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# Table of Contents

IJAL – An Open Access Journal <i>Lars Andersson, Håkan Jönson &amp; Sandra Torres</i>	5
Exclusion in Very Old Age: The Impact of Three Critical Life Events <i>Stefano Cavalli, Jean-François Bickel &amp; Christian J. Lalive d’Epinay</i>	9
Stereotypes of Old People Persist: A Swedish “Facts on Aging Quiz” in a 23-year Comparative Perspective <i>Lars Tornstam</i>	33
Visual Signs of Ageing: What are We Looking at? <i>Helle Rexbye &amp; Jørgen Povlsen</i>	61
Older Consumers in Malaysia <i>Fon Sim Ong &amp; David R. Phillips</i>	85
<b>Book Review</b>	
The Futures of Old Age by John A. Vincent, Chris R Phillipson and Murna Downs (eds.) <i>Reviewed by Hans-Joachim von Kondratowitz</i>	119

## IJAL – An Open Access Journal

*BY LARS ANDERSSON, HÅKAN JÖNSON & SANDRA TORRES*

Running a scientific journal is a collegial effort. The editorial staff needs to work together with its board and with the external reviewers whose expertise they continuously have to call upon in order to guarantee that the research they are disseminating is of the highest quality possible. Running a journal is one of the most interesting challenges one can face as a member of the scientific community. This is why we decided to launch IJAL two years ago and why we have been working toward making this journal attractive to those aging researchers around the world who are interested in contributing to the expansion of the gerontological imagination ever since.

Through the past two years we have heard from colleagues around the world who are excited about the fact that IJAL is an open access (OA) journal that is available free of charge to anyone with internet access, and which is run by a group of researchers as opposed to an established publishing company. Our colleagues are in agreement that the possibilities to disseminate research results in this sort of outlet are endless. There are, however, as always, a group of skeptics who wonder if OA journals are here to stay or not. To this end we draw parallels to the time when the first cars appeared on our roads and people thought of them as sophisticated horse-drawn carriages. Although at different speeds, both vehicles fulfill the same purpose, which is why it took a while before cars developed an identity of their own. The same seems to be true of OA journals. A look at some of the available OA journals on the web shows that we are all still playing it safe. OA journals resemble, for example, traditional paper journals and this is most likely the case

because they are still in the process of establishing themselves as an alternative outlet for scientific communication and need to have a format that is not only recognizable but one that is deemed 'respectable' as well. OA journals will, however, evolve in due time into a dissemination outlet of their own just like cars did decades ago and this evolution will revolutionize the way in which we advance scientific knowledge in the future. This is why we launched IJAL as an OA journal from the start and why we are committed to exploiting the various possibilities that are inherent to this specific outlet (see, for example, the complimentary tables to Drs. Ong and Phillip's article available in this issue).

Running an OA journal is, however, a challenge in itself. Surely, to launch a journal without the support of a publishing company is manageable nowadays because there are numerous computer programs out there that can handle the submission process, the distribution of manuscripts to reviewers, the layout of the journal and so on and so forth. Our previous experience with working on other more traditional journals lead us, however, to believe that the challenges associated with this one venue are a bit more technical which is why we usually say that running an OA journal is not necessarily the same as running a traditional journal. It is, for example, one thing to know what PKP, DOAJ, Crossref, DOI, XML, ISI, SSCI stand for and another to understand how they all work. Decisions regarding the strategic development of a scientific journal that is OA need, therefore, to be made on a fairly continuous basis, which is why we at IJAL feel very fortunate for all of the lessons we have learned along the way. Needless to say, we look forward to learning more in the future as we work toward guaranteeing the high quality and user friendliness of the research results we are disseminating.

High quality is, after all, what every editorial staff and board of a scientific journal strives for regardless of whether they are an OA journal or not. Speaking of acceptance rates and the like seem therefore necessary. Acceptance (and/or rejection) rates are, without a doubt, one of the best indicators we have of whether a journal abides to high standards of quality or not. Only 30% of the manuscripts that we have received have been accepted for publication and although this is not a figure we have used to set a standard for ourselves, it surely illustrates



that our standards are high. Thus, through the 'double' review process we use at IJAL (i.e. the fact that the manuscripts submitted are first 'approved' by the editorial board before we request the anonymous peer-review assessments from two experts in the area that the manuscript is tapping into) we are working to guarantee that the highest standards possible for a newly launched journal such as ours are followed. We believe that the content of our first three issues speaks to this end and look forward to hearing from those of you who are reading our journal and have comments and suggestions for us in this respect.



# Exclusion in Very Old Age

## The Impact of Three Critical Life Events

BY STEFANO CAVALLI<sup>1,2</sup>, JEAN-FRANÇOIS BICKEL<sup>1,3</sup>  
& CHRISTIAN J. LALIVE D'EPINAY<sup>1,2</sup>

### Abstract

This paper focuses on relational exclusion (i.e. isolation and non-participation in social activities) in very old age. Based on a five-year study of an octogenarian cohort, the authors investigate the impact of three critical life events (deterioration of health, death of a close relative, entry into a nursing home) on relational life and social involvement. With advancing age, older people withdraw from some social activities, but their relationships with their family and friends remain stable. Life events have a stimulative effect on the support network (especially of family), and only the deterioration of health curbs social activity. This would seem to confirm the existence of a process of disengagement stemming more from the older people's functional or sensory disabilities than from an individual choice.

Keywords: exclusion, life events, health, oldest old, longitudinal study.

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## Introduction

The term 'exclusion' first appeared in France in the 1960's (for a review, see Paugam, 1996). At that time, exclusion was viewed primarily as the persistence of an earlier situation and as specific to certain population groups which had been unable to take advantage of the opportunities offered by developments in society. During the 1980's and 1990's a considerable change took place in the perception of this idea. Most scholars now consider that contemporary forms of exclusion result from the impact of changes in societal frameworks – the labour market, the institutions providing relational support to individuals (families in particular) or the institutions (such as churches or voluntary associations) integrating individuals into society. Castel (1995), for example, laid particular stress on changes in the system of economic production and exchange which undermine the status of persons in employment and the protections associated with that status. He also examined the changes in the structure and patterns of functioning of family and social ties and the emergence of a new cultural model. In the view of this French sociologist, these changes are fostering the development of a 'negative individualism' which tends to jeopardize relational patterns and to weaken the solidarities and institutions in which individuals are integrated.

More recently, the term 'exclusion' has entered the vocabulary of other European countries; it has been adopted in the official parlance of the European Union (where it has replaced the word 'poverty' as a key term in programmes on the socio-political agenda) and has provided a starting-point for a number of sociological studies (e.g., Byrne 1999; Hills et al. 2002; Woodward & Kohli 2001).

Advanced old age and aging appear to be of purely marginal interest in the multitude of writings and discussions of the last few years on the subject of exclusion. The purpose of the present article is specifically to shed some light on certain aspects of this little-known subject. In addition, it seems to the authors that there is a need to break away from the common view of old age as a life situation which by definition is one of withdrawal from, or existence at the fringe of, events in the outside world. We assume that, although forms of exclusion are encountered in

later life, they are only the outcome of specific situations and processes and should be analyzed as such. In other words, individuals are not 'excluded' once and for all, but there are population groups in a state of frailty who are liable to become subject to marginalization processes (Schnapper 1996).

The multidimensional character of exclusion has been established in a number of contemporary writings (Leisering & Leibfried 1999; Paugam 1996). Attention must thus be directed not only towards material living conditions – economic and financial resources, housing, etc. – but also towards the forms of relational integration and social involvement. The problem of exclusion is distinct from that of poverty precisely because it comprises the question of social ties – that is to say, the manner in which an individual relates to other individuals and to society in general. The present study focuses on the *relational aspect of exclusion*, distinguishing between (1) *isolation*, characterized by the absence or rarity of interactions with members of the family or the network of friends and acquaintances and (2) *non-participation* in social activities, by which is meant activities conducted outside the home and involving the company of other persons, or at least a social environment.

On the basis of data obtained from a longitudinal study still under way, we initially studied how these dimensions evolve with advancing age. Do very old people become increasingly isolated and gradually withdraw? We then sought to determine the impact on isolation and non-participation of a certain number of disruptions peculiar to the aging process. To that end, we considered three critical life events: deterioration of health, death of a close relative, and, entry into a nursing home. To what extent do the disruptions which occur during the last stage of the life course induce exclusion? Are there differences deriving from the dimension of the exclusion under consideration or the type of life events studied?

## Current State of Knowledge

Generally speaking, gerontological studies have demonstrated that aging is linked to a gradual disengagement and abandonment of a whole range of social activities (e.g., Bijnen et al. 1998). This withdrawal into the home

may be accompanied by isolation but there is not necessarily a link between the two (Bickel & Lalive d'Epinay 2001). Often the absence of contacts – like loneliness – has been regarded as a problem associated with old age. However Wenger and her colleagues (1996), in a review of writings on the subject, affirmed that the phenomenon has often been overestimated. Several authors have shown that, all in all, older people are well looked after by relatives and acquaintances (Lalive d'Epinay et al. 2000; Wagner et al. 1999). Even so, there is agreement on the fact that the number of social contacts gradually decreases with advancing age (Rook 2000). This decrease is partly due to functional or social losses: spousal bereavement, illness or the death of other members of the network.

In any study on very old age, it is important to take into account the process of senescence within which the increasingly frail individual is gradually brought to accept a certain number of losses (relating to health, close relatives, the ability to act and to participate, etc.). These losses are not synonymous with exclusion but they may become key factors in the chain of biographical events leading to situations of exclusion, by disrupting the life continuity or by entailing the intervention of outside parties or recourse to compensatory measures. We will now examine some of these losses.

### *Deterioration of Health*

Disability has often been associated with paucity of social interactions (Thompson & Heller 1990). However, a number of authors have demonstrated that poor health or disability does not necessarily lead to a decline in relational life or to isolation (Field et al. 1993; Simonsick et al. 1998). The family, when there is one, often strengthens its ties and rallies round its dependent or frail elder. The risk of losing ties of friendship appears relatively greater, inasmuch as the constraints imposed by poor health hinder respect for the norm of reciprocity, which plays an important regulatory role in friendly relationships (Johnson & Barer 1997). Isolation results less from desertion of the disabled person by his or her friends than from withdrawal by that person when the disability is a lasting one (Johnson & Barer 1992). Regarding social activities, several studies have shown that such activities dwindle with age and increasing physical frailty (e.g., Bickel & Lalive d'Epinay 2001; Cutler & Hendricks 2000); only attendance

at religious services remains stable (Levin 1995). In particular, aging appears to lead to the abandonment of activities requiring physical effort, visual or auditory strain or absence from the home.

Most research has focused on functional disabilities, often overlooking the role of sensory losses, which are in fact closely related to functional abilities and everyday competence (e.g., Brennan et al. 2005). Vision and hearing impairments can disrupt interpersonal relations and limit social participation or leisure activities (Crews & Campbell 2004; Kelly 1995; Wallhagen et al. 2001). Inability to follow a group conversation is a serious impediment to social life that may lead to forms of self-exclusion. Sensory losses may also give rise to problems of balance and thus oblige older people to restrict their movements (Marsiske et al. 1999).

### *Death of a Close Relative*

A great deal has been written about the process of bereavement and the causes of death, as well as spousal loss and its repercussions. On the other hand, there has been very little research into the consequences of the death of a child or a sibling. Regarding spousal bereavement, it is well established that the loss of the spouse increases the likelihood of early death (Bowling & Windsor 1995) and often gives rise to psychosomatic disorders (Lund et al. 1993). A death also seriously affects the composition of the relational 'convoy' (Antonucci & Akiyama 1987) of older people and diminishes the group of relatives and friends, and in particular the group of peers. However, spousal bereavement gives rise to widely differing results with regard to its impact on social integration. The loss of the spouse does not necessarily lead to isolation; widowers generally continue to be well supported (Ferraro et al. 1984), and contacts within the family tend to strengthen in the short term (Lalivie d'Epinau et al. 2003). Occasionally, older people compensate for the loss of their spouse by increasing their participation in social activities or strengthening their activities or relationships with friends, who themselves have often been through the experience of spousal bereavement (Utz et al. 2002). But other studies show that isolation is more frequent among widowers and widows or reveal a decline in participation in social activities after the bereavement (cf. Wenger et al. 1996). The death of the spouse may also give rise to a gradual weakening of ties of friendship, especially

where the deceased spouse was the main actor in those relationships (Rook 2000).

### *Entry Into a Nursing Home*

Moving into a nursing home may be seen as a way of compensating for the weaknesses and losses of capacity occurring in advanced age or as a remedy when the handicap is no longer manageable within the home or when loneliness becomes difficult to bear. From the standpoint of common sense, entry into an institution often means marginalization, relegation and even segregation. In the pioneering work done by Goffman (1961), establishments for the aged are treated as 'total institutions', i.e. enclosed spaces, cut off from the outside world, in which there is a great lack of privacy – a social microcosm within which existence is experienced negatively in comparison with normal life and in which the individual is deprived of his roles. Is this a true picture? Doubt has been cast on it by a number of studies which propose a more qualified approach. The assertion that aged parents are 'dumped' into nursing homes and then neglected by their families has not been borne out. Older people are not cut off from their social networks once they are in an institution; their loved ones seem to feel it a duty to stick by their institutionalized relative (e.g., Pruchno et al. 1994; Yamamoto-Mitani et al. 2002). It is true that some nursing home residents are relationally marginalized. However, this is not because the nursing home causes isolation but rather because it admits individuals who have become isolated on account of events within their families or of their situation in life (Cavalli 2002; Kahana et al. 1984). Hence the advantage, when analyzing a transition (in this case into a nursing home) and its consequences, of studying it within a longer sequence of the life course.

## Method

### *Data*

This article is based on data of the *Swiss Interdisciplinary Longitudinal Study on the Oldest Old* (SWILSOO), which scrutinizes health trajectories in very old age with the aim of identifying the individual and environ-



mental factors and processes that are conducive to an older person's autonomy, physical and mental integrity, and participation in society. SWILSOO is conducted in two contrasting regions of Switzerland: the canton of Geneva – a culturally secular, urban area – and the central Valais region – an Alpine area of small towns and villages, Catholic in tradition. The panel was launched in 1994 and, at the present stage, involves two five-year cohorts (persons born 1910-1914,  $N=340$ , started in 1994; persons born 1915-1920,  $N=374$ , started in 1999). Each cohort was randomly selected among community-living persons aged 80-84 years at baseline, and stratified by region and gender. The information is gathered by face-to-face interviews based on a closed-end questionnaire. In cases where the elder is no longer able to take part in the interview personally, a proxy is used (for a more detailed presentation of SWILSOO, see Lalive d'Epinay et al. 2001).

Analyses are based on the first cohort, using data collected between 1994 and 1999 in the course of five survey waves carried out at intervals of 18, 12, 12 and 18 months. In view of the type of information we needed, we retained only those people who, at the first wave, answered the questionnaire themselves. The sample is thus made up of 295 individuals at baseline (1994), 157 (53%) of whom still participated in the fifth wave (1999), in person or through the intermediary of a close relative. The attrition of 46% comprised 23% deaths and 23% withdrawals and other departures from the study. Altogether, 1,085 interviews constituted the data for our analyses. At baseline, the mean age was 81.83 years ( $SD = 1.39$ ).

## Measures

### *Exclusion*

In studying the relational aspect of exclusion, a distinction is made here between:

*Isolation*, which is evaluated by recording separately the frequency of visits received from family members or from friends and acquaintances. In both cases a scale is used ranging from 1 (no visits) to 5 (visits every day or nearly every day); and

*Non-participation*, which is measured on the basis of a list of five so-

cial activities (participation in parlour games, visits to cafés or restaurants, attendance at religious services, excursions or travel, and participation in local festivals or events). The regularity of active participation is measured, starting from a threshold of one activity at least once a month for the first three activities and of at least once a year for the last two. A scale of regular and active participation (ranging from 0 to 5) was constructed.

### *Critical Life Events*

Three types of major disruption affecting older people were taken into account:

*Deterioration of health:* the development of incapacity in three health-related areas was analyzed. The first two relate to functional health, i.e. the ability of the individual to accomplish the activities of daily living (ADL). The study covers five basic activities – toileting, eating and cutting up food, dressing and undressing, rising and going to bed, and moving around within the apartment (Katz et al. 1970) – and three measures of mobility – moving around outside, walking at least 200 metres, and going up and down stairs (Rosow & Breslau 1966). Sensory capacities are also studied: the first item is an evaluation of the ability to read a newspaper (vision); the other two items are measurements of the ability to participate in a face-to-face conversation or to follow a conversation in a group (hearing). It is considered that a disruption of health has taken place if the person concerned is no longer able to carry out alone one or more of the activities studied.

*Death of a close relative:* at each interview any deaths (of spouse, siblings or children) were recorded.

*Entry into a nursing home:* the last event studied was the act of removal to a long-stay establishment for the aged with medical facilities.

### *Analyses*

Initially we focused on the changes which had taken place between the first and fifth waves of the study with respect to a certain number of characteristics of the sample and in relation to the indicators of isolation and social involvement. Subsequently, with a view to measuring the association of the three critical life events with our indicators of exclusion,

we computed analyses of covariance (ANCOVA). This enabled us to compare the average scores of different groups on the two indicators of relational integration and on participation in social activities (in Wave  $n$ ), taking into account the scores obtained on the same indicators during the previous wave ( $W_{n-1}$ ). It should be specified here that the unit of analysis was the observations, not the individual. Thus for each individual we have several observations – the number depending on the number of waves in which the person concerned took part – which are classified in different groups according to whether or not, at a given moment ( $W_n$ ), one of the life events was recorded. We carried out separate analyses for each disruption, each time comparing three groups: (1) persons who had suffered the loss under consideration; (2) persons who had suffered one of the other life events; (3) persons who had not suffered any life event. Naturally, an individual could suffer more than one life event between two waves.<sup>1</sup>

## Results

### *The Resources of the Oldest Old*

Table 1 presents firstly some of the socio-demographic characteristics of our cohort of octogenarians at the start of the survey, and secondly the evolution of some of its resources between the first and fifth waves of the study. It must be emphasized that our sample of persons aged 80-84 is not representative of that age group. In the first place, the more or less equal proportions of men and women and the equal representativeness of the two regions is entirely an effect of the stratification of the sample; the high proportions of married persons is an indirect effect of the same factor, since it derives from the over-representation of men. Secondly, octo-

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1 An elder who, for example, states during the same interview that he or she has lost a brother and also that his or her health has deteriorated will be classified in the 'other disruptions' group for purposes of analysis of entry into a nursing home, in the 'loss of a close relative' group when studying the loss of a relative and in the 'deterioration of health' group when his or her state of health is under consideration.

**Table 1.** Characteristics (%) of cohort in W1 (n = 295) and changes between W1 and W5 (n = 157)

	Whole sample		Survivors in W5		Sig <sup>a</sup>
	W1	W1	W5		
Gender: women	49	45			
Region: Geneva	53	47			
Education: compulsory	49	55			
Households:					
Living alone	40	45	43		*
Living with others	60	55	49		
Living in a nursing home	—	—	8		
Family network:					
No spouse	49	55	64		***
No children	20	15	17		ns
No siblings	28	23	35		***
Health: incapacity					
ADL (basic)	7	6	23		***
ADL (mobility)	9	7	25		***
Vision / hearing	14	14	23		*

<sup>a</sup>Marginal homogeneity test and McNemar test. \* p < .05. \*\*\* p < .001.

genarians suffering from disabilities and forms of dependence are under-represented on account of the elimination at the start of the study of persons living in nursing homes and persons unable to participate personally in the interviews.

While at the start of the study our sample was made up entirely of persons living in private dwellings, by the time of the fifth wave 8% of the persons interviewed were living in nursing homes (4% of the men and 12% of the women). It is worth noting also that, at the outset, only one man in five lived alone compared with three women in five. Developments in family networks confirmed that, the older a person, the more he or she becomes a survivor within his or her circle; an aged person is somebody who is faced with the loss of his close relatives and friends, and particularly his peers (cf. Lalive d'Epina et al. 2003). Over the five-year period, nearly one out of five married persons had to cope with spousal bereavement, while the percentage of octogenarians without siblings increased by half. Although far more men than women still had their spouse at the start of the survey, women were more likely to lose

their spouse during the period in question (32% compared with 13%). Moreover, within the five-year period the state of health of the survivors clearly deteriorated; in fact, the proportion of persons unable to perform by themselves at least one of the five basic ADL actually quadrupled.

### *Exclusion and Its Evolution in Advanced Old Age*

The frequency of visits by the family and by friends and acquaintances did not vary significantly between the first and fifth waves of the study (see Table 2). Thus, notwithstanding the relative contraction of their social networks, very old people did not gradually become isolated. On the other hand, there was a clear decline in the level of their social activities; the proportion of very old people participating regularly in less than two activities almost doubled over five years (increasing from 23% in W1 to 40% in W5).

It should be pointed out that for the time being we have considered the evolution of the exclusion indicators in an aggregated fashion, i.e. as they affect the cohort as a whole. But it may be that these general changes we have commented on conceal individual trajectories departing from the norm: some individuals may withdraw and reduce their activities, while others may enjoy an enrichment of their social involvement. As can be seen from Figure 1, in the area of family visits nearly all (90%) of the older people who were receiving visits more than once a month at the start of the survey were still being visited often five years later. In only a very few cases did individuals experience a diminution of family life, while almost two-thirds of the persons who were isolated strengthened their links with members of their families. Regarding relations with friends, 40% of the individuals who were not being visited by friends in 1994, were by 1999 receiving at least one visit per month; for a similar proportion the trend was opposite. Finally, regarding sociability, just under one-third of the persons who had withdrawn into themselves increased their participation during the five-year period, while one-third of active persons took the opposite path.<sup>2</sup>

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<sup>2</sup> However, it must be borne in mind that, since the groups were unequally represented at the start of the survey, the percentages of persons passing from

**Table 2.** Isolation and non-participation in W1 (n = 295) and changes between W1 and W5 (n = 157)

	Whole sample				Survivors in W5			
	W1		W1		W5		df	t
	M	SD	M	SD	M	SD		
<b>Isolation</b>								
Visits by family	3.42	1.24	3.54	1.17	3.71	1.16	155	-1.76
Visits by friends	2.50	1.16	2.59	1.10	2.47	1.19	149	0.96
<b>Non-participation</b>								
Social activities	2.30	1.33	2.63	1.34	2.05	1.41	149	5.00***

Note. Isolation: scales ranging from 1 (no visits) to 5 (every day or almost every day). Non-participation: between 0 and 5 regular activities. \*\*\* p < .001.

### The Impact of the Three Critical Life Events

These initial findings confirm that one must beware of drawing a parallel between the trajectories of octogenarians and marginalization processes. Having said that, it is reasonable to wonder whether certain life events associated with the final stages of the life course may not worsen a condition of frailty and lead to forms of exclusion. Over the five-year period, we recorded 159 cases of deterioration of health, and 107 deaths of close relatives, while 22 octogenarians moved into nursing homes.

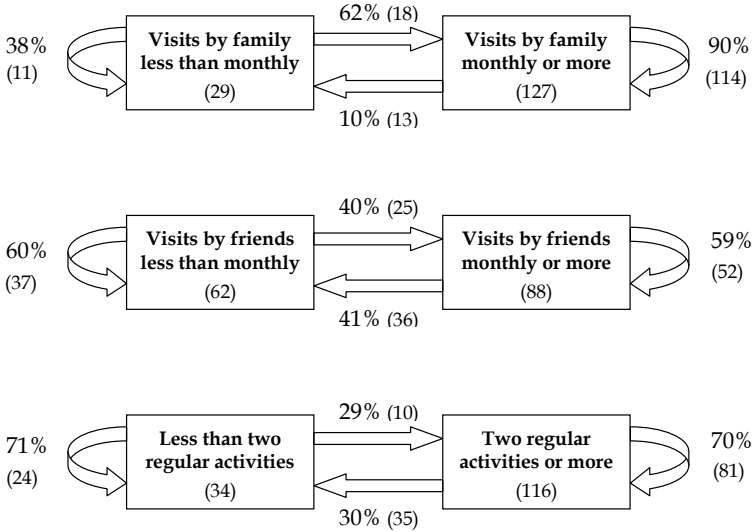
Table 3 shows the effect of these three events on relational life and social involvement. Two general observations must be made: firstly, whatever the type of loss sustained, we did not observe any defections, either by families (which, on the contrary, showed a tendency to become more caring) or by friends; and secondly, the process of withdrawal from social activities only begins following the worsening of health.

Let us now examine the impact of the three critical life events in more detail. In comparison with those who did not suffer any disruption, persons who lost a close relative received significantly more visits from families (Fischer's LSD post-hoc test,  $p = .002$ ) and friends (LSD post-hoc test,  $p = .003$ ). Regarding social activities, the two groups were not sinify-

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one state to another are calculated on the basis of different figures.

**Figure 1.** Change between W1 and W5 in number of visits received by individuals and in their sociability activities (survivors in W5, n = 157)



*Example of interpretation: among the 34 persons who had less than two regular activities in W1, the situation of 71% (n = 24) remained unchanged, while 29% (n = 10) changed categories and in W5 were participating more actively in social life.*

cantly different using the LSD post-hoc test ( $p = .159$ ). Our findings also highlighted a mobilization of the social network during the period following entry into a nursing home. Persons who had just moved received significantly more visits from family members than persons in the ‘no disruption’ group (LSD post-hoc test,  $p < .001$ ). Today, institutionalization is often the consequence of a deterioration of health, and the persons involved are old-old people with a level of impairment such that they cannot live without the almost constant attendance of another person (Cavalli 2002). Even so, it should be noted that participation in social activities hardly declined following entry into a nursing home (LSD post-

**Table 3.** Adjusted means, standard errors and analysis of covariance. Results for the three dimensions of exclusion by disruptions

Disruption Exclusion indicator	No disruption		Disruption		Other disruption		ANCOVA
	M	SE	M	SE	M	SE	
Deterioration of health							
Visits by family	3.65 <sub>a</sub>	0.04	3.74 <sub>a</sub>	0.07	4.03 <sub>b</sub>	0.10	F(2,768) = 6.41 **
Visits by friends	2.39 <sub>a</sub>	0.05	2.52 <sub>a</sub>	0.09	2.83 <sub>b</sub>	0.12	F(2,764) = 5.84 **
Social activities	2.25 <sub>a</sub>	0.05	1.88 <sub>b</sub>	0.08	2.18 <sub>a</sub>	0.11	F(2,758) = 7.35 ***
Death of close relative							
Visits by family	3.65 <sub>a</sub>	0.04	3.96 <sub>b</sub>	0.09	3.75 <sub>a,b</sub>	0.08	F(2,768) = 5.16 **
Visits by friends	2.39 <sub>a</sub>	0.05	2.75 <sub>b</sub>	0.11	2.54 <sub>a,b</sub>	0.10	F(2,764) = 4.74 **
Social activities	2.25 <sub>a</sub>	0.05	2.09 <sub>a,b</sub>	0.10	1.91 <sub>b</sub>	0.09	F(2,758) = 6.13 **
Entry into nursing home							
Visits by family	3.65 <sub>a</sub>	0.04	4.55 <sub>b</sub>	0.20	3.78 <sub>a</sub>	0.06	F(2,768) = 10.34 ***
Visits by friends	2.39 <sub>a</sub>	0.05	2.86 <sub>a,b</sub>	0.25	2.61 <sub>b</sub>	0.08	F(2,764) = 4.11 *
Social activities	2.25 <sub>a</sub>	0.05	2.66 <sub>a</sub>	0.22	1.92 <sub>b</sub>	0.07	F(2,758) = 10.48 ***

Note. Isolation: scales ranging from 1 (no visits) to 5 (every day or almost every day). Non-participation: between 0 and 5 regular activities. Means in the same row that do not share subscripts differ at  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

hoc test,  $p = .066$ ).<sup>3</sup> Furthermore, LSD post-hoc tests did not detect any difference in the frequency of contacts between persons not having suffered any disruption and those whose health had declined (visits by family:  $p = .298$ ; visits by friends:  $p = .223$ ). Finally, among both men and women who suffered a decline in their functional or sensory abilities, the general level of activity was significantly lower than in the ‘no disruption’ group (LSD post-hoc test,  $p < .001$ ).

At this stage of the analysis, we wish to explore in greater depth the consequences of a decline in health on social integration, distinguishing between the different types of incapacity (basic ADL, mobility ADL, and sensory disabilities). The results obtained (see Table 4) bear witness to the

<sup>3</sup> One possible explanation may lie in the fact that most of these institutions regularly organize a number of social activities and that in addition the staff may encourage nursing home residents to take part.



**Table 4.** Adjusted means, standard errors and analysis of covariance. Results for the three dimensions of exclusion by three health disruptions

Health disruption Exclusion indicator	No disruption		Health disruption		Other disruption (health or not)		ANCOVA
	M	SE	M	SE	M	SE	
Basic ADL							
Visits by family	3.65 <sub>a</sub>	0.04	3.91 <sub>b</sub>	0.11	3.81 <sub>b</sub>	0.07	F(2,768) = 3.83 *
Visits by friends	2.39 <sub>a</sub>	0.05	2.64 <sub>a,b</sub>	0.14	2.63 <sub>b</sub>	0.09	F(2,764) = 3.67 *
Social activities	2.25 <sub>a</sub>	0.05	1.81 <sub>b</sub>	0.13	2.06 <sub>b</sub>	0.08	F(2,758) = 6.51 **
Mobility ADL							
Visits by family	3.65 <sub>a</sub>	0.04	3.74 <sub>a,b</sub>	0.12	3.87 <sub>b</sub>	0.07	F(2,768) = 4.06 *
Visits by friends	2.39 <sub>a</sub>	0.05	3.02 <sub>b</sub>	0.15	2.51 <sub>a</sub>	0.08	F(2,764) = 8.25 ***
Social activities	2.25 <sub>a</sub>	0.05	1.80 <sub>b</sub>	0.14	2.04 <sub>b</sub>	0.08	F(2,758) = 6.33 **
Vision / hearing							
Visits by family	3.65 <sub>a</sub>	0.04	3.78 <sub>a,b</sub>	0.10	3.87 <sub>b</sub>	0.07	F(2,768) = 3.84 *
Visits by friends	2.39 <sub>a</sub>	0.05	2.37 <sub>a</sub>	0.12	2.77 <sub>b</sub>	0.09	F(2,764) = 7.13 ***
Social activities	2.25 <sub>a</sub>	0.05	1.94 <sub>b</sub>	0.11	2.01 <sub>b</sub>	0.09	F(2,758) = 5.28 **

Note. Isolation: scales ranging from 1 (no visits) to 5 (every day or almost every day). Non-participation: between 0 and 5 regular activities. Means in the same row that do not share subscripts differ at \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

soundness of this approach. While social involvement decreased irrespective of the field under consideration, the effect on relationships varied according to the type of health impairment. By comparison with the 'no disruption' group, it was older people dependent on others for the performance of the basic ADL who benefited most frequently from family visits (LSD post-hoc test,  $p = .028$ ). In contrast, persons with reduced mobility received special attention from friends and acquaintances (LSD post-hoc test,  $p < .001$ ). It thus seems that the latter come to the support of an elder whose mobility is reduced and who may possibly be homebound, but whose basic ADL performance is not (yet) impaired. But once the disabilities become really troublesome, the family, if there is one, rallies round. In that case, the contacts not only serve to express feelings but also play an instrumental role and provide concrete assistance. This is the point at which one can measure the effectiveness of a home care policy, supplementing the support provided by the natural network and enabling elders to go on living in their homes until a very advanced age,

thus avoiding or delaying transfer to a nursing home. The study of the sensory dimension has likewise proved enlightening. Visual and hearing difficulties are highly debilitating and contribute to the abandonment of social activities and withdrawal into the home (LSD post-hoc test,  $p = .011$ ); but here there was no external compensation in the form of increased frequency of visits by family and friends (LSD post-hoc tests: visits by family,  $p = .229$ ; visits by friends,  $p = .859$ ).

## Discussion

In this article we have tried to shed some light on the problems of relational exclusion during the final stages of the life course. Based on SWIL-SOO data, we have pointed out that very old people cannot be systematically associated with the condition of exclusion, and demonstrated the need to distinguish between non-participation and isolation. We have established that each of these dimensions evolves in a different fashion. Although there is a decline in the practice of social activities, relational life remains stable. Our findings also revealed a measure of heterogeneity in individual trajectories. In particular, a significant proportion of older people whose relational lives or level of social activities were poor at the start of the survey escaped from those situations, which carried within them a risk of exclusion. These last findings corroborate the argument that exclusion is frequently a phase of life through which an individual passes rather than a stable condition (Schnapper 1996). An analysis of the impact of the three critical life events (deterioration of health, death of a close relative, entry into a nursing home) revealed some inflection in the mode of integration, with greater mobilization of the social network (particularly of the family) and at the same time a withdrawal from social activities, but only in the case of a declining state of health.

These findings encourage us to revisit the disengagement theory (Cumming & Henry 1961). It will be remembered that, in its original form, this theory treated the reduction of interactions with others and withdrawal from the public sphere as phenomena intrinsic to aging. It asserted that, starting from a certain stage of human development, the weakening of social involvement and the psychological detachment from social roles are preconditions for the successful aging sought by indi-

viduals. In addition, it claimed that there is a congruence between the design of society and the destinies of individuals, with the former (through institutions such as retirement) responding to the requirements of biological-genetic evolution. This theory has attracted much criticism (see Hochschild 1975; Maddox 1964) and is hardly mentioned in current empirical studies (Achenbaum & Bengtson 1994). However, more recent writings have revived interest in the disengagement theory and at the same time reshaped it. Johnson and Barer (1992), on the basis of a study of 150 persons aged 85 or over, showed that almost one-half of the oldest-old interviewed compensated for the losses which marked the closing stages of their life course and maintained their commitments, while the other oldest-old tended selectively to modify their social world both socially and psychologically, and withdrew from some of their roles and activities. Seen in this perspective, disengagement may be understood as one possible pattern of adaptation in very old age. This leads us to investigate the factors which prompt older people to adopt that course, and in particular to enquire whether the withdrawal is intentional (as the original disengagement theory claimed) or, on the contrary, imposed.

From this standpoint we may speak of a tendency towards disengagement, without, however, conferring on it a character of generality or inevitability. If a process of withdrawal takes place, as seems to be the case, it would seem to result not so much from a deliberate choice by the individual concerned as from a deterioration of that person's health. In any case, if there is a decline in activity, the social network (led by the family) will step forward and fill the gap. Furthermore, our work has shown that a number of factors, both individual and environmental, come into play between (1) the increasing frailty of the individual and its attendant constraints, and (2) the fact of being (or not being) in a state of exclusion.

These findings point to the need for further research into differences that may exist between respondents, depending on such characteristics as their gender and region of residence. As noted above, the cohort members living alone were mostly women; we also know that the family network is wider in the Alpine region (Lalive d'Epinau et al. 2000). Does this have an impact in terms of relational exclusion? Is the decline in social activity common to both men and women, to both the urban and the

rural area? Does the way in which family and friends rally round following certain life events vary by gender or by region? Initial discriminant analysis seems to suggest that trends are roughly the same for both genders and both regions. Some slight differences emerge solely in the context of death of a loved one, where men enjoy a greater wave of support from family and friends. At the present stage, however, our analysis is hampered by a lack of numbers. We shall return to the question once the full set of SWILSOO data becomes available.

Another possible development of our work would be a study of the linkages between frailty, exclusion and well-being. More specifically, this would consist of an empirical examination of the consequences, from the standpoint of the well-being of the individual, of the situations and processes of isolation and non-participation. The second aspect of the disengagement theory asserted that withdrawal was a condition for successful aging and for greater well-being of the individual; but that assertion has now been refuted by many scholars (cf. Hochschild 1975). Be that as it may, if frail older people do have contacts, they do not necessarily control them; they depend on the goodwill of those close to them. However, research has shown that it is precisely the feeling of being in control of one's social relationships and one's relationship with the environment that provides a source of well-being (e.g., Lang et al. 1997). In accordance with the metamodel of 'selective optimization with compensation' (Baltes & Baltes 1990; Baltes & Carstensen 1996), one interesting avenue of exploration would be to broaden the range of activities studied in order to determine the extent to which withdrawal from social activities is offset by a greater emphasis on certain other forms of activity. The argument here, in accordance with the theory, is that the well-being of the individual depends on this process of adaptation. Following this, one could seek to clarify the influence of the relational situation on the success of such a process.

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## Stereotypes of Old People Persist

### A Swedish “Facts on Aging Quiz” in a 23-year Comparative Perspective

BY LARS TORNSTAM<sup>1</sup>

#### Abstract

In 2005, as well as in 1982, almost 90 percent of Swedes subscribed to the stereotype that retirement pensioners suffer from loneliness and more than half of Swedes also believed that pensioners suffer from boredom and dissatisfaction with life.

Little seems to have changed for the better, or even impaired with regard to the images of the psychological conditions of pensioners, at the same time as Swedes have become somewhat more knowledgeable about the physiological/material conditions associated with aging. This follows from a 2005 follow-up of a Swedish Facts on Aging Quiz, first given in 1982. The comparatively stable pattern of stereotypes over the 23-year period indicates that stereotypes – in old, well-known or permuted forms – will prevail as long as their ageist roots do. The changes observed indicate the possibility of a future pattern of stereotypes, which combines an exaggerated “positive” image of retirement pensioners’ health and wealth, with associated envy of the “greedy geezers”, and pity for their lonely and meaningless lives.

Keywords: attitudes, ageism, stereotypes, old people, discrimination, social gerontology, Sweden

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## Background and Aim

How does knowledge about and images of old people change in societies where increasing information about certain age-related problems appears alongside massive information that is both positive and prejudice-reducing?

In a recent North American study, Abramson and Silverstein (2006) were able to compare the American knowledge level in 1994 and 2004, utilizing results from identical versions of the *Facts on Aging Quiz* at both points in time. At both occasions, they conducted telephone interviews with random samples of American citizens across the continental United States.

In their 10-year perspective, they found that the mean number of correct responses to the Quiz was exactly the same both years, although there was some variation in responses to individual items. On average, the American respondents gave correct responses to around 50 percent of the statements in the Quiz. In their reflections on this result, Abramson and Silverstein (op. cit.) posed the question of how new medical research findings, new stories or political debates might have affected the outcome of the Quiz. What, for example, is the impact of the extensive coverage of Alzheimer's disease on the knowledge level? And, we might add, what impact has the increasing amount of positive information had? Although it may seem impossible to disentangle these effects, the main question is still interesting: What long-term changes occur in knowledge about and images of old people in societies with this kind of double discourse in the information flow? Does it result in a generally increased or generally decreased knowledge level, or does it manifest itself in double discoursed knowledge about old people?

The aim of the present study is to examine whether and how there has been any change in knowledge/images during an observation period twice as long as that of the above North American study - in a country (Sweden) where considerable effort has been made to create a better life and more positive images of old people, at the same time as a great deal of attention has been given to, for example, Alzheimer's disease and

to predictions of an upcoming and for the whole of society problematic demographic boom in the senior population.<sup>1</sup>

Given that, over this period of 23 years, Sweden has invested a great deal in gerontological research and campaign-like political efforts to create more positive images of aging and old age, we may expect Swedes in general to have become more knowledgeable and less stereotyped in their thinking regarding certain factual conditions of retirement pensioners, while the problem-oriented debate in society might have worked in the opposite direction – creating more negative images. Besides the above-mentioned focus on Alzheimer’s disease, we may also mention that the media in Sweden have been focusing, for at least a decade, old people’s unfulfilled needs for home help and rooms in nursing or residential homes, which together may lead to an image of retirement pensioners as being more frail and vulnerable than is actually the case.

### *Knowledge – Images – Stereotypes*

The present focus on *knowledge, images and stereotypes* originates from an early work (Tornstam 1979a) on attitudes toward old people, where we observed that many of the studies at that time tapped a blurred mix of *knowledge* or lack of knowledge about old people, positive versus negative *emotions* toward old people, and actions or *behavior* directed toward

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<sup>1</sup> Besides a substantial targeted governmental investment in gerontological research, there have been several political ventures aimed at elucidating the positive content of aging. Within the past decade, starting in 1998, an important commission worked under the heading “Riv ålderstrappan” [Tear down the age barrier SOU: 2002]. This work finally resulted in 100 political propositions in the report SOU 2003:91 [Senior Citizen 2005], which was given to the parliament. Before this, just about every important Swedish organization as well as all important voluntary organizations were supplied with a “pro-old-age report” SOU 2002:29 and asked for their opinions and additional suggestions on how to create a situation of better and more positive aging for Swedes – this also included attitudes toward and knowledge about aging and old people. Also, between 1982 and 2005, The National Board of Health and Welfare produced no less than 180 reports/publications/books aiming at better conditions for, and better understanding and knowledge of old people.

old people. Palmore (1982) also considered that many studies of what were described as attitudes toward old people confounded emotions concerning and knowledge about old people. The argument at that time was that we in gerontological studies needed to separate these dimensions, something that had long been suggested in more general and seminal works on the study of attitudes (e.g., Thurstone 1929; Kretch & Crutchfield 1948; Green 1954; Katz 1960).

Even if Kite et al. (2005) have presented a nice meta-analytic review of studies, that has appeared by April 2000, on attitudes toward younger and older adults, it is today difficult to find any fresh developments within studies on attitudes toward old people. Most related studies are now developed and conducted within the conceptual framework of "ageism". But, even if related contemporary studies have shifted their conceptual framework from "attitudes" to "ageism", the advice about making the above-mentioned distinctions still holds. In line with Kite and Smith-Wagner (2004), we consider that contemporary studies of ageist attitudes still need to separate the dimensions of *cognitions*, *emotions* and *behavior*, regardless of how the terminology may have developed. This remark about terminology is made because some contemporary writers seem to connect the term "attitudes" only with the emotional or evaluative dimension (e.g., Atchley 2000). However, the studies presented here focus entirely on the cognitive dimension, which has traditionally been regarded as part of the "attitude" concept, but which can just as well be understood as part of "ageism". Palmore (1998, 2005) states that his *Facts on Aging Quiz* can be understood and used as an indirect measure of ageism.

However, since we are working with a cognitive "knowledge" concept embedded in other concepts such as attitudes and ageism, we cannot equalize this knowledge with for example knowing or not knowing how to solve a mathematical equation. The "knowledge" we are talking about is bordering to *images* about retiremet pensioners, which in turn borders to the concept of *stereotypes*.

It was Walter Lippman (1922) who first used this term to refer to 'the picture in the head' people generally have of social groups. Stereotypes are often, but not necessarily, negative and far from reality. In theory, a stereotype could be both positive and in tune with reality, but when we

social scientists use the term, we are mostly referring to perceptions that are both negative and inaccurate (Haslam 2004). Thus, when we find that almost 90 percent of Swedes falsely believe that one in two retirement pensioners suffer from loneliness, we can safely call this belief or image a stereotype.

Stereotypes are however not simple and homogeneous, but complex and multiple (Hummert 1990; Hummert et al. 1994). But, as pointed out by Palmore (1990), even if stereotypes can be both “positive” and “negative”, underlying them is always the ambition to belittle old people. Expressions such as “the lonely retirement pensioner”, “the senile fool” and the “sweet old lady” all tell us that old people are worthy only of our contempt or pity. Viewed in this way, all stereotypes, both “positive” and “negative”, constitute ways of exerting power (Fiske 1993; Pickering, 2001).

Inspired by the first *Quiz on Aging* presented by Palmore (1977), we began in 1982 with a study on what Swedes knew, or thought they knew, about old people. The first version of the Swedish Quiz (which was not a mere translation of Palmore’s Quiz) (Tornstam 1979b) included 26 well-evidenced factual statements; these were reduced to 13 statements in the second and final version. Selection of statements for the final Quiz was based on an analysis of the discriminatory power of each statement, that is the power each statement had to distinguish between individuals with good and poor knowledge. In 1982, the final 13 statements were then used in a representative Swedish mail survey, which was replicated in 2005.

## The Quiz

Below is a list of the 13 statements together with comments on their factual content. A series of critical points against the Quiz follows the presentation of the Quiz.

### **1. More than 10 percent of retirement pensioners are bed-ridden.**

The statement is false. SOU 1977 [Retirement Investigation] found that, at that time, 2.8 percent of retirement pensioners were partially bed-ridden and an additional 0.9 percent totally bed-ridden. Given that health conditions among old people have improved since the seventies, we have rea-

son to believe that these percentages are even lower today, but no contemporary comparable data are available.

**2. Half of retirement pensioners have impaired hearing, that is, difficulties understanding a conversation between several persons.**

The statement is false. SOU 1977 [Retirement Investigation] showed that only 30 percent of retirement pensioners experienced hearing difficulties at that time, and Statistics Sweden On Line shows that today's corresponding percentage is 28 percent.

**3. Older workers have accidents at work more often than younger workers do.**

The statement is false. Current statistics and statistics from 23 years ago show just the opposite. Older workers tend to have fewer accidents at work (Statistics Sweden On Line 2006).

**4. Almost three quarters of retirement pensioners often visit with relatives and friends.**

The statement is true. Almost every Swedish gerontological study shows this (SOU 1977 [Retirement Investigation]; SOU 1993:111, 1993; SOU 2003:91).

**5. Almost half of retirement pensioners often feel lonely.**

The statement is false. Data from 1977 show that 8–10 percent of retirement pensioners *often* feel lonely (SOU 1977). More recent data also reveal the same figures (based on a sample of 1,771 Swedes in the age range 65–104 years – gathered for another purpose in 2001 and accounted for in Tornstam, 2005.)

**6. Almost half of retirement pensioners feel bored and unsatisfied with their life at present.**

The statement is false. A large majority, around 75 percent, of retirement pensioners feel quite or very satisfied with life (SOU 1977). In the above-mentioned sample from 2001, only 3 percent of respondents in the age range 65–104 feel quite or very dissatisfied with their current life in general. A large majority, 87 percent, feel quite or very satisfied.

**7. More than 25 percent of retirement pensioners live in apartments that lack modern conveniences.**

The statement is false. Already in 1977, 80 percent lived in fully modern apartments according to the standards of that time (SOU 1977 [Retirement



Investigation]). Today, few if any retirement pensioners live in apartments without modern conveniences (personal communication with The Institute for Housing Research at Uppsala University). We have no statistical data on this after 1990, however, as this type of individual household level information has been dropped for reasons of integrity.

**8. Less than half of retirement pensioners can handle an unexpected expense of SEK 3,000 (SEK 14,000 in the 2005 study<sup>2</sup>).**

The statement is false. In 1982, 80 percent of retirement pensioners could handle an unexpected expense of SEK 3,000, and in 2002–2003, 90 percent could handle an unexpected expense of SEK 14,000, which is today's equivalent when adjustments are made according to the price index (Statistics Sweden On Line 2006).

**9. More than a fourth of retirement pensioners own or have access to a summer cottage.**

The statement is true. According to SOU 1977 [Retirement Investigation], at that time 30 percent of retirement pensioners owned or had access to a summer cottage. The corresponding figure for 2002–2003 was 37 percent (Statistics Sweden On Line 2006).

**10. More than half of retirement pensioners have poor eating habits.**

The statement is false. SOU 1977 [Retirement Investigation] showed that the quality of the food eaten by retirement pensioners was equal to that eaten by the rest of the population. According to Health in Sweden (2001), eating habits have generally improved among Swedes, and old people do not stand out as a “risk group” with regard to eating habits.

**11. More than one in five retirement pensioners live in confined quarters.**

The statement is false. According to SOU 1977 [Retirement Investigation], 7 percent lived in confined quarters at that time. The situation has improved. Statistics Sweden On Line 2006 reports that in 2002–2003 only 3 percent of the population 65–84 years of age lived in confined quarters.

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<sup>2</sup> SEK 14,000 = USD 1,988 (November, 2006).

**12. More than one in three retirement pensioners live in their own small, self-contained house.**

The statement is true. In 1980, 43 percent of all households with at least one person 65+ lived in small self-contained houses. The corresponding figure for 2002–2003 is 54 percent (Statistics Sweden On Line 2006).

**13. More than one in five retirement pensioners live in an institution (nursing or residential home, geriatric ward, etc.).**

The statement is false. In 1980, the proportion of retirement pensioners living in an institution was 8.2 percent. In 2004, the corresponding figure was 7.2 percent (Äldreprojektet 2000 [Questions and Answers on Older People and Care]; Socialstyrelsen 2005 [National Board of Health and Welfare]).

*Objections to the Quiz*

With some justification, statements of the type used in this quiz have been criticized for their leading character. It is often said that it is easier to agree with the content of a statement than to disagree. This type of criticism, however, is more relevant when different kinds of emotional attitudes are the target. In our case, respondents were expressly asked to decide whether the content of the statement agreed with reality or not – if the statement was true or false – emphasizing that each statement was either true or false.

Another objection to statements such as these is that their wording sometimes makes the boundary between true and false quite narrow. For example, statement 1 is false, because only 3.7 percent of retirement pensioners are fully or partially bed-ridden, but the distance to the “More than 10 percent” in the statement is only 6.3 percentage points. An objection to the objection is that the quiz asks whether it is true or false that *more than* 10 percent are bed-ridden. It does not ask whether a specific percentage is true or false. In other statements, the difference between the wording of the statement and the key limit value is larger, as in statement 5, where respondents had to decide whether it was true or false that almost 50 percent of retirement pensioners often feel lonely. In this case, the distance to the “key value” is 40 percentage points, as no more than 8–10 percent of Swedish retirement pensioners often feel lonely.

Yet another objection is that the respondents are requested to express their understandings of "retirement pensioners" as a homogeneous category, which of course they are not. Other results would probably be obtained if the statements were related to people in different phases of aging, as suggested by some stage theories (e.g., Atchley 1997). The outcome of the Quiz would probably also be more nuanced if the statements were consistently worded so that the task was to decide whether the statement is representative of a majority of retirement pensioners. Shonfeld (1982) found that the stereotyped image of, for example, loneliness was significantly less common when the respondents had to decide whether a statement was representative of at least 80 percent of retirement pensioners.

Furthermore, the wordings of some statements may be unclear. How have, for example, the respondents interpreted "Older worker" in statement 3, and what misinterpretations might have been caused by beginning statements with the word "almost"? Respondents may have answered right or wrong, but for the wrong reason. For example (statement 6), when stated that "almost half of retirement pensioners feel bored and unsatisfied with their life at present", someone may have answered that this is wrong because he or she believes that the figure is even higher.

A final objection may be that only three of the thirteen statements are true, which may lead to an increased number of incorrect responses. The average number of correct responses might have been higher if more of the statements had been true. Thus, the knowledge level as measured by the thirteen statements cannot be interpreted in any absolute sense. However, comparisons between groups and points in time are nevertheless meaningful, because we are comparing responses to identical items.

To sum up, a quiz such as this is not without its flaws, but when comparing results from two points in time and focusing on change, much of the above criticism is not pertinent, as we are comparing responses to the very same written stimuli. However, we should take care not to attribute any absolute value to the percentages of respondents who have responded in one way or another to the statements, nor to the average levels of correct responses. We must look upon the Quiz as an instrument that provides a rough picture of the nature of knowledge about and

images of retirement pensioners, of common conceptions and how these have changed during the 23-year period under study.

### The Surveys in 1982 and 2005

In 1982, a mail survey was sent to a random sample of 2,040 Swedish inhabitants in the age range 15–75 years. The net sample after deaths, emigration, etc., was 2,025 individuals, of which 1,293 returned the questionnaire. This corresponds to a response rate of 64 percent of the net sample.

In 2005, a mail survey was sent to random sample of 2,001 Swedish inhabitants in the age range 16–85 years. The net sample after deaths, emigration, etc., was 1,918 individuals, of which 1,015 returned the questionnaire and an additional 265 were interviewed by telephone. In all, 1,280 individuals participated, which correspond to 67 percent of the net sample. At both points of time the official register of the whole Swedish population constituted the population universe, from which the sample was drawn.

As a simple test of demographic representativity of the respondent groups in each study, they have been compared with the whole Swedish population with regard to age distribution within the age span studied. In both 1982 and 2005, the age distribution of the respondent groups matched the corresponding age distribution in the Swedish population at the corresponding time, as tested by  $\chi^2$  for goodness of fit. Since the respondent groups mirror the corresponding whole Swedish population as to the age distribution, we know for sure that they are representative in this regard, and can by way of precaution assume that they not are selective in other regards.

The questionnaires sent out in 1982 and 2005 contained the same Quiz. For each statement, the respondent was asked to decide whether the statement was true or false. In addition to the Quiz, the questionnaires also requested information on a common set of background variables.

Whenever the results from the two surveys are directly compared, the age span is restricted to 16–75 years in both studies. Statistical differences between the two points of observation have been done with a sim-

ple mean difference test ( $M1-M2$ ), as described by e.g. Bohrnstedt and Knoke (1982). Within-years comparisons have been done with ANOVA.

## Comparative Overview

Table 1 provides, statement by statement, a summarizing comparison of the Quiz results in 1982 and 2005. Because one of the aims of both the 1982 study and the 2005 study was to identify stereotyped attitudes toward old people, the percentages in the table reflect the proportions of respondents who gave *incorrect* responses to the true/false questions. Thus, in 1982, 56 percent of respondents wrongly believed that more than 10 percent of retirement pensioners were bed-ridden. In 2005, the proportion of these “less knowledgeable” respondents dropped significantly to 46 percent.

Taking an overall look at Table 1, we can observe three patterns. First, after 23 years of research on social gerontology, governmental investments in the area and political efforts, a large proportion of Swedes still seem to subscribe to false images of retirement pensioners. Although, for example, there has been a significant drop in the proportion who have a “bed-ridden image” of retirement pensioners (statement 1), almost half of the population still seem to subscribe to this image. Remember, however, that all percentages in a quiz such as this must be taken with several grains of salt.

Second, some statements seem to show that Swedes have become more knowledgeable. For statement 12, for example, we note a considerable drop in the proportion of Swedes who seem unaware of the fact that more than one in three (in fact one in two nowadays) retirement pensioners live in their own small, self-contained house. This particular unawareness has dropped from 74 to 51 percent during the 23-year period.

Considerable drops in unawareness are also seen for the images of retirement pensioners as having poor eating habits, living in institutions, and having poor social contacts.

On the other hand, there is also one false image that seems to be more widely spread today. This is the image of bored retirement pensioners who experience no life satisfaction. As shown in Table 1, acceptance of the false statement 6 has increased from 54 to 64 percent during the 23-year period.

**Table 1.** Comparing Quiz results in 1982 and 2005.

	Statement	True or false	Percentage incorrect responses 1982	Percentage incorrect responses 2005	Difference in percent -age points
1	More than 10 percent of the retirement pensioners are bed-ridden.	false	56%	46%	- 10**
2	Half of the retirement pensioners have impaired hearing, that is difficulties to participate in a discussion with several persons	false	69%	63%	- 6**
3	Older workers more often meet with accidents at work in comparison with younger workers	false	30%	27%	- 3 <sup>ns</sup>
4	Almost three quarters of the retirement pensioners often meet with relatives and friends	true	57%	45%	- 12**
5	Almost half of the retirement pensioners often feel lonely	false	87%	86%	- 1 <sup>ns</sup>
6	Almost half of the retirement pensioners feel bored and unsatisfied with their life at present	false	54%	64%	+ 10**
7	More than 25 percent of the retirement pensioners live in apartments without modern conveniences	false	42%	44%	+ 2 <sup>ns</sup>
8	Less than a quarter of the retirement pensioners can handle an unexpected expense of 3,000 kr (14,000 kr in the 2005 study)	false	56%	61%	+ 5*
9	More than a fourth of the retirement pensioners themselves own, or have in another way access to a summer cottage	true	58%	51%	- 7**
10	More than half of the retirement pensioners have poor eating habits	false	65%	51%	- 14**
11	More than every fifth retirement pensioner live in confined quarters	false	29%	29%	0 <sup>ns</sup>
12	More than every third retirement pensioner live in their own small self-contained houses	true	74%	51%	- 23**
13	More than every fifth retirement pensioner live in an institution	false	49%	37%	- 12**

Year 1982: 1.245 Swedes 16–75 years. Year 2005: 1.174 Swedes 16–75 years

\* p<.05      \*\* p<.01      <sup>ns</sup> not significant.

On the other hand, in light of the Swedish debate on Alzheimer's disease and on the unfulfilled needs for home help and sheltered housing, we might expect the false statements regarding retirement pensioners being bed-ridden, hard of hearing and living in institutions to have received more incorrect responses, yet they have not. On the contrary, the proportion of incorrect responses to these items dropped by 7–12 percentage points from 1982 to 2005. This would seem to indicate that the connection between information flows in society and knowledge level/images is not a simple one.

The third general observation that may be made from Table 1 is that the profile or rank order of false images or stereotypes has changed. If we accept the operational definition that a stereotype exists when more than half of the population incorrectly accepts the content of an item, the Table 2 can be said to show the top five stereotypes of 1982 and 2005.

In both rank orders, the image of the lonely retirement pensioner is at the top, and during the studied period there has been no change in the proportion of Swedes who believe this – almost 90 percent. This corresponds quite well with what was found in an early Swedish study, where a number of Swedes were asked to name the kinds of everyday problems people of different ages have to deal with. Out of the 684 participants in the study, 90 percent mentioned loneliness as a particular everyday problem for old people (Tornstam 1981).

Both top five rank orders display a mixture of images including psychological, social, physiological, material and housing deficiencies. In the 1982 rank order, four of the five images are of the physiological/material kind, whereas three are of this kind in the 2005 top five rank order. In other words, psychological problems – loneliness together with lack of life satisfaction – are given more prominence in the 2005 rank order. This may indicate a slight shift in the balance between images of the psychologically miserable retirement pensioner, on the one hand, and the physiologically/materially less miserable pensioner, on the other.

Within the pattern of, generally speaking, slightly better knowledge in 2005, Swedes are somewhat less ignorant of physiological/material conditions, while the false images of psychological deficiencies seem to be the same or more prominent than in 1982. The proportion of Swedes who falsely believe that one in two retirement pensioners is bored and

**Table 2.** Rank order of stereotyped images. Percent Swedes believing in the false image in parentheses.

	Year 1982	Year 2005
1	Loneliness (87%)	Loneliness (86%)
2	Not living in self-contained houses (74%)	No life satisfaction (64%)
3	Impaired hearing (69%)	Impaired hearing (63%)
4	Poor eating habits (65%)	No money for unexpected expenses (61%)
5	No access to summer cottage (58%)	Not living in self-contained houses (51%)

unsatisfied with life has increased from 54 to 64 percent during the 23-year period.

The above observation can be illustrated by comparing how the respondents on average have responded to the two types of items at the two points in time. Since the items regarding loneliness and lack of life satisfaction have increased in relative rank order importance, and since they logically belong to the same type of inner psychological conditions, we have found it appropriate to single these two items out and comparing them with the rest of the items, which all target conditions possible to more or less objectively observe – they are not psychological.

In Table 3, for simplicity we have switched our focus to the number of correct responses. Table 3 shows that the total mean of correct responses was slightly higher in 2005 than in 1982. In 1982, respondents on average were able to provide 5.6 correct responses to the 13 statements, and 23 years later, the average number of correct responses increased to 6.3. When this is expressed in percentages, it corresponds to an increase from 43 to 48 percent correct responses. This is a statistically significant difference, but certainly not a great increase. And, at the same time, the differences in the number of correct answers *within* the respondent groups were quite considerable at both points in time, as measured by standard deviation, which at both points in time was 2.6.

The average slight increase in the average number of correct answers not only hides the considerable variation at both points of time, but also the differences between individual statements as described in Table 1,



**Table 3.** Average number of correct responses to statements on psychological versus other matters in 1982 and 2005. Average percent correct responses<sup>a</sup> in parentheses for better comparability.

	Year 1982	Year 2005
Mean number of correct responses to statements tapping psychological matters (statements 5,6, Range 0-2)	0.6 (30%)	0.5*** (25%)
Mean number of correct responses to statements tapping other matters (statements 1-4, 7-13, Range 0-11)	5.0 (45%)	5.8*** (53%)
Total mean of correct responses (all 13 statements, Range 0-13)	5.6 (43%)	6.3*** (48%)

<sup>a</sup> (Mean value divided by number of items) x 100 <sup>ns</sup> not significant \*\*\* p<.001.

and the differences between the above-mentioned two groups of statements.

Table 3 shows that the mean number of correct responses to the statements tapping knowledge of psychological matters (statements 5 & 6) is somewhat lower in 2005 than in 1982,<sup>3</sup> while the mean number of correct responses to the remaining statements, basically tapping knowledge of physiological/material conditions, is higher in 2005. Thus, generally speaking, we find that with regard to images of the physiological/material conditions of retirement pensioners, Swedes seem to have become slightly more knowledgeable over the 23-year period. On the other hand, as mentioned above, regarding knowledge of the psychological conditions of retirement pensioners, Swedes have become somewhat less knowledgeable. The result of this, as Table 3 also demonstrates, is that the gap between the knowledge level regarding psychological matters and other matters has increased. The knowledge level, relatively speaking, is much lower regarding psychological matters in comparison with others, and this difference has increased from 15 percentage units in 1982 to 28 percentage units in 2005. Thus, it seems as though the joint

<sup>3</sup> The standard deviation for these two items taken together is smaller – around 0.68 at both points in time.

impact of the aforementioned double discourse information flow in Swedish society may have been an increase in knowledge of the more easily observed physiological/material conditions and a decrease in knowledge of the more difficult-to-observe psychological conditions of retirement pensioners.

### Who Are the Less Knowledgeable?

In the study from 1982, we found some simple and some puzzling correlations to the level of knowledge about retirement pensioners. Easy to understand, and echoing Abramson and Silverstein's (2006) results from 2004, is the fact that older respondents gave more correct responses than did younger respondents – the statements are, after all, about a category to which they themselves belong or are at least nearer. Less easy to understand was the fact that, in 1982, the younger and better educated respondents were *less* well-informed. This result is not in line with what Abramson and Silverstein (2006) found.<sup>4</sup> At both points in time, they found that knowledge level correlated positively with educational level.

Back in 1982, our tentative explanation for the negative correlation we found was that much of higher education at that time had a problem orientation to reality (Tornstam 1983). You learned to see various kinds of problems everywhere. In addition, Swedish social gerontology at that time had much the same outlook – a tendency to search for and project various kinds of problems onto old age, thus creating a misery image.

This is in contrast to today's tendency to apply a salutogenic perspective, inspired by Antonovsky (1987) and others.

However, as can be seen in Table 4, the 2005 study gives another result. As in the 1982 study, the older respondents score higher on the "total number of correct responses scale", regardless of educational level.

Educational level, however, is no longer inversely related to the knowledge scale among the younger respondents, as it was in 1982. On the contrary, regardless of age, the respondents with a longer education

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<sup>4</sup> In line with the findings of Abramson & Silverstein (2006), however, is that women seem to be slightly less informed than men are. But, the difference is so small ( $\eta^2 = .075$ ) that we have chosen to disregard it in the analysis.

**Table 4.** Average number of correct responses in 1982 and 2005, controlling for age and education. Percentage correct responses in parentheses.

		1982		2005	
		16-45*	46-75 <sup>ns</sup>	16-45*	46-75*
Education	Less***	5.4 (42%)	6.2 (48%)	5.6 (43%)	6.6 (51%)
	More***	4.9 (38%)	6.2 (48%)	6.0 (46%)	7.1 (55%)

\* p&lt;.05

\*\*\* p&lt;.001

<sup>ns</sup> not significant

score slightly higher than do those with a shorter education.<sup>5</sup> The difference is minimal, but still in the opposite direction in comparison with the younger respondents in the 1982 study. We shall take a closer look at this by distinguishing the two above-mentioned types of images – the images of psychological matters and the images of basically physiological/material matters.

In the above, we have demonstrated that the level of knowledge regarding retirement pensioners seems to depend on the direct experiences that come with age, but also, in part, on the knowledge that comes, directly or indirectly, with education. In order to find the relative importance of these two sources of knowledge, we have performed a series of MCA analyses<sup>6</sup> on the datasets from 2005 and 1982, where also gender has been controlled for.

<sup>5</sup> In Table 4, the education variable has been dichotomized as to create a 60/40 percent split of respondents with less/more education, in 1982 resulting in a split between 9 and 10 years of education, and in 2005 between 12 and 13 years of education. Applying the 1982 split between 9 and 10 years of education on the 2005 data creates a very skew and technically difficult distribution, but principally the same outcome as that presented in Table 4.

<sup>6</sup> Multiple Classification Analysis (MCA) is a type of variance analysis (ANOVA) that allows any kind of data, even categorical data. As with an ordinary regression analysis, it produces beta values showing the relative importance of an independent variable when the others are controlled for.

**Table 5.** Relative importance of age and education to knowledge according to MCA analysis.

	Beta values on scale measuring number of correct responses to the items on psychological matters (statements 5,6)		Beta values on scale measuring number of correct responses to items on other matters (statements 1-4, 7-13)		Beta values on scale measuring number of correct responses to all 13 statements.	
	Year		Year		Year	
	1982	2005	1982	2005	1982	2005
Age	.27***	.27***	.16***	.26***	.20***	.28***
Education	(-).05 ns	.09*	(-).07 ns	.13***	(-).07 ns	.14***
Gender	.03 ns	.02 ns	.05 ns	.08*	.05 ns	.08*
R <sup>2</sup>	.09***	.07***	.04***	.07***	.06***	.08***

ns not significant      \* p<.05      \*\*\* p<.001.

An overall view of Table 5 reveals that, relatively speaking, age per se is generally twice as important as educational level with regard to predicting knowledge about retirement pensioners, and the influence of gender negligible. Also education seem with this kind of analysis negligible in 1982, which we above, in table 4, have shown that it for the younger respondents is not. In the MCA analysis the non correlation for the older respondents has swallowed this.

Table 5 also shows that, if our intention is to fully explain the variation in knowledge, the mission is unsuccessful when using the three independent variables. At most, 8 percent of the total variance can be explained by these three variables. Now, the purpose here is not to fully explain all the variance, but to take a closer look at the relative importance of age versus education, which we can still do.

If we start by looking at the scale based on all 13 items in the Quiz, the rightmost part of Table 5, we observe that the beta value of education has increased from 1982 to 2005. As already mentioned above, underlying this change is the interesting fact that the relative impact of education has not only increased, but also changed from a negative to a positive one. Remember that back in 1982, the younger respondents with more years of

education were slightly *less* knowledgeable. In 2005, the pattern is the opposite. The respondents with more years of education are slightly *more* knowledgeable. Essentially the same pattern is observed regarding the sub-scales measuring the physiological/material matters and the psychological matters. The relative importance of education has reversed and increased, but never reaching the same level of impact as age.

### *The Cohorts*

Related to the question of what impact education versus age may have on knowledge level is the question of cohort development. Each generation/cohort has been influenced by the particular experiences of that generation – including differences in educational level and possible differences in norms and values, together with the impact of the aforementioned double discourse information flow in society. An interesting question is how each cohort has developed regarding the type of knowledge/images dealt with in this study. Is there, for example, an increased or decreased average knowledge level, or a steady state, among those who were young in 1982 and who have reached middle age in 2005? Table 6 helps us answer these kinds of questions.

In Table 6, we can examine how four cohort groups have performed at the two points in time. Group 1, for example, consists of respondents born between 1920–1935, who in 1982 were between 46–62 years. They are compared with respondents in the 2005 study who were born in the same interval, years 1920–1935, i.e. the same cohort group, who in 2005 were between 70–85 years.

As already demonstrated in the above analysis, table 6 also displays at both points in time a cross-sectional pattern in which the younger respondents are less knowledgeable. Table 6, however, also shows certain differences in intra-cohort developments, where the two younger cohort groups (3 & 4) exhibit no statistically significant knowledge increase regarding psychological matters, while the other cohorts do, and the pattern otherwise is intra-cohort increases in the knowledge level.

Even if the younger cohorts have aged from youth and young adulthood to middle age, and just as the other cohort groups been affected by the information flow in society, the average knowledge level regarding psy

**Table 6.** Knowledge development in four cohort groups, and whole data sets. Average number of correct responses. Percentage correct responses in parentheses.

Cohort	Born within years:	Age in 1982	Age in 2005	Number of correct responses to whole scale (Items 1-13)		Number of correct responses to statements on psychological matters (Items 5,6)		Number of correct responses to statements on other matters (Items 1-4, 7-13)	
				Year 1982	Year 2005	Year 1982	Year 2005	Year 1982	Year 2005
	1907-19	63-75	not in sample	6.1	not in sample	0.88	not in sample		not in sample
1	1920-35	47-62	70-85	6.3 (48%)	7.0*** (54%)	0.74 (37%)	0.89* (45%)	5.6 (51%)	6.2*** (56%)
2	1936-45	37-46	60-69	5.3 (41%)	6.9*** (53%)	0.45 (23%)	0.63** (32%)	4.9 (45%)	6.3*** (57%)
3	1946-55	27-36	50-59	5.3 (41%)	6.5*** (50%)	0.49 (25%)	0.54 <sup>ns</sup> (27%)	4.8 (44%)	6.0*** (55%)
4	1956-66	16-26	39-49	4.8 (37%)	6.1*** (47%)	0.31 (16%)	0.35 <sup>ns</sup> (18%)	4.4 (41%)	5.8*** (53%)
	1967-89	not in sample	16-38	not in sample	5.8	not in sample	0.39	not in sample	5.4
	Total average within ages 16-75			5.6 (43%)	6.3*** (48%)	0.6 (30%)	0.5*** (25%)	5.0 (45%)	5.8*** (53%)

<sup>ns</sup> not significant      \* p < .05      \*\* p < .02      \*\*\* p < .001 .

chological matters has not increased, as is the case with the two older cohort groups.

This deviation from an otherwise increasing knowledge level signals that the observed intra-cohort differences not only can be interpreted as an historical effect, but also as an intra-individual developmental phenomenon. It could be that, with respect to the knowledge about psychological matters, maturation beyond middle age is necessary. The impact of the information flow in society might not be enough. It seems necessary to have aged beyond middle age – to be closer to the category of retirement pensioners or to be part of this category oneself.

The observant reader might be puzzled by the fact that none of the intra-cohort differences show any decline regarding the psychological matters, while the comparisons of the whole data sets show such a decline from 1982 to 2005. Reason for this is that, doing the intra-cohort comparisons, we have only been able to use selections of the data sets, as shown in table 6. The full comparison, which shows a decline, include the older and relatively more well-informed respondents in 1982, plus the younger and relatively more ignorant respondents in 2005, both of which are excluded from the intra-cohort comparison since these groups do not exist in both samples.

## Discussion

At average Swedes seem, as we have demonstrated in this 23-year follow-up, slightly better informed about the situation of retirement pensioners, and on the move away from the image of old age as merely disease and misery. At the same time, however, it is the relatively stable response patterns that is striking when looking at the results from a birds eye view. In only four of the 13 items the proportion of correct answers in 2005 is more than 10 percent points away from the results in 1982, and large proportions of Swedes still seem to subscribe to prejudiced stereotyped images. This result has yet to be interpreted considering the criticism of the Quiz. But even when the aforementioned objections to the Quiz are considered, one cannot avoid being struck by the prevalence and persistence of certain stereotypes. It is an intriguing fact that almost 90 percent of Swedes continue to subscribe to the loneliness stereotype – despite various kinds of political, academic and educational efforts during the years.

These efforts seem to have had some slight moderating effect on respondents' knowledge of e.g. the physiological and housing conditions of retirement pensioners, but no effect at all on stereotypes regarding psychological conditions. Today's Swedes, as compared with 23 years ago, subscribe to the same degree to the false image of the lonely, bored and dissatisfied retirement pensioner, but not quite as much to the negative images regarding health, housing and social interaction.

One explanation for the latter result may be that these conditions have in fact improved over the years, at the same time as they are more visible in comparison with subjective psychological conditions, where the responses to the items perhaps also may reflect personal fears of aging.

Moreover, the content of educational programs today may be less focused on finding and projecting problems onto old people. As mentioned, yet another way of understanding our findings may be that they are an interactive result of several parallel processes. As described above, Sweden has experienced a double discourses flow of information, simultaneously elucidating both certain problems and certain benefits of old age. This may have led to a slight increase in knowledge of objective observable conditions (basically the physiological/housing statements in the Quiz), while knowledge of subjective and difficult-to-observe psychological conditions have become somewhat more stereotyped, expressing pity for older people. The rather massive investments in research and political/governmental efforts probably also provide an explanation for the fact that Swedes, with longer educational careers nowadays, are slightly better informed. Education helps, but do not forget, not as much as "learning by aging".

Now, returning to the birds eye impression that, particularly regarding some stereotypes, relatively little seems to have changed during the 23-year period under study, despite various efforts and changes in society, the previously mentioned power perspective (Fiske 1993; Pickering, 2001) comes to the fore. One way of making this stability intelligible is to understand it as an aspect of the power an ageist society exerts in the form of stereotypes. As long as ageist roots persist, stereotypes will exist. In a nutshell, the roots of an ageist society can be said to be its value system, which glorifies youth, strength, independence, efficiency and productivity. Thus, as long as these roots persist, we will have stereotypes of old people - despite various efforts to obliterate them. Perhaps not stereotypes in the same old forms, but permuted to new forms.

Thus, following this somewhat speculative line of thought, in a future where the increase in the proportion of old people in the population is described as a ticking demographic bomb, and where education and information have supposedly made a real difference in knowledge of



the easier-to-observe physiological/material conditions of old people, but not of their psychological conditions, we may perhaps expect a scenario in which not only the still remaining misunderstandings of the physiological/material conditions of retirement pensioners are erased, but in which they are reversed to “positive” stereotypes, at the same time as negative stereotypes of psychological conditions remain the same. An exaggerated and stereotyped image of wealthy and healthy retirement pensioners may be combined with an equally exaggerated and stereotyped image of psychologically miserable retirement pensioners. Stereotyping in a permuted form.

The negative stereotype of seedy retirement pensioners with no money and poor housing may turn into a new type of negative stereotype of fit, wealthy, spoiled and greedy retirement pensioners, who wrongly and greedily cling to their overly large houses much too long. This is of course quite speculative and maybe somewhat contradicted by the fact that Swedes during the 23 years have been marginally more inclined to wrongly believe that pensioners can't afford to pay for an unexpected expense.

However, we have in fact already seen some of the aforementioned new type of stereotyping in Sweden, where one housing researcher (Turner 2005) declared that the increasingly healthy old people distort the natural sequence of moves from their own self-contained houses to smaller flats, thus creating a housing shortage for younger families in need of more space in a self-contained house. Turner (op. cit.) suggested that this problem might be solved by imposing a new “stay tax” on retirement pensioners who wrongly cling to their houses. In future research on stereotypes and ageism, we should be observant of this possible new kind of attitude, which combines an exaggerated “positive” image of retirement pensioners' health and wealth with a patronizing attitude.

We have in fact (Tornstam 2006) empirically observed a category of Swedes who, relatively speaking, are quite well informed (or have positively biased images of old people) and who at the same time have somewhat negative attitudes concerning what role old people should be given in society. This category, which seems to be as large as 30 percent of the population, is not in favor of increasing the proportion of retirement pensioners among political decision-makers. The category also does

not consider old people underrepresented in Swedish politics, or that old people should be given more authority. This category of Swedes seems to think something like “why coddle all the well-to-do elderly?”

If this kind of attitude is combined with the persistent pitying negative stereotypes regarding loneliness, boredom and dissatisfaction with life, we may perhaps see in the future a new pattern of powerful stereotyping, where old people are pitied for loneliness and boredom with life, while their physiological/material conditions are “positively” stereotyped and they are disdained as spoiled and greedy. The stereotyping may persist, but in new shapes – thus alluding to the notion that behind any specific pattern of stereotyping lies the deeper purpose of exerting power. Interpreted in this way, the persistent pattern of stereotyping old people, in its old or new forms – ‘positive’ or ‘negative’ – is in reality the ageist society’s way of controlling and exercising power over old people. And as long as the values underlying ageism are strong, stereotypes will exist – in old, well-known forms or in new permuted ones.

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Homepage of the Social Gerontology Group: <http://www.soc.uu.se/research/gerontology/>.

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## Visual Signs of Ageing:

### What are We Looking at?

BY HELLE REXBYE<sup>1</sup> & JØRGEN POVLSEN<sup>2</sup>

#### Abstract

Consumer culture has placed the ageing body in a dilemma of representation. Physical appearance has become increasingly important as a symbol of identity, and at the same time society idealizes youth. This study explores visual ageing empirically. By using photographs of older persons (70+) as starting point, it is explored how visual age is assessed and interpreted. It is shown that informants read age in a spread of stages and categories. Main age indicators are biological markers: skin, eyes, and hair colour, but supplemented by vigour, style, and grooming. Furthermore, in-depth interviews indicate that visual age is mainly interpreted into categories and moral regulations rooted in early modernity. Subsequently the question of a postmodern perspective of visual ageing is discussed in this article. The empirical findings in the study question a postmodern fluidity of visual signs – at least when the concern is signs of ageing.

Keywords: signs, ageing, appearance, age assessment, postmodernity, body.

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## Introduction

It is generally agreed that certain people look “old for their age” or “young for their age”. In older persons, “looking old for one’s age” has been considered an indicator of poor health within the medical world, and a recent study has proved an association between “looking old for one’s age” and mortality (Christensen et al. 2004). However, “looking old or young for one’s age” is not merely a medical issue. Postmodern culture emphasizes surface and looks. Visual representation(s) and physical appearance have become increasingly important cultural markers as symbols of identity (Bauman 1998; Giddens 1999). As the elderly generation is integrated in consumer culture, the body becomes a cultural focus for adults of all ages. Gilleard and Higgs point towards the ways in which the ageing body in consumer culture is increasingly presented with different ways of “being old”, but at the same time the ageing body suffers from “ageism” in a society that idealizes youth (Gilleard & Higgs 2000). Thus, aesthetically, the ageing body is positioned between the opportunities for self expression provided by consumer culture, and the visible nature of biology. This article seeks to explore visual ageing, and outlines some of the cultural and semiotic tensions generated in the field.

Others have focused on tensions generated between public images of ageing and the personal perceptions of the ageing body, and found them echoed in a more widespread tension existing in society between images and social realities (Featherstone & Hepworth 1991). In relation to the ageing body, it may therefore be theoretically relevant to distinguish between three different levels of meaning, as suggested by Öberg and Tornstam: a) the images of the ageing body in popular and consumer culture, b) individuals’ subjective experiences of their own bodies, and c) meanings attached to individuals’ bodies by other people (Öberg & Tornstam 1999). Most research into the appearance of the ageing body has been carried out within (a) popular and consumer culture (e.g. Featherstone 1982/1995; Bytheway & Johnson 1998; Gilleard & Higgs 2000), and (b) subjective experiences (e.g. research into the areas of “felt age” and “ideal age” by Öberg & Tornstam 1999; Öberg & Tornstam 2001). The empirical part of this paper focuses on the last aspect (c): How the appearance of older persons is perceived, and whether certain cultural meanings are attached to the reading of ageing signs. We hypothesize



that the postmodern theorising of images and visual representations of the ageing body in consumer culture might not be expressed – or might be different – at the level of meaning examined here.

In order to explore meanings attached to the reading of ageing signs, we need first to define “what age looks like”, and hence to examine: How is age assessed in older persons? What specific signs (biological? cultural?) are emphasized in the assessment of age in older persons?.

Apart from work in a medical context, most research into visual signs of ageing has been undertaken in social psychology. Here the focus has been partly on age appearance and specific biological features (e.g. babyfacedness or face shape) in younger or middle aged persons (e.g.: Berry & McArthur 1985; George & Hole 1998 or Burt & Perrett 1995), or partly on age-related stereotypes. For example, the study by Wernick and Manaster (1984) finds that unattractive faces are consistently rated as older than attractive faces (see also Hens 1991 and Deffenbacher et al. 1998); and Hummert shows that the older the person the more negative the stereotypes associated with them (Hummert 1993; Hummert et al 1995).

With this study we wish to investigate age assessment in older persons (70+ years of age), and to employ a cultural perspective to the reading and interpretation of ageing signs.

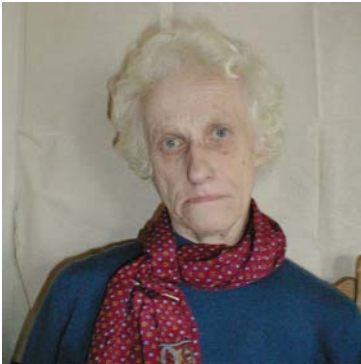
Material from empirical investigation of age assessment will be presented in the “Results” section, followed by a thematic analysis, and subsequently a cultural analysis. Finally, our empirical findings will be related to postmodern themes, and to major theories of the ageing body in consumer culture.

## Material and Methods

As part of the 2001 and 2003 waves of the population based survey *The Longitudinal Study of Aging Danish Twins*<sup>1</sup> comprising elderly twins 70+ years of age the participants were asked to have their face photographs taken (2001 and 2003) as well as a full length photograph (2003). The fact that the older persons on the photographs were twins is of no importance to this particular study.

For the face photographs a distance of 0.6-meters was used with a neutral background, if possible (*photo examples no. 1 and 2*).

**Photo 1**



**Photo 2**



The older persons were not all photographed with neutral facial expressions, but according to Sheretz & Hess (1993), this has no effect on age estimation. The full length photographs were taken with the older person standing (if possible) in the home or at a place of the person's own choice. Distance in the full length photographs varied (*photo examples no. 3 and 4*).

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<sup>1</sup> The population based *Longitudinal Study of Aging Danish Twins* started in 1995. It comprises Danish monozygotic and dizygotic twins 70+ years of age. In 2001 2,448 twins participated. See Christensen et al. (2004), and Rexbye et al. (2006) for further information on the survey and selection of photos.

Photo 3



Photo 4



A computer set-up with 774 face photographs of single twins (shown independently in random order) was made. Forty persons (informants) of various age, gender, and background: 20 female nurses (age 25 to 49 years), ten male student teachers (age 22 to 37 years), and ten elderly women (age 70 to 87 years), assessed the visual age of each single twin from the photographs. Additionally, a computer set-up with 1,420 full length photographs of single twins was assessed by 11 nurses. The informants did not have any knowledge of the twin's age or age group (Christensen et al. 2004; Rexbye et al. 2006).

In connection with the age assessment, all the informants were interviewed concerning their assessments, and asked to fill in a written form stating which signs they emphasized during the assessments. Nine informants were further interviewed in-depth: Five female nurses (age 30 to 49), two male student teachers (age 33 and 37), and two elderly women (age 77 and 79). They were shown 12 full length photographs of the older persons (individually), and asked to elaborate on their age assessments, and to openly describe the photographs. These interviews were taped

and subsequently transcribed for coding and further thematic analysis (Kvale 1997/2002).

## Results

### *Age Assessment of Face Photographs (774 photographs, 40 informants)*

All 40 informants assessed the face photographs. Even though the informants did not ascribe the same age to the older persons – they could, for instance, differ by five years in their assessments of the same person – they still agreed on the ranking i.e. who looked younger or older (in statistical terms Chronbach alpha = 0.93).

Informants assessed age stepwise, and read the signs in “layers”. When assessing age in older persons (70+), there appears to be a boundary around 80, as most informants said they would first place the person in the photograph to be either over or under 80. Similarly the data analysis revealed that assessed age was closest to chronological age in the persons around 80 years of age. There was a tendency for those over 78 to be assessed as slightly younger than their chronological age – and for those under 78 to be assessed as slightly older than their chronological age (regression towards a mean of 78). After placing the photographed person either under or over 80, the informants would gradually estimate age on a scale commencing from ten years (e.g. is the person closer to 70 years?), five years (is the person 75 years?), and finally by single years (e.g. 77 years). Almost all informants emphasised *biological* age markers such as the *eyes* and the *skin* when assessing age. Most informants assigned importance to both eyes and skin, only one emphasised hair colour, and one facial expression. Concerning the *eyes*, the informants would note eye surroundings such as wrinkles, bags under the eyes, sunken and “watery eyes”, but just as importantly they would notice the gaze, e.g. if the elderly person’s gaze towards the camera was firm, if the person had a twinkle in his/her eye, showed signs of mental presence/ absence etc. They would use expressions such as “*being present*” and “*contact*”. Also vigour was ascribed to the eyes. Concerning the *skin*, wrinkles on the face and neck were seen as most important – especially loose skin on the neck

was noticed – secondly pigmentation, colour and sagging tissue. Even though only one informant saw hair colour as the most important age marker, it was commented by all informants as they described hair colour, volume, and quantity as co-factors in their age assessments. Especially women’s hair colour was noted (grey?, dark?, dye?). Hair quantity was noted both in men and women. However, as previously published our data analysis showed that hair quantity has little impact on age assessments in older men (70+) (Rexbye et al. 2005).

Of the *external* (non bodily) age markers, clothes and make-up were important factors. The informants would for instance use expressions such as “*grandmother style*” or “*strong colours make younger*” concerning the clothes. Style and grooming (or lack of) was seen as an indicator of how well the person was keeping up mentally and physically.

Age assessment was made in a number of stages. The informants agreed that bodily age markers indicated the main age classification, and that external markers gave slight distinctions, and could dislocate age assessments a few years in either direction. Age assessment was described as being most difficult when the signs “contradicted” each other, for instance if a person had younger looking skin and old-fashioned clothes/hairstyle. All informants agreed that there was a difference in assessing men’s and women’s age, but they did not agree on which was the easiest (not within gender either). Similarly, the data analysis showed no difference between how men’s and women’s ages were assessed. As reference persons for age estimations, the informants used family members or friends. Even the nurses (who all had geriatric experience) would relate to family members rather than to patients when assessing age.

Preliminary analysis of an inter group comparison of the informants’ age assessments of the older persons showed close mean values of: nurses 76.6 years, male student teachers 75.9 years, and women (70+) 77.5 years. Mean chronological age of the older persons was 77.7 years (2001).

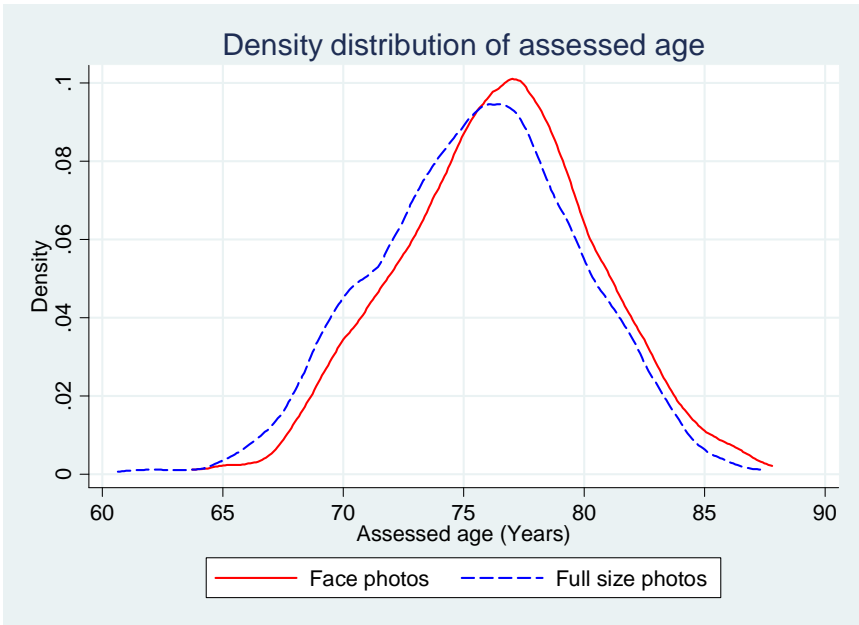
### *Assessment of Full Length Photographs (1420 photographs, 11 informants)*

The full length photographs were assessed by 11 informants (nurses). Even though the informants still emphasised the face, the full length photos added several dimensions to the sign reading and age assess-

ments. First of all the older person's bodily stature and posture were noticed. The clothes were now fully visible, and again style and grooming were seen as indicators of mental and physical condition. The style of furniture and the decor of the home was noticed with equivalent interpretation. Last, but not least, it was noted whether the home looked as if it was the person's own home or a nursing home.

Most informants found it easier to assess age from the full length photographs, as the quantity of information was much richer – even though the signs did not necessarily point in the same direction, and the interpretation was more complex. Preliminary data analysis showed that mean age was close – but approximately one year lower – in the assessments of all full length photographs from 2003 (75.6 years), compared to face photographs from 2003 (76.4 years). (Figure1). Mean chronological age of the older persons being 79.1 years (2003).

**Figure 1.** Assessed age in face photographs and full length photographs.



## *Thematic Analysis*

### *In-Depth-Interviews (12 full length photographs, 9 informants)*

In the analysis of the in-depth interviews especially two key themes occurred: “activity” and “dress code”.

#### *Activity*

When describing the photographs and when elaborating on their age assessments, the informants would try to visually read the activity level of the older person. The informants related to “activity” in three terms: A) *physical activity* – they would all notice if the person on the photographs looked as if (s)he was physically active, i.e. if the clothes reflected activity – gardening, domestic duties, housework, etc. B) Most would notice signs of *social activity*, i.e. whether the older person looked as if (s)he gets out of the house – is dressed to socialize. One informant said:

She is wearing make-up and lipstick... so I guess she is still going out.... You could even say that she looks as if she has still got a job.  
(Student teacher, 33 years)

And he compared with his own relative:

My grandmother no longer goes to the hairdresser's [...] It's not necessary, because nobody really comes around any more... and she has also stopped going out. (Student teacher, 33 years)

Finally they would notice signs of c) *mental activity*, i.e. if the older person looked as if (s)he was keeping up-to-date – were the clothes up-to-date?, was there a DVD machine in the home?, etc.

As the above citations indicate the older persons were classified into two categories: active and non-active. The non-active were read to have gone on “standby” in life – looking as if they let time pass without involving themselves, as if time had stood still for years. One informant said the following about an elderly lady:

...but then she must at some point in time have decided that: “from now on I don't feel like changing my life anymore...from now on I just stick to the way things are”[...] I bet that people who know her think...well, she has been looking like this for the last 15 years... I

bet she has come to a standstill in her life... nothing to do about it ...she hasn't had a new hairdo for many, many years... and that's the way it is with everything else in her life.... (Student teacher, 37 years)

Non-activity was read off the clothes, the hairstyle, and the home. It was seen as a sign of ageing and was only expected – and accepted – in the oldest old. The move between activity and non-activity was seen to be a gradual process starting with leaving the labour market. The process could be extended, but the elderly persons themselves were responsible for keeping active. As one informant said:

... and he could be around 80 years old... someone who keeps well at the age of 80 because he is keeping himself going and he's got this dog... (Female nurse, 45 years)

Another informant says this about a different photograph:

...he has made sure to keep himself going. (Female nurse, 32 years)

### *Dress Code*

As for “dress code” the informants would notice if the older persons transgressed cultural codes of dressing – especially dressing younger than their age. The theme was especially prominent in talking of what could be analytically labelled as the two opposites, “mutton dressed as lamb” and “growing old gracefully”. An example of the first:

On one of the photographs an elderly lady is wearing jeans, a blue medium low-cut blouse, black belt and black shoes with fairly high heels (not pointed toes). Her hair is (dyed?) black. She is wearing gold jewellery. Her posture is straight and she has a smile on her face. Not much of the room in which she is standing is visible on the photo. She is 73 years old (which the informants do not know).<sup>2</sup> Most informants reacted on the photo of her:

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<sup>2</sup> Unfortunately we do not have permission to publish this photograph.



...it is something about the smile, the hair, the whole outfit...  
Guess I wouldn't dress up like that, in jeans and all, if I were  
her...but okay, she wants to give the impression that she is still hip,  
and she doesn't want people to think that she is one day  
over...70...but....but...I don't know about that... (Elderly woman,  
79 years old)

“Mutton dressed as lamb” has been a well known phenomenon at least since the eighteenth century describing women who act or dress much younger than prescribed by the cultural norms for their age (Tamke 1978, cited in: Featherstone & Hepworth 1991: 321). The metaphor rests on the idea that lamb is tastier than mutton, which is tougher because of age, and the former is more highly valued than the latter (Fairhurst 1998). What seems just as important though, is that the phrase implies looking cheap – and has implicit references to prostitution (Twigg 2007). In our material concept of deception expressed by the term “dressed as” is also important. The “*but...but*” in the quotation clearly expresses that trying to look younger than your age is seen as deceiving and cheating. And the intentions are revealed. Another informant states this about the same photograph:

I think there is something forced about her wanting to appear young and this makes her look even older than she actually is.  
(Student teacher, 37 years old)

When the attempt to look younger seems forced or overacted, the representation backfires. He also comments on the same photograph:

...black shoes and high heels...this makes me think of my own mother and other ladies her age. I mean, nice old ladies of that generation... they do not wear high heels and jeans...because only the “cheap girls” of the city did that. (Student teacher, 37 years old)

This shows that “trying too hard” easily gets moral decay attached to it. By dressing “out of age” the lady on the photo is not trustworthy. Not only is she perceived to be cheating but also to be cheap – and the two go hand in hand in a moral downfall. Interestingly, the last quotation explicitly points towards the moral codes attached to the appearance of older persons being specific to – and following – the older generation. The student teacher views the photograph with the “moral eyes” of the

generation he is assessing (his mother's), not with the morals of his own time.

In opposition to this is "ageing gracefully" which means acting and dressing according to age. One photograph shows another lady standing in her living room. Her posture is straight and she has a moderate smile on her face. She is wearing a red turtle neck blouse with a long (ivory?) necklace, and black trousers. Her hair is blond and curly. Much of the living room is visible and shows a (tidy) room with a beige couch, a wooden coffee table and two paintings on the wall.<sup>3</sup> This lady is also 73 years old, and the informants talk of her in expressions such as:

She looks neat. (Elderly lady, 77 years old)

Or:

She is well groomed and well-maintained. (Nurse, 49 years old)

And:

...she hasn't put on these clothes because she wants to look younger; that's just the way she dresses... it's not forced, and it gives her style, right? (Student teacher, 37 years old)

By dressing according to age this lady is keeping within the norms of appearance for older women.

Interestingly, the data analysis showed that the mean value of the age assessments of the full length photograph of the lady analytically categorised as "mutton dressed as lamb" was 62.27 years, and mean value for the lady categorised as "ageing gracefully" was 67.91 years. Chronological age of both ladies were 73 years.

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<sup>3</sup> Unfortunately we do not have permission to publish this photograph.

## Discussion

### *Age Assessment*

Our study shows that age assessment is a complex act. In assessing age in older persons (70+) the informants read age in a spread of stages and categories. Signs were continuously weighed against each other and age negotiated. The main age indicators were biological markers: skin, eyes, hair colour, but supplemented by vigour, style, and grooming, and related to accepted codes of appearance. However, though age assessing is a complex matter, it was striking how similarly the informants described the process, assessed the age of each older person in comparison to the others, and categorized the ageing signs. This suggests that their reading and interpretation of ageing signs were made on a basis of shared references.

### *Activity*

When looking at older persons all informants would try to visually read the activity level of the older person. Signs of physical, mental, and social activity were noticed and commented on. But why this pronounced emphasis on representations of activity? In the following we argue that activity possesses a central position in an interaction between three discourses.

The question of activity is central in a health discourse. It is firmly rooted in our medically and gerontologically founded knowledge concerning the fact that physical and mental activity helps in maintaining skills in old age. The split between non-activity and activity is also pronounced in the well known disengagement/activity division of social gerontology concerning older persons' withdrawal from society. This division is rooted in disengagement theory and activity theory. Disengagement theory places the reasons for withdrawal within the process of ageing itself, whereas activity theory emphasises the way societal structures leave no room for older persons. The consequences of action related to theory have been, either to leave the older person in peace (disengagement), or to provide opportunities for activity and participation (activity). Within the practical care of older persons, ideologies related to

activity have been far more dominant (Solem 2005). In fact, through the years, the concept of activity has been consolidated by professionals as a universal answer to health and successful ageing. As Stephen Katz puts it:

The association of activity with well-being in old age seems so obvious and indisputable that questioning it within gerontological circles would be considered unprofessional, if not heretical. (Katz 2000: 135)

“Use it or lose it” has become the message, and this influences the way the appearance of older persons is viewed. Signs of physical, mental and social activity are noticed, expected – and inactivity is only accepted in the oldest old.

Apart from a health discourse the activity/non-activity divide also writes itself into a moral-ethical discourse linked to productivity and the nature of modernity. Max Weber was the first to point towards a link between the Protestant Ethic and the emergence of capitalist society, with its emphasize on the virtues of diligence and hard work that are still functioning. The work ethic can be seen as having a twofold purpose in early modernity: as a mean for both disciplining the body and the soul. In the Calvinist tradition believers held out hope of heavenly rewards, and toiled for the glory of God. The nineteenth century moralists shifted the promise towards earthly rewards, and the work ethic motivated the middle class to toil because it was useful to both the individual and the common weal (Ekerdt 1986). “Idleness is the work of the devil” an old saying similarly goes, pin-pointing the fact that indolence and inactivity are viewed as morally unacceptable. This permeates old age too. Ekerdt sees the construction of the active “busy ethic” in retirement to be a form of moral regulation corresponding to the work ethic:

It is not the actual pace of activity but the preoccupation with activity and the affirmation of its desirability that matters. (ibid: 243)  
(See also Katz 2000: 139)

By transforming the work ethic into an “activity ethic” in later life, the abstract ideals and moral values of the work ethic are continued. Unproductivity – now inactivity – has a moral meaning and is unacceptable. Older persons too feel morally obliged to keep active and maintain inde-

pendency (see for instance Hepworth 1995) – and furthermore to be visibly active (see also Gubrium 1973).

Yet another discourse comes into play here: that of postmodernity – and with it the value of motion. Zygmunt Bauman writes on the management of the postmodern identity:

If the modern “problem of identity” was how to construct an identity and keep it solid and stable, the postmodern “problem of identity” is primarily how to avoid fixations and keep options open. (Bauman 1995: 81)

The abstract ideals and values derived from the creation of postmodern identity are those of flexibility, of continuous energy, and being “on the move”. Fitness is valued as a capacity to move swiftly to where the action is and to take in new experiences. Never to stand still (*ibid.*). Hence to be busy and to perform activity is to be successful, and this adds yet another dimension to the reading of signs of activity.

Thus, activity has become a strong cultural ideal as it coordinates (and accumulates) gerontological expertise, values derived from early modernity, and postmodern norms. Visual statements of activity in older persons have become proof of successful ageing – of health, morals and managing life.

### *Dress Code*

The other main theme occurring in the analysis of the in-depth-interviews was that of “dress code”, especially dressing according to age. When looking at the data from the actual age assessment, the lady described in the analytical category of “mutton dressed as lamb” can be said to be successful as she is assessed to be younger looking – if that really was intended. Interestingly, though, almost all informants reacted negatively to the photo. But why did informants react so strongly? Is it to what must seem to be obvious signs of vanity? Signs of sexual activity? If that is so, then one could say that the only sign of activity not permitted

in elderly is that of sexual activity. This might apply only to women as our empiric material unfortunately does not give a basis for an interpretation within that area in men.<sup>4</sup> However, clearly women past fertility are not expected – or allowed? – to show any signs of sexual activity. This is not new. The very concept of elderly women engaging in sexual activity has been repugnant to society for hundreds of years – at least back to the seventeenth century – since the only approved aim of sex has been that of reproduction (Thane 2005).

The negative reactions to the lady on the photograph show that apparently some very old distinctions between accepted and non-accepted appearance of older persons still apply. This confirms that, although the postmodern opportunities of self representation are supposed to be fluid and flexible, it is still not a question of free choice – when biology hits old age another set of rules applies.

### *Signs of Ageing and Postmodernity*

The significance of age-related appearance can partly be attributed to contemporary cultural trends: postmodernity and consumer culture. With these trends visual images and choices of life style have become increasingly dominant in expressions of individual identity. The post-modern perspective of age and ageing has been characterized in terms of cultural bricolage: diversity, fragmentation, blurring boundaries between young and old in a dechronologized life course (Cole 1997; Powell & Longino 2002); and hence the absence of clear guidelines through the life course, and increased flexibility in the negotiation of self-representation (Biggs 1997). With cultural primacy put on visual statements, one of the pivotal points of postmodernity is the question of representation and referentials. From a semiotic perspective the relation between *signifiers* and *signifiés* are loosening. Baudrillard (1983) even talks of a semiotic excess that has turned reality into a meaningless hyper-reality, and he

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<sup>4</sup> For feminist research in this area, see for instance Hockey and James (2003) (overview), or Schwaiger (2006).

refers to a "liquidation of all referentials" (ibid). The concept of a hyper-reality seems exaggerated, but it points towards the field of visual representation – and visual communication – undergoing radical changes. According to Baudrillard the changes implicate an overall referential shift from "productivity" in the modern era, to "simulation" in the postmodern – supposedly resulting in increased possibilities of visual self-representation and performance. However, when it comes to old age, visible age is not appreciated in a consumer culture that values youthful appearance, and hence negative language and images of later life tend to be reinforced (Powell & Longino 2002; Bytheway 1998). Thus age-related appearance has become a field of conflicting matters in consumer culture.

The question of the ageing body's status and limited possibilities of visual identity statements in consumer culture have been subject to theorizing within the last decades. For Featherstone and Hepworth (1989) the question of "mask of ageing" arises as diverse lifestyle choices are made available through consumer culture, and by the fact that the ageing body becomes increasingly unresponsive to consumer opportunities as others attribute negative qualities to physical signs of ageing. Woodward (1991) argues that our own fear of dying is mirrored in the cultural representations of old age. In her study of representations of old age in twentieth century literature she finds that our culture's representations of ageing are predominantly negative and inextricably linked to our personal anxieties and fear of death (Woodward 1991). "We are", she writes, "unable to adopt a position of pure social constructivism" to the ageing body (ibid: 18). Following Woodward, our own personal anxieties and fear of dying cannot be neglected when looking at older people. We cannot detach the body in decline from the meanings we attach to old age. Hepworth underlines that at the present time (1995) the social construction of positive ageing both in everyday life and by professionals' attempts, is to transform later life into an extended middle age terminating in a quick and painless exit: dying on time (Hepworth 1995). Biggs and Powell (2001) point towards the co-existence of established and emerging "master narratives" of biological decline on the one hand and consumer agelessness on the other, "talking to different populations and promoting contradictory, yet interrelated, narratives by which to age" (ibid: 96–7).

Our empirical material confirms some, and opposes other theories. Following Hepworth (1995), one could say that – in relation to the theme of *activity* – the informants are looking for visible signs of activity in older persons, and that older persons are not expected or allowed to “let go” until late old age: until the time of dying. Older persons were not read to perform “agelessness” or “extended middle age”. However, the process going from “activity” to “inactivity” works equivalently and was expected to be prolonged at the older persons’ will. Activity is “life” and inactivity is “death”. Hepworth also stresses (inspired by Gubrium 1986 and Woodward 1991) that in order to cope with old age we transform images of decay into images of disease. Behind this lies the belief that if ageing is transformed into illness, then it is not the biological ageing that is to be feared but illness and the failure to combat it (Hepworth 1995). Here we see that images of old age and biological decay are transformed into images of inactivity, and hence approached accordingly.

Dress and clothing could provide an arena in which a postmodern blurring of boundaries between young and old could be recognized. In a postmodern context the former pattern of age-ordering in dress is supposed to give way to a new fluidity, in which clothes can be chosen without consideration of, or in counter-valance to, considerations of age (Twigg 2007). However, as Twigg also stresses, voluntarism in relation to dress (and identity) might not be as great as claimed by postmodernists (Twigg 2007). This is confirmed in our empirical material. As inauthenticity and performance are supposed to be the very core of the postmodern condition (Baudrillard 1983), the woman related to the term “mutton dressed as lamb” could have been seen simply to have chosen not to become old, or to be *performing* a younger age. She is, however, read to be cheating with her age, to be deceiving and to not be trustworthy. As her appearance is not accepted, our study yet again does not confirm a loosening of the relations between *signifiers* and *signifiés* of ageing signs, or a resymbolization of age. According to our empirical material the appearance of older persons is still defined by quite narrow margins.

As for the sexual activity read into the photograph related to the “mutton dressed as lamb” phenomenon, there also seems to be some contradiction. Katz and Marshall (2003, and Marshall & Katz 2002) em-



phasize that the convergence of consumer culture and medical expertise has led to a change of focus concerning ageing and sexual activity, as active sexuality is now promoted as a signal indicator of positive and successful aging. However, as previously shown, the lady on the photograph is not read into a consumerist interpretation of sexual activity as a signal of successful ageing. On the contrary, she is considered to be cheap. The terms of “mutton dressed as lamb”, and “ageing gracefully” are old categories linked to ideas and morals of early modernity. Western culture has a solid historical tradition of moral regulations of old age (Cole 1997) that is not easily revised. On the level of meaning examined here, rigid age norms deeply rooted in the past still play a profound role in the interpretation of ageing signs.

A few remarks on the limitations of our study should be made. As a result of the specific empirical focus chosen in this study, the older persons' subjective experiences of their own bodies, e.g. possible experiences of social invisibility, are ignored. Furthermore, the photographs are of persons over 70 years old, which is not quite the “baby boomer” generation. The photographed persons were born before 1933 and hence belong to an “older” generation. This might influence the reading and interpretation of the ageing signs. No doubt, an ongoing postmodern dechronologization of the life course might escalate and call for further resymbolization of age with the “baby boomer” generation, as they have been socialised in consumption. The strength of the study is that the photographs are not “postmodern” or “popular culture” but ordinary photographs of older persons in their homes, thus enabling a reading in this level of meaning. Another strength is the homogeneity of the informants' reading of age and ageing signs despite differences in their ages and backgrounds.

## Conclusions

Consumer culture has put an emphasis on ageing appearance. This study explores visual age and how signs of age are read and interpreted. Initially the complexity of the negotiation of biological and cultural signs when age is assessed is described. The main indicators of age are biologi-

cal: skin, eyes and hair colour – but supplemented by vigour, style and grooming.

The in-depth interviews show that *activity* and *dress code* are key themes in the reading and interpretation of visual ageing signs. The informants interpret signs of physical, social and mental *activity* as indicators of successful ageing – of health, morals and managing life. In this, several discourses interact: gerontological expertise, work ethics rooted in early modernity, and postmodern values. The theme of *dress code* shows that former patterns of age-ordering in dress still apply, as informants link clothing and dress to categorizations rooted in early modernity. These findings question the concept of postmodernity. The pivotal point of postmodernity is the question of representation and referentials, as postmodernity has been characterized in terms of fluidity of signs. As a consequence of this, the postmodern perspective of age and ageing has been characterized in terms of diversity, and blurring boundaries between young and old. The resymbolization of signs of ageing is, however, not found in the empirical material of this study, as both *activity* and *dress code* are subject to moral regulations – and linked to categorisations – rooted in early modernity. All in all, the referential shift from “productivity” to “simulation”, as indicated by Baudrillard, seems to be more advanced in the level of meaning of popular and consumer culture, than in the reading of visual age, in the context we have examined. This study questions a postmodern fluidity of visual signs – at least when the concern is signs of ageing.

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# Older Consumers in Malaysia

BY FON SIM ONG<sup>1</sup> & DAVID R. PHILLIPS<sup>2</sup>

## Abstract

The main objective of this study was to understand the concerns and problems faced by older people in an industrializing middle-income country, Malaysia, in their process of acquiring products to meet their everyday needs. Respondents aged 55 and over were interviewed in eight states throughout Peninsular Malaysia providing 1356 usable questionnaires; two-thirds from urban and one-third from rural areas. Education, health status, and life satisfaction were recorded. Service patronage behaviour was examined for four main categories of commonly-sought consumer goods: groceries, health supplements, apparel, eating outlets, plus selected services (public transport, vacation packages and financial services). The findings showed that older adults in Malaysia are rather discerning consumers. Many respondents are price conscious and have developed consumer attitudes with regard to attitude of staff and assistance rendered. Many display a good ability to discriminate and to select, especially on the basis of price and durability of products and many appear to be acting as effectively as consumers in any other age group.

Keywords: Malaysia, older persons, older consumers, consumer behaviour, successful, ageing.

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## Introduction

Malaysia's population of approximately 25 million people is not currently particularly elderly although this will change over the next two decades or so and Malaysia will certainly be an ageing society by 2040 (Ong 2002; ESCAP 2006). The 2000 Census indicated that 6.2 per cent, 1.452 million people, were aged 60 or over and estimates for 2004 put this at 6.5 per cent (around 1.67 million people) (Department of Statistics 2001) and ESCAP (2006) puts this at 7 per cent. By 2020, 9.5 per cent of the country's population is likely to be aged 60 years and over. Malaysia has adopted United Nations guidelines and uses the age of 60 and over in formulating and implementing plans for its senior citizens. However, the present common retirement age of 56 seems to suggest that the threshold for ageing is felt to begin at a somewhat earlier age.

Like many other Asia-Pacific countries, Malaysia has been experiencing improved health, longer life expectancy, low mortality and concomitant declining fertility (Phillips 2000; ESCAP 2006). Life expectancy at birth (LEB) was given as 71 for males and 76 for females in 2003, up from 69.4 and 74.1 in the mid-1990s, and very much improved from the 1950s when life expectancy was only around 55 years for men and 58 years for women. Total fertility rates in 2003 were about 2.9 children per woman of childbearing age (2.7 in 2006), considerably down from previous levels. As in most countries of the region, the combination of all of these features has brought about a change in the demographic profile of the country's population (Phillips 2000; ESCAP 2002a). Over the past four censuses (1970, 1980, 1991 & 2000), the proportion of younger age groups (15 years and below) has been decreasing, while the proportion of older population has been on the rise. The proportion of elderly people will grow from 6.3% in 2000 to 12.0% in 2030, doubling in proportion but by three times or more in absolute numbers. At the 2000 Census, 7.6% of Chinese Malaysians were aged 60+, whilst 5.6% of Indians and Malays were in this age group. Projections for 2020 put Chinese then aged 60+ at 14.4%, Indians at 10.4% and Malays at 7.9%.

According to the Population and Housing Census of Malaysia, 2000 (Pala 2005), 22.8% of the population aged 60 years or older were employed



compared to 23.9% in 1991. In the context of Eastern and Asian culture, as we discuss below, children are often regarded as the safety net for old age and financial support from children is taken as a norm, whether it is realistic or not. In turn, older people often reciprocate by looking after grandchildren or providing other types of assistance such as housekeeping. Malaysia's Censuses of 1991 and 2000 show the trend towards increasing participation by older persons in the service sector, especially the retail industry, whereas participation in the agriculture sector shows a decline.

### Older Persons as Consumers: A Growing (Yet Neglected) Market in Malaysia

Looking forward, by 2020, Malaysia will be a fairly mature society demographically. Admittedly, the rate of demographic ageing of Malaysia's population is slower than that of many regional neighbors such as China, Singapore, Thailand and Hong Kong. However, the increase in the proportion of older persons will make it very inadvisable for the government and private sector to ignore the social and economic impacts of population ageing and especially the needs of older people as consumers.

The increasingly larger proportion of older adults makes it difficult for marketers, too, to ignore the segment's attractiveness. Business opportunities are abundant provided marketers understand the needs and wants of older people so that firms can then develop marketing programmes that better appeal to this segment of the market. Internationally, older shoppers are a market segment that should be nurtured (Moschis et al. 2004). They increasingly have growing purchasing power in many high and middle-income countries, drawn often from pensions, investments and property and they are sometimes almost the only growing consumer segment, referred to occasionally as the 'silver market'. Not only may older consumers be different from the younger age groups, they are also heterogeneous as consumers among themselves (Silvers 1997; Dychtwald 1997). They are also substantial consumers, a point sometimes previously overlooked: in the United States, for example, the over-55 market segment purchased 30% of all food consumed in the home and older consumers may tend to stay more loyal (Moschis et al. 2004). As

the proportion of the population born in the baby-boomer years of 1946–1964 advances into the older age groups over the next decade or so, their changing needs are likely to become economically important for marketers. It was against this broad background internationally and locally that the current research was undertaken.

### Older Asian Consumers: Invisible Consumers or With A Consumer Identity?

Older persons in many Asian cultures appear to be thought of by both public and private sectors as “invisible consumers”. Their consumption needs and choices are often taken for granted and assumed to be catered for by their family members under traditional Asian family value norms (Phillips 2000). Whilst the purchasing power and consumer rights of older groups have been widely recognized and catered for in the West, this is rarely so in middle income countries and even less so in low income countries. Within the Asia-Pacific region, the importance and power of the ‘silver market’ is increasingly recognized in some of the maturing economies such as Japan and is of growing importance in Taiwan, Korea, Hong Kong and Singapore. However, elsewhere, older persons as a productively ageing group, and especially as a sub-group of the population with growing purchasing power, are still either ignored or thought of as small and insignificant. Ironically, certain aspects of Asian culture, especially filial piety (Ng et al. 2002) and a tendency to regard older persons with venerable respect rather than as active participants, may have actually contributed to this neglect of the ‘silver market’ and older persons as consumers. Indeed, there tends to be a predilection to regard older persons as vulnerable, often as supplicants, welfare-oriented and in need of social protection and assistance (ESCAP 2001, 2002a,b), rather than as an important consumer group with growing needs and – especially – purchasing clout.

In a wider context, there is evidence that consumption and the ability to consume and exercise choice have important effects on identity in later life (Gilleard 1996). Kontos’s (2005) remarks below are relevant, as are observations by Blaikie (2005) about the importance of having control over, say, how and where time is spent, a key aspect of leisure and

implicitly of consumerism. We feel that some older consumers may care to share a common identity through similar consumption patterns; others may be more of the liberationist perspective that Blaikie refers to, wishing to experiment with new ways of living. Whether this has as much impact in more traditional ageing societies such as is usually assumed of countries such as Malaysia will be a fascinating area of ongoing investigation.

Today, however, as Lloyd-Sherlock (2004) notes, debates about ageing are often infiltrated with what he calls the negative paradigms of ageing associated with dependency, vulnerability and an inherent lack of capability. Positive aspects of consumerism and choice are rarely part of the ageing paradigm. Kontos (2005, p.33) sums up a complementary view succinctly and her observations could well be applied to modern-day Malaysia and many other countries of the region. She suggests that a spirit of an 'information society', a 'postindustrial society' and a 'post-modern culture' combine in an emergent consumer culture discourse that 'elderhood has been reconstructed as a marketable lifestyle that connects the commodified values of youth with various body care products and techniques that mask the appearance of age'. Within the consumer culture, the older body is still nevertheless rejected as a possible site of beauty – presumably this would not fit in with the negative paradigm.

Yet it is evident that this negative paradigm is increasingly being reacted against in the West. Consumer-oriented publications, for example, in the United Kingdom by *Saga*, numerous sources in the USA and Canada and in Australia (for example, *50-Something* of the National Seniors Association) at least go some way towards countering this mindset. However, we feel that the proliferation of implicitly negative images of old age in global consumer culture may have implicitly relegated older persons in more traditional societies to a less-than-consumer position. This current study in Malaysia, as an ageing and growingly affluent society, as well as a key regional economy, address some aspects of this conundrum and provides an initial view of older consumers' perspectives. In fact, we argue that it is imperative to understand how older consumers behave in the marketplace of middle-income countries as elsewhere they have been found to be somewhat different from younger

consumers (Burt & Gabbott 1995; Hooyman & Kiyak 2005; Lumpkin et al. 1985; Novak 2006).

The study therefore attempts to draw preliminary implications for future service delivery and marketing strategies from a study of current consumer experience. It connects with successful and active ageing concepts in which older persons should be full participants in society as equal partners experiencing only the same levels of discrimination as all age groups and not as older consumers (Rowe & Kahn 1997; WHO 2002; Kinsella & Phillips 2005; Andrews & Phillips 2005). Notably, freedom from discrimination is the first of the six strategies outlined in the Policy Action Plan for the Elderly, Malaysia 1999, so it is valuable to test whether older consumers in the country actually feel they can express their consumer rights.

## Purpose and Aims of The Study

The aims of the study were:

- To investigate patronage behaviour of older adults for four categories of commonly consumed products (groceries, health supplements, apparel, eating outlets) and services (transport, vacations and financial services)
- To understand the concerns and perceived problems faced by older adults in the process of acquiring such products and services to meet their everyday needs
- From these, to suggest future strategies and directions for delivery of consumer products and services bearing in mind the older segments of the population

## Research Design and Methods

An empirical research design using face-to-face interviews with 1,500 respondents aged 55 and above from 8 states in Peninsular Malaysia was chosen. Because of the nature of the questionnaire, potential respondents with evident cognitive problems were excluded, as were those who were housebound or bed-bound. This therefore inevitably skews the respondents towards the more healthy and active members of the older popula-

tion and the findings should be interpreted accordingly. Just under two-thirds of respondents were from urban areas and approximately one-third from rural areas of peninsular Malaysia (the East Malaysian states of Sabah and Sarawak on the island of Borneo were not included in the current analysis but will be available in later analyses). This proportion reflects the actual distribution of population in Malaysia which is approximately 62% urban. Training sessions were conducted for the interviewers and house-to-house interviews were conducted in the appropriate local languages, mainly English, *Bahasa* Malaysia (the national language) and Chinese.

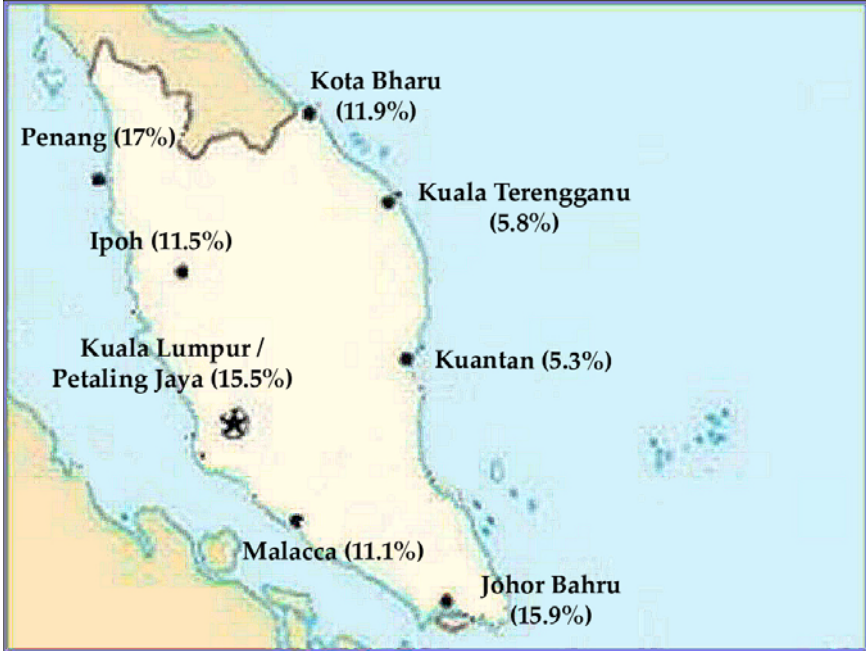
The questionnaire was comprehensive concerning service usage, attitudes and satisfaction. This article reports only selected findings from the comprehensive sections which covered purchase patterns and behaviour for:

- Goods and products
- Services
- Satisfaction with shopping facilities
- Life satisfaction
- Demographic profile

## The Survey and Analysis

The survey was conducted during the months of May to September, 2004. The target respondents were 200 in Kuala Lumpur/Petaling Jaya, 200 each in Kuantan, Penang, Johor Bahru and Kota Bahru, 150 each in Malacca and Ipoh and 100 each in Alor Setar and Kuala Terengganu (Map 1). Non-probability sampling using a quota sampling method was adopted. Care was taken to ensure that respondents were drawn according to criteria: 60% were urban and 40% rural dwellers; males and females numbered 50% each and the different ethnic groups were represented Malays: 60%, Chinese: 30%, Indians: 10%. Of the 1,500 questionnaire administered, 1,356 were ultimately suitable for analysis (90.4%), others were omitted due to incomplete or unclear answers. Four to five trained interviewers operated per location and questionnaires were checked daily.

**Map 1.** Percentage of respondents by location, Peninsular Malaysia.



### *Demographic Profile*

In terms of age, 36.6% of the final sample (1,356 respondents) were aged 55 to 59 years old (298 males and 198 females), about 43% were in their sixties (325 males and 252 females) and the remainder (283 or 20.9%) were aged 70 years old and above (154 males and 129 females). Of this the old-old age groups (75 years and older) made up 10.5%. Of the final analysed group, 57% (777 out of 1,356) were males, a slight over-representation in terms of the initial target. However, in practice, this might be expected as a large proportion of families in Malaysia still observe the cultural expectation that males should deal with external affairs. Only 6.5% of respondents had tertiary or professional qualifications, and 15.9% had received no formal education. As the largest ethnic group in this country, the Malays made up about 56% of the sample while the Chinese and In-

dians formed 29.4% and 11.2% of the sample. In terms of religion, about 57% were Muslim, 24% Buddhist, 10% Christians and 8% Hindu.

Economically, the monthly income of about 32% of the respondents was RM 1,000 or less (RM 3.8 = US\$ 1). Almost 51% had a monthly household income between RM 1,000 and RM 3,000 and about 17% of RM3,001 and above. In terms of employment status, more than half were retired or unemployed (58%), 200 (14.7%) were in full-time employment, 60 (4.4%) were retired but worked full-time, 192 (14.2%) retirees worked part-time, and 8.7% were employed on a part-time basis. In short, about 42% were employed either part-time or full-time. Slightly more than three-quarters of respondents were married with children while 16% were widowed. The majority of the respondents with children (53%) had four children or fewer although 11% had eight or more children. In terms of living arrangements, 37.9% were living with a spouse and unmarried children, 20.7% lived with a spouse and married children. 18.1% lived with their spouse only and 15.7% lived with children only. Only 6% of respondents lived alone while about 1% lived with parents. In other words, older people who lived alone and those who lived with a spouse only could be classified as active consumers who made purchase decisions about household products as they are the decision makers and purchasers. Those living with unmarried children could also be playing a role as decision makers in line with the Asian culture that emphasises respect for the elderly. In the context of Malaysia, the roles of unmarried children are usually seen as that of an influencer or information gatherer.

### *Purchasing Patterns and Behaviour*

The older consumers in this study spent a monthly average of RM 463.37 on food (Table 1), which is about 9% higher than the average RM 426 spent by Malaysian households headed by a person between 45 and 64 years old based on the report of Household Expenditure Survey Malaysia, 1998/99. Average household expenditure of respondents were also higher for beverages and tobacco (RM 69.80); medical care and health expenses (RM 96.90); food away from home (RM 121), and beverages away from home (RM 28.10); when compared to households headed by a person age between 45 and 64 years.

**Table 1.** Mean Monthly household expenditure pattern on products and services.

Items	Gender		Age Groups			Total
	Male	Female	55-64 years	65-74 years	75 years & above	
Food	461.02	466.51	485.50	445.54	384.90**	463.40
Gross rent, fuel and power	155.42	170.52	172.31	151.81	129.31**	161.90
Transport and communication	141.28	124.62**	142.30	125.53	111.01**	134.20
Expenditure on food away from home	130.72	107.92**	120.41	118.98	129.78	121.00
Medical care and health expenses	88.53	108.13**	95.21	106.24	81.08*	96.90
Recreation, entertainment, education and cultural services	86.38	90.21	103.75	64.75	61.89**	88.00
Beverages and tobacco	74.29	63.84	70.64	72.98	56.50	69.80
Other miscellaneous goods & services	56.20	53.28	58.85	49.11	48.48	55.00
Clothing and footwear	49.23	46.83	54.10	41.51	32.66**	48.20
Furniture, furnishings & household equipment & operations	36.36	35.10	37.66	33.06	31.71	35.70
Expenditure on beverages away from home	31.19	23.85**	29.58	23.31	32.37	28.10
<b>TOTAL</b>	<b>1310.42</b>	<b>1290.83</b>	<b>1370.33</b>	<b>1232.82</b>	<b>1098.88**</b>	<b>1302.20</b>

\*significance at 5%, \*\*Significance at 1%.

Significance tested using One-way ANOVA for the three age groups and t-test for gender comparison.



**Table 1a.** Average monthly expenditure per household by gender and age of head of household, Malaysia, 2004/05 (RM).

Items	Gender of Head of Household		Age of Head of Household (years)	
	Male	Female	45–64	65 and above
Food	405	326	435	385
Gross rent, fuel and power	438	385	450	409
Transport and communication	437	303	449	308
Expenditure on food away from home	174	139	174	118
Medical care and health expenses	28	25	31	37
Recreation, entertainment, education and cultural services	137	91	144	85
Beverages and tobacco	38	18	36	24
Other miscellaneous goods & services	168	158	186	134
Clothing and footwear	61	47	62	41
Furniture, furnishings & household equipment & operations	87	61	31	37
Expenditure on beverages away from home	37	27	36	24
TOTAL	2010	1580	2034	1602

Source: Report on Household Expenditure Survey 2004/05, Department of Statistics, Malaysia, p.62 and p.68.

For the purpose of analysis, these 1,356 respondents were reclassified into three older age groups: 55-64 (N= 822, 60.6%), 65-74 (N = 391, 28.8%) and 75 and older (N=143, 10.6%). Analysing the three age groups in Table 1 with respect to total monthly household expenditures, the younger age group tended to spend more compared to the older age groups ( $F = 9.11$ ,  $p < .001$ ). The younger age group (55-64) had a significantly higher level of total monthly expenditure compared to those in the age groups of 65-74 and 75 and older (at  $p < .020$ , and  $p < .001$ , respectively). However, males did not differ from females with respect to monthly household expenditure. The younger age group tended to spend more on food ( $F = 7.130$ ,  $p < .001$ ), gross rent, fuel and power ( $F = 4.752$ ,  $p < .009$ ), transport and communication ( $F = 5.435$ ,  $p < .004$ ), clothing and footwear ( $F = 6.692$ ,  $p < .001$ ), as well as on recreation, entertainment and education ( $F = 4.476$ ,  $p < .012$ ) whereas the older age groups spent marginally more on medication and health care ( $F = 3.050$ ,  $p < .048$ ), for which the 65-74 age group spent marginally more than the 75 and older age group (at  $p < .061$ ) while there was no significant difference with the 55-59 age group. For expenditure on food, and clothing and footwear, the age group of 55-64 spent significantly more than the 75 and older group (at  $p < .002$  and  $p < .010$ , respectively). Expenditure on footwear and clothing for the younger age group of 55-64 also differed significantly from the age group 65-74 (at  $p < .031$ ). For transport and communication, the age group of 55-64 spent significantly more than the 75 and older group (at  $p < .018$ ).

Males did not differ significantly from females with respect to their household expenses except for transport and communications ( $p < .013$ ), food and beverages away from home ( $p < .002$ ), and medical expenses ( $p < .001$ ). Males tended to spend more on transport and communications and food and beverages away from home while females spent more on medical bills. The expenditure patterns of males and females are consistent with what might be expected of the typical pattern in which males who are the major bread winners and are expected to spend more on food and beverages away from home, and on transport and communications.

A comparison of household expenditure patterns of households headed by someone aged 45-64 with those of households headed by persons aged 65 and above in the Report of Household Expenditure Survey

2004/05 (Government of Malaysia) shows that the average monthly expenditure of older respondents was lower compared to the average monthly expenditure of 45-64 headed households (Table 1a). Breakdown by categories of expenditure in the Report of Household Expenditure Survey shows that in 2004/05, older adults (65 years and above) were spending more on gross rent, fuel and power as well as on transport and communications compared to the amount spent by respondents in the present study due perhaps to the increase in fuel prices experienced by Malaysians in 2005. The Household Expenditure Survey also shows a lower amount spent on medical care and health expenses compared to research results of the present study. This does not necessarily indicate improved health status but perhaps is indicative of a switch to government clinics which are less expensive instead of private health care facilities.

### *Purchasing Patterns and Behaviour for Various Products*

The survey covered the following aspects of older respondents' consumer attitudes and behaviour with respect to four main categories of products - groceries, apparel, health supplements and eating-out:

- Preferred patronage outlets and reasons for preferences
- Frequency of purchases
- Preferred time of purchases
- Time spent on purchasing products
- Shopping companion(s)
- Preferred mode of product delivery

A preliminary analysis with respondents showed the factor considered most important that influenced purchase decision-making was durability (Mean=4.39, SD=0.79) followed closely by quality (Mean=4.34, SD=0.84) and safety features (Mean=4.33, SD=0.83). Comfort (Mean=4.30, SD=0.78) and price (Mean=4.30, SD=0.82) were also ranked high in importance whereas design (Mean=2.80, SD=1.34) and brand (Mean=2.68, SD=1.40)

**Table 2.** Attributes important in purchase decision-making.

Items	Gender*		Age Groups*			Total Mean (SD)
	Male	Female	55-64 years	65-74 years	75 years & above	
Durability	4.42	4.34	4.43	4.36	4.17**	4.39 (0.79)
Quality	4.39	4.28**	4.38	4.35	4.12**	4.34 (0.84)
Safety features	4.39	4.26**	4.36	4.32	4.23	4.33 (0.83)
Comfort	4.34	4.25*	4.33	4.30	4.13*	4.30 (0.78)
Price	4.33	4.22	4.29	4.30	4.12	4.30 (0.82)
User-friendliness	4.15	4.05*	4.11	4.12	4.07	4.11 (0.89)
Clear label	3.74	3.64	3.73	3.72	3.44*	3.70 (1.36)
After-sales service	3.48	3.31**	3.48	3.38	3.02**	3.41 (1.23)
Environmentally friendly	3.33	3.28	3.36	3.32	2.99**	3.31 (1.23)
Design	2.72	2.91*	2.82	2.77	2.82	2.80 (1.34)
Brand	2.72	2.63	2.73	2.61	2.63	2.68 (1.40)

Mean is calculated based on a 5-point-scale, from 1 (not important at all) to 5 (very important).

\*significance at 5%, \*\*Significance at 1%.

Significance tested using One-way ANOVA for the three age groups and t-test for gender comparison.

were not important (Table 2). A key feature was that men differed significantly from women in the factors considered important in six of the 12 factors surveyed: quality ( $p < .012$ ), safety features ( $p < .004$ ), comfort ( $p < .030$ ), user friendliness ( $p < .040$ ), after sales service ( $p < .010$ ) and design ( $p$

<.010). For all these attributes, males rated a higher degree of importance compared to females except for design to which females attached a higher level of importance. In order to examine whether the differences were due to the effect of age or gender, 2X2 ANOVA was conducted. Results showed the gender effect was supported for safety features ( $p <.001$ ) and design ( $p <.043$ ) while quality was due to both age ( $p <.011$ ) and gender ( $p <.001$ ). The difference in environmental friendliness ( $p <.018$ ) was due to the age effect.

ANOVA tests showed that the younger age group differed significantly from the older age groups with respect to six of the 12 factors: durability ( $F = 6.76, p <.001$ ), quality ( $F = 5.84, p <.003$ ), comfort ( $F=4.17, p <.016$ ), clear labels ( $F=3.29, p <.038$ ), after-sales service ( $F=8.85, p <.001$ ), and environmental friendliness ( $F=5.71, p <.003$ ), in which the former placed more importance compared to the latter. Again, the findings are not surprising as the younger age groups could possibly be more educated and hence had higher level of awareness toward the environment and the importance of having clear labels. Tests for differences between the age groups showed that the age group of 55-64 differed significantly from those in the age group of 75 and older at  $p <.001$  for durability and after sales service, quality ( $p <.019$ ), environmental friendliness ( $p <.003$ ) and comfort ( $p <.016$ ). In addition, the age group 65-74 also differed significantly from those aged 75 and older on four of the characteristics: durability ( $p <.049$ ), after sales service ( $p <.010$ ), quality ( $p <.019$ ), and environmental friendliness ( $p <.022$ ).

### *Purchase Behaviour for Selected Products*

In this study, older adults were asked to indicate up to a maximum of three types of stores that they patronized for groceries, health supplements, clothing, and eating outlets.<sup>1</sup>

For grocery needs, sundry shops (or provision shops) were the most popular among older adults since 782 (57.7%) respondents reported preference for it due probably to their accessibility and convenience as these

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<sup>1</sup> (Additional tables are available online at [http://www.ep.liu.se/ijal/v2/i1/a5/ijal07v2i1a5\\_supplements.pdf](http://www.ep.liu.se/ijal/v2/i1/a5/ijal07v2i1a5_supplements.pdf)).

shops are found in all residential areas. The next most preferred place to shop for groceries was the wet market (N= 499, 36.8%) which could be attributable to the availability of both wet and dry foods as well as their traditional Asian ambience and supermarkets were the third (N = 460, 33.9%). A larger number of those aged 55–64 years old had a preference for sundry shops (N= 460, 60.0%) followed by supermarkets (N= 324, 39.4%), and wet markets (N = 285, 34.7%). For the 65–74 group, the preference was sundry shops (N = 228, 58.3%), wet markets (N= 157, 40.2%) and supermarkets (N = 103, 26.3%). For the 75 and older age group, sundry shops were favoured by 94 respondents (65.7%) of them followed by wet markets which were preferred by 57 (39.9%) of them. Sundry shops were the first preference regardless of age groups. The results indicate that the traditional stores co-exist with modern retail outlets such as hypermarket and supermarkets. In recent years, there has been a rather rapid penetration of hypermarkets in major towns in Malaysia. Currently, there are 50 hypermarkets, 66 superstores and more than 108 supermarkets in Malaysia. Hypermarkets such as Tesco and Carrefour are popular outlets for grocery shopping in urban areas, where about 45.0 to 60.0 per cent of urban consumers use them as the main outlet for the majority of their packaged groceries (USDA GAIN Report, 2006). However, for fresh products, consumers continue to prefer the wet markets, indicating co-existence of modern international-style retail outlets with traditional markets for fresh food.

For health supplements, pharmacies were the obvious outlet preferred by older adults as indicated by 1,029 respondents (75.9%) although Chinese medical halls were preferred by 27.1% of the respondents. This suggests that older adults in Malaysia are both knowledgeable and empowered as consumers insofar as they are aware that it is unwise to purchase health supplements from potentially unqualified distributors. The success of the positioning strategy by pharmacies has gained the trust of consumers as the outlet of preference for genuine medications and health supplements. On the other hand, Chinese medical halls, the traditional outlet for medicines, remained popular among some older adults especially in rural areas. Contrary to a popular belief that older adults depend substantially on traditional healers, the findings of this study indicated a relatively low incidence of usage of traditional medica-

tions, cited by only 140 or about 10% of the respondents. This preference pattern is consistent across the age groups as well as between older males and females.

More than half of the older adults (N=734) shopped for apparel at clothing stores followed by departmental stores (N=403, 29.7%) and hypermarkets (N=261, 19.2%). The number of respondents who bought clothes from boutiques was very low (N=86, 6.3%), consistent with the low preference for design and style among older people. Both male and female respondents had similar preference patterns in which clothing stores were preferred followed by departmental stores and hypermarkets. Similarly, the preference pattern is also consistent across the three age groups.

Coffee shops, hawker centres and restaurants were the most popular eating outlets among older consumers as indicated by 710 (52.3%), 685 (50.5%) and 663 (48.9%) respondents respectively, whereas fast food outlets had a low preference (N=122) although patronage of fast food outlets possibly indicated time spent with their young relatives and grandchildren. The inclusion of porridge in the menu of local McDonald's restaurants is designed to cater to the cultural tastes of both young and old. More males preferred coffee shops (N=447) followed by hawker centres (N=403) and restaurants (N=358) while females preferred restaurants (N=305), followed by coffee shops (N=282) and hawker centres (N=263). Among the age groups, the 55-64 age groups the number who preferred coffee shops (N = 444), hawkers centres (N = 435) and restaurant (N = 408) did not differ greatly as almost the same number of respondents indicated preference for these eating outlets. Similarly for the age groups of 65-74 and 75 and older, coffee shops, hawker centres and restaurants were the major preferred outlets.

### *Reasons for Patronage Preference, Frequency and Timing of Purchase*

In order to gain insights into older adults' preferences for store types with respect to the four categories of products, respondents were asked to indicate the reasons for their preferences. The single most important factor for the patronage of groceries was the ease of locating merchandise

**Table 3.** Summary of reasons for patronage preference.

Type	Patronage Preference	Gender		Age Groups			Total <sup>a</sup>
		Male	Female	55-64 years	65-74 years	75 years & above	
Groceries	Ease of locating merchandise/items	640	461	675	318	108	1101
	Reasonable price	419	317	464	208	64	736
	Product variety	394	271	416	195	54	665
	Preference for billing/ payment method	147	78	145	63	17	225
	Have fast check-out registers	165	97	175	67	20	262
Health Supplements	Products suitable to physically/ health need	438	315	459	226	68	753
	Ease of locating merchandise/items	219	151	224	103	34	361
	Reasonable pricing	168	126	179	91	24	294
	Preference for billing/ payment method	71	32	69	26	8	103
Apparels	Reasonable price	261	195	276	129	51	456
	Ease of locating merchandise/items	208	166	208	125	41	374
	Product variety	194	134	201	95	32	328
Eat Out	Reasonable pricing	279	215	295	158	41	494
	Comfortable place to shop or socialize	257	172	262	121	46	429
	Product Variety	123	127	152	72	26	250

<sup>a</sup>Multiple responses permitted.



(N=1,101) followed by reasonable price (N=736) and product variety (N=665) (Table 3). Both male and female respondents chose the same major reasons for their preferred stores. Across age groups, the same reasons motivated their preference for store types in the purchase of groceries.

For health supplements, products that suit health needs was the single most important factor reported by a total of 753 (55.5%) respondents who favoured pharmacies as their preferred outlet. This was the same reason cited by males and females as well as all age groups. For apparels, reasonable pricing (N=456) was the most commonly cited reason that motivated them to patronize their preferred outlet. Ease of locating merchandise was the next reason quoted by 374 (27.6%) respondents.

The research investigated frequency of purchase for the four product categories as this could be an important issue for older persons with regard to travel time, storage of goods, expenditure amounts and the like. Groceries were commonly bought on a daily or weekly basis whereas health supplements were purchased occasionally or on a monthly basis. A large number of older adults bought apparels occasionally. For patronage of eating outlets, a larger proportion of older adults ate out only occasionally compared to those who reported eating out on a weekly or daily basis.

To further understand the shopping behaviour of older adults, preferred time of purchase was examined and most preferred to shop in the mornings for grocery products and health supplements while apparels were bought at night and during weekends. The most popular meal for eating out was evening dinner. Grocery shopping was carried out by a larger proportion of older adults on weekdays rather than weekends. For health supplements, an almost equal number of respondents reported buying them on weekdays as on weekends.

In terms of time spent shopping for the four categories of products, most shopping excursions lasted between 1-2 hours. For the purchase of apparels and eating out, more of the respondents reported spending about 2-3 hours, longer than for other products.

### *Shopping Companions*

For grocery shopping and the purchase of health supplements, older adults usually went alone or with their spouse but hardly ever with friends. Apparels were bought in the company of family members, spouse and children. Older adults also tended to eat out with family members and with friends. This is a clear indication of the social circle of older adults and suggests an over-dependence on family members for all the categories of products except for eating out. More males shopped alone or with spouse but more females shopped with children or with friends. This could be due to the nature of purchases as females might have better product knowledge than males and hence males tend to depend more on their spouse when shopping for groceries. The same can be observed for health supplements in which men would shop with their spouse while women would shop with their children. More men would shop for apparels with a spouse or family members compared to women whereas more women preferred to shop with their children or friends. For eating out, it is again interesting to observe that more women ate out with children but more men ate out alone, with spouse, family members and friends.

Shopping companions to a certain extent reflect the information flow process. Therefore, it is interesting to note that the findings suggest a two-step communication process in which information is likely to flow from children to mothers and from then on to fathers. Alternative explanations could include the stereotyped roles of gender that are being practiced in most households of older adults in which females make decisions related to care of the family but are excluded from financial matters.

### *How Products Are Obtained*

Visiting stores was the preferred method of product delivery for three of the four product categories included in this study. For eating out, of course, the older adults preferred to have their meals at the outlets, with a small number indicating the preference for take away. This is consistent with the earlier findings where eating out is more of a social activity that involves family members and friends. For health supplements, whilst

there was a general preference to purchase products from outlets, more males preferred to visit the outlets compared to females while more females indicated the preference for door-to-door delivery suggesting that direct marketing appeals to women due perhaps to the convenience. The same patterns of preferences were observed for apparels.

### *Consumer Problems*

To provide more depth to the understanding of older persons' consumer behaviour, the nature and extent of any problems or difficulties encountered was discussed since satisfaction with purchase also affects life satisfaction (Table 4). Respondents could provide answers from lists or open-ended suggestions.

The existence of long queues at check-out counters was the major complaint for groceries while high prices were cited as the major problem encountered by the older consumers for health supplements and apparels. Unclean premise was the major concern of these older people which was not surprising since they reported hawker centres and coffee shops as the place that they frequented. In addition, more men complained about an unattractive environment which again is consistent with the attitudes to eating outlets patronized by older adults. These concerns were consistent between older males and females as well as among the three age groups.

### *Services Patronage Behavior*

Older consumers in Malaysia are clearly important customers for a number of types of services. Therefore, the reasons for the respondent's patronage and the motivations for their purchases were investigated for three main categories of services: transport, tourism and financial services.

### *Mobility And Transport Services Used*

This study attempts to examine older adults' opinion about transportation as mobility is closely related to the availability of an efficient transportation system. Slightly more than 50% of respondents depended

**Table 4.** Summary of problems encountered when purchasing.

Type	Problems	Gender		Age Groups			Total <sup>a</sup>
		Male	Female	55-64 years	65-74 years	75 years & above	
Groceries	Long queues at check out counters	342	246	396	148	44	588
	Prices too high	257	189	290	106	50	446
	Unclean premises	255	176	253	132	46	431
	Assistance not offered	165	129	194	68	32	294
Health Supplements	Prices too high	200	167	218	118	31	367
	Unpleasant Staff	157	117	159	84	31	274
	Poor quality of products	105	58	90	55	18	163
Apparels	Prices too high	218	179	236	115	46	397
	Long queues at check out counters	198	127	193	101	31	325
	Unpleasant staff	178	140	186	105	27	318
	Lack of choice	137	143	175	79	26	280
Eat Out	Unclean premises	527	414	599	292	95	986
	Unhygienic practices	526	371	559	252	86	897
	Unattractive environment	180	105	189	73	23	285
	Prices too high	87	91	101	60	17	178

<sup>a</sup>Multiple responses permitted.

on buses for inter-city travel but they also relied on their own transport (38% of the respondents). For urban travel, about 40% of respondents used buses and own transport to get to their destinations. Taxis were the other more frequently used mode of transport.

To the older people, the single most important factor for transportation was reported to be the ease of use, followed by price and transport that did not prolong the journey. Overall, the major difficulty encountered by older adults with respect to public transportation was reliability which is mainly related to the punctuality of service. The other areas of concerns were safety and affordability. More males mentioned the importance of ease of use compared to females although there were no differences with respect to the types of problems encountered. Comparing the three age groups, more respondents in the younger age group noted safety as an important factor. The findings point to the relative seriousness of transport problems encountered by older adults as the views were consistent in terms of age and gender (Table 5).

**Table 5.** Transportation: Factors important in patronage behaviour and difficulties encountered.

Type	Items	Gender		Age Groups			Total <sup>a</sup>
		Male	Female	55-64 years	65-74 years	75 years & above	
Factors	Ease of use	482	319	505	217	79	801
	Cheap	342	225	354	159	54	567
	Shorter journey	179	137	187	88	41	316
	Safety	124	95	149	54	16	219
Difficulties	Reliability	256	168	254	130	40	424
	Safety concerns	173	139	197	90	25	312
	Affordability	187	124	189	91	31	311
	Availability	120	120	135	71	34	240

<sup>a</sup>Multiple responses permitted.

### *Patronage Behaviour in Tourism*

In terms of market segments, older adults in many developed countries are now regarded as a major target for tourism. Older adults are individuals who have the time and some also have the money to indulge in leisure activities (Chan et al. 2005; Horneman et al. 2002). This study therefore makes an initial attempt to ask what older Malaysians would like to patronize in tourism services. It briefly examines the destinations favoured by older adults and the factors that are important in purchase decisions as well as problems that they encountered. The main domestic destinations visited by older adults were big cities, followed by beaches, rustic villages and highland resorts. For foreign destinations, big cities emerged as the most visited places followed by religious places and historical sites. Island resorts and rustic villages were not high on the list of preferences (Table 6).

What motivated these older adults to choose their vacation packages was the question of interest. Cost was the most important factor cited by a large number of older adults followed by recommendations about the attractiveness of destinations, which suggest the importance of word of mouth communications or interpersonal sources. Concerns for distance and safety were the other two major reasons that explained their purchase behaviour. As older people may suffer from physiological degeneration, tiredness was the major problem encountered while travelling. Some mentioned that they faced problem with health and concerns for security as well as safety. These are common issues that have been found in other exploratory regional studies such as among Hong Kong older persons (Chan et al. 2005).

Factors important to older men and women were similar and problems encountered during vacations were common. This suggests no gender-specific factors or problems which could provide useful information for marketers interested in targeting older consumers. In terms of age groups, perhaps surprisingly, the younger age groups considered safety factors more than the older age groups. For problems encountered during vacation, the younger age groups again expressed more problems associated with health, security and safety worries (Table 7).

**Table 6.** Holiday destinations.

Type	Place of Preference	Gender		Age Groups			Total <sup>a</sup>
		Male	Female	55–64 years	65–74 years	75 years & above	
Domestic	Big cities	351	285	377	191	68	636
	Beaches	326	264	369	167	54	590
	Rustic villages	268	194	269	139	54	462
	Highland resorts	214	158	242	99	31	372
	Religious places	173	144	195	88	34	317
Foreign	Big cities	234	194	265	121	42	428
	Religious places	198	139	190	109	38	337
	Historical sites	102	91	118	55	20	193
	Rustic villages	38	33	41	24	6	71
	Island resorts	44	19	38	23	2	63

<sup>a</sup>Multiple responses permitted

### *Financial and Other Related Services*

This research provides an interesting and unusual insight into patronage of finance and financial-related services which are rarely covered in Asian studies of older persons. Of the total of 1,356 respondents, the majority (n=1,104) had a savings account with a bank (Table 8); this might be a high proportion for the age group in comparison with other parts of the region. A small percentage had fixed deposit account and a checking account but penetration rate of insurance was low as only 255 respondents reported having a life insurance policy. For health or medical insurance, the adoption rate was even lower since this insurance policy

**Table 7.** Vacations: Factors important in patronage behaviour and difficulties encountered.

Type	Items	Gender		Age Groups			Total <sup>a</sup>
		Male	Female	55-64 years	65-74 years	75 years & above	
Factors	Cost	488	348	500	255	81	836
	Recommendations	306	223	321	151	57	529
	Distance	285	191	294	130	52	476
	Safety	243	184	246	143	38	427
Difficulties	Tiredness from long journey	505	365	534	247	89	870
	Health problems	185	181	197	127	42	366
	Safety and security worries	170	110	166	94	20	280

<sup>a</sup>Multiple responses permitted

has only gained prominence recently due to the escalating costs of medical care. Among the respondents, only 142 reported having owned a credit card indicating a low usage of credit facilities. However, it is interesting to note that a small number made use of will-writing services and portfolio management services to manage their wealth. Although the number of users was small, it nonetheless indicates the potential of such services as the future cohort of older adults in Malaysia will be better educated and financially more secure and knowledgeable. The demand for such services is expected to increase as those born between 1946 to 1964 move into the older age groups and with changes in the social environment where older adults increasingly will not depend on children as the principal financial safety net. In terms of gender differences in financial service usage, more males reported having life and medical insurance, property insurance, current accounts (checking accounts), owning credit cards and using will writing services. This is perhaps to be expected given the nature of most Asian societies in which males have



**Table 8.** Use of banking/financial services.

Services	Gender		Age Groups			Total <sup>a</sup>
	Male	Female	55-64 years	65-74 years	75 years & above	
Savings account	643	461	675	322	107	1104
Fixed deposits	162	104	195	58	13	266
Life insurance	171	84	193	51	11	255
Current account	137	69	143	53	10	206
Health/Medical insurance	104	57	128	27	6	161
Property insurance	120	39	108	40	11	159
Credit/charge card	97	45	124	15	3	142
Will writing service	34	12	31	10	5	46
Portfolio management	27	14	28	12	1	41

<sup>a</sup>Multiple responses permitted.

generally been the major bread winners and with a concomitantly greater need for insurance protection than females, especially older women many of whom are not working for pay. As the husband is usually the main financial provider, they feel they have little need for such insurance and financial-related services. Comparing the age groups, it is again clear that the younger age group had significantly more financial services and insurance coverage than people in the older age groups. This would reflect the better income, education and knowledge of such services amongst the young-old group in particular.

Major factors important in purchase decisions for financial and related services were convenience and location especially for banking services, interest rates and, importantly, the availability of Islamic banking facilities that appeal to Muslims respondents. The principal problems reported by older adults when using such services included long queues

and insufficient seating capacity. A small number complained about the unsatisfactory service provided by the service providers and the small print in many of the forms for transactions.

Analysed by gender, more males than females cited interest rates as an important factor and they also complained more about insufficient seating capacity. In terms of age, more of those in the younger age groups placed importance on convenience, location as well as interest rates while there was no difference with respect to the availability of Islamic banking facilities. With regard to problems encountered, more respondents in the younger-old age groups complained about long queues.

### *Customer Satisfaction and Satisfaction with Life*

To provide a wider understanding of how older Malaysian consumers feel in terms of self-image or well-being, a final section enquired about life satisfaction although this was not a quality of life survey per se. One aim of this section was to assess the resilience and satisfaction with life of the respondents although this of course cannot be directly linked to the use of and attitudes to services in the absence of more detailed controls and research.

On the whole, the respondents representing Malaysian active older adults cannot be said to be very satisfied in terms of self report of life satisfaction. On a scale of 1 "strongly disagree" to 7 'strongly agree", the overall level of satisfaction among the older adults was at best moderate (mean = 4.95, almost identical for males and females). A comparison of the age groups shows that no significant differences could be observed. Pearson's correlation shows that life satisfaction is positively correlated with satisfaction as consumers measured by the facilities within shopping outlets (at  $r=0.185$   $p=.001$ ). This suggests that satisfaction as a consumer is related to life satisfaction as a whole.

Measured on a five-point Likert scale, the subjective assessment of older adults with respect to facilities within an outlet showed that they were most satisfied with customer service (mean=3.24, SD=1.12), followed by the availability of rest areas (mean=3.21, SD=1.30), elderly friendly products (mean=3.11, SD=1.17), security (mean=3.08, SD=.23) and check-out counters (mean=3.02, SD=1.21). They were not satisfied with stairs (mean=2.66, SD=1.27). Men were more concerned about security, regula-

tions to protect older persons and stairs in which the mean scores were 3.16 (SD=1.24), 2.89 (SD=1.17) and 2.72 (SD=1.26) respectively compared to female respondents whose mean scores were 2.98 (SD=1.21), 2.76 (SD=1.13), 2.58 (SD=1.28), respectively. No significant differences could be found by age groups with regard to all the factors measuring customer satisfaction that were included in this study.

## Conclusions: Impacts and Implications for Marketing to Older Persons

This study in Malaysia, an ageing and industrializing country in South-east Asia, is innovative in that it provides empirical information on older persons as consumers in a middle-income country as well as a conceptual context of active and successful ageing. All too often, there appears to be the stereotype of older persons as “invisible consumers”, who are not taken into account when product ranges, choices and delivery are planned or when marketing is conducted. This is ironic in some ways, as the Asia-Pacific region was the first to develop a regional plan of action on ageing, promulgated in Macau in 1999 (ESCAP 1999). The inclusion of financial services and vacation choices takes the current study a stage further than any others and makes it yet more innovative. Such services are clearly relevant and of growing interest to older consumers in most Western societies, where indeed many financial and vacation services are specifically oriented to or designed for older people – but in a middle-income country this is highly unusual. Moreover, many reviews on older persons in this region and elsewhere have not been based on such systematically-gathered empirical evidence and have often implicitly, probably incorrectly, placed older consumers in a more dependent, less self-aware or less consumer-oriented category. This study provides empirical evidence to address the lack of information on older consumers in Malaysia.

Quite contrary to the common image of older persons as “invisible consumers”, we found that older consumers in Malaysia are ready and able to voice their ideas and opinions. They have often formulated and thought through their needs and demands. They are in many ways “canny consumers” who know what they want and how to get it. Many

respondents were clearly careful and thoughtful, maybe even demanding and could articulate their requirements. This is a strong image which fits in well with positive aspects of ageing in many current concepts, especially successful ageing, resilient ageing and active ageing concepts (Rowe & Kahn 1997; WHO 2002; Scheidt et al. 1999; Gattuso 2003) – a positive image that is well worth noting for older consumers in other middle-income countries. In terms of WHO's active ageing policy framework (WHO 2002, p. 51-52), this study provides clear empirical evidence of issues related to participation of older persons from the consumer behaviour perspective.

Older Malaysian consumers in this study clearly seem to display many of the consumer traits that provide useful information to marketers as well as public policy makers in light of the recent increase in the price of petrol (by about 19% compared to 2005). It is anticipated that this will cause an increase in the price levels of some goods and services. The findings show that older consumers tend to spend more on food compared to the national average of RM 426. They are generally price conscious especially for apparel and eating out but they are also concerned about suitability when it comes to the purchase of pharmaceutical products while ease of locating merchandise is paramount for groceries purchase. As consumers, they are confident and can articulate their needs and demands. However, they also voiced their concerns about the facilities within shopping areas that need to be improved to be more elderly friendly.

The findings of this study will be useful to marketers as an information step in understanding the factors underlying the purchase motivations of older consumers for four important product categories. The inclusion of services will also help marketers in identifying ways to improve service delivery quality and consumer satisfaction for this key category. We suggest the concept of quality of life and well-being should be extended beyond the usual health and related factors to encompass consumption-related activities which are part of the everyday life of older adults and form an integral part of the participation components of successful ageing. The approach of this research is in line with the life-course perspective which would see people of all ages as consumers and with rights and needs. Older consumers in this middle-income country

do appear to be aware of their needs and can define what they see as deficiencies in services. This study will thus provide baseline information to help enable stronger niche marketing and consumer orientation to meet older persons' needs. It may even assist service providers in their strategic planning if the restructuring and reconfiguration of so many types of services proceed in Malaysia in the same directions as they have in most countries in the West.

However, the lack of a younger control group against which to compare the attitudes of older respondents might be seen as a limitation to this study. In the future, we propose to extend the research with controls or at least a comparison group from younger age ranges, so that we can make stronger statements about age-related profiles in consumer attitudes. In addition, it will be useful to marketers and public policy makers if research is conducted on the lifestyles of older consumers which should also focus on successful ageing and resilience in ageing amongst older consumers.

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John A. Vincent, Chris R. Phillipson and Murna Downs (eds.) (2006). *The Futures of Old Age*. London: Sage. Published in association with the British Society of Gerontology, 255 pp.; ISBN 978-1-4129-0108-6 (pbk)

REVIEWED BY HANS-JOACHIM VON KONDRATOWITZ<sup>1</sup>

Current societal responses to the challenges that ageing societies pose tend to dramatize the consequences of the demographic bomb by taking into account all or most of the potential detrimental effects that are associated with it. Such reactions, often vested as horror scenarios, are bound to political agendas and questionable perspectives on future societal developments. The expert field of gerontology, with its impressive knowledge, is increasingly challenged to counteract such enormous pressures and to reintroduce the necessity of referring to solid databases, trustworthy projections and to counteracting perspectives on this trend. In this respect, it seems that all national gerontological associations should deem it necessary to do what the British Society of Gerontology (BSG) has now done: publish a book to “provide a major assessment of the different changes involved in the future of old age and to reflect upon options for key areas affecting older people” (p.XIII). The aim of the BSG is clear: “an attempt to stand outside immediate commercial and political pressures and to use the best of current research-informed insights to enable us to look into the futures of old age over the next generation” (p.XIII). To speak deliberately of “futures” in plural is an attempt to mirror the increasing “diversity and uncertainty of what lies ahead” in the next thirty years (p.1).

<sup>1</sup> Hans-Joachim von Kondratowitz, Deutsches Zentrum für Altersfragen, Berlin, Germany.

In the introduction, the three editors (John A. Vincent, Chris R. Phillipson and Murna Downs) state the limits that they have imposed on their contributors: that all chapters be condensed and not exceed *ca* 10 pages at most. The book itself is organized into seven main parts: "The Future of the Life Course" with contributions from Blaikie, Bengtson/Putney and Dannefer/Miklowski, "The Future of Social Differentiation" with papers by Walker/Foster, Arber and Nazroo, "The Future of Retirement and Pensions" with contributions by Price/Ginn, Evandou/Falkingham and Minns, "The Future for 'Self' in Old Age" with papers by Biggs, Gubrium/Holstein and Coleman/Mills/Speck, "The Future of Health and Well-Being in Old Age" with papers by Victor, Downs/Bruce and Bond/Corner, "The Future of Family and Living Arrangements for Older People" with contributions by Harper, Davidson and Peace and finally "Globalization and the Future of Old Age" which includes contributions by Vincent, Phillipson and Warnes. It is clear that it has not been easy for all contributors to follow these rather strict rules regarding page limits. A quick glance at the various chapters shows that contributors with the most recent data sets had a comparably easier time to stick to these limits than those whose contributions were based on theoretically-informed reflections. All things considered, it is remarkable how this pressure to condense knowledge and ideas under the guiding principle of wanting to shed light on the "futures" has produced a remarkable volume that could and should serve as an example for other European gerontological societies.

The division of this volume into seven parts proves to be a useful way of breaking down the field of ageing into dynamic complexes that are mutually interconnected. An example of this dynamic approach to the field can be found in the discussion of the future of the life course with its pressure to look at an increasing degree of diversity in a globalized social environment (which questions more than ever the traditional models of an "institutionalized life course" (Kohli) with basically "three stages" (also present in the contribution of Warnes) without losing sight of what classical modes of social differentiation (by social class, but also by gender as well as ethnic divisions) have to offer. In this respect, attention should be paid to the contribution of Arber, which reflects the logic of "futures" as a mode of orientation for research-informed perspectives

in the field of gender particularly well. The issue of retirement and pensions is equally well addressed in the empirically sound study by Evandrou/Falkingham. The cultural constructions of the "self" and its theoretical reflections in ageing research as well as its open questions are convincingly put forward in Biggs' contribution. Coleman *et al.* discuss the important subject of increasing disenchantment with the adequacy of the traditional church affiliations in their chapter in light of the fact that future older cohorts might not be true adherents of the institutions of established religion. In the health-part of the book, I also found – in accordance with the guiding principle of "futures" – a very convincing contribution by Victor about longevity regimes in which she discusses three scenarios of health development for the older part of the population. Equally impressive is Sarah Harper's contribution about the future of family life transitions in which well known demographical facts about family transitions are put in a distinctly future-oriented perspective in order to give a comprehensive picture of a developmental pattern with contradictory implications.

The last part on globalization and the "futures" of old age is in my opinion the most problematic one. This is, perhaps, understandable since the topic must be particularly difficult to tackle since the complexity of international processes does not lend itself to generalizations particularly with regard to old age. Concentrating on the international scientific scene Vincent makes, however, a strong point in his analysis of anti-ageing medicine and its multidisciplinary foundations when he suggests that we look at this movement as a war on old age. While these problematic implications are well observed it still remains an open question whether this cryptomoral answer is a sufficient reaction if the social sciences are to cope with the overwhelming biomedical influences in ageing research that we are witnessing at the moment. Phillipson's and Warnes' central topic is transnational and international migration and their effects on old age. While Phillipson devotes some space to defining and discussing globalization in a risk society framework and goes on to decipher the effects of globalization on older people, he only touches upon the societal level and does not spell out the implications of his own research on the impact of these trends on the changing roles of older people, the family and support networks. In this particular part of the book we see clearly

that the page limits imposed on these authors have in fact limited them from exploring their respective topics in detail. A more detailed and therefore longer contribution would have served, in my opinion, the purpose of exploring this particular topic better. This applies to Warnes' contribution as well since despite the fact that his piece is intellectually refined, the page limits do not allow him to fully explore the issue of residential flexibilities resulting from migration streams and changes in the life course regimes that his empirical research on these subjects has brought to fore. His conclusions make, however, a quite impressive statement for the development of future gerontology in an international perspective; a perspective that is very much needed at this point in time.

Despite the fact that this volume is based exclusively on the British situation (albeit with some minor examples from the Anglo-American world) and that comparative references and data from other European welfare states are missing (the exemption being the contributions by Harper and by Minns), this is an interesting contribution to the debate on the "futures" of gerontology. Surely one could say that one should not complain since this is after all the BSG's vision for our field. True...or almost true: a chapter about the challenges of international comparisons in ageing research would certainly not have been out of place in this volume. Hopefully next time - in the second edition.



# 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.

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