. These debates still continue to permeate social policy (and wider society) with concerns about increasing longevity, rising pension deficits and a potential ‘demographic time bomb’. It is within this context that critical gerontology has so much

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to offer, not least through a commitment to scholarship that gives older people an integral role in the research process, a notion advocated in this collection in the works of Mo Ray and Bill Bytheway and colleagues, amongst others. Furthermore, population changes that have created greater economic and cultural diversity among older people have brought new challenges that need to be addressed. Indeed, the authors in this collection bring new visions to the challenges that warrant further investigation, perhaps elsewhere in the series.

Following the introduction by Bernard and Scharf, where we are reminded that ageing is a life course issue rather than something which only affects "the tribe of the elderly" (p. 3), the collection is divided into three parts, the first of which contains three chapters which introduce some of the historical, theoretical and policy concerns surrounding older people. Martha Holstein and Meredith Minkler consider notions of autonomy, empowerment and "successful ageing" though remain critical of ideas based purely on medical models. Robin Means develops these ideas within a policy arena in the third chapter where he cites "the failure of first Conservative, and then Labour governments to back social services as the lead agency for community care" (p. 50) and criticises the 2005 White Paper which stresses the importance of reducing discomfort and stress, especially of older "patients" (rather than service users). He argues that the main target of the White Paper is rather a reduction in emergency bed delays. He continues that policy developments have largely been to the detriment of older people through the use of the medical model. Sandwiched in between these chapters is one of Peter Townsend's last works. Townsend, in his irrepressible style, deals with the historical development of critical gerontology (to which he had such a major role to play) with its routes in structured dependency and political economy, advocating the importance of a human rights approach to the study of ageing as a crucial basis for anti-oppressive practice. This completes an interesting section that would, perhaps, have benefited from the addition of further policy context, in particular in relation to a political economy analysis of pensions and savings.

The four chapters in the next section of the book focus on methodological debates within critical gerontology. It is evident here that there is a commitment to extending the conceptual approach to ageing, both

methodologically and practically. For instance, the importance of narrative gerontology is emphasised in the work of Ruth Ray, while Mo Ray debates the merits of the “real” involvement of older people in research. She argues that research on marginalised and underrepresented groups should be action orientated. Furthermore, it is not just about changing how people think about ageing but how they feel. Using archived longitudinal data the place of “re-studies” is put forward by Julia Johnson, Sheena Rolph and Randall Smith. The last refuge re-visited neatly highlights some of the constraints in social research and discusses key methodological considerations such as anonymity versus ownership. The ethical issues are particularly interesting and areas I draw upon in my own teaching of research methods. Bill Bytheway, Richard Ward, Caroline Holland and Sheila Peace discuss, through employing participatory methods, how policies designed to tackle age discrimination may become overtly associated with employment practices. They also ask what role researchers play in the distillation of their results, questioning their own roles and identities as well as raising questions about how “old” or “older” is defined in gerontological research.

Building upon issues touched upon earlier in the book, the third and final section addresses some of the challenges faced by critical gerontologists. In particular, they ask what we can learn from what has already been achieved as well as the challenges that lie ahead. Rick Moody concentrates on the notion of ethics and justice rather than conflict between generations posing insightful questions about social justice and entitlements – a theme which fits neatly with the life course perspective. Tony Warnes and Judith Phillips outline some of the challenges to gerontology as a distinct discipline. These include the tendency for politicians, particularly under a Conservative government, to place more emphasis on traditional long-established subjects rather than critical gerontology. They go on to outline some of the benefits a multi-disciplinary approach may have in the study of ageing. Finally they conclude that although gerontology has come a long way over the last 60 years, it “still needs to anchor its status as a discipline if it is not to lose ground to ‘medicine, nursing and social work in setting future research, policy and practice agendas’” (p. 153). Wise words indeed!

Given that many of these chapters draw on the 2005 British Society of Gerontology Annual conference, which I was fortunate to attend, I was expecting an enjoyable read and was not disappointed. However, I was also impressed at how well the editors, Miriam Bernard and Thomas Scharf, have been able to bring these papers together in a logical and coherent manner. Furthermore, the contribution of the eminent British scholars is complemented by humanist and feminist perspectives advocated by Martha Holstein and Meredith Minkler, Ruth Ray and Rick Moody, highlighting the importance of North American contributions to critical gerontology debates. Despite being a relatively short text, under 200 pages, it is surprising how much information this collection covers. I have no doubt that it will provide a valuable text for gerontological researchers and students alike.

I J A L

International Journal of Ageing and Later Life

The International Journal of Ageing and Later Life (IJAL) serves an audience interested in social and cultural aspects of ageing and later life development. The title of the journal reflects an attempt to broaden the field of ageing studies. In addition to studies on later life, IJAL also welcomes contributions focusing on adult ageing as well as relations among generations.

Being an international journal, IJAL acknowledges the need to understand the cultural diversity and context dependency of ageing and later life. IJAL publishes country- or cultural-specific studies as long as such contributions are interesting and understandable for an international audience.

In order to stimulate exchange of ideas on ageing across many parts of the world, IJAL is available free of charge to anyone with Internet access (www.ep.liu.se/ej/ijal).