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Leisure in old age: disciplinary practices surrounding the discourse of active ageing

By *JAROSLAVA HASMANOVÁ MARHÁNKOVÁ**

Abstract

In the 1990s, the World Health Organization adopted the term “active ageing”, which currently represents a key vision of old age in Western societies facing the situation of demographic ageing. The meaning of the idea of active ageing is based on the concept of individuals actively and systematically influencing the conditions of their ageing through self-responsibility and self-care. The aim of this article is to map how the idea of active ageing is constructed and the implications it presents with regard to the way in which seniors relate to their experience of old age. It concentrates on a specific segment of senior-oriented social services (centres for seniors that offer leisure time activities and educational courses) that represent an institutional context for the manifestation of the discourse of active ageing. A three-year ethnographic study was conducted in two such centres in the Czech Republic. The article focuses on various strategies for the disciplining of the ageing body. It points out that these disciplinary practices are an integral part of the daily running of the centres and that the seniors who intensively engage in them have internalised the idea of an active lifestyle as the most desirable lifestyle in old age. Active ageing was constructed by them as a project that must be

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worked on. Through the “technologies of self” embedded in the imperative of the necessity to move or do something, they participate in the production of the discourse of active ageing as a form of discipline of the body. At the same time, the article outlines how the idea of active ageing as the “correct” form of ageing influences the self-conception of these seniors and their attitudes towards ageing and their peers.

Keywords: active ageing, ethnography, governmentality, leisure, lifestyle, third age.

Introduction

The current context of ageing is changing. On the one hand, these changes relate to the existence of more favourable socioeconomic conditions and continuing medical progresses, which make the lives of so many people better and longer. However, these changes are also taking place in the concepts of old age and its appropriate form (Tulle-Winton 1999: 282). The expanding consumer society celebrates all novelty as having the highest value, wherein youth itself has become a form of cultural capital (Gilleard & Higgs 2000: 62–64). Hand in hand with these changes, the concept of “good” old age is also changing. This changed idea of old age is gradually becoming more connected to the need to stay young, both in the sense of activity (Katz 2000) and physical appearance (Biggs 2002; Coupland 2007; Featherstone 1991; Featherstone & Hepworth 1991). As Katz points out (2000), nowadays activity represents an idealised image of ageing. This is also reflected in the dominant gerontological discourse and in the approach of professionals who deal with seniors. According to Katz, activity is becoming the key conceptual framework in the current perception of ageing. Furthermore, it also entails an ethical dimension, as it clearly defines activity as a universally desirable condition.

The concord between activity and ageing has also been translated into a more practical and pragmatic political programme under the label of “active ageing policies” (Vidovićová 2005: 344). The term “active ageing” is currently one of the most frequently used terms in gerontological studies as well as in national and international documents related to the issues of ageing. As Ney (2005: 325) points out, it has attained a prominent position

in the European policy agenda. The idea of active ageing has been incorporated into the agenda of the World Health Organization (WHO) as well as that of the European Union and has become part of national social policy. The Czech government identifies active ageing as its first priority in the National Programme for the Preparation for Old Age. This new awareness of the concept of active ageing has also been influenced by organisations that offer services for seniors and influences the way providers construct the images of what old age should look like (Hasmanová Marhánková 2010).

In this article, an attempt will be made to describe the aforementioned changes in ageing policy and in the perception of the relationship between activity and old age. First, it focuses on the changing representations of old age that are currently affected by the idea of activity. It analyzes the discourse of active ageing as a strategy for disciplining the ageing population. Next, it focuses on the lifestyles of seniors who actively participate in the centres that offer leisure time activities designed only for seniors in the Czech Republic. The aim of this article is to map how the idea of active ageing is constructed and the implications it presents with regard to the way in which seniors relate to their experience of old age.

The data presented are based on an ethnographic study of two centres offering seniors-only leisure time activities and, further, on 47 interviews with clients and employees of these centres. These centres can be seen as places that strongly reflect the idea of active ageing as “correct ageing”. In this article, I point out that disciplinary practices surrounding the ageing body are an integral part of the daily running of the centres, and that the seniors who intensively engage in them have internalised the idea of an active lifestyle as the most desirable lifestyle in old age and use various strategies to ensure that they will constantly be active.

Changes in the Representations of Ageing

There is a long history of the association of old age with disease and passivity (Hazan 1994). In this respect, the concept of active ageing represents an interesting revision of the way the notion of old age should be constructed and what this concept means. The current primacy of the idea of active ageing must be understood in the context of, on the one

hand, negative representations of ageing and, on the other, the demographic trends that challenge them. Alan Walker (2010: 586–587) associates the representation of old age with the development of the welfare state. He points out the positive outcomes of the development of strong welfare states in Europe, which have markedly raised the living standards of individuals, but also highlights certain negative consequences with regard to the position of seniors. The strong association of seniors with the welfare state and their dependence on public pension schemes have contributed to the development of images of seniors as passive recipients and supported their exclusion from various spheres of social life. Walker refers to these processes as the “old public discourse on ageing”. This discourse has, however, been substantially redefined since the 1970s, and such redefinition has gone hand in hand with a general rethinking of the role and functioning of the welfare state, especially in regard to present demographical trends in population ageing. These trends bring the sustainability of the current system into question. A “new public discourse on ageing” has gradually come into being, one that challenges the representation of old age as a time of passivity and presents it instead as a time in which the idea of activity can play a crucial role (Walker 2010).

Elderly people now represent a growing sector of the population and are thus becoming more and more visible. Increasing life-expectancy, together with the relatively low age of retirement, raise important questions regarding the place of old age in an individual’s biography, as well as in the whole of society. The representation of old age as a time of inactivity, “rolelessness” and dependency are being confronted by the need to take advantage of the growing number of ageing citizens. The emergence of the concept of active ageing, which belongs to the area of social policy, can be seen as part of a wider change in the way the meanings of ageing are constructed and how the position of old age in individual biography is interpreted. Peter Laslett’s (1989) concept of the third age represents a prominent resource for the redefinition of the representations of old age. The increase in life expectancy, together with the economic well-being of relatively “young” retirees, has created a new generation of retired people who can find new fulfilment in old age. Their independence of the labour market and the considerable amount of free time they possess enable them to develop new lifestyles. The third age thus

constitutes an autonomous period of an individual's life that Laslett depicts in a very positive manner as a time of opportunities and fulfilment.

Laslett's theory is often criticised for being normative and ignorant of the barriers which certain social groups face in their fulfilment of the ideals of the third age (Bury 1995; Jones et al. 2008). Regardless of its apparent limitations, Laslett's concept is still important for an understanding of the current representations of ageing. The idea of the third age embodies a notion of the post-traditional life-course with an emphasis on self-development and individualism (Rubinstein 2002). As Gilleard and Higgs (2000: 38) suggest, the third age demands an "active construction of 'post-work' identity". This notion fits completely into the modern "project of the self" – a continuous effort and responsibility to (re)define one's self. At the same time, the third age is portrayed as a period when life is structured more freely and independently of the traditional structures of work and the state (Gilleard & Higgs 2000: 28–39). Indeed, the consumption of lifestyles has become crucial for an understanding of the different cultures of ageing. According to Gilleard and Higgs (2000), retirement now represents an arena of heterogeneous experiences linked to various lifestyles.

The embedding of ageing in consumer society also has a significant impact on the representations of ageing. The concept of active ageing builds upon the social changes addressed by the aforementioned authors. It follows in the tradition of attempts which try to positively redefine the negative images of old age. The idea of active ageing transforms the ageing population from a burden to a benefit (Moody 2001: 176). According to Biggs (2001: 311), activity today serves as "legitimized fields of social inclusion". Positive images of ageing show seniors as autonomous individuals that achieve feelings of happiness and satisfaction, thanks to their participation in the labour market and their corresponding "productive" activities. In this respect, the active ageing policy significantly challenges the "ageistic" images of old age. Its primacy, however, raises important questions regarding its apparent normative dimension. We can ask whether these representations offer a real possibility to structure one's own ageing experience more freely, or whether only new normative images of ageing are proliferated. As Rudman (2006: 196) states: "as ideal subjectivities encourage people with adequate resources to free themselves

from ageist attitudes and aging bodies, they simultaneously create a new set of obligations associated with being autonomous, responsible and active 'retirees'. Although Laslett, as well as Gilleard and Higgs speak of the experience of retirement in terms of heterogeneity and a new opportunity for fulfilment, both of these visions are based on the idea of an active retiree, both in the sense of active lifestyle and consumption. As Katz (2000: 140) points out, "the aged subject becomes encased in a social matrix where moral, disciplinary conventions around activity, health and independence appear to represent an idealized old age".

Active Ageing as a Strategy for Disciplining the Ageing Population

Despite the visible dominance of the concept of active ageing in current social policy, a definition of what it really means to age actively is present only implicitly. The idea of active ageing seems to be something so clear and taken for granted that there is no need to specify it explicitly. The most cited definition is that of the WHO, which very broadly defines active ageing as a "process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age" (WHO 2002: 12). This definition represents a very broad vision that attempts to represent various dimensions of life. However, documents published by the European Commission and the Czech government aspire to implement this idea into social policy work with a different concept of what it means to age actively. One of the few explicit definitions can be found in an article published by the European Commission. It defines active ageing as a strategy that "in practice means adopting healthy lifestyles, working longer, retiring later and being active after retirement. Promoting active ageing is about promoting opportunities for better lives, not about limiting rights" (European Commission 1999). The EU Council conclusions on active ageing state that "active ageing means creating opportunities for staying on the labour market longer, for contributing to society through unpaid work in the community as volunteers or passing on their skills to younger people, and in their extended families, and for living autonomously and in dignity for as much and as long as possible" (Council of the EU 2010: 5). Despite also

including a reference to an autonomous and dignified life, the main emphasis is still placed on paid (or unpaid) labour.

A very similar and even narrower approach can be found in the document published by the Czech government. Although the Czech government has established active ageing as its first strategic priority in the National Programme for the Preparation for Old Age for the years 2008–2012, there is no single definition of what active ageing means in the document (henceforth referred to as the Czech National Programme). Nevertheless, it implicitly refers to a concept that is very similar to the definition cited on the web page of the European Commission: the whole section devoted to the priority of active ageing focuses on seniors' participation in the labour market and the process of lifelong learning. The view of lifelong learning in these paragraphs refers strongly to the human capital theory, according to which the goal of additional education lies primarily in the enhancement of the value of the labour force (Slowey 2008). To conclude, although there exist more comprehensive definitions of active ageing (e.g. the one used by the WHO) in social policy, it is conceptualised mainly as an issue relating to an ageing work force (Perek-Bialas et al. 2006).

The identification of active ageing with seniors' participation in the labour market and lifelong learning can be understood within the context of the concept's creation. The process of demographic ageing represents a crucial framework for current social policy related to the issues of ageing and elderly people. Although there has been a marked change in the narrative dealing with ageing populations towards the idea of opportunity (Biggs 2001), the demographic changes are still depicted via the rhetoric of risk. The growing number of seniors in the population is something that has to be dealt with; it is something that poses a challenge and that, in any case, demands the need for action. The challenges brought about by demographic ageing result in the need to keep the senior population on the labour market for as long as possible. The concept of active ageing provides a conceptual tool for such social policy (Rabušic 2008). As the report published by the European Commission states: "Europe's best chance for addressing the challenges of population ageing depends on making full use of the potential of older people, which will require the promotion of active ageing" (Council of the EU 2010: 5). The risks need to

be controlled and active ageing is depicted as a strategy that presents a solution. This solution is connected with effectiveness – effectiveness of management of one's own health, thanks to an active and healthy lifestyle, which will simultaneously lead to the effective reduction of healthcare costs and above all to the effectiveness of the economy. As the Czech National Programme (paragraph 4.2) points out in a quite radical way, "people have to be healthier and more satisfied so they are able and more willing to stay employed for a longer period". The Council of the European Union makes a similar point: "Europe's future economic competitiveness and prosperity depends crucially on its ability to fully utilize its labour resources" (Council of the EU 2010: 4). The participation in the labour market is thus constructed as some kind of therapy – a cure not only for seniors who can be appreciated as productive members of society but above all for society itself, which has to challenge the "risk" of demographic ageing.

Ageing, Responsibility and the Management of Self

The rhetoric of risk connected to demographic trends that surrounds the debate about active ageing also substantially influences the position of the individual. Phillipson (1998: 19) suggests that "attacks on the burden of the elderly population were seen to legitimize a transfer of responsibilities from the state to individual older persons". The idea of active ageing is based on the concept of individuals who actively and systematically influence the conditions of their own ageing. This process of individualisation of responsibilities is very visible in the Czech National Programme (paragraph 2.7), which states that "people at a productive age... are responsible for their own preparation for ageing and old age" and that "the dignified and active position of elderly people in society results from, among other things, their active contribution and responsibility for their own life". The concepts accentuated by the idea of active ageing, such as self-responsibility and self-care, weaken the contract between an ageing individual and the state. Responsibility is shifted from the state to social actors on the micro-level, such as professional experts and older people themselves (Phillipson & Powell 2004). By means of their active lifestyle,

individuals accept the responsibility for their own quality of life in old age. As Oancea (2008: 1) states: "it is now widely accepted that passivity and disengagement increase the risk of chronic health problems in retirement, and that the promotion of social engagement among older people is a sensible component of public health strategies designed to contain rising health and social costs." Activity is thus presented both as a path to healthy and happy ageing, and as an integral part of seniors' responsibility towards themselves. It is at the same time viewed as something that can and should be managed. Thanks to their activity, seniors can withdraw from the negative image of ageing and become "good" citizens (Hepworth 1995; Rudman 2006). Powell (2006: 31) points out that this shift in responsibility has serious implications for those who are not responsible enough or are not attempting to be responsible in the proper manner. The individualisation of responsibility ignores the structural nature of social problems as well as the wider social context that shapes individuals' resources, choices and possibilities.

The conceptualisation of active ageing as a form of proper civil responsibility is part of the process of disciplining the population. Foucault (1994) uses the term "governmentality" to depict the shift in the ways power is employed in the modern state. This kind of power makes it possible to regulate the population of (not only) elderly people using various apparatuses of security (Powell 2001: 128). "It is the population itself on which government will act either directly, through large-scale campaigns, or indirectly, through techniques that will make possible, without the full awareness of the people, the stimulation of birth rates, the directing of the flow of population into certain regions or activities, and so on" (Foucault 1994: 217). Active ageing represents one of these techniques, which encourages elderly people to use various self-management practices to manage the risk of ageing (Powell 2006). In the discourse of active ageing, the ageing body is disciplined through activity. It is perpetual self-surveillance that produces the ideal ageing subjectivity. Its aim is to produce "docile" bodies (Foucault 1979). The responsibility to remain active, which is presented as private self-responsibility towards one's own health, is at the same time the responsibility towards others and the social

system, which otherwise faces the burden of a growing number of dependent citizens.

The process of governmentality is not something external to individual subjectivities. Older people govern themselves (Powell 2001: 128). People are actively engaging in the production of these discourses and, through the “technologies of self”, mobilise structural discourses (Powell & Biggs 2003). The idea of active ageing is translated into particular lifestyles that refer to the available discourses but also modify them and resist them. The discourse of active ageing poses new demands on the ageing body. Katz (2000) uses the term “busy bodies” to show how the ageing body is constantly disciplined through the idea of activity that is presented as a path to happy and desirable ageing. The imperative of activity penetrates gerontological knowledge, social policy and social work and is a crucial component of the disciplinary discourse surrounding elderly people. The next section of this article focuses on the way in which seniors relate to activity. It outlines various strategies through which activity is incorporated into the lifestyle and management of the daily life of a specific group of seniors who regularly participate in the centres for seniors in the Czech Republic.

Methodology

The data presented in this article are part of a three-year ethnographic research project conducted in the Czech Republic. It focused on a specific group of seniors who are engaged in centres that offer leisure time activities specifically for seniors, as well as on the providers of these services. This segment of senior-oriented social services represents an institutional context for the manifestation of the discourse of active ageing. In the second half of the 1990s, specialised centres for seniors emerged in the Czech Republic, which declared the aim of enabling seniors to spend their free time actively. These centres offer lectures, learning courses, exercise programmes and other activities. Their participants are solely elderly people. The clients are very homogeneous in terms of their education; the vast majority have secondary school education, frequently even higher degrees. All are older than 60 years of age and have retired.

Women form the majority of clients of these centres. Based on my observations at two of these centres, since official statistics are not available, I estimate the proportion of men attending the activities of the centre to be at most only 10% of all clients. The operation of these centres is based on shared premises and the structure of their activities is very similar. These centres can be seen as an example of the manifestation of the discourse of active ageing. They strongly adhere to ideas of independence, self-responsibility and activity and they also try to offer a positive vision of ageing based on an active lifestyle.

A three-year ethnographic study was conducted in two such centres in the Czech Republic. Two centres were chosen in different parts of the Czech Republic to map possible variations with regards to the number of inhabitants in the cities where the centres are situated. The research began at a Prague centre in December 2006. The second centre is located in the Zlín region, in a town with approximately 30,000 inhabitants. The distinct locations and sizes of the centres were chosen because of the possibility of comparing the differences in the daily working of the centres and their clients. The research shows, however, that these centres present a very similar environment with a similar structure of clients and activities, as well as clients' and employees' approaches to services.¹ The largest group in both centres is clients who are between 60 and 70 years of age.

¹To ensure the greater anonymity of my informants, I decided not to refer to the particular centres when quoting the clients or employees. The centres represent closed environments. To avoid the risk of identification of clients or employees within the institutions, I refer to them using only pseudonyms and age. Women represent the majority of the staff. Since one of the centres only has one male employee, I use only female pseudonyms to identify the employees so as to ensure his anonymity.

The intensity of the fieldwork in these centres varied due to their distance. The most intensive fieldwork was conducted in the Prague centre during an intensive three-year period. The method of participant observation was used and various documents of the centres were analysed. The data were supplemented with 20 in-depth interviews with randomly selected clients of the centre (17 women and 3 men) and 11 of its employees.² During the research period, at least two days a week were spent in the centre, and at least two hours a day. As a volunteer, I also had the possibility to actively participate in the running of the centre. The research at the second centre began in 2009. Due to the location of the centres, this part of the research was conducted during an intensive one week stay. Throughout the week, the daily operation of the centre was observed. Additional semi-structured interviews were conducted with 14 randomly selected clients (13 women and 1 man) and with two employees of the centre.³

Analysis in ethnographic research cannot be separated from the process of data production. As Ezzy (2002: 73) points out “many choices during data collection are integral to how the data are analyzed and will be analyzed”. These choices include, for example, the decisions concerning who to interview or on what aspect to focus. My approach to data analysis

² The first interviews were conducted after a two-month period that allowed me to meet the staff and become familiar with most of the clients and the daily running of the centre. The in-depth interviews lasted on average an hour and a half. I tried to capture the variability of the experience of the clients and employees. Clients attending different courses and programmes were contacted. All of the employees directly engaging in the organisation of leisure activities were interviewed.

³ Due to the short length of the stay in the second centre, a design of semi-structured interviews was chosen. My relationship with the informants in the centre in the Zlin region was different compared to the Prague centre. The design of semi-structured interviews helped me to better manage the interviews with people who I had met for the first time and gave me enough space to eventually redefine the questions. These interviews lasted on average half an hour. Clients were contacted in the centre with the help of my key informant – the head of the centre. This centre had only two regular employees, both of which were interviewed.

followed the steps outlined by Emerson et al. (1995: 142–158). It started with the reading of the filed notes and interview transcriptions and was followed by the open coding and writing of initial memos. The principles of thematic analysis (Ezzy 2002: 86–94) were used during coding to identify key themes. These focused mainly on the various meanings of activity and its role in the centres.

The next section of this article focuses on the way in which seniors relate to activity. It outlines various strategies through which activity is incorporated into the lifestyle and management of the daily life of a specific group of seniors who regularly participate in the centres for seniors in the Czech Republic.

Engagement in the Centres and the Role of Activity

The idea of “activity” represents a key conceptual framework for the philosophy of centres offering leisure time activities for seniors. They refer to activity in all their documents and promotional texts. For example, the centre in the Zlín region uses the slogan “by means of activity we fight against ageing”. Clients use the word activity to refer to their engagement in the centres; activity can thus for instance mean participation in a language course or a lecture. The activities offered by the centres played an important role in the daily lives of the clients and also affected the manner in which they viewed their old age. Most of my informants actively participated not only in the centres studied but also in other various centres and activities that were aimed at seniors. Their participation in these activities became a highlight of their everyday life. When searching for information about leisure time activities, my informants focused particularly on activities designed specifically for seniors.

All the participants suggested two main reasons why they only make use of these kinds of services. The first reason was their financial situation. Courses and activities offered by the centres are two or even three times cheaper than similar courses in private organisations, mainly due to the engagement of volunteers. The second main reason that was accentuated especially by seniors attending educational (Internet and language) courses was the age-homogenous social interaction. The centres are age-segregated environments. Only people of a certain age are allowed to participate. This

segregation has a socially problematic potential. Age-segregation promotes ageism and insensitivity to other age groups. Concurrently, participation in organisations that register members of different ages is one of the crucial mechanisms of age integration (Uhlenberg & de Jong Gierveld 2004). Nevertheless, this research shows that informants perceived this age-segregated environment as an advantage. They referred especially to the more friendly and relaxed atmosphere and less emphasis on achievement. They often had some experience with “ordinary” language or Internet courses. However, this experience was mostly negative. My informants felt embarrassed among younger colleagues because they “were not able to learn as fast as they did”. Further, they stressed that seniors have their own “special needs” related to the utilisation of skills and to the approach of their teachers, as they often mentioned that especially in the case of languages they would never be able to learn to speak well and that they wanted only to feel more safe abroad during holidays, while they felt that teachers also “have to be patient”. Several informants also mentioned that they felt uncomfortable among other students because they were not able to respond to discussed topics that are related to young people’s interests. They often felt partially excluded from the collective. Age-homogenous groups provided them with a safer environment for learning and expressing their interests.⁴ Since specialised services for seniors only became available rather recently, my informants often had experience with activities in age-heterogeneous collectives, but after entering these centres, they engaged solely in the centres’ activities. This fact can suggest a potentially growing tendency towards age-segregation in later life.

⁴ This declared preference for an age-homogenous collective nevertheless did not mean the rejection of the presence of young people. On the contrary, most of the clients mentioned that they enjoy being accompanied by younger people and they appreciate the teachers who were not recruited from amongst their peers. Being a volunteer in one of the centres, I was on many occasions praised as someone bringing “fresh air” to the environment. The clients referred to my age as an added value. The preference for an age-homogenous collective referred to the co-participants who engaged in the same activity. The presence of their peers was perceived by them as something that brings freedom from constant comparison with the achievements of their younger fellow students.

As mentioned earlier, when searching for information about leisure time activities, informants focused only on activities for seniors. They did not limit themselves only to one or two types of activities but, on the contrary, took on more and more activities. Their weekly programme was filled with at least one activity a day, and the services offered became the “time schedule” for their everyday lives. The importance of these activities for shaping their lives can be demonstrated by Mrs. Hana’s (aged 71) attitude, who regularly records all the activities attended in each particular month. The possibility to participate in such activities was strongly connected to their transition into retirement, which was depicted in a very positive manner. When talking about their retirement, my informants stressed the ability to structure their free time independently of the demands of their work description. They often explicitly mentioned that they were able to work and that they felt no serious constraints because of their age regarding work, but they wanted to have some time for themselves. The transition to retirement was constructed as a transition to a new way of structuring their free time. On several occasions, I heard a common phrase that referred to this change – “I don’t *have to* do anything, but I *can* do anything I want”. The imperative “have to” was associated with their work description; the verb “can” with their current lifestyle.

Activities and Time Structuring

Although my informants presented their transition to retirement as an unproblematic event, a closer look at their narratives reveals that this transition represents a more complicated process. The previous time structures of their everyday lives had suddenly disappeared. On the one hand, this was a desired and welcomed event. On the other hand, this event posed new demands on the informants regarding their free time, which had suddenly lost its definition. Mrs. Vilma (aged 61), for example, mentioned:

It is an advantage of retirement that you can do what you want to do but you don’t have to do anything. Sometimes it is an advantage, because you are not disciplined. But you, at the same time, suddenly miss the certainty – I have to go to work, I have to do this and that. You are the architect of your own time.

This change was in many respects perceived as a burden. My informants felt the need to somehow replace the disappearing structure of their free time. Although they presented their lifestyle as purely voluntaristic, at the same time they implicitly or explicitly stressed that they had to be active and take part in the activities. Mrs. Helena (aged 63) for instance said that "if I had just sat at home after I retired, my life would have only meant waiting around for death". Mrs. Pavlína (aged 63) mentioned with regards to her health: "If I did not take part in these activities I would totally deteriorate". Although the informants emphasised their freedom from the imperatives of "I have to" that were connected mainly with work and family responsibilities, simultaneously there was another imperative present which replaced "have to do this and that" with a more abstract "have to do something". In this respect, centres for elderly people offered an alternative frame for new time structuring.

These activities became so important for the informants' everyday life that they often centred their other programmes on these activities. The activities represented fixed points in their daily lives. The schedule of activities is constant and planned in advance, and thus serves as an important mechanism of time structuring as well as a motivation for activity itself. Course activities are also paid for in advance. This provides strong motivation for regular participation. As one of my informants, Mrs. Zita (aged 74), mentioned:

It [i.e. activities of the centre] gives me some sense of continuity. I sometimes say to myself – I never missed a lesson; today I would rather stay at home. But I know that the moment I miss a lesson, I will stay at home all the time. You have to be strict with yourself. You have to move as long as you still can. This is the principle of paying for the courses in advance.

The motive of the necessity to "move" that is ensured by the fixed activities was apparent in many other interviews. Activities of the centres also guaranteed continuity with the lifestyle of productive age. Mrs. Olina (aged 64) stated that "if someone has no activities in old age, he/she has no reason to even dress well". The participation in the centres and their activities was also a part of self-discipline. When describing their everyday lives, my informants often mentioned the necessity to plan their day in advance in relation to the programme of their centre. They often live in

remote parts of the cities and have to plan precisely their daily schedule to effectively manage all the activities. Mrs. Hana (aged 67) mentioned:

At the end of the day I'm really tired and I have to sometimes persuade myself to go to the city museum [where lectures for seniors are held], where the activities start at half past four. So I also have to find some activity that starts at three o'clock, because at four it is almost dark outside and that really demotivates you to go out. I think that laziness is my biggest problem. If you sit at home a lot, then you just get lazy and stop wanting to go out.

Mrs. Hana thus structured her daily programme according to activities for seniors to make her daily schedule as effective as possible. She planned the activities in such a way that they ensured that she would stay active and take part in them.

Active Ageing as a Project – Activity as a Means and End

The lifestyle of the clients reflected the internalised notion of active lifestyle as a desirable model to follow. When talking about their life in retirement, they constructed their representations of ageing based on free time spent actively, accompanied by statements such as "I definitely have no time to be bored" (Mrs. Vlasta aged 66). However, this active lifestyle was, by the employees and clients, not perceived as something that was acquired casually. It was something that one had to struggle for. As Mrs. Hana (aged 67) pointed out later:

... retirement can be quite pleasant but you have to try, you have to push yourself. You can't fall, so to speak, into lethargy and just sit at home waiting for someone to do something for you. You have to be active a bit, search for the information in a newspaper or on the internet.

Active ageing was presented by the clients and employees as a result of individual intensive effort, which involved also a considerable amount of self-denial. This effort was compensated by the positive feeling of being successful, which meant, in this case, being active. As Mrs. Helena (aged 63) stated:

I have overcome my laziness. That makes you happy. You are tired, but happy and in a good mood, because I can say to myself again: I have overcome my big laziness again and have done it again. It is... you sometimes really don't want to go, but when you overcome this, you feel good, so it is good. I don't know... I would also like to try going swimming regularly.

As Katz (2000: 147) points out, "remaining active as a resource for mobility and choice in later life is a struggle in a society where activity has become a panacea for the political woes of the declining welfare state and its management of the so-called risky population". Activity became a means and an end at the same time. As was pointed out in the previous section, lifelong learning is, in social policy, strongly connected to the labour market and the processes of enhancing one's qualifications. However, the informants involved in the research stressed the different conceptualisation of purposes for attending lifelong learning courses offered by the centres. In the interviews, participation in these activities was mostly described as an integral part of an active lifestyle. The possibility to use the knowledge gained in the courses in the future, as emphasised in lifelong learning policies, was marginalised. My informants stressed the motive of "movement" instead. This notion of the necessity to be continuously "on the move" points out the internalisation of the images of activity as a fundamentally positive moment of retirement. Despite the fact that many informants described the transition to retirement as a transition to a period when they could enjoy their free time without restraints, this freedom was in many respects limited by the notion that one simply has to do something. Courses offered by the centres were part of this self-discipline.

The concept of activity as a project was shared also by the employees of the centres. Although the centres offered very specific courses, mainly educational ones as well as sports, the value of participation was not seen by the employees in the transmission of the actual content of such courses but rather in activity itself. The employees interpreted engagement in the centres mainly as the success of seniors in the project of remaining active. They perceived activity not as a self-evident part of old age. At the same time, the activity was constructed as a means to happy ageing as in the case of an employee of one centre, Mrs. Lucie, who characterised the clients as follows:

They particularly want to go outside, meet people and talk with them. They don't want to stay alone and, because they push themselves and go there, they remain active. Just this and even the movement itself help them. Maybe lots of people don't even know about it [the centre]. Or they have become lazy. But if they overcome this they are then truly happy and their lives are suddenly different. To sit at home and, I don't know, just go for a walk with the dog – this is rather empty and stereotyped.

Mrs. Lucie in this quotation refers to activity as a factor that can substantially change life in old age. But not all activity is defined as relevant. There is a hierarchy of activities constructed in which some activities are defined as valuable, such as for instance participation in the centre, while others are not even acknowledged as activities at all, such as being at home or going for a walk with the dog.

Employees constructed the centres as mediators of an active lifestyle that offered clients the possibility of continuing in their "productive life". An employee of the centre, Mrs. Iva, mentioned that "they [the seniors] are motivated [due to their engagement in the centre] to wash up, dress up, put on make-up, think if their handbags are not too old-fashioned. In other words, they return to their productive age". The disciplinary practices surrounding the discourses of active ageing presented by the centres imposed a specific set of demands on the clients. These demands refer on the one hand to the necessity "to move" or, in other words, to be active in a proper sense, since – as outlined earlier – not every activity was recognised as a proper one. On the other hand, the bodies of clients were constantly disciplined by the demands that arose from their participation in centres designed for active seniors. Employees of the centres often highlighted this special status of their clients. As Mrs. Marketa, an employee of the centre, mentioned while looking at a couple of women clients with perfect make-up waiting for the start of their English class: "this is not a place where you can see old grannies, these women are real ladies". Clients of the centres were expected to care about their appearance. This care was at the same time presented as an inherent positive value of the activities of the centres. As Julia Twigg (2007: 295) points out: "Older people are thus caught within an altogether harsher moral climate in relation to dress ... a climate that disciplines and judges their bodies more strictly than those of younger people". Any lapse of dress can be interpreted as a signal of

mental and physical decline. In the case of the clients of the centres, this discipline was reinforced by their status as representatives of actively ageing seniors. Their superior positions as those “remaining active” or as “ladies” went hand in hand with the ability to demonstrate their capacity to represent a positive model of ageing. This model was closely linked to the model of productive age, in which activities substituted the fixed structures of working life. As employee of the centre, Mrs. Bohumila suggested: “it is good for them [the clients] that they have some daily activity, that they have to dress up, that they have something which is similar to their work”. An appropriate appearance was part of this model, which leaves little space for any deviation that would signal any health problems or any impact of the process of ageing.

“Crown of Life” – Seniors’ Representation of (Active) Old Age

While talking about ageing, my informants shared a specific concept of ageing that was based on a very positive image of life in old age. They described their everyday active lifestyle as full of activities and searching for something new. My informants rejected the image of old age as a period that does not bring anything new and, instead, emphasised the image of old age as a time that should be filled with activity. Their representation of life in retirement embodied the idealisation of old age as a period of independence and free time as it is reflected in the concept of the third age. This image can be seen also in the narrative of Mrs. Jarmila (aged 67):

It is a wonderful feeling [to enter retirement], really wonderful. I don’t know if everyone feels it the same or they maybe wouldn’t call it such, but it is a kind of liberation, final freedom . . . I used to have to wake up at half past five, rush to work, I had to come on time, be prepared, then quickly come back home and, I don’t know, take care of the children. There is a lot you have to do. You have a permanent feeling that you have to do this and that, that you are not completely free and this makes you tired. So that’s why it [retirement] brought a feeling of freedom.

As in the case of Mrs. Jarmila’s narrative, other clients also stressed the comparison to their previous life history. They often referred to their previous life history to explain why they so much enjoy their present lifestyle. They compared their current way of life to the period of their

“productive” life, which was centred on their family and work responsibilities. Old age in this model stands out as a time that can be truly devoted to the clients’ own interests. This comparison was reflected also in the interview with Mrs. Petra (aged 69):

I always had a lot of hobbies and I always regretted that I could not devote myself to them, because I was employed and my job was quite time-consuming. So I was really looking forward to retirement. I retired when I was fifty-five because I had two children and the usual time for retirement was at fifty-seven. I felt unbelievably fresh at that time and I was not tired at all. I was so happy that I had time for everything I had always wanted to do.

Retirement was perceived as a well-earned rest and a time for self-fulfilment. As Gilleard and Higgs (2000: 23) suggest, in the past retirement was perceived as “enforced choice connected to a decline of productivity or the need to remove older cohorts from the workforce”. Now it is constructed as a potential “crown of life”, primarily in terms of leisure and self-fulfilment. This does not mean that the clients of the centre did not express anxiety over the process of ageing. There was a distinct fear present constantly during the interviews that manifested itself in the threat of health problems and, in the worst case, the possibility of dementia, which would mean an end to their current lifestyle based on activity. This fear was, however, also presented as a driving force for their activity. As Mrs. Milena (aged 72) noted: “I have to enjoy life to the full while I still can”.

The seniors’ activity – most of the clients of the centres regularly participate in about three or more activities for seniors a week – represented an important component of their construction of the positive representation of ageing. It was activity that was used to highlight the positive aspect of the experience of old age, which was contrasted to the stereotypical images of old age characterised by dependency, loneliness and passivity. As, for example, Ms. Milena (aged 80) mentioned:

I can’t say I’m living some unhappy desperate life. I don’t and I hope I don’t look like this. My friend always says: do you know why I like you so much – because of your optimism. That you aren’t so grumpy. Like some of these widows who just complain [*she imitates the desperate style of talking*]: ‘I can’t live without my husband, I’ll hurt myself, I can’t live that way anymore.’ That is not my style. I have to find something in

my life that I will enjoy, that I will be interested in. I just don't want to get stuck only looking through the window and gossiping.

There was also a strong sense of a "we" constructed among my informants. For example, Mrs. Alena (aged 68) mentioned: "we [the participants in the English class organised by the centre] are very similar, we are . . . how to put it . . . we have such a progressive attitude. We are, as people call it now, 'in'". This "we" referred to the clients of the centres and more broadly to seniors who are active. It related primarily to the willingness and ability to stay active in old age. As one of my informants, Mrs. Ludmila (aged 72), said: "After some time you get to know everybody. It's always the same people at the activities. Soon you know all of them, at least their faces". The word "everybody" in this interview referred to the active seniors. The participation in the activities thus created a kind of a community. The members of this community – seniors with active lifestyles – were at the same time constructed as a specific group that is separated from "other" seniors. While talking about seniors in general, my informants often used very ageist images of ageing. This "we" was very exclusive and was not applied to all seniors in general. The participation in the activities for my informants constituted a crucial mechanism for the construction of this group identity. Their ability to participate in various free time activities and courses as well as the capability to help actively with their realisation served as a way to distinguish themselves from less active people or people with mental and physical disabilities. The participants perceived these less active people as "really" old. Activity thus became a central point in the construction of the identity of old people.

My informants demonstrated their resistance towards the stereotypical image of passive old age by means of the activities that, as was stated in the previous section of this article, are closely connected to the current idea of "good" old age. This does not mean, however, that the informants rejected the stereotypical images of ageing. They often talked about the experience of ageing in a very stereotypical and ageistic manner when speaking about this experience in general or when speaking about "other" elderly people. Activity in their case served to construct an idealised picture of positive old age that was personalised and seen as exceptional. These strategies show seniors as active participants in the construction of

the discourse of active ageing and its superior positions. They mobilise the idea of activity to create a positive vision of ageing and use it as a resource for increasing self-esteem. The discourse of active ageing posits elderly people as autonomous, active and independent subjects. Such representation of seniors represents a significant change in the ways elderly people have traditionally been perceived. As shown earlier, the idea of active ageing enables elderly people to relate to their ageing in a very positive manner by means of activity. However, the superior position of active ageing and the stigmatisation of other lifestyles in old age that goes hand in hand with it raise important questions concerning the inequalities based on the ability or willingness to age actively. As Biggs (2001: 314) suggests, current discourses surrounding ageing "create a narrative that is facilitative for older people with the ability to finance a 'midlife style' and want, or have the physical or mental capacity, to participate in the existing social institution". Although the discourse of active ageing challenges the ageism that depicts elderly people as passive and dependent, it offers social inclusion only for a certain group of seniors. This raises a number of further issues regarding the construction of new inequalities in old age based on activity.

Conclusion

Current demographic trends have a fundamental impact on many aspects of society. The prominence that ageing has gained in the debates about these trends also influences the way the representations of ageing are constructed. Clear ideas of what constitutes old age and how it should develop are being formulated both at nationwide levels and within individual organisations. The idea of active ageing brings a positive vision of ageing that in many respects confronts the ageist picture of old age as a time fraught with passivity. In international as well as Czech social policy, it is widely accepted as a strategic vision of ageing in present society. The dominance of the discourse of active ageing has to be understood in the context of dilemmas arising from the fear of the growing number of seniors in the population. This article analyses the idea of active ageing as a set of disciplinary practices. The responsibility to remain active is presented not only as a private self-responsibility towards one's own

health but also as a responsibility towards others. An active lifestyle is constructed as a superior way of life that should be supported by the state. The discourse of active ageing thus presents significant dilemmas. It is productive in the way that it offers an opportunity to resignify negative images of ageing and provide an important resource for increasing self-esteem. However, it imposes another new set of requirements on seniors. The imperative to stay active inherently contains an ethical dimension where being active means also being a good citizen (Hepworth 1995; Rudman 2006).

The interviews with seniors show that the seniors who participate in the studied centres internalised the idea of active lifestyle as the most desirable lifestyle in old age and used various strategies to ensure that their body would be constantly active. Active ageing was constructed by them as a project that must be worked on. Through the “technologies of self” embedded in the imperative of the necessity to move or do something, they participate in the production of the discourse of active ageing as a form of discipline of the body. At the same time, the article outlines how the idea of active ageing as the “correct” form of ageing influences the self-conception of these seniors and their attitudes towards ageing and their peers. Participation in the activities served as an important mechanism of group identity construction. This identity is at the same time constructed in strict opposition to “other” seniors who are not active and who are perceived by these seniors in a very ageist manner. The active lifestyle embodied in the idea of active ageing offers a positive representation of ageing that has become a significant resource for increasing self-esteem for the clients of the centre. In this aspect, the idea of active ageing represents a welcome change in the way old age has traditionally been constructed. However, the close connection between activity and old age epitomised in the discourse of active ageing represented by the centres poses a new set of demands on ageing subjectivities and bodies that can exclude some individuals from the possibility of participating in these representations. The resource for increasing self-esteem promised by the idea of active ageing is not available to everyone, although it is often presented in social policy as a path which all responsible citizens should follow. The general problem of inequalities that could be invoked by the inclusiveness of this model is thus worthy of our attention, particularly if we consider the

connection between the model of active ageing and the current dominant ideas of what constitutes “proper” old age.

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A critical assessment of generational accounting and its contribution to the generational equity debate

By JOHN B. WILLIAMSON¹ & ANNA RHODES²

Abstract

This article describes generational accounting (GA) with a focus on what it brings to the broader literature on generational equity. Our assessment suggests that the GA model has its limitations but is potentially useful in the hands of analysts who are familiar with both the strengths and limitations of the model. It is most useful when the focus is on dealing with intergenerational equity, but it is much less useful when the focus is on issues related to class, race, and other forms intragenerational equity. We conclude that when GA models are used to support calls for retrenchment of public spending on pensions and other social programs that target the older population, it makes sense to recognize that the potential benefits with respect to government debt and deficit reduction and reduced inequality in net tax burdens across age cohorts may come at the cost of increased intragenerational inequality for many workers and retirees.

Keywords: generational accounting, intergenerational equity, Social Security, pension policy, inequality.

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Introduction

What has come to be called “generational accounting” makes use of an economic forecasting model developed by Laurence Kotlikoff and his colleagues (Kotlikoff 1992; Auerbach et al. 1991a; Auerbach et al. 1994; Gokhale et al. 2000). The model is often used in the USA to project how transfers and tax burdens will be distributed across generations, or more precisely age cohorts, decades into the future. The primary goal of this article is to provide a brief nontechnical overview of the generational accounting (GA) model suitable for noneconomists. We summarize the model itself, including the rationale for why it was created, and discuss some of its applications in the USA and other countries around the world. We also explore the link between this model and the broader debate in recent decades over generational equity.

Research making use of the GA concept and model can be viewed as part of the broader literature on “generational equity” because GA is often used to evaluate the generational fairness of proposed changes to government tax and spending policies, particularly those dealing with spending on public pensions and health care. For example, GA has made headlines in the USA because it appears to provide an objective and scientific model that produces forecasts that can be used to support calls for large cuts in social programs such as Social Security (the public pension system in the USA) and Medicare (the national health insurance program for elders in the USA). GA was originally developed by economists in the USA, but it has been adapted to and applied in many other countries. For this reason, it is a tool worth critically examining for both its strengths and limitations in connection with broader discussions of generational equity and burden sharing taking place in the USA and across the globe.

The Generational Equity Debate

What has come to be referred to as the “generational equity debate” was starting to emerge in the USA during the early 1970s in connection with the concern among some commentators about the “graying of the federal budget” (Hudson 1978). *Washington Post* commentator David Broder (1973: A16) wrote, “... America’s public resources are increasingly being mortgaged for the use of a single group within our country: the elderly.”

But the term generational equity was not explicitly used until the 1980s, when the Social Security program in the USA was facing a short-term funding crisis (for the second time in less than ten years). Immediate steps were needed to bring both short-term and long-term spending on the program into alignment. A bipartisan commission chaired by Alan Greenspan (the so-called Greenspan Commission) was established and its recommendations, calling for a number of major changes, were incorporated into the Social Security Amendments of 1983. These reforms solved the immediate funding crisis and began to address the long-run funding problem as well; but soon thereafter it became clear that, when looking 75 years into the future, the projected costs of Social Security would exceed the projected revenues unless further changes were made.

The “generational equity debate” has persisted well beyond discussions of the 1983 Social Security Amendments. It has been a long-running, ideologically charged dialog between social welfare liberals and conservatives in the USA. In this debate, those on the right, such as Phillip Longman (1987), generally refer to themselves as proponents of “generational equity” and “generational justice.” In contrast, those on the left generally refer to themselves as proponents of “intra-generational equity” and “generational interdependence.” Although the focus of this debate in the popular media continues to be whether or not to make major cuts in spending on Social Security and Medicare, the debate has expanded to cover a broad range of government-supported programs for the older population, including Medicaid, age-based subsidized housing, age-based tax benefits, and many other programs and policies that in one way or another are viewed as disproportionately favoring elders (typically those aged 65 and more) (Kingson et al. 1986; Longman 1985).

For the highly politicized issue of Social Security, the claim by those on the right is that it will not be possible to pay future retirees pensions and other benefits that are as generous as those being paid to current retirees. In particular, as the boomers begin to retire, those on the right argue that it will not be possible for the much smaller generation that follows (the baby bust generation) to finance Social Security and other old-age entitlement programs at the level of generosity enjoyed by current (largely preboomer generation) retirees (Peterson 1996). Initially, the proposal from the right was to cut promised benefits to future Social Security retirees (Longman

1987). Subsequently, the call was to help close the gap using reforms that would partially privatize the Social Security program (Beard 1996; Ferrara 1995). Those on the right argue that: (1) Social Security as currently structured is unsustainable and for that reason unfair and (2) their proposed reforms would promote greater equity in the sense of reducing projected long-term differences in tax and benefit levels between generations (Williamson & Watts-Roy 2009).

While analysts and commentators on the right have emphasized the importance of equity across generations (Lamm 1989; Longman 1987), their critics on the left have called for a different and more inclusive use of the term "equity," one that emphasizes various forms of intragenerational equity in the sense of "fairness" consistent with a Rawlsian sense of justice (Kingson 2007). Since the early 1980s, the goals of those on the left have been largely defensive as they have sought to block reforms that would increase intracohort income inequality within older cohorts. Those on the left seem to be more concerned with the fairness of current high levels of inequality within generations (and age cohorts), that is, intragenerational inequality, than they are with efforts to reduce inequality in tax burdens between generations (Williamson et al. 1999).

Although the generational equity debate began in the USA, the debate has emerged in many other countries as well (Sabbagh & Vanhuysse 2010). In the 1990s, Canadians began to have political debates similar to those in the USA (Foot & Venne 2005; Gray 1997). Debates also emerged in Australia, focusing on generational equity issues in connection with the increasing costs of pensions and health care (Coombs & Dollery 2002). This increased focus and debate surrounding issues of intergenerational equity also led the Australian government to produce several reports on intergenerational issues. Similar reports or government analysis of issues related to intergenerational equity have been produced in several other countries during the early 2000s such as the UK, New Zealand, Canada, and the USA (Coombs & Dollery 2002). Continental European countries have also begun to debate such issues as the long-term financing pensions and other old-age social programs in generational equity terms (Kohli 2008). There is every reason to believe that the current concern over high levels of national debt in many European nations will eventually be reflected in debates that call for increased attention to generational equity.

One example of the extension of the debate in Europe is through the formation of groups focused explicitly on issues of intergenerational equity such as the Foundation for the Rights of Future Generations. This organization was founded in Germany in 1996 as a think tank and advocacy institute focusing on issues of intergenerational justice and sustainability (FRFG 2011). There are similar groups in the UK and Italy (Inter-generational Foundation 2011; What If 2011). There are also groups starting to open offices in multiple regions to pursue goals of intergenerational equity such as the World Future Council (WFC) that is based in Hamburg with offices in Brussels, London, Washington, and Johannesburg. The mission of the WFC is “to be an ethical voice for the needs and rights of future life” (WFC 2007). These groups also reflect the expanding nature of the generational equity debate as they are generally focused on a broader set of issues that go beyond pensions and health care. For example, the Inter-generational Foundation based in the UK lists projects covering issues such as the environment, education, public debt, housing, taxation, employment, and population (Inter-generational Foundation 2011).

What is GA?

The GA model compares tax burdens by calculating account balances in present value for each age cohort, assuming the continuation of current tax and transfer policies combined with projections of several other variables such as population, government wealth, government expenditures, and a discount rate (Auerbach & Kotlikoff 1999). The account balances that are generated reflect each age cohort’s projected lifetime net tax payment, that is, projected lifetime tax payments, less lifetime transfers calculated forward from a specified base year. This value is calculated based on an intertemporal budget constraint which assumes that government wealth plus tax receipts will be able to cover the cost of future consumption. This does not mean that all the debt must be paid off but rather that the debt will simply be serviced through payments made by current and future generations (Auerbach et al. 1994). The accounts are estimated for an average member of each age cohort and are intended to be calculated separately for men and women. The literature sometimes does have

separate calculations by gender (Auerbach et al. 1994) but this is rare. Similarly, the accounts are not generally calculated separately across other demographic categories.

The most common way of modeling generational accounts is to calculate account balances for each generation forward from a chosen base year (see Table 1). Because these accounts do not include past taxes and transfers, it is inappropriate to compare the accounts of a cohort at age 20 with those of a cohort at age 65. The cohorts that can most appropriately be compared are newborns in the base year and future

Table 1. Generational accounts for males in the USA, 1991 (*present values in thousands of dollars*)

Generation's age in 1991	Net payments	Tax payments	Transfer receipts
0	78.9	99.3	20.4
5	99.7	133.2	33.5
10	125.0	155.3	30.3
15	157.2	195.0	37.8
20	187.1	229.6	42.5
25	204.0	251.9	47.9
30	205.5	258.5	53.0
35	198.8	259.1	60.3
40	180.1	250.0	69.9
45	145.1	227.2	82.1
50	97.2	193.8	96.6
55	38.9	153.1	114.2
60	- 23.0	112.1	135.1
65	- 74.0	76.8	150.8
70	- 80.7	56.3	137.0
75	- 75.5	41.5	117.0
80	- 61.1	30.2	91.3
85	- 47.2	23.2	70.4
90	- 3.5	8.8	12.3

Source: Adapted from (Auerbach, Gokhale & Kotlikoff 1994: 80, Table 1).

Note: A negative number indicates that the average member of this cohort is projected to receive a cumulative total of more in transfers than he pays in taxes looking forward from this year (1991) until death. These calculations do not factor in any taxes paid or transfer payments received in prior years.

age cohorts because for these age cohorts, the account balances represent projections from birth to death; there are no past tax or transfer payments excluded from any of the account balances for these cohorts (Auerbach et al. 1994). There is another method that calculates retrospective lifetime generational accounts forward from birth rather than a specified base year. For example, see Table 3 in Auerbach et al. (1994: 86). Because this second method is rarely used, we will focus on generational accounts calculated forward from a base year.

Generational accounts indicate what each age cohort can expect in terms of net taxes from that year forward. Proponents of GA then argue that these account values can be used to make projections about how the size of the lifetime net tax burden for each generation (age cohort) will change based on the adoption of various changes in tax and transfer policies (Auerbach et al. 1991a; Feist 2003). The policy changes can be included in the model, and the difference in the resulting account balance for each age cohort provides an indication of the effect of this policy change.

GA was initially developed in the USA largely as an alternative to the use of the annual deficit calculation as the primary summary measure of the fiscal state of the nation (Auerbach et al. 1991a). Proponents of GA frequently refer to the use of the conventional annual deficit statistic as “deficit accounting” and they developed “generational accounting” as a response to the flaws they argue are present in deficit accounting (Kotlikoff & Raffelhüschen 1999). Since its initial formulation in the USA, the GA model has been applied in many other countries such as France, Germany, and Belgium, among others, that face issues similar to those in the USA with respect to the calculation of the national debt and the annual deficit (Kotlikoff & Raffelhüschen 1999). Recently, the GA model and framework have been used in several other countries, including the UK (McCarthy et al. 2011), Austria (Deeg et al. 2009), Hungary (Gál & Tarcali 2008), and Australia (Bessant et al. 2011).

To understand why the GA model was introduced, it is informative to consider some of the reasons that proponents of GA are dissatisfied with “deficit accounting”: (1) there is a lack of consensus about how to compute the deficit and this leaves it open to political manipulation; (2) it may lead to an estimate that misrepresents the true fiscal state of the country; and (3) it fails to adequately demonstrate the variation in burdens among different

generations (Auerbach et al. 1994). The first criticism is, in essence, that the national debt and annual deficit “are accounting constructs whose values are entirely dependent on the choice of fiscal vocabulary” (Kotlikoff & Raffelhüschen 1999: 162). For example, Social Security receipts and payments can be labeled “taxes” and “transfers” or “loans” and “return of principle and interest” on these loans (Auerbach et al. 1994). Depending on the vocabulary used, two different values for the deficit would be calculated, and these differences would carry over into the projected changes in the debt and deficit over time (Auerbach et al. 1991a). Proponents of GA hold that their model overcomes these difficulties by remaining “invariant to changes in accounting labels” (Auerbach et al. 1991a: 2), meaning that their model will calculate the same account balances regardless of the accounting labels used, leaving GA less open to political manipulation than deficit accounting and therefore, arguably, making it a more reliable fiscal measure.

A second criticism made by proponents of GA is that the potential for manipulation in “deficit accounting” has resulted in misleading accounts of the actual fiscal status of the USA (Kotlikoff & Burns 2004). These analysts see this misrepresentation as stemming largely from the manipulation of how “unfunded liabilities” are taken into account. For example, the USA has often excluded Social Security liabilities from the budget calculation when it was running a deficit but included them when it was running a surplus (Kotlikoff & Raffelhüschen 1999). Proponents of GA argue that their model is more accurate because it includes the unfunded liabilities associated with programs such as Social Security and Medicare by treating them as taxes and transfers when net lifetime burdens are calculated so that the full extent of the liability is evident in the GA account balances. GA is thus seen as an alternative method for demonstrating the fiscal state of a country that provides a more accurate representation of the true liabilities, and therefore the true burdens facing each generation.

A third criticism made by proponents of GA is that deficit accounting fails to sufficiently reflect differences in generational burdens because “policies that change the pattern of generational burdens need not affect the deficit, while other policies may change the deficit without affecting the pattern of generational burdens” (Auerbach et al. 1991b: 9). According to proponents of GA, this inability to reflect different generational burdens

is particularly problematic because the burdens on young and future generations are higher than those faced by their older counterparts in most countries and are, in many cases, increasing as the ever expanding older population begins to collect pension benefits. GA is supported by many as a way to evaluate the generational equity of current government policies and proposed reforms. When using the term “generational equity,” most proponents of GA focus on the argument that “generations born in the future should not pay a higher share of their lifetime incomes to the government than today’s newborns” (Auerbach et al. 1994: 84). Although it is acknowledged that there are many ways of achieving this goal through altering tax and transfer policies, most frequently it is cuts in government social spending programs such as Social Security and Medicare that are suggested by proponents of GA (Kotlikoff 1996; Kotlikoff & Burns 2004).

The need for policy reform is often underscored by proponents of GA through a rhetoric of crisis. Gokhale and Kotlikoff (2001) titled one article: “Is War Between the Generations Inevitable?” while Kotlikoff and Burns (2004) titled their book: “The Coming Generational Storm.” Language such as this is used to emphasize the need to make deep cuts in spending on Social Security and other social programs. However, this “crisis” is not present in all countries, not even all Organisation for Economic Co-operation and Development (OECD) countries. For example, Canada does not have fiscal policies that, according to relatively recent GA projections, will lead to an imbalance in the lifetime net tax payment between current and future age cohorts (Kotlikoff & Raffelhüschen 1999). Some countries, such as New Zealand and Thailand, have the opposite problem, as projections suggest that they are creating a greater net tax burden for current rather than future generations (Kotlikoff & Raffelhüschen 1999).

The language of crisis used in much GA writing focuses on countries such as the USA, Austria, Finland, Germany, and Italy, in which projections suggest that population aging will be placing an increasingly large strain on the young adult age cohorts and future generations (Raffelhüschen 1999). These younger taxpayers will have to pay for the generous promises being made to the older generations under current policy (Kotlikoff 1996). Kotlikoff saw the strain of a growing tax burden on

young and future generations in the USA as stemming largely from the projected growth in Social Security and Medicare payments due in part to the graying of the nation's age structure. Buchanan (2005) pointed out that in the USA, the ratio of workers to retirees was about 3.3 during the 1970s, but projections show that by 2020 the ratio will drop to 2.6 and not level off until it reaches 1.9 in 2065.

Proponents of GA in the USA generally call for changes in programs such as Social Security and Medicare to bring about greater intergenerational equity. For example, writing in *Fortune*, Robert Norton (1995) pointed to Medicare and Medicaid as the largest offenders with respect to the imbalance in generational burdens. To emphasize this point, he cited Kotlikoff as saying that "we need to pay more and spend less today so our kids won't be taxed to death" (Norton 1995: 33). But the strident nature of the language used to articulate these arguments does not necessarily make them valid. Buchanan (2005) argued that although the worker to retiree ratio seems dire, this ratio is only part of the story; we must also consider growth in worker productivity that can offset much of the impact of a declining worker to retiree ratio. Although there is some demographic and economic grounding for the arguments made by proponents of GA, not everyone accepts their projections, or the policies they are advocating based on those projections.

A Critical Assessment of GA

We have already discussed some of the perceived benefits of GA, especially those suggested by its proponents. However, GA is not without its critics (Buchanan 2005; Cutler 1993; Diamond 1996; Haveman 1994), most of whom argue that the GA model, like other economic forecasting models, is based on assumptions that may, in hindsight, prove quite inaccurate. With long-term projections, small errors in the parameters can lead to huge discrepancies between projected and actual outcomes (Buchanan 2005). GA draws explicit attention to differences in burdens facing various generations, an issue viewed as important by many. The combination of the importance of generational equity with concerns over the shortcomings of GA has led some critics of GA to argue that this method should not replace the deficit but should instead be used in conjunction with it, and

other fiscal indicators (Cutler 1993; Haveman 1994). Other critics go further, arguing that GA is itself so flawed that it should not be used at all for this purpose (Buchanan 2005).

Criticisms of the GA model take several forms; some focus on the assumptions underpinning the model or factors left out of the model, whereas others focus on the ways in which the model has been applied. Due to space limitations, we cannot deal with the full range of criticisms that have been made (see cited sources for additional criticisms), instead we shall group critical assessments of the model into two categories: (1) those with specifically economic focus that may be of more relevance to economists and (2) criticisms that will be of greater interest to sociologists and other noneconomists. This second category links more directly to issues within the generational equity and burden-sharing debates.

Economic Criticisms

We have chosen to focus on three economic criticisms of particular interest: (1) the assumptions of the life cycle model used in GA; (2) the selection of a discount rate; and (3) the way taxes are measured and incorporated into the model.

According to Buiter (1997: 624), utility of generational accounts model “lives or dies with the life-cycle model of consumption.” The model holds that individuals will “smooth” their consumption over their lifetime based on expectations about their lifetime earnings. The assumption is that people will borrow early in life, save during their working years, and then largely live off of their savings during retirement (Browning & Crossley 2001). However, many older people do not spend their money in a way that makes their lifetime spending “smooth,” with many, especially those with higher incomes during their working years, ending up with a substantial stock of wealth at the end of their lives. Although the life cycle model assumed by GA can account in some ways for these accidental bequests occurring when a person over saves and ends up with a stock of wealth, there are other forms of intergenerational transfers that are not sufficiently accounted for within the model such as intended bequests and transfers that happen earlier during one’s lifetime, rather than at the end of one’s life (Angel & Mudrazija 2011).

Proponents of the GA model argue that private bequests are nonessential to the GA framework because the model focuses on the government distribution of burdens and benefits to the different generations (Auerbach et al. 1991a). However, intentions to provide bequests or other intergenerational transfers during one's lifetime interact with public taxes and transfers. People adjust their economic choices according to public policies. Some argue that public transfers effectively serve as replacements for private transfers, whereas others argue that public transfers serve to create more intrafamilial transfers (Angel & Mudrazija 2011). Either way, the argument that private transfers are external to the GA model is not an adequate explanation. Sebald and de Neubourg (2003: 2) argued that in the UK if private intergenerational transfers within families are taken into consideration, future generations are left with not only the burden of paying for these current expenditures being financed with increases in the national debt but also with a considerable stock of wealth from these transfers within families. This points to a more general problem with the GA model in that it fails to adequately incorporate intergenerational income mobility (Lee & Solon 2009).

A second assumption implicit in the life cycle model is that at any given time future fiscal policy, future income, and future interest rates will shape people's consumption patterns just as current fiscal policy, income, and interest rates do (Wilcox 1989). Cutler (1993) criticized this assumption, arguing that individuals may have insufficient foresight to allow them to accurately assess the consequences of current fiscal policies for future taxes and related benefits. People frequently change their consumption patterns in response to changes in their personal economic situation (Wilcox 1989); this runs counter to the life cycle assumption that people will only make small changes to smooth their consumption based on their expected lifetime financial earnings (Cutler 1993). In fact, many households organize their budgets annually as opposed to managing their financial plans based on their lifetime earnings expectations. The fact that many people choose not to "substitute lifetime household accounts for annual budgets indicates that at least some of the presumptions of the life-cycle framework – like foresightedness ... are violated. And to the extent that they are violated, annual deficits will matter" (Haveman 1994: 108). This is one of the criticisms that has led many analysts to argue that GA should

not replace the use of the annual deficit but might instead be used in combination with the annual deficit and other fiscal measures (Cutler 1993; Haveman 1994).

A 1995 study by the Congressional Budget Office assessing the GA model noted that ambiguity concerning the proper discount rate is another major problem with the model. The discount rate is an interest rate used to calculate the present value of future consumption, income, transfers, and taxes.¹ Since all of the accounts are calculated in present values, the discount rate is an especially important aspect of the model because the factors included in the model are all converted to present values using the chosen discount rate (Haveman 1994). Generally, a discount rate of 5% or 6% is used in the GA model, “which is roughly halfway between the real historical returns on government bonds and private sector capital” (Auerbach et al. 1994: 78). Haveman (1994) argued that this rate is a somewhat arbitrary selection that falls below the rates typically associated with individuals who would have invested the money and above the rates associated with individuals who would have used the money for more immediate consumption.

The somewhat arbitrary nature of the selected discount is particularly problematic because even small differences in the size of the discount rate selected can have a major impact on the projected burden of current spending on future generations (Congressional Budget Office 1995). Haveman (1994) emphasized the importance of the size of the discount rate by pointing out that the difference between the expected lifetime net tax payments for newborns and future generations is lowered by approximately 22%, if a 3% discount rate is used rather than 6%. Thus, using an appropriate discount rate is a necessity if the accounts are to accurately reflect generational burdens.

Another important critique discusses the way in which taxes are measured and incorporated into the GA model. Tax measurement is

¹ For example, if the discount rate is 5 percent then the present value of \$100 in transfer income to be received 1 year from today is $\$100/1.05$, which is \$95.24, and the same \$100 transfer to be received 10 years from today would be $\$100/(1.05)^{10}$, which is \$61.35. For a more detailed critical assessment of the use of discount rates in GA see Haveman (1994).

affected by the issue of incidence that Haveman (1994) raised with regard to how benefits and burdens are attributed to specific generations. Incidence refers to how taxes and transfers affect specific individuals; generally we understand that the individuals affected are the ones who receive, or pay, the cash value of these transfers and taxes. GA maintains this general assumption by associating government transfers and taxes with the individuals to whom they are distributed (Congressional Budget Office 1995). However, this assumption may not hold true in all cases (Feist 2003). For example, it may be that Medicare benefits should, at least in part, be calculated as transfers to the grown children of the elderly who technically receive the transfer because otherwise these children might have to pay for the medical expenses of their parents (Haveman 1994). Reassigning transfer benefits in this way may have dramatic effects on the overall generational accounts by lowering the account balances for younger generations. If this were the case, the difference between young and future generations would be less dramatic, and achieving tax burden sustainability would require less drastic changes in policy. Thus, the economic underpinnings of the model operate on certain assumptions that must hold with a great deal of precision in order for the long-term projections of generational account balances to accurately reflect the nation's fiscal state.

Broader Criticisms

Among the omissions associated with the current versions of GA, one that is of particular concern is the failure to incorporate the potential benefits of government spending in a number of areas such as research and infrastructure (Helliwell 1998). One example is the lack of an easily quantifiable, and at least moderately precise, measure of the benefits of government spending on scientific research. Often the benefits of such research do not become evident for decades after the original expenditure, making it difficult to separate these benefits from spending on similar projects in the years before and after the spending during a specified year. But if the expenditure is to be included, as it should be, there must also be an effort to incorporate the benefits into our assessment of the value of the program and the benefits received by different generations.

Some government spending on infrastructure improvements provides more tangible, monetarily measurable benefits, but again these benefits are excluded from GA (Helliwell 1998). For example, when generational accounts are calculated for Japan, future generations are shown to bear a huge burden, compared to current generations; but the exclusion of factors such as the future benefits of government-fixed capital formation leads to an underestimation of the benefits for future generations in Japan and to an overestimation of the lifetime net tax burdens (Takayama et al. 1999).

A similar argument can be made with a number of other government expenditures that have not been incorporated into GA models. In many cases, the benefits are hard to assess with any precision and for that reason no effort had been made to assess either the associated short- or long-term benefits. Examples include expenditures on programs designed to reduce the level of environmental degradation or rate of global warming (Helliwell 1998). These environmental issues have received ever increasing attention in recent years, and it is safe to assume that they have important intergenerational consequences; but they are not included in large part because it is not currently possible to put a specific dollar value on the benefits in general, let alone broken down by age cohort. Part of the reason that we need to find a way to factor in environmental damage is that in many cases the consequences are irreversible; for example, an extinct species cannot be brought back, but a drop in a reduction in a nation's GDP can often be "corrected" for future generations (Buchanan 2011).

Environmental concerns are reflected in the various groups that are working towards intergenerational justice. In the UK, the Inter-generational Foundation writes that "environmental degradation is our inter-generational legacy: future generations will have to pay for the profligacy of current generations – indeed their very survival could be at stake" (Inter-generational Foundation 2011). Although the language may be dire, the point is clear: environmental considerations are an important component of intergenerational equity and they are insufficiently accounted for in GA models.

Another consideration generally excluded from GA is the issue of intragenerational equity. Within each age cohort, there is a great deal of variation with respect to burdens and benefits across demographic categories defined by income, race, and gender. Combinations of these

variables define segments of the population that vary with respect to vulnerability and the extent to which they stand to benefit or to be burdened by policy changes designed to help equalize net lifetime tax burdens among age cohorts. Auerbach et al. (1994) recognized that at least one dimension of intragenerational equity, namely gender, should be taken into account. In some of their modeling, they calculated different account balances for men and women, taking into consideration the differences in lifetime earnings and life expectancies (Auerbach et al. 1994). However, separate accounts for men and women are actually very rarely presented and thus even this component of intragenerational equity is generally ignored.

Efforts to come up with a sustainable structure for Social Security by equalizing the “lifetime” net tax burden for the average member of each generation could well exacerbate existing intracohort inequalities between the affluent and poor, between men and women, between Whites and people of color, between those living alone and those living with a spouse, as well as between the young-old and the old-old. The omission of intragenerational equity has political ramifications for the application of GA in the generational equity debate because a more singular emphasis on intergenerational equity favors those on the political right who emphasize intergenerational equity over intragenerational equity.

The Politics of GA and Generational Equity

The generational equity debate is largely an ideological contest between those on the right, who suggest that we should focus on the pursuit of greater equity between age cohorts (intergenerational equity), and those on the left, who oppose policies designed to privilege this one form of equity relative to other forms, specifically intragenerational equity based on factors such as class, race, and gender. Proponents of greater intragenerational equity also tend to be proponents of “generational interdependence,” a reference to the extent to which age cohorts and generations currently are, and should continue to be, interdependent both at the micro (family) level and at the macro (societal) level (Williamson & Watts-Roy 2009).

The focus on intergenerational equity and the related issue of intergenerational conflict is viewed by some as an effort to shift attention away from the class inequality addressed by proponents of intragenerational equity. Martin Kohli (2011) argued that the chance of anything like “war between the generations” emerging any time soon is unlikely, but he discussed the possibility of future generational conflict emerging in response to rapidly increasing income inequality in the context of welfare state (social security) retrenchment.

Although the generational equity debate now includes a wider range of issues, including the environment, sustainable development, and global warming (Attfield 2010), at its core the generational equity debate revolves around the fairness of pension systems and other old-age entitlement programs. The debate rests upon these issues because many argue that it is only through the adjustment of these programs that a just distribution of resources and burdens can be achieved (Kohli 2008).

The GA model, within the context of the generational equity debate, serves as a tool to provide a baseline account of the current state of intergenerational equity. However, due to its emphasis on intergenerational equity and its almost complete omission of issues of intragenerational equity, it appears to be a tool most useful to those on the right. In fact, this particular economic forecasting model did enter the public discourse largely through the popular media in which it was presented as a scientific tool that could be used to determine, with some precision, the state of intergenerational equity in any given country. Generally, these articles called for changes to social spending policies that were supported by those on the right. John Ablett wrote about GA in an Australian newspaper saying “generational accounting provides a practical means of judging the inter-generational redistribution implied by particular fiscal policies” (Ablett 1996: 21). Motoshige Itoh discussed GA within the context of Japan in *The Daily Yomiuri* mentioning the book by Kotlikoff and Burns (2004) projecting a particularly gloomy future for Japan if fiscal policy changes are not adopted (Itoh 2005: 10). In an op-ed piece in the *Washington Times*, James Lucier argued that GA should be included in all fiscal decisions made by Congress because “it answers the question of whether one gets what one pays for in generational income transfer programs”, and the generational accounts of the day indicated that

“today’s elderly will do well in Generational Accounting terms . . . [but] a fiscal apocalypse truly awaits today’s baby” (Lucier 1997: A13).

From its inception in the 1990s through today, GA has been part of political and scholarly debates over generational equity. This attention to GA continues (McCarthy et al. 2011; Prušvic & Pavlokova 2010), even as newer alternatives, such as computable general equilibrium models, have emerged. See Börstinghaus and Hirte (2001) for a comparison of GA and a computable general equilibrium. Perhaps one reason for the persistence of GA as a method for examining intergenerational equity is that the proponents of the model were particularly adept at addressing popular and academic audiences simultaneously. For example, in the early 1990s, the focus of the generational equity debate morphed into the debate over the proposed partial privatization of Social Security (Marmor et al. 1999). Kotlikoff and Burns (2004), two proponents of GA, supported calls for the partial privatization of Social Security in the USA. Their well-written trade book accessible to the general educated public, *The Coming Generational Storm*, made the case for partial privatization based in part on GA projections. Their proposal for partial privatization coincided with a larger conservative push for that type of reform within the generational equity literature (Longman 1987; Peterson 1996). This created a connection between proponents of GA and the conservative politicians as well as scholars, proposing deep cuts in old-age entitlement programs as a way to achieve greater generational equity.

Kotlikoff and Burns (2004) argued that the partial privatization of Social Security and cuts in the Medicare system are urgently needed due to population aging and the associated increase in the number of people who will be receiving transfers from these programs in the decades ahead. Current policy is viewed, by proponents of GA and proponents of generational equity more generally, as taking money from the young to pay for the promises made to older generations (Kotlikoff 1996; Norton 1995). Gokhale and Kotlikoff (2001: 3) refer to this as “borrowing money from our grandchildren and their children without their consent,” and they propose GA as a method to obtain a realistic picture of the relative burdens likely to be placed on different generations in the absence of changes in current fiscal policy.

Calls for changes to Social Security policy, based on GA, can be criticized on the grounds that the GA model only takes into consideration a limited number of variables. Perhaps the most important issue for liberal scholars and politicians involved in the generational equity debate is that the intragenerational implications of the reforms being proposed are all but ignored in the GA model. The current Social Security system is progressive, redistributing wealth to lower income workers, but as Kingson and Williamson (1999) point out, the partial privatization of Social Security would remove much of this progressive redistribution. Even Kotlikoff (1996) acknowledged that partial privatization “might” lead to a decrease in intragenerational equity, but the current GA models only attempt to measure intergenerational equity for average members of each age cohort (Auerbach et al. 1994). By limiting the account balances to only reflect the impact of policy changes on an average member of each age cohort, the model’s ability to demonstrate the effect of these policy changes on intragenerational equity is essentially eliminated. Generational accounting will continue to be viewed by some as a valuable tool for examining issues within the generational equity debate, but others will also continue to criticize it for its focus on too narrow a view of equity.

Conclusion

In the years ahead, the generational equity debate in the USA, Europe, and other countries across the globe is likely to continue to involve economic forecasting models along the lines of the GA model that we have analyzed in this article. These models can provide both baseline measures of a country’s fiscal outlook in regards to intergenerational equity and projections of the impact on intergenerational equity of proposed changes in social spending programs. The GA model is potentially useful to analysts who are thoroughly familiar with the limits of the model, including the unavoidable uncertainty of long-term projections based on crude parameter estimates. Our analysis suggests that GA models should be used with considerable caution for many reasons, including the almost exclusive focus on intergenerational equity to the exclusion of intragenerational equity. When the GA model is used to support calls for major cuts in spending on the entitlement programs, we must recognize that the

proposed cuts generally fail to acknowledge the potentially adverse intragenerational consequences for many workers and retirees being made in the name of “reducing the size of government.”

One of the reasons that the GA model has received so much attention is that Laurence Kotlikoff and his associates had put considerable effort into writing books and articles for a general audience with engaging titles like, the “Coming Generational Storm” and “Is War Between the Generations Inevitable?” The GA model has primarily been used by analysts on the right seeking to use the rhetoric of generational equity in connection with efforts to promote cuts in spending on social security and other welfare state programs. Although scholars, politicians, and citizens may argue the pros and cons of GA as a tool in public policymaking, it is clear that the underlying message embodied in the model – namely that the intergenerational distribution of resources needs to be considered when setting fiscal policy – does deserve attention.

The generational equity debate will be with us for years to come in the USA and in many other countries around the world due to population aging and the associated pressures to increase public spending on public pensions, health care, and other social programs that focus on meeting the needs of elders. Beyond these issues, the debate has in recent years been extended into other realms such as the environment and sustainable development. As it continues to evolve to include new issues, the models used to evaluate generational equity will need to evolve as well. Each nation will need to address these issues in terms of its own set of national contextual factors. Future generational equity debates will often need to include discussions about intergenerational equity, intragenerational equity, private intergenerational transfers, and the long-term benefits of government spending on research, national parks, and infrastructure. To this end, they will need approaches to public policy decision making that are more inclusive than are current variants of GA. For more informed decision making, policy makers will need broader models and more types of information, both qualitative and quantitative, than are currently incorporated into GA models.

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Suicide among elders: a Durkheimian proposal

By *STEPHEN M. MARSON** & *RASBY MARLENE POWELL**

Abstract

This article proposes a model based on Durkheim's suicide framework as a tool for enhancing gerontological practitioner's ability to detect and prevent suicide among elders. Although many suicide detection tools are based on psychological factors, this model focuses on identifying environmental stressors that may increase psychological stressors. To illustrate our concepts, we use case files from one author's experience as a practicing social worker in nursing homes. We offer this model not as a replacement for psychological detection tools, but as an additional tool for practitioners who work to identify and prevent suicides among the elderly.

Keywords: Suicide, aging, Durkheim, suicide intervention.

Introduction

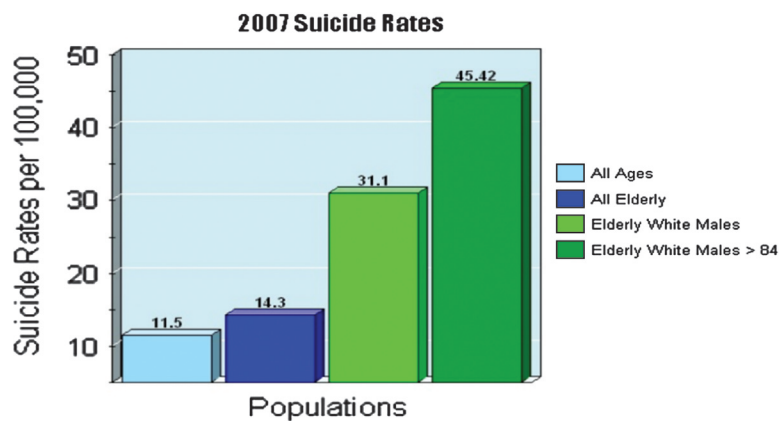
Although elderly suicide rates have been declining in the USA since 1987 (AAS 2011), suicide continues to be a major problem among elderly populations (Hooyman & Kiyak 2011). Unfortunately, there is a long

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history of this phenomenon. In fact, Lorand (1912) called this problem to our attention 100 years ago. According to the National Institute of Mental Health, elderly persons are more likely to die from suicide than any other age group. The American Association of Suicidology (2011) claims that an elderly person died from suicide every 100 minutes in the USA in 2005 and every 97 minutes in 2007. While 12.5% of the US population is elderly, 15.7% of all suicides are among the elderly (AAS 2011). During 2007, the suicide rate for all persons 65 and over was 14.3 per 100,000 and 31.1 per 100,000 for White males (AAS 2011). Elderly White males aged 85 and older are at even greater risk with rates of 45.42 per 100,000. During 2004, for example, the suicide rate for White males aged 85 and older was four times higher than the general population (NIMH 2011). One factor that may contribute to the difference is that 92% of elderly men commit suicide with firearms as compared to 8% of elderly women (AAS 2011). See (Figure 1).

The problem of elderly suicide is not restricted geographically. International data presented by De Leo and Spathonis (2004) demonstrate that elders around the world have higher suicide rates than other age groups.

Figure 1. Suicide rates per 100,000 population.



We call attention to the fact that both national and international descriptive statistics often fail to consider passive suicide in the statistics. Active suicide occurs when persons purposely kill themselves through their actions. Passive suicide occurs when a person refuses to take the necessary measures to remain alive such as refusing lifesaving medical treatments or food and water. According to Durkheim (1897: 42):

Though suicide is commonly conceived as a positive, violent action involving some muscular energy, it may happen that a purely negative attitude or mere abstention will have the same consequence. Refusal to take food is as suicidal as self-destruction by a dagger or fire-arm.

Thus, we contend that current figures underestimate actual suicides among the elderly. In this report, we treat active and passive suicide as equally problematic in terms of identification and prevention.

Many introductory gerontology textbooks rely solely on psychological theories to explain elderly suicide trends (Hooyman & Kiyak 2011; McInnis-Dittrich 2009; Quadagno 2011). A typical representation of psychological explanations is that of McInnis-Dittrich's (2009) that offers a typology of depression to help practitioners identify various depressive states that may lead to suicide:

- Reactive depression – mild depressions that arise as a result of a loss or accumulations of losses.
- Clinical depression – out of proportion to the cause with symptoms that persist beyond the usual time and interfere with normal functioning.
- Endogenous depression – a state of deep melancholy unrelated to an obvious cause, which may be more severe and more frequent as they grow older.
- Involutional depression – associated with life-span problems and biological deterioration during the middle years that may be reactivated in old age.

Although this typology offers good insight as to the differences in types of depression, psychology texts offer the practitioner little guidance in constructing practical interventions. We argue that the sociological model

we propose provides an additional tool to help practitioners identify and prevent suicides. Without diminishing the importance of being able to identify changes in emotional states, we argue that many psychological problems are linked to changes in structural arrangements. Thus, we offer a model to help practitioners identify changes in structure that can lead to changes in emotion. Although we acknowledge that no single theory or model is likely to completely solve the problem of elderly suicide identification and prevention, we contend that Durkheim's theory of suicide provides additional clarity and much needed insights that can help the practitioners in their mission to provide quality care.

Durkheim's (1897) suicide theory has had a major influence on those who study and attempt to prevent suicide but, as noted within major gerontological textbooks, very little of his work has informed the service delivery arena of aging. Durkheim (1897) asserted that suicide cannot be explained adequately by psychological factors alone. Instead, he argued that several structural issues can give us a better understanding of the psychological factors linked to suicide. He provided empirical evidence to support his claims. Although not all agree (Nolan & Triplett 2010), we see replication studies which illustrate that Durkheim's theory remains as relevant today as it was then (Baller et al. 2010; Classen & Dunn 2010; Davenport & Davenport 1987; Helmut 2010; Maimon et al. 2010).

Durkheim (1897) proposed four types of suicide related to structural factors. These include anomic, fatalistic, egoistic, and altruistic. After defining the various types, we present each type in terms of its relevance for understanding self-destructive behavior among elderly in the USA. Finally, we present a model for using Durkheim's theory in practitioner settings.

Structural Factors and Types of Suicide

Durkheim (1897) found that two structural factors affected suicide rates: level of regulation and level of integration. He found that when a group or culture had too little regulation or too much regulation, the suicide rates increased. For example, Durkheim claimed that well-functioning societies have norms, traditions, laws, and other sorts of regulations that guide our daily lives. During rapid social change, the "regulative force" of norms and

traditions often becomes chaotic, leaving people with a feeling of anomie, a sense of normlessness, and rootlessness. Durkheim (1897: 258) claimed that “in anomic suicide, society’s influence is lacking in the basically individual passions, thus leaving them without a check-rein.” On the other hand, when regulations take over one’s life, we develop a sense of fatalism and hopelessness. Durkheim (1897: 276) claimed that this leads to “... the suicide deriving from excessive regulation, that of persons with futures pitilessly blocked and passions violently choked by excessive discipline ... we might call it fatalistic suicide.” Too much or too little social integration also affects suicide rates. When people have too little social integration, they tend to be self-focused and disconnected from others. This can result in people feeling as though no one cares whether they live or die. On the other hand, people who are too integrated may willingly give their own life in the attempt to benefit the life or lives of others:

Having given the name of egoism to the state of the ego living its own life and obeying itself alone, that of altruism adequately expresses the opposite state, where the ego is not its own property, where it is blended with something not itself, where the goal of conduct is exterior to itself, that is, in one of the groups in which it participates. (Durkheim 1897: 221)

Thus, Durkheim grounded his suicide typology on the following continuums of regulation and integration:

- Anomic suicide: more likely when level of regulation is too low.
- Fatalistic suicide: more likely when level of regulation is too high.
- Egoistic suicide: more likely when level of group integration is too low.
- Altruistic suicide: more likely when level of group integration is too high.

According to Durkheim, the state of low social regulations that occur with rapid social change often result in feelings of normlessness and rootlessness that can lead to anomic suicide. For example, after the break up of the Soviet Union, suicide rates increased as people struggled with rapid deregulation (Pridemore et al. 2007). On the other hand, living under harsh

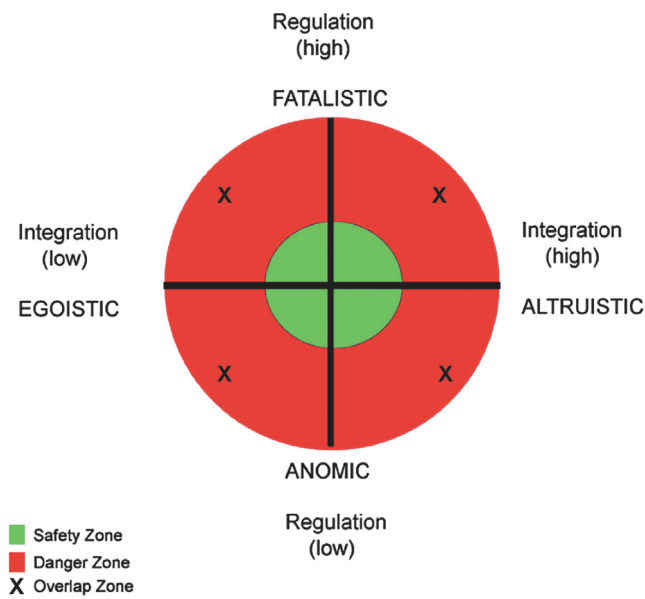
dictatorships or other conditions of excessive regulations where there is no hope for positive change can lead to fatalistic suicide. Aliverdina and Pridemore (2007) found that Iranian women who live in hyperregulated regions of Iran commit suicide at greater rates than Iranian women who are subjected to less stringent regulations. Durkheim claimed that unhealthy levels of integration can also lead to suicide. A recent study that corroborates his claim is Brown and Day's (2008) finding that prisoners who have no social support systems are at higher risk for egoistic suicide than those who are not as lonely. In contrast, Palestinian suicide bombers provide examples of excessive group integration (Pedahzur & Perliger 2003).

Using Durkheim's Theory to Help Practitioners

We offer a conceptual model for using Durkheim's (1897) theory to help practitioners identify suicidal risks so that they can intervene more successfully. Our model relies on Durkheim's (1897) concept of regulation and integration continuums. Figure 2 illustrates the relative continua of regulation and integration. The figure also illustrates that the danger zones can overlap one another.

This diagram illustrates that the vertical and horizontal axes cross in what we label as a safety zone. As long as levels of both regulation and integration remain within the safety zone and outside the danger zone, the incidence of suicide should be low. In other words, elderly persons who are aware of and feel comfortable with the amount and type of regulations that guide their daily lives, and those who are appropriately connected to others, will be in a safety zone. However, if a person begins to move out of the safety zone and into the danger zone on either axis, the probability of suicide increases. Moreover, if a person moves out of the safety zone on both axes, the probability of suicide becomes even more prevalent. Moreover, the diagram illustrates that a person may move into danger on a single axis or on two axes simultaneously. For example, a person may experience high regulation and low integration at the same time. Likewise, high regulation may intersect with high integration, and so on.

Figure 2. Durkheim's suicide model.



Anomic Suicide

On the Regulation continuum in Figure 2, elderly persons who have spent their lives working and accomplishing goals often find the sudden normlessness of retirement to be disconcerting. Without the regulation of earning and living elders may flounder and feel *anomic* as they struggle to figure out what to do with themselves. The following case study illustrates this situation¹:

¹The case studies in this article are from one of the author's private case files collected as a practicing social worker in nursing homes. They are used only to illustrate concepts. All names have been changed to protect the privacy of clients.

Mrs. Jones (age 69) raised one child and worked full time as a highly skilled accountant. She consistently earned more than her husband and, although her life was very busy, she was able to maintain a high level of productivity both at home and work because she had set routines to guide her time. She had looked forward to retirement with great anticipation and was shocked at how bored she was with the lack of mental activity and normative routines. Within two weeks, she was so bored at the sudden changes that she lapsed into what Durkheim would label as anomie.

A psychiatric assessment of Mrs. Jones' condition would likely result in a diagnosis of "reactive depression" (see the aforementioned McInnis-Dittrich model). A probable treatment protocol would be to subscribe a mild antidepressant. However, according to Durkheim's (1897) theory, the underlying problem would not be solved. Drugs can be an important treatment to help with symptoms, but they do not solve the structural problems that result in Mrs. Jones' anomie. According to Durkheim's (1897) model, the rapid change in the level of regulation would be a likely cause of the problem and may have moved Mrs. Jones into the danger zone. Thus, to intervene, a practitioner may want to consider ways to restore an adequate level of regulation to Mrs. Jones' life. For example, it may be helpful to set up some routine activities that would give order and provide routines. Mrs. Jones may be able to volunteer her accounting services or join a regular exercise class. These sorts of routine activities can regulate the day and restore a sense of normality.

Fatalistic Suicide

Many of the issues faced by the elderly put them at risk of moving into the danger zone. For example, Hawgood et al. (2004) noted that the association between physical illness and suicide has been well documented since 1928, but they do not place their observations within a theoretical framework. We contend that chronic or very painful illness may move people toward a *fatalistic* risk situation. Their lives are regulated by an illness over which they have no or very little control. There is little they can do to change their situations. They have little to look forward to except more of the same day-to-day misery. In addition to chronic illnesses, the elderly may also feel fatalistic when they have little control over their

living conditions and day-to-day lives, such as when they are forced by financial reasons to give up their homes and independence.

The concept of fatalistic suicide may be useful in understanding and intervening in what has been labeled as passive suicide (Marson 2009). One environment that provides fertile ground for the investigation of passive suicides is nursing homes (Cohen-Mansfield et al. 1995; Lee et al. 2009). Nursing homes as well as other institutions that provide 24 hour human/health services must rely on routines and schedules (Gage et al. 2009). Without schedules and routines, even the most efficient and well-meaning staff members would be unable to meet the regulatory demands of the institution. Nursing homes with greater funding can inject greater variety into residents' schedules (Benjamin et al. 2009). Thus, underfunded nursing homes and for-profit nursing homes are the most likely to have rigid schedules (Goodson et al. 2008; Mitka 2009). These highly regulated settings increase the risk for fatalistic suicides. Mrs. Jones' case is a good example of this:

Six months after her husband's death, Mrs. Jones—who was already suffering from depression—fell and cracked her head and broke her hip. She struggled for an hour just to call 911. While being lifted by the medics, Mrs. Jones lost control of her bowels and soiled herself. Six months later, in a for-profit nursing home, Mrs. Jones was misdiagnosed as senile with encopresis.² Although initially, Mrs. Jones was profoundly humiliated with her soiling, she rapidly evolved into a patient who no longer cared about her personal hygiene or health.

Through a series of random social and health events, Mrs. Jones found herself confined to a nursing home where her life was highly regulated and out of her control. Because of her misdiagnosis, any sort of active intervention is a low priority for the overworked staff. Mrs. Jones committed passive suicide by retreating into her mind, refusing to eat, and willing herself to die. When practitioners identify that a patient has moved into the fatalistic zone, they can alert the patient's doctor to determine if psychiatric treatment is needed. They can also alert family members who may be able to help the patient feel less fatalistic.

²Inability to control one's bowels. For elderly patients, the origin is usually identified as psychiatric (anxiety) or the result of dementia.

Mrs. Jones' scenarios provide excellent examples of how a person's social environment can switch from one end of a continuum to another fairly rapidly. First, her retirement caused feelings of anomie as she struggled to figure out what to do with herself. Then, a series of health problems that resulted in confinement to a nursing home where her days were rigidly regulated moved her quickly into the fatalistic zone. This type of rapid movement from one danger zone to another may increase suicidal tendencies. Not only can patients move from one end of a continuum to the other, but they may also be in the danger zones of both regulation and integration at the same time. This results in *double red zone* outcomes (see Figure 2 for intersection points). Durkheim's four concepts are *not* discrete entities but are relative. In addition, although Durkheim's concepts are best described as independent, they can exist simultaneously in a single social environment.

Egoistic Suicide

The elderly must face many other issues that also affect their level of integration. For example, the death of friends, spouses, and family members can cause the elderly to feel less integrated into their communities. Moreover, many seniors lose connections when they are forced either by health or financial concerns to move away from familiar surroundings to nursing homes or into family members' homes. Some lose connections when they move into retirement centers that promise a grand new life only to find that they are very lonely without their families and friends nearby. As their feelings of connections decrease, their risk of *egoistic* suicide increases. When the elderly disengage from individuals or groups that provide social connections, they increase the risk of moving into the Egoistic Danger Zone. Unfortunately, researchers have documented that the social and family ties that enable people to stay socially integrated often weaken or disintegrate as people age (Marson & Della Fave 1994; Putnam 2000; Sarkisian & Gerstel 2008; Thompson 1999).

One structural factor that increases the probability that the elderly will move into the Egoistic Danger Zone is that younger people have a tendency to avoid the elderly (Bousfield 2010; Widrick 2010). Although avoidance of the elderly is common in general (Mulder 1987), it remains less common within the family setting. Grandchildren rarely shy away

from grandparents—unless the grandparents suffer from a debilitating medical illness. Medical problems can create a social cleavage between generations and within families. For example, hearing loss (presbycusis³ in particular) often creates barriers to communication and, thus, leads to social disengagement between the elderly and younger populations (Cienkowski 2003; Patten & Piercy 1989). Few people, regardless of age, have the patience to constantly respond to: “What did you say?” As hearing loss and presbycusis limits people’s ability to engage in conversations (Stuen 2006) because they can only hear parts of words and sentences, they often fake their understanding of a conversation. Consequently, their inappropriate responses project an image of senility (Kampfe & Smith 1999). These sorts of misperceptions increase the likelihood that fewer and fewer people will try to maintain connections with an elderly person who suffers from hearing loss:

During World War II, Mrs. Blumenstein contributed to the war effort by gaining employment in a roller bearing factory. She and her husband reared two sons. Mr. Blumenstein encouraged both boys to join the military upon reaching maturity. Their oldest son was killed in the Korean War. Their second son was killed in Viet Nam. Working in a factory for many years caused Mrs. Blumenstein to experience premature presbycusis. After the death of their sons, Mr. Blumenstein descended into depression and isolated himself from his wife, friends, and family. A profound and unrelenting sadness permeated their relationship. Because neighbors misidentified Mrs. Blumenstein’s presbycusis as senility and avoided her, she was surrounded by people but isolated from all of them. Because she was highly aware of her surroundings, she lived a life filled with despair.

Mrs. Blumenstein’s social isolation placed her firmly in the Egoistic Danger Zone. Although practitioners cannot force people to visit the elderly, they can help the patient feel more connected by talking to them about daily news events or other non-health-related topics as they carry out their routine tasks. Even if the patient does not answer, it may help them feel more connected to know that someone cares enough to keep them abreast of daily life.

³ A lessening of hearing acuteness resulting from degenerative changes in the ear that occur especially in old age.

Altruistic Suicide

On the other hand, some elderly people feel so connected to their children that they commit *altruistic* suicide so that the cost of their care will not cut into their children's inheritances. For example, one man's father was diagnosed with inoperable cancer and killed himself so that his treatment would not bankrupt the family:

Jack's father left a note saying that he loved his family too much to put them through the agony and expense of watching him die a slow, painful, and costly death and hanged himself.

Cancer may move elders into the Fatalistic Danger Zone because of unrelenting pain. For example, Robinson and colleagues (2009) found higher suicide rates among elder cancer patients with a poor prognosis. On the other hand, the possibility exists that they may move into the Altruistic Danger Zone as they consider the consequences of their illness on their families. Wilson et al. (2005: 120) found that elders who perceive themselves a burden on their families are more likely to have an "active wish to die." Many cancer patients are fully aware of the drain on their family's emotional and financial well-being. Another case illustrates that, while not normative, altruistic suicide is not uncommon:

Mr. Pazonno was diagnosed with terminal pancreatic cancer with a life expectancy of 6 months. The medical care during this timeframe would severely drain his estate. As a result, he planned a way to hasten his death so his adult children would not be deprived of an estate he had worked all of his life to accumulate.

According to Leighton and Hughes (1955), altruistic suicide was more common among certain groups in the past than it is now. For example, the elderly of certain tribes and groups, such as the Eskimos, would end their own lives when they became a drain on the group. However, Leighton and Hughes (1955) found little evidence of altruistic suicides among Eskimos over the last century.

At the same time, rhetoric within the political arena suggests that the topic currently is on people's minds. During the Obama health care debate, politicians spoke of death panels that would encourage elders to end their lives prematurely in order to allow the estate to be inherited for

the benefit of their children. Although political debates do not necessarily represent actual scenarios, we find it interesting that this debate has emerged in these financially troubled times. Although altruistic suicide rates seem to lag behind the other types of suicides in Durkheim's typology, we do find evidence that altruism exists while elders are living. Several studies find that the elderly will transfer their estate to their children and grandchildren in an altruistic attempt to avoid probate issues for their families (Lee et al. 2006; Ploeg et al. 2004). As we contend that many passive suicides are not counted in the suicide statistics, we have no reliable statistics on suicides that may be prompted by altruism. When a practitioner suspects that a patient is in the altruistic danger zone, he or she can alert the patient's doctor and family members so as to determine whether psychological counseling may be helpful.

Practical Application of Durkheim's Typology

The problem with using any typology is the tendency to become theoretically inflexible. We must stress that the concepts of regulation and integration exist on a continuum, and in everyday life, a person can very quickly move from one position on the continuum to another. For example, the sudden loss of regulation in the form of routines and schedules experienced at retirement can quickly be replaced by very high levels of regulation resulting from an illness requiring institutionalization. Additionally, people can be in the danger zone on two continuums at the same time. An example would be a person who was institutionalized for a chronic health problem and, as a result, lost touch with friends and family. That person could move into the fatalistic and the egoistic danger zone simultaneously.

Strategies for Identifying and Preventing Suicides

Traditionally, practitioners have assessed suicide potential by examining depression. For example, Nezu et al. (2000) presented 94 *different* measurements for depression. Essentially, these measurement tools quantify psychological states or feelings. This citation provides the practitioner with a wide range of measures to demonstrate that a person is feeling bad

but includes little guidance for producing a positive change. On the other hand, Robinson et al. (1991) presented social measurement tools that assess the degree of anomie, egotistic, and altruistic patterns. These tools differ from psychological measurement tools in that they focus on environmental measurements.

Three major problems exist with the work of Robinson et al. (1991). First, they offer no measurement tool for Fatalistic patterns. The lack of an instrument is due to inadequate supporting data in Durkheim's (1897) original study. Today, a substantial body of data supports the existence of Fatalistic patterns within elderly populations (Bennett & Collins 2001; Draper et al. 2002; Marson 2009; Suominen et al. 2003). Second, each measurement tool addresses *only one* dimension. Among the elderly, it is common to find multidimensional patterns resulting from inadequate regulation and integration. Successful intervention requires a measurement that addresses the multidimensional aspects of the problem. Third, none of the instruments include a line of demarcation that separates a social environment's safety zone from the danger zone. Currently, a research team is attempting to construct a measurement that includes all four dimensions of Durkheim's model that will eventually quantify an environment's threshold to the danger zone. Estimates suggest that it will take 5 years for a tool to be ready for practitioners. In the meantime, we provide some guidelines and a checklist to help practitioners identify when an elderly person is moving into the danger zone.

Identifying and Preventing Fatalistic/Anomic Suicides

What strategies can a practitioner employ to prevent an elderly person from moving into the danger zones on the *Fatalistic/Anomic* continuum? First, care must be taken to provide enough regulation so that life has a predictable routine. When retirement or the death of a spouse suddenly dismantles life-long routines, a person can quickly become anomic and feel like there is nothing to guide their day. All of us, including the elderly, need a semblance of routine so that we can feel rooted in our lives. At the same time, too much regulation causes people to lose hope that they will have any way of ever regaining any kind of control over their own life. This means that practitioners must be cognizant of the fact

that simply establishing routines and forcing their clients into them will do as much damage as not providing routines at all. To stay in the safety zone means that the person needs routines, but they also need to feel as though they have some control over those routines so as not to fall into fatalistic danger zone. The following checklist may help practitioners identify when elders are moving into danger zone on the Anomic/Fatalistic continuum.

Anomic

- Have life-long routines suddenly changed because of retirement, deaths of loved ones, or changes in living situation?
- Has the person recently moved from a position of authority to a position of dependence?
- Has the person adapted to changing social norms and technologies or do they spend their time feeling nostalgic for the past?

Fatalistic

- Does the person live in a nursing home that has a history of deficiencies during audits?
- Does the person express hopelessness about their future?
- Does the person have a chronic or acute medical condition for which there is no cure?
- Does the person have presbycusis (loss of hearing)?

Identifying and Preventing Egoistic/Altruistic Suicides

Helping clients stay in the safety zone on the *Egoistic/Altruistic* continuum necessitates focusing on social connections. Keeping in mind that numbers of contacts, alone, do not guarantee connections, care must be taken to focus on social integration rather than simple social interaction. Elders need opportunities to form connections that will help them stay connected to the social world. Complaints about loneliness or feeling left out may indicate egoism. Many times, hobby groups or church involvement helps the elderly maintain connections. If they are physically able, volunteer

work often connects the elderly to the outside world and helps them build and maintain connections. On the other hand, talk of draining children's inheritances or being too much of a burden on their families often signals what Joiner (2005) referred to as perceived burdensomeness and could indicate that the person is moving into the Altruistic Danger Zone. This danger zone lends itself to passive suicides. Additionally, complaints of this nature can easily be overlooked unless one is familiar with the notion of altruistic suicide. The following questions help identify movement toward the Egoistic/Altruistic danger zone.

Egotistic

- Does the person actively shun visitors or staff?
- Does the person usually eat meals alone or avoid social activities?
- Do children and other family members fail to call or visit?
- Does the person have no friends who visit or friends within the nursing home?

Altruistic

- Does the person have a history of providing economic assistance to family members or significant others?
- Does the person's sense of identity revolve around being the one people can count on, the one who takes care of others?
- Does the person speak of leaving their children an inheritance on a regular basis?
- Do social bonds between the person and family appear to be excessively strong?
- Is the person fearful of being a burden on their families?

Discussion

Durkheim's (1897) suicide model provides an important tool for practitioners because it allows us to develop guidelines that can be employed to reduce the probability of active and passive suicide. A review of the

literature on practice strategies for prevention and prediction of suicide illustrates that the target of intervention tends to focus on the individual psyche. The basic strategy focuses on changing the person's mental vision (i.e. self-esteem) through psychotherapy or their mood with psychotropic medications. Although we agree that these methods are sometimes wholly appropriate, Durkheim's (1897) model for intervention focuses on structural issues that can *cause* loss of esteem and depression. His model illustrated that levels of regulation and integration greatly impact the probability of suicide. Thus, we are suggesting a method of practice that is contrary to most training programs in human and medical services. We contend that practitioners should consider the macro issues that can, in turn, reduce or eliminate micro problems. We also claim that simply trying to treat the individual without changing the structural environment decreases the chance of successful intervention.

Although we make *no* claims that our model will prevent all elderly suicides, it will serve to assist practitioners in identifying factors that influence an elder's decisions to commit suicide. Additionally, it may assist practitioners to identify the root of the depression, thereby increasing the probability that depression can be successfully treated. If practitioners have better tools to recognize when a person begins moving into a danger zone, they will have a better change of employing successful interventions.

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Chiara Saraceno (ed.) (2008). *Families, Ageing and Social Policy: Intergenerational Solidarity in European Welfare States*. Cheltenham, UK & Northampton, MA, USA: Edward Elgar Publishing, 336 pp. ISBN 978 1 84720 648 0 (hardback)

REVIEWED BY GEMMA CARNEY*

Families, Ageing and Social Policy overflows with fascinating facts about modern families. The book covers a range of issues relevant to how families are changing in the context of demographic ageing. Chapters examine children and older people as “book ends” of the life course, care giving, marital instability, inter-generational contact, migration and home ownership. Inter-generational relationships within the family form the focus of the volume. Most chapters emanate from the EQUALSOC EU-funded network of excellence. The complete volume bears the hallmark of these origins in that the methodology applied is consistent and of a high quality. Indeed, the main strength of the book is the quality of the empirical analyses. A variety of authors address diverse forms of inter-generational solidarity using clearly described multi-variate regression models. Each author identifies the strengths and limitations of their

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dataset and explains why particular models are used. The result is a compelling range of hard evidence about family solidarity across European states.

Some of the highlights include Hagestad's chapter which provides persuasive arguments for the inclusion of children in life course research and social planning for ageing populations (p. 21). A number of authors find that a generous welfare state has an enabling effect on family support networks (Kohli and Albertini). Moreover, regardless of regime type, the family is a resilient institution. Kalmijn concludes that egalitarian family relationships can have positive effects on father-child relationships, especially in cases of divorce (p. 190). Poggio's study finds that geographical proximity between generations leads to more diverse forms of inter-generational transfer (p. 78).

Of course, there is always room for improvement. The volume would have benefited from greater recognition of the range of different policy contexts investigated across 13 chapters. Some chapters provide some context in the introduction (such as Sarasa and Billingsley), though no author clearly identifies significant policy implications arising from research findings. This is disappointing given that the book highlights many gaps in our knowledge of inter-generational transfer. For instance, a number of authors refer to the difficulty in accurately modelling the extent of mutual support exercised when generations co-reside. This suggests the need for ethnographic work with multi-generational families to establish how gender, age and other factors determine such private exchanges. The quantitative orientation of the larger project evidently precluded such an approach. Even still, the resulting book would have been stronger for recognising this limitation. Perhaps including greater diversity of methodological approaches would have allowed the volume to contribute a more complete perspective on inter-generational solidarity in European welfare states.

While the quality of the work and the consistency of the findings speak for themselves, the editor could have been more assertive in speculating what impact research findings might have for the development of ageing policies in European welfare states. It must be significant that in welfare states as dissimilar as Italy and Sweden the family is resilient. However, this volume does not begin to explore the implications of this finding for

European social policy in the longer term. Perhaps a chapter dedicated to comparing some of the findings may have helped to clarify the significance of the book. Failing that, chapters could have been grouped under key themes such as those that explore the “crowding in/out” debate, or under what type of solidarity each study addresses (i.e. emotional, financial or cultural). Such streamlining would have allowed the immense value of the work presented to be immediately evident to even the most casual reader.

The studies reported in this volume make great strides in expanding our knowledge of modern families within existing European welfare states. However, the title of the book indicates a direct investigation of the role played by social policy in shaping inter-generational transfers. Pure social policy scholars will be disappointed on this front, as many questions are left hanging. Can this research shed any light on which behaviour is cultural and which is the product of policy design? What can seem to be a “cultural” difference between familistic and social democratic regimes could equally be traced to high levels of gender inequality when policy is designed with the male breadwinner in mind. Such analytical points are left unchallenged, as is the key underlying tension of the book: the individual as a family member versus the individual as a citizen. Society’s expectations of an individual as a family member might differ from his or her rights and obligations as a citizen in a particular welfare state. The evidence presented in Saraceno’s volume suggests that how these two identities interact will become an increasingly challenging question for those designing social policy. For instance, Künemund finds that generations tend to make financial transfers downward. Were this finding to be applied to policy planning, the argument could then be made that providing generous pensions has broader social benefits as pensioners are likely to distribute that money within their family. While this implication is not identified in the book, the quality of the evidence presented provides a sound basis on which future policy could be designed.

In summary, the single most significant contribution of this volume is as a coherent presentation of why the family remains at the centre of European ageing societies. Of particular note is the consistency of this finding across social democratic, familistic and conservative welfare systems. Policy-makers should heed the findings of this study as evidence

that investing in the welfare state strengthens and supports existing family solidarity. There is no evidence from the wide range of country-specific and comparative studies presented that generous state benefits crowd out the family's innate ability to care. In short, anyone with an interest in the role of the family in ageing societies should consult this volume. It contains an amount of evidence that fears for "the family in crisis" are unfounded. In fact, the empirical research presented in Saraceno's book provides a range of evidence to counter this claim. It would seem that even in the present age of individualism, inter-generational relationships remain durable, have greater longevity and involve more generations than ever before (Steinbach and Kopp). Promising news for anyone involved in predicting or planning for the certainty of ageing societies into the future.

Julia Johnson, Sheena Rolph and Randall Smith (2010). *Residential Care Transformed: Revisiting 'The Last Refuge'*. Basingstoke: Palgrave Macmillan, 272 pp. ISBN: 978 0 230 0242 9 (hardback)

REVIEWED BY BERNHARD WEICHT*

Residential care for older people has for many decades been a symbol for vulnerability, passivity and the last resort. In understanding the institution of care homes, Peter Townsend's book *The Last Refuge* has been a landmark study for both the academic world and the social and political commentators and decision makers. Julia Johnson, Sheena Rolph and Randall Smith manage with the help of 100 volunteers to not only revitalise the groundbreaking work of Townsend but also produce an inspiring and challenging document on the study of the lives of a large group of society. The book gives insights into the changing nature and the changing context of care for elderly people, and, as I would argue, more importantly, provides insights into the potentials, the specifics, the joys and difficulties of empirical social inquiry.

This book is based on a "revisiting study" of Townsend's empirical materials collected in the 1950s. The authors manage to combine their deep appreciation and gratefulness to Peter Townsend and his work, with the expression of curiosity and rigour of social scientific and historical exploration. When they lay out their motivations for the revisiting study

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in the first chapter, the reader (students and experienced academics alike) is clearly called to (re)read Townsend's work as one of the most significant grand scale empirical works of the social sciences. Through archive work they start out to revisit the still existing care homes of Townsend's study and to trace the history of those who ceased to exist.

Particularly the attention to methodological conceptualisations of research deserves positive recognition. The authors to a large extent replicate the methods used by Townsend and his colleagues and reflect on their own use of methods in the light of recent debates on doing research. In their attempt "to replicate as far as possible his method of inquiry" (p. 39) they employ voluntary researchers, carry out interviews with managers, staff and residents of care homes, ask some of the respondents to keep a diary for one week, analyse building and facilities schedules, brochures, menus and home reports and, as Townsend did, they take and analyse photographs from the homes they visit. Particular attention is given in the book to the involvement of older people as volunteers in the collection of data, information and materials. The authors' reflections on the use of volunteer researchers not only focus on the gains for the volunteers and the research process, but also include a consideration of this methodological attempt for many possible strands of empirical work. The use of visual means, such as photographs, is explored but here a stronger focus on the development of visual sociology would have strengthened the discussion. When it comes to the development of social scientific (and/or historical) research over time, the book mainly introduces the need for reflection on the research process; it only marginally, however, reflects critically on the own considerations of research methods and the historical development of research. While the authors present a strong case for the analysis of the historical and social context of care in the periods of research they do not apply the same rigour in their reflection on social inquiry.

The revisiting study provides an illuminating account of the changes that care for the elderly has undergone. Important aspects, from the shift in ownership of care homes from public to private to large scale welfare state developments involving privatisation and corporatisation of care, are discussed and put into context of the lives of care home residents at different times. The authors argue that the comparison of two periods demonstrates the change that care for the elderly has undergone but they

also identify a recurrence of political/academic discourses (e.g. the ageing timebomb) as framing the empirical situation. The overall quality of care, they argue, has substantially improved but, as the standards and expectations have changed significantly, the contrasts and inequalities have persisted. In the light of political developments, local authorities are not the owners or providers of care anymore but purchase care from the voluntary or private sector.

While *The Last Refuge* was part of the “anti-institutional literature”, this book demonstrates that care homes now often have a more institutional feel than in the past (p. 108) due to the regulations and laws governing them. The “privatization of the care home market and the predominance of the hotel model of care” (p. 163) have led to a situation in which legislation and regulation have taken the place of direct control and execution of power in limiting people’s autonomy. The authors also place some emphasis on the fact that the move to the market has worsened the situation for elderly people. The voluntary sector has proven to be the most stable one (most surviving homes) which also delivers the best quality of care. The link between national (and international) political developments and its manifestation in the provision of residential care is an outstanding example for the relationship between ideological conceptualisation and the empirical experience of people.

Due to the objectives of the book and its broad focus some aspects are unfortunately only explored marginally. The authors for example emphasise the persistence of the ideology of “home-making” in the 1950s and now and the relationship with the ideology what “home” means in society. The book mentions the inherent contradiction of creating a “home from home”, and the authors argue that the “negative image of residential care is perhaps the most striking continuity of all” (p. 210). While the care home is thus still constructed as the “last resort”, the book does not explore this ideology and persistence of discourses any further.

In identifying the differences and continuities between residential care in the 1950s and now, the authors succeed in emphasising the broad historical developments in the conceptualisation of welfare states and care while avoiding oversimplification. This book is important for any social scientist, empirical researcher and student of any social science discipline, and the fact that the data are recorded and stored promises a new revisiting

study and studies which can, on the basis of historical developments, analyse the ideological persistence of the stigma of institutional care. The research approach demonstrates the “simple point that care homes comprise a combination of people (staff and residents) and bricks and mortar (the building)” (p. 42) but also allows the embedding of research within particular ideological, social, political and cultural circumstances.

Anthony Chiva and Jill Manthorpe (eds.)
(2009). *Older Workers in Europe*. Maidenhead:
Open University Press, 177 pp. ISBN 978 0 335
22275 9 (paperback)

REVIEWED BY DIRK HOFÄCKER*

In virtually all modern societies, the increasing financial strain on pension systems, triggered by demographic shifts, has been amplified by a long-term trend towards ever earlier exit of older workers from the active labour force. Thus, the future of work and retirement has remained one of the most vividly discussed topics in both public and academic discourse. In line with the political timeliness, there has been much research on the drivers underlying the long-term development towards early employment exit. However, as yet, little research has provided comparable insight into recent attempts to reverse this trend. Indeed, many European societies have undergone a paradigm shift from an “exclusive” policy of shedding the older workforce towards the “inclusive” principle of active ageing, reflected in some notable improvement in older workers’ employment. However, the necessary actions at the level of national policymaking, firm-level workplace policies and individual-level retirement planning and behaviour, required to turn these first successes into a sustainable long-term trend, still remain under-researched.

Against this background, the book by Chiva and Manthorpe on *Older Workers in Europe* makes a welcome contribution to the current state

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of knowledge, as it integrates an overview of recent developments in older workers' employment with a description of current labour market and workplace policies as well as new innovative approaches to promote longer working lives. The chapters of the book are written by a broad range of authors, bringing together well-known academics as well as experienced practitioners in the field.

The two introductory chapters, written by the editors and Sarah Harper, set the scene for the further chapters of the book by identifying key issues in older workers' employment from a conceptual and historical perspective. The subsequent two chapters supplement this theoretical focus with selected empirical evidence. Based on results from the CROW survey, Matthew Flynn and Steve McNair show that the willingness of older British employees to continue working may be generally higher than oftentimes assumed. However, at the same time, they illustrate the inter-individual variation in working desires and retirement attitudes, ranging from job-mobile employment "enthusiasts" to mostly female "detachers" working under unfavourable employment conditions and thus exhibiting a clearly lower desire to continue working. Phillip Taylor's cross-national comparison of employment trends and political initiatives makes a similar point when arguing that not all older workers may benefit from recent activation policies: While those with high human capital may gain more freedom in their decision to retire, those with lesser skills could become "trapped on an unemployment hinterland" with bleak employment prospects, while at the same time facing increasing expectations to prolong their working life (p. 50+).

The following chapters turn the perspective from the overall picture to more detailed accounts of older workers' employment in specific economic sectors. Kerry Platman describes older workers' employment in the British IT sector in which the need for swift adaptability on highly competitive global markets have often restricted the development of policies to enhance longer work lives. Jill Manthorpe and Jo Moriarty, in contrast, show that in the social care sector, older workers may become a highly attractive workforce as "experts by experience", although this development is still in its infancy. Similar potential may lie in health services such as nursing and midwifery. However, as Jo Aspland and colleagues show in their later chapter, huge research gaps remain about

the work situation and the needs of older workers in these sectors that impede the effective design of targeted measures to encourage their employment.

The subsequent contributions by Patrick Grattan and Chris Phillipson, respectively, start a series of chapters that focus more explicitly on the effective design of employment policies and active ageing programmes. Both authors highlight that the emergence of ever more “variable career patterns” and “changing life course transitions” creates new challenges for the educational system to better integrate older workers. Elizabeth Farmer and Jill Soulsby provide an impressive insight into the concrete potentials and barriers of employment programmes for older workers with their report about the development of the “East-Midlands Mature Workforce Initiative”. Chiva and colleagues finally complement these national perspectives on the UK with an overview over a transnational project aimed at a better management of later life changes by developing effective career planning materials.

As the authors themselves state in the jacket text, the book brings together an “extraordinarily diverse” perspective on older workers’ employment and its relevant determinants at the political, individual and workplace level. The book effectively avoids the frequent fallacy to overgeneralise findings across the “entire older workforce” or to overestimate the isolated influence of single determinants on older workers’ employment behaviour. Instead, it highlights the complexity of intertwined factors in reversing the early exit trend: nation–state level policies to foster the employment of older workers need to be supplemented by effective workplace policies at the firm-level as well as a self-reliant career planning at the individual level. This simultaneous consideration of various different levels, fostered by the broad spectrum of authors, is truly unique and deserves much praise.

The flipside of the wide scope of the book is, however, that both its quintessence and its practical applications remain somewhat ambiguous. The scope of authors and consequently the style of chapters varies considerably, ranging from theoretically driven research papers to largely descriptive project accounts. Although the opening chapters of the book provide an informative introduction into the topic as such, they do not establish a common conceptual or theoretical framework that binds together the contributions or establishes relations between the various contexts of older

workers' employment. It remains, for example, an open question whether the concrete political initiatives described in the latter part would work in different contextual settings or whether they are "context-dependent" on specific necessary conditions at the national policy level outlined in the book's opening chapters. As many of the contributions to the volume focus largely on the United Kingdom, it also remains unclear whether the findings can be generalised to a broader European scope, i.e. to countries with different types of pension systems, labour market policies and labour relations. In this sense, the book thus may not entirely answer all expectations by scientists interested in broader generalisations or practitioners looking for more concrete policy advice.

However, these expectations would be excessively high targets in the still largely emerging field of research on older workers' employment prospects under the new "active ageing" paradigm. A more realistic aim, put forward by the editors themselves, may be to provide first partial answers to key questions and to "trigger reader's own thinking" beyond these (p. 2). This aim has most certainly been met with this multifaceted volume that can be recommended to both academics and practitioners with an interest in the future of work and retirement. At the same time, it could turn into a fruitful starting point and major stimulus for the future studies urgently needed in this relevant field of research.

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.

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