International Journal of Ageing and Later Life

IJAL

International Journal of Ageing and Later Life

Volume 8, No. 1, 2013

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Book Reviews

Ageing embodiment and the search for social change

By Emmanuelle Tulle[1] & Clary Krekula[2]

When we issued our call for contributions to this special section, we intended to showcase the potential for the theoretical and conceptual enrichment that the turn to the body in ageing studies has given rise to. The proliferation of writings in this area is to be welcome, especially if it is going to encourage critical evaluations of the conditions in which ageing is imagined, "practised" and regulated. The growing interest in ageing bodies has taken place against a backdrop in which knowledge about old age was being questioned. A particular target of this process of questioning was scientific expertise, and the urge to extract of set of objective principles constituting ageing as a universal and therefore homogeneous condition, from which little deviation could be envisaged (Katz 1996; Vincent 2006).

Questioning the scienticisation of ageing did not augur an abandonment of the bodily dimension of ageing. What it meant was that the biological was no longer the unique reference point in the truth of ageing and old age. The social dimension (broadly speaking) of ageing and old age became salient and freed scholarship from intellectual impoverishment. The turn to the body in ageing has had four moments: (1) the identification and examination of the discursive conditions in which the truth of ageing

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was constituted (see for example Katz 1996); (2) a focus on visual and fictional representations of ageing, including ageing bodies and how these might inform or be informed by more general public and political anxieties about ageing as a social problem (see for example Faircloth 2003, Featherstone & Wernick 1995; Gilleard & Higgs 2001, 2013); (3) the performance of ageing, that is, how people position themselves as old or otherwise (see for example Woodward 1999); and (4) the materiality of ageing and how it is experienced at a more intimate (phenomenological) level (see for example Laz 2003).

Bodies became social – not inert shells containing our souls – but endowed with meaning, contingency and perhaps intention. Of course bodies are also governed by biological processes which we engage with throughout our lives. When we experience pain, illness, tiredness and impairments, we have to contend with our carnality. As men and women we also engage with our bodies in distinctive ways. The key message here is that the relationship we have with our bodies takes place over time, in accordance with meanings, values, norms – which are social (Crossley 2001). We do not invent them – we often reproduce them or others reproduce them through us.

Older bodies present particular challenges. The carnality of growing older has to be attended to and often this engenders the re-negotiation of identity. For our bodies, as the dynamic receptacles of our existence, are tied up with our deepest sense of self. This is my body, I recognise this body as mine. Even if I don't particularly like my body, I still experience it in intimate ways and this is a reminder of my existence and of myself as I have developed a very long relationship with it. Over time I may grow to fear what happens to it and seek ways to reassert myself by negotiating a changed relationship to my body. This renegotiation might also be prompted by others for whom my body represents something negative or undesirable. This process of renegotiation is highly social.

Asserting the sociality of bodies, as objects of knowledge and systematic study, as a target of representations and source of meaning, as our own medium for asserting who we are or would like to be, as something we live with and with which we develop a close relationship, is what we refer to as embodiment.

Ageing embodiment, whilst a rich source of scholarship, has rarely been attributed positive meaning. The discursive space in which it is captured

continues to throw up a largely negative iconography steeped in a language of loss, erosion, lack, decline, a medicalised reality of decrements. There is a strong connection between the privileging of this semantic space and the cultural position of the old.

The demographic transformations which have led to what is commonly referred to as population ageing and have made the old much more visible – a triumph of longevity – have also exposed the widespread dissemination of social and cultural practices which denigrate the old and inhibit the search for acceptable alternatives.

Our call for contributions to this special section of *IJAL* was designed to move scholarship beyond description and critique, and to find in experiences of ageing embodiment the potential for challenging the dominant discourse of ageing and old age, documenting processes which do not reproduce the language of age but bring comfort to social actors, transform meanings, make difference visible without normalising enfeebling tendencies nor minimising the carnality of old age, restore capital – in sum, by proposing conceptualisations which have the potential to free us from restrictive norms, unlocking the creativity of ageing social actors, decentering practices of power and restoring value to ageing. To this end we are presenting in this issue two articles which grappled with the potential for significant social change invested in ways of conceptualising and theorising ageing embodiment which foreground gender, albeit from two different starting points.

Sandberg's article uses feminist theory and in particular the feminist corpomaterialist concept of "affirmative difference" (Grosz 1994) to provide an alternative conceptualisation of ageing embodiment. This concept enables her to detect how men and women find pleasure in their changed bodies, in the process transgressing strict binary conceptions of gendered embodiment and pleasure. It is as if bodily ageing, far from restricting experience, becomes an opportunity not only to discover a new language of old age but also to redraw carnality. Following Deleuze and Irigaray, Sandberg posits that ageing bodies can be the site for the proliferation and production of different and unexpected meanings.

The latter is what Gravagne captures in her article, also drawing on the work of Grosz and Deleuze to critique the straightjacket in which dominant conceptions of time as strictly linear chronology encase and

thus weaken our imaginings of later life. She engages in an analysis of a film – *Strangers in Good Company* – in which seven older women, played by non-professional actresses, who become stranded in a remote part of Quebec when their bus breaks down, have to find ways of surviving without depending on men or younger people. The women develop inter-dependencies based on the discovery of skills and resourcefulness which belie chronological age. Gravagne argues that art, and film in particular, can be used to blur the boundary between the virtual images of fiction and reality, enabling ''magic'' to be discerned in the experiences and lives of these women, encouraging the viewer to imagine ageing lives in less predictable ways.

These articles provide examples of how eclectic theoretical approaches open up new perspectives on ageing embodiment. They, thus, reflect a part of contemporary research within the field. While working on this thematic section, a number of reviewers contributed with constructive input. We would like to thank them for their contribution.

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Affirmative old age – the ageing body and feminist theories on difference

By Linn Sandberg*

Abstract

Discourses on old age and ageing are framed in narrow and binary ways, either as a decline narrative or through discourses of positive and successful ageing. The decline narrative, on the one hand, is highly centred on the decline of the ageing body as frail, leaky and unbounded, and on how old age is characterised by non-productivity, increasing passivity and dependency. Discourses on successful ageing, on the other hand, rely heavily on neo-liberal imperatives of activity, autonomy and responsibility. In successful ageing, the specificities of ageing bodies are largely overlooked while the capacity of the old person to retain a youthful body, for example, with the aid of sexuopharmaceuticals, is celebrated. This article argues for the need of a theorising of old age that goes beyond the binaries of decline and success. Drawing on the work of feminist corpomaterialists Rosi Braidotti and Elisabeth Grosz, the article proposes *affirmative old age* as an alternative conceptualisation of old age.

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As a theoretical project, affirmative old age aims to acknowledge the material specificities of the ageing body and is an attempt to theorise the ageing body in terms of difference but without understanding it as a body marked by decline, lack or negation.

A late November evening when I am still at the office, though it is well past office hours, I receive a phone call from a man who is eager to speak to me. I am in the start-up phase of recruiting participants for my doctoral study on ageing, masculinity, embodiment and sexuality, and I presume the man is interested in participating in the project. But no, he can't, he says. His partner is out of the house and there is something he has to talk to me about before she returns: "I can't get an erection." He is 76 years old and since his previous wife's death he is incapable, he says. At present, he is living with a new partner, a woman seven years younger than him, and he thought he would continue having sex with her, he tells me. But he can't. He has tried everything but nothing seems to work, and he is very concerned and disappointed:

> I hoped it would go on. I want to experience the things I've experienced earlier in life. I'm not enough. My partner should have someone who's younger. A real man.

The anonymous caller clearly links his declining erectile function to his sense of self, and that his inability to have sexual intercourse with his partner deprives him of his masculinity and becomes a loss of masculinity in later life. This narrative reflects a common and persistent discourse on ageing as loss, decline and deprivation (Gullette 1998). At the very heart of this discourse on old age as negation is the ageing body as unbounded, leaky, fragmented and lacking control (Schwaiger 2006). The ageing body has consequently been discussed as a threatening disruption to identity and self (Öberg 2003; Öberg & Tornstam 1999; see review discussion and critique in Tulle 2008a), something that the narrative of the anonymous caller may be an example of.

However, the decline discourse has been criticised for reinforcing negative and stereotypical images of later life, and for overlooking experiences of ageing that involve the increasingly healthy and engaged ageing of Western populations. In an attempt to reverse this negative discourse, and to fill old age and ageing with positive content, the concept of successful ageing has been introduced into social gerontology, to subsequently evolve discursively and find its way into policymaking and consumerist culture (Katz 2001/2002; Rowe & Kahn 1987, 1998; Rudman 2006). Notably, the concept is also believed to better fit the new generations of seniors, as they have often been renamed, ageing generations who are understood to be healthier and to have greater economic resources, and who as such have the possibility to live longer and more active later lives (Gilleard & Higgs 2000).

Still, one of the central problems of discourses of successful ageing, in research as well as widespread elsewhere, is that it does not ultimately challenge the age hierarchy and ageism (Calasanti 2003; Liang & Luo 2012). Rather, it retains youth and the characteristics of youth as desirable. Successful ageing is generally connoted with terms such as activity, productivity, autonomy – all neo-liberal imperatives of capitalist subjectivity, which are also strongly associated with youth and midlife and the productive phases of the life course (Larner 2000; Rozanova 2010; Rudman 2006). As Toni Calasanti and Neal King (2005: 7) have succinctly put it:

> Successful Aging means not aging and not being old because our constructions of old age contain no positive content.

With this argument, successful ageing should perhaps more rightfully be termed successful non-ageing or agelessness. Whereas decline discourses on ageing, on the one hand, are closely tied to negative conceptions of the ageing body as one in decay, successful ageing discourses, on the other hand, largely overlook the specificities of the ageing body and the material processes of ageing (Liang & Luo 2012).

Old age is consequently bound in a binary discourse as either decline or success. This is clearly illustrated in the case of later-life sexuality. Historically, the predominant discourse on later-life sexuality has been a discourse of decline and of increasing asexuality as one ages, a discourse which remains influential to this day, which is noticeable in the fact that large-scale quantitative research and studies on sexuality have traditionally

not included people over the age of 60 (or even 50) (Calasanti & Slevin 2001). Yet alongside this discourse on later-life asexuality exists an increasingly influential discourse on sexuality as lifelong, in which continuing to be sexually active is part of healthy and successful ageing (or non-ageing). Studies are increasingly preoccupied with the sexualities of older people, who are reported to continue to be sexually active and more sexually satisfied (Beckman et al. 2008; Herbenick et al. 2010; Lindau et al. 2007). However, as has been pointed out by feminist ageing scholars, sexuality as lifelong and as part of positive ageing is a markedly masculinist and heterosexual discourse in which most of the focus is placed on restoring men's potential for penile–vaginal penetration (Calasanti & King 2005; Loe 2004; Potts et al. 2006). There are clearly also both consumerist and medicalisation aspects of this shift, with the market introduction of sexuopharmaceuticals playing a vital role in the rise of the discourse on sexuality as lifelong (Marshall & Katz 2002).

Not only are discourses on old age as either decline or success narrowly binary; these dual discourses also implicate clearly gendered connotations. Descriptions of the ageing body as a frail, leaky and unbounded body and assertions that old age is characterised by non-productivity and increasing passivity and dependency clearly parallel the characterisations of female bodies and femininity (cf. Schwaiger 2006). However, the buzzwords of successful ageing, such as autonomy, activity, productivity and control over one's health and body clearly parallel conceptualisations of masculinity.

In response to this background, in this article I will argue that there is a need for a terminology and a language regarding old age that goes beyond the gendered binaries of decline and success as well as body/mind dualisms, and that acknowledges the material specificities of the ageing body. I will propose the concept of *affirmative old age* as an alternative conceptualisation of ageing and later life; this concept was originally developed in my empirical work on ageing masculinity and sexuality, mentioned above, in dialogue with feminist theorising on embodiment, sexual difference and sexuality as proposed by Elisabeth Grosz (1994a, 1994b, 1999) and Rosi Braidotti (1994, 2002). While neither of these theorists specifically deals with ageing and the ageing body, I have found their work useful in thinking about ageing embodiment, something I will expand on in the article. I believe that the gendered connotations of the

discourses of both decline in ageing and successful ageing call for further engagement with feminist theories in studies of ageing embodiment.

Importantly, the need for new terminology should not be understood as a primarily theoretical pursuit, but as a way of more rightfully reflecting the complex lived experiences of ageing. Although the narrative of the anonymous caller at the beginning of the article suggests that ageing and the changes in the ageing body may involve an experienced loss of self and a threat to masculine/gendered subjectivity, this was not the only or even dominant narrative on ageing, embodiment and sexual subjectivity in my studies. The experiences of later-life sexuality I have encountered in my research cannot be narrowly conceptualised as either experiences of decline and negativity or success stories of bodies that challenge and overcome the changes, frailties and ailments of ageing. The changes in the ageing body could instead provide radical ways of rethinking gender, embodiment and sexuality.

There have been several calls for new concepts and theories for rethinking ageing and later life, particularly among social and cultural gerontologists interested in embodiment and corporeality. Thus, in the following I will discuss some of these propositions as well as how I position affirmative old age in relation to earlier discussions, and what contribution this may make. Subsequently, I will introduce the inspirational theories by feminist corpomaterialists Braidotti and Grosz that have informed affirmative old age. From there, I will elaborate on affirmative old age in relation to two empirical studies I have conducted. The first, mentioned earlier, is a project on ageing, masculinity, embodiment and sexuality in which I interviewed and asked 22 men aged 67–87 to write in "body diaries" about their bodies and sexuality in everyday life. This is a full-fledged qualitative study, and this forms the basis of my doctoral dissertation (Sandberg 2011). The second study is a minor pilot work that remains to be developed, and that focuses on sexuality, embodiment and femininity in relation to the Internet. Five pilot interviews were conducted with women in their 50s who seek sexual relationships on the Internet. Finally, I conclude by claiming that affirmative old age as a theory on ageing embodiment, gender and difference not only reflects the many complex and contradictory narratives on ageing and later life but also ideally could work as social critique in a culture that eradicates difference.

Critical Gerontological and Feminist Perspectives on Embodiment

For almost two decades, one of the central pursuits of critical gerontologists has been to critique and criticise the dominance of bio-medical models in understanding ageing and to introduce social and cultural dimensions into our ways of conceptualising ageing (Hazan 1994; Katz 1996). Important work within the field has stressed that, rather than simply being driven by biological processes of ageing, we are just as much "aged by culture" (Gullette 2003). As feminist social gerontologist Julia Twigg has pointed out, however, the emphasis within social gerontology on ageing as a social phenomenon rather than a biological process has tended to leave the ageing body with the natural sciences (Twigg 2004). Twigg and other scholars, such as Emmanuelle Tulle (2008a, 2008b), Pia Kontos (1999, 2003), Clary Krekula (2006) and Cheryl Laz (2003), to name a few, have consequently challenged the tendency within gerontology to reinforce a Cartesian split of body and mind and have instead proposed ways of understanding ageing as embodied, although not in any unitary or determined way.

As a great deal of critical gerontology is inspired by feminist work, it is not surprising that the debates and discussions on embodiment are parallel. The long-standing debate in feminist/women/gender studies on whether the focus on social and cultural aspects of gender has led to the obliteration of the material, lived and fleshy body – for example, in the seminal work of Judith Butler (1990, 1993) – clearly parallels discussions within ageing studies on whether the material, ageing body and the facticity of the ageing process are overlooked in social and cultural gerontology (cf. Kontos 1999).[1] Not even in cases in which the body is specifically turned to has this automatically meant that the ageing body is fully theorised and centred. In Laz's (2003) article on ageing as embodied, for example, the body exists primarily as a means of accomplishing age, and the social and cultural performance of the aged self seemingly takes precedence over the material body.

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[1] For more recent debates on the omission of materiality in feminist theory by so-called "feminist new materialist" critics, see van der Tuin (2008) and the ensuing response by Ahmed (2008).

It is my understanding that affirmative old age, as a concept seeking to challenge binary understandings of ageing as either decline or success, needs to take its starting point in the facticity of bodily ageing and of the material specificities of the ageing body. The material body should be understood as possessing force and agency to also shape subjectivity and sociality, and not merely as malleable raw material taking shape in socio-cultural discursive regimes. My understanding greatly resonates with the discussion by Kontos (1999) on the need to look at ageing embodiment as ''local biology,'' a term she picks up from the work of Margaret Lock:

> The concept of local biology can specify and enrich the critical strand of gerontological knowledge. It provides a conception of the body as a material phenomenon without eliding its materiality with a fixed biological essence. Corporeal reality can be theorised, capturing the extraordinary dynamic engagement between biological changes, social surroundings and individual cognition. (Kontos 1999: 687)

Studies of ageing bodies and sexed bodies are consequently in need of non-binary theorisations, which acknowledge both bodily materiality and how bodies emerge as cultural and symbolic representations. For this purpose, I have found Grosz's conceptualisation of the body as an ''open materiality'' useful (Grosz 1994b: 191). Grosz theorises the body as neither a culturally inscribed product of the social nor as simply part of biology/ nature. Instead, the body as an open materiality exists as a borderline between the binary poles of the nature/culture dichotomy. To illustrate this understanding of the body, Grosz uses the metaphor of calligraphy to point out that it is not only what is inscribed or the ink used that matters but also in fact the quality of the paper. Based on this analogy she argues that, rather than understanding the body as emerging as ''writing on a blank page,'' it can be conceptualised through a model of etching, ''which needs to take into account the specificities of the materials being thus inscribed and their concrete effects in the kind of text produced'' (Grosz 1994b: 191). Accordingly, the materiality of the body matters; it ''possesses a force and being that marks the very character of representation'' (Colebrook 2000: 77).

The strength of Grosz's work is not only her non-binary approach to embodiment but also her theorising of bodily specificities as *difference*. Grosz (1994a, 1994b, 1999), together with Braidotti (1994, 2002), works in a

tradition which Nina Lykke (2010: 107) refers to as ''feminist corpoma-terialists,'' and central to their theorising is the affirmation of the female corporeal specificity and the affirmation of sexual difference. In their theorising on difference, they draw on the philosophical works of Luce Irigaray and Gilles Deleuze. Braidotti (2002) points to the long tradition of dealing with differences in pejorative terms, representing them negatively. While Grosz's and Braidotti's pursuits are primarily concerned with sexual difference, it is also possible to think difference in relation to ageing and old age. Although, as indicated above, there is now a rather significant bulk of literature dealing with ageing embodiment which has been useful in rethinking ageing, there has been little discussion of difference as a way of thinking ageing bodies.

In their recent critique of successful ageing, for example, Liang & Luo (2012: 329) argue for a shift in social gerontology towards a framework they call ''harmonious aging,'' which theorises ageing ''based on an integrated body and mind relationship.'' I understand the concept of affirmative old age as paralleling many of the aspects of Liang & Luo's (2012) concept. Like ''harmonious aging,'' affirmative old age seeks to underline the facticity of the ageing body. What I find missing from Liang & Luo's argument, however, is a discussion on the interconnections of power and difference. By drawing on a feminist theoretical genealogy that also highlights the power asymmetries involved in the eradication of difference, I thus find affirmative old age to be a further contribution to ageing studies.

Similarly to how masculinity and the male body are positioned as the norm in relation to femininity and the female body, the discourse on ageing as decline posits old age and the ageing body as the Other in relation to youth and midlife (that which is desirable and sought after). The differences that come with ageing are thus altogether rejected and rendered abject (this particularly refers to the changes that emerge in the so-called fourth age; cf. Gilleard & Higgs 2011 and Schwaiger 2006). Although it may seem as if discourses of successful ageing to a greater extent affirm and embrace the differences of ageing, it is rather that these discourses encourage subjects to fight all signs of ageing by remaining active, autonomous and in control (Rozanova 2010; Rudman 2006). Paradoxically, then, the increased emphasis on positive aspects of ageing and old age may not work to fundamentally alter and challenge the decline discourse

around old age, but instead simply advises old people to escape and overcome the differences of the ageing body by all possible means. This can be related to Braidotti's (2002) discussion of the differences proliferating in late postmodern or advanced capitalism as being "Others" of the Same: "These differences, whether they are large or quantitatively small, are not qualitative and consequently do not alter the logic or power of that Same" (Braidotti 2002: 13) – the "Same" in this case being the youthful, able-bodied subject enmeshed in capitalist productivity.

The alternative proposed by Grosz and Braidotti is subsequently to turn to a version of difference as presented in Deleuzian philosophy, whereby difference is not always bound to negation but is instead understood as a proliferative and productive force: positive difference.[2] I understand ageing bodies to be a striking example of this kind of proliferative process of differentiation. If one thinks of the ageing of the body as not solely something that happens when one gets old but in fact as a lifelong process, then the ageing body may be seen as set in a constant process of differentiation. Cells in our bodies are constantly changing, being made anew. Many of us grow taller and grow teeth, and throughout life we might lose our hair and teeth. Eventually, if we live, most of us get wrinkles, our hair may turn grey or white, and our joints go stiffer. All these things may be understood as part of a process of becoming in which the body is set. Whereas a bio-medical model has postulated changes of ageing in midlife and beyond as decline, the loss of capacities and functions, it is equally possible to understand these changes as the continuous production of difference.

This argument of the ageing body as positive difference may still seem rather abstract. In the following, however, it is my ambition to present the empirical research I have conducted to more fully illustrate how narratives of sexuality and the ageing body could be analysed from the perspective above, as positive difference. By doing so, I wish to show how affirmative old age is not an abstract theoretical project but is rather part of lived realities. It is worth noting, however, that affirmative old age should not be

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[2] Positive difference should not be understood in relation to how individuals perceive difference, but rather relates to Deleuze's concept, developed in opposition to structuralism's negative difference. For elaboration, see Colebrook (2002).

understood as a typology, whereby some people may be categorised as embodying affirmative old age while others are not. This would merely reproduce some of the great problems of successful ageing, which by defining the successful agers also partakes in the production of unsuccessful agers, the othering of those who are unwilling or unable to age successfully by being too sedentary, too dependent, too asexual and so on (Irni 2010; Liang & Luo 2012).[3] As I will show, the very same person who may experience his or her bodily changes as a loss and threat or challenge to subjectivity, similarly to the anonymous caller in the introduction, may also experience the changes in his or her body as producing something new and unforeseen.

Two Empirical Studies on Ageing, Gender, Sexuality and Embodiment

As mentioned above, the concept of affirmative old age was developed from my doctoral project on old men and sexuality (see Sandberg 2011). Since the completion of this work, I have continued my work on gender, ageing and sexuality in a pilot project on women, ageing and sexuality on the Internet.[4] Below I will describe these two projects in terms of recruitment, who the participants were, and the methods of the studies.

   In the first study, I conducted in-depth qualitative interviews but also asked men to write about their everyday lives with particular focus on embodiment and sexuality, an explorative qualitative method I have called body diaries (cf. Sandberg 2011). The aim of the study was to explore how sexual subjectivities take shape in relation to masculinity, heterosexuality and old age through the narratives of men themselves. The project also

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[3] The use of the term *affirmative* in the concept of affirmative old age could be misleading. Affirmative has as an overtone of the positive, just as much as successful or positive ageing. However, in contrast to positive and successful ageing, which I understand as having emerged within regimes of neo-liberal governmentality, affirmative emerges from the theoretical genealogies in Deleuzian Feminism rather than the (neo-liberal) cult of progress, happiness and positivity (Ahmed 2010).
[4] This is a project in collaboration with Hanna Bertilsdotter Rosqvist, Umeå University, Sweden.

aimed to theoretically expand the existing scholarship on masculinity, on how to think and rethink male embodiment and sexuality through the case of old men. A total of 22 men participated in the study. Some were only interviewed and others only wrote in body diaries, while some participated as both interviewees and diarists. The participants were born between 1922 and 1942, and were between 67 and 87 years of age at the time of the study. All of the men were white and ethnically Swedish, and all identified themselves as heterosexual. All were formally retired, but based on the primary professions they had previously held, both working-class and middle-class men were represented. A majority of the participants were in a relationship, as either married or non-married. Only six were single, following divorce, separation or bereavement.

The men were recruited through advertising in a Swedish weekly paper; posters at health centres, daycare centres and social venues for seniors; and through a presentation of my work to a senior citizen organisation, with a request for men to participate in my study. The most fruitful channel of recruitment was the advertisement in the paper, through which I came into contact with 12 volunteers. In the advertisement, I briefly stated that I was looking for men above the age of 60 who were interested in being interviewed or keeping a diary as part of my social scientific research on older men's bodies and sexuality.

The interviews were fairly traditional, semi-structured interviews that lasted one to two and a half hours, and took place at the home of the interviewee or at a local restaurant/café or library. Each interview was opened with the question "If you were to describe your body, what would you say?" in order to relate the rest of the interview to the interviewee's own conceptions of his body and let the interviewee himself define and create meanings concerning his body and sexuality. For the body diaries, the men were encouraged to develop their own style and format of writing and to write for at least a week. Some suggestions were given on topics they could write about, such as eating, drinking, sleeping, care, exercising, intimacy and sex. The plan was originally to explore male ageing embodiment in a wider sense, but was subsequently narrowed to focus primarily on sexuality and related themes.

In the second study – on women, ageing, sexuality and the Internet – we recruited interviewees from a Swedish Internet dating site focusing

primarily on sexual dating (in contrast to sites focusing on romantic relationship dating). After notifying the site owner, we created a user account and approached users who were registered as women and above the age of 50, through private messages on the site. We presented our project as being on experiences of sexuality and seeking sexual contacts online by women above the age of 50, and asked if the user was willing to participate in an interview. We e-mailed approximately 100 users, of whom 18 replied and five volunteered to participate. The five participants, all in their 50s, were interviewed over the phone and the interviews lasted 45–75 minutes.[5] All interviewees but one were currently in a relationship with a man. Four had previously been in long-term relationships/marriages with men and had children from these relationships. In their late 40s to early 50s, they had subsequently divorced and gone online to find new sexual and romantic partners. One woman had not divorced, but was in a long-term marriage in which they had decided to go online to find other couples to have sex with when they were in their late 40s. The interviews were semi-structured and involved themes such as sexuality, desire, sexual health, ageing, embodiment, identity and experiences of using different spaces (on- and offline) for sexual and romantic dating. We were particularly interested in how women experienced the Internet as a sexual geography and how it intersected with experiences of desire, sexuality, ageing and the ageing body. The study participants could be characterised as being parts of various sexual communities of swingers, engaging in partner-swapping and/or group sex, or Bondage & Dominance/Sadomasochism practice.

The first project is completed and has been discussed in several other publications (Sandberg 2010, 2011, 2012a, 2012b, 2013), whereas the second project is still an unfinished pilot project. Although the latter project is still in its infancy, I have chosen to include and discuss the material here to also explore how affirmative old age could be discussed and understood from the perspective of female ageing, ageing embodiment and sexuality. The aims of both studies have been qualitative, seeking to understand participants' sense-making of ageing, sexuality and embodiment, and

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[5] Due to a mistake by the researchers, the exact year of birth was only noted on one of the five interviewees (Eva), therefore the exact age of the other four is not stated in the article.

they do not seek to make generalisations from the material. In both studies, I have analysed the material using qualitative thematic analysis (Braun & Clarke 2006) with some inspiration from poststructuralist and discursive approaches (Søndergaard 2002; Winther-Jørgensen & Phillips 2000).

From Impotence to Intimacy: Rethinking Male Ageing Embodiment and Sexuality

Impotence, as implied in the term, is commonly understood as a loss, not only of sexual function but just as much of manhood and as such of personhood altogether (Tiefer 2004). In sexuopharmaceutical advertising as well as in mass media representations, changes in erectile function are discussed as causing major anxiety for men (and for women, as their female partners) (Fergus et al. 2002; Oliffe 2005; Sandberg 2011; Tiefer 2004; Vares et al. 2007). The alternative, as proposed by Pfizer among others, is to restore one's erectile function with the aid of sexuopharmaceuticals, which feeds into the successful ageing solution. The use of a new pathological terminology to describe men's erectile changes, from impotence to erectile dysfunction, marks a shift towards new success discourses, whereby the former "old impotent loser" is now an ageless man with an ailment that can be cured (cf. Marshall & Katz 2002; Wentzell & Salmerón 2009).

Although men in my study narrated how erectile changes and sometimes loss of erectile function altogether were experienced as distressful and as a hardship, few of them expressed straightforward wishes to regain their former sexual function or the sexual practices they had engaged in earlier life. Instead, many seemed to hold highly negotiated positions vis-à-vis their changing bodies, not only when it came to erectile function but to bodily changes overall. Particularly, one narrative was highly salient, and participants repeatedly used it to make sense of their later-life sexual subjectivities: that of the significance of intimacy and touch. When the men's bodies changed due to ageing, and not only in terms of erectile function, several men in my study narrated a (re)discovery of other body parts, practices and pleasures.

The most lucid example of this was the story of 77-year-old Gustav, a very illustrative example I have discussed in other publications as well

(Sandberg 2012b, 2013). In the interview, Gustav tells me about his experiences of prostate cancer and the hormone treatment he underwent following his diagnosis:

> It was a very special experience, this hormone treatment. One part was how it changed my body: my breasts started growing. I thought it was really embarrassing (laughs). It was a real blow to masculinity (laughs).

As breasts were things he associated with women and femininity, his growth of breasts was troubling for his sense of masculinity. However, Gustav continues by describing that, despite this experience of a challenge to his masculinity, his experience of the breasts changed. Through his wife's eyes, he started to see his breasts as fitting and proportionate to his body, and even as a sexual asset:

> Gustav: She [his wife] thinks that since I have this big belly, she thinks that if I didn't have the breasts my belly would look [bigger], these breasts (laughs) make up the difference.
> Interviewer: So she thinks it's sort of fitting?
> Gustav: Yeah, yeah, she thinks so, and also that it's a bit sexy.
> Interviewer: Oh, how do you think, or what does she mean by this?
> Gustav: Well it's sort of soft and nice, well, they aren't that big.
> Interviewer: But does she say she thinks it's sexy?
> Gustav: No, but she touches them, [and then] I've realized, I've connected–
> Interviewer: So when she touches you, you can feel that this is something she finds attractive sort of?
> Gustav: Yes, soft and sensual.

What is initially experienced as a loss of manhood subsequently becomes an opening a new way of experiencing a pair of soft and spongy male breasts. Gustav's story is interesting in how it presents the agency and capacities of ageing bodies to shape new subjectivities and experiences of pleasure. But it is also interesting in how it opens up for ways of rethinking masculinity. Gustav does not start to experience himself as a woman; rather, the categories of man/woman, femininity/masculinity become obsolete – what matters concerning the ageing body is its capacity to produce pleasure. The significance of touch, and the a desire for a wider eroticism that does not limit itself to genital stimulation, is also expressed by 87-year-old Yngve, who is very critical of the sexual content of

everything today and prefers to talk about the significance of love in his life. During the interview, when asked to explain his views on sexuality, he suddenly asks me "Can I take your hand?" I agree and he takes my hand, holding it around my little finger, and says:

> Yngve: To walk maybe like this [holding just the finger], with the one you like beside you, that's sexy as hell. But not sexy in the genital way, right? I don't know how to say it really. But those kinds of things have been of great importance to me. Regular sex has had much less importance.
> Interviewer: When you say regular sex, what are you thinking of, then?
> Yngve: Well to make love to one another. But it's rather touching each other, holding each other, to show each other that you like it and so on. There's too much weight put on the sexual today, and sleeping with each other. That's my opinion.

In the interview, Yngve tells me he has been impotent for a couple of years now; thus, one may interpret his stress on eroticism and delicate touch as a narrative of adaptation to his new life circumstances. But instead of starting from the assumption that his way of emphasising the "sexy" sensations of finger touching is a mere compensatory strategy, I suggest thinking through affirmative old age, which leads us to different interpretations. The changes in Yngve's body thus further enable the pleasure and desire of "only" holding hands. The narratives of intimacy and touch presented by Gustav, Yngve and several other participants could then be understood as ways of making the entire body into a site for pleasure, instead of being narrowly located in the erect penis. This is not least expressed in the diary of 67-year-old Holger:

> Now that I'm older I have discovered that sex life is not entirely dependent on a man's big firm penis. It is more about what feelings you may convey. A woman may experience orgasms without intercourse or touch of her genitals through fondling. I have many times experienced how sexually active women experienced intense orgasms from a kiss or a hug. If you can convey the feeling to a woman that "You are the most wonderful woman" then there might not be a need for potency-invigorating Viagra, Cialis or other chemical preparations. Joie de vivre, erotic curiosity and freedom from prejudices solve most questions on sexuality, of all ages. It is mostly about what two people want to experience together.

In the above extract, Holger clearly positions himself as a considerate and accomplished lover, who knows how to satisfy a woman. In this

respect, it is a narrative that places him within a fairly traditional and conservative discourse on men as the "doers" of women's sexual pleasure (Plummer 2005). But the narrative also points to the availability of a discourse that decentres not only the penis but the genitals altogether.

Rather than wishing to regain their former body and bodily function, men pointed to the potentials of intimacy and touch, of being together with a partner but without necessarily engaging in penile–vaginal penetration. I argue that these kinds of narratives break with the binary discourses on old age as either decline or successful (non)-ageing, and instead open up for thinking along the lines of affirmative old age, which affirms the differences that ageing bodies produce without understanding them as involving decline or loss.

A central aspect of decline discourses on old age is the link between the ageing body and mortality, the understanding of old age and the ageing body as being in a terminal phase. The rejection/abjection of old age and the ageing body as something horrific is consequently connected to an endemic fear of death and dying (Gilleard & Higgs 2011). The "appeal" of successful ageing discourses thus apparently lies in their promises of "dodging disease, decline and even death as grim and inevitable states" and the fact that they instead provide positive ideas to an ageing population, as suggested by Rozanova (2010: 220). Just as the promotion of sporting activities may be part of a successful ageing project to evade death (Tulle 2008b), the promotion of continued sexual activity may be part of attempts to, if not dispel, at least postpone death.

In my study on men, one version of making sense of sexuality and sexual desire was clearly thinking of it as something that brought health and vitality to the ageing body. This was expressed by Östen, for example, who greatly emphasised the importance of staying sexually active and claimed that: "a love life adds real vigour to your body really." Yet, to several of the participating men the vulnerability of life and the inevitability of death were also very present experiences, and were not something they could overlook or tried to downplay. The reality of the mortal body was instead something that shaped their experiences of later-life sexuality. This was clearly the case for Owe, 84 years old, who strongly emphasised the significance of intimacy and touch. He describes how

sexuality today is no longer about intercourse to him but rather "lying naked together caressing each other's bodies and saying nice and tender words." He also expresses how the sexual and intimate acts today are "more elongated; it could stretch over an entire evening or an entire day." And the intensity and pleasure he experiences in these intimate moments are enhanced by the presence of death, of knowing that life is not going to last forever:

> Owe: Well, it might not be pleasurable in the same way, but what's pleasurable today is perhaps more valuable than what was pleasurable in adolescence. There's such a different content to it today. Today this pleasant togetherness – you know there's an end to it. Before, like I was saying, there was always another day tomorrow as well.
> Interviewer: So, knowing that something might end does something to the experience?
> Owe: That adds another beauty to it all.

This quote by Owe suggests that intimacy and touch were not experienced as mere substitutes for intercourse and were not understood primarily as something that brings health and life. Instead, they were experienced as pleasurable activities in their own right, and the proximity of death enhanced feelings and experiences of the sexual/intimate encounter. Lennart, whose wife became ill with cancer a couple of years before the interview, tells of an increasing sexual activity and intimacy as a result of her diagnosis, and describes this by saying "swans sing before they die." Lennart, like Owe, describes how the knowledge that either of them could die is also there with him during the sexual encounter.

> Lennart: Both Lena [his wife] and I are of an age where one thinks about what will happen next, who will pass away first and how it will feel not to have somebody to crawl over to during the night.

By never knowing when the intimacy and touch will be disrupted by the coming of death, every caress, every encounter skin to skin, is given particular significance and "beauty," as narrated by Owe and Lennart. These narratives can be understood as adding further dimensions to affirmative old age, as not only the ageing body but also in essence the

dying body is affirmed as something which makes sexuality meaningful. This can be compared to the argument by Vincent (2006), who criticises the anti-ageing sciences for not enabling an affirmative old age, whereby old age has a value in its own right. Vincent (2006: 693) argues that old age should be seen as valuable as a "summation" or a "rounding off," that life would not be meaningful without the existence of death. Irni (2010: 124) asserts that this is a very compelling argument for an affirmative later life because, she argues, "old age has value in itself and also *because of* its relation to death, rather than despite it." Similarly, sex and sexuality in later life are meaningful because of death – not in spite of it.

Shaping Female Desirous Online Embodiment in Midlife

If decline discourses on the ageing male body are largely linked to the loss of erectile function, the ageing female body is marked as one of negativity and loss through pervasive bio-medical discourses on the menopause. As feminist researchers have pointed to, the midlife menopausal female body is primarily positioned as a disharmonious and problematic body and the menopause is constructed as an altogether negative process (Eldén & Esseveld 2002; Martin 1989). Although feminists have for decades challenged reductive biological accounts and argued for more complex understandings of menopause, based on women's own experiences, these critiques have not had any widespread impact on the understanding of the ageing menopausal and postmenopausal body (Dillaway 2006). The loss associated with the (post)menopausal body is linked not only to the loss of the reproductive capacity but also to the assumed loss of both sexual desirability and sexual desire in midlife women.

However, the recent upsurge in discourses on sexuality as part of successful and healthy ageing has given rise to new understandings of the sexuality of ageing women as well, beyond the long-standing idea of asexuality. In this discourse, life past menopause may be presented as a time of renewed sexual interest (Hinchcliff & Gott 2008). An illustrative example of this is a series of articles published in the Swedish newspaper *Dagens nyheter* under the headline "Desire and Longing 50+." In several of these articles, women above the age of 50 describe their rediscovery of sexual pleasure and desire beyond midlife, with quotes like "I never had as good sex as I do today" from Elisabeth, 62, or 57-year-old Karin saying

"I have also discovered my own body and sex in a new way; when I was younger I had a lot of sexual partners but never felt very much with them."[6] The negative images of the old asexual crone thus to some extent co-exist with new positive images of the "sexy senior" woman, who is assertive, desirous and active (Hinchcliff & Gott 2008; Vares 2009).

The five women interviewed for our project on ageing, women, sexuality and the Internet all presented a more or less similar narrative on sexuality in midlife as part of the process of development, self-exploration and the (re)discovery of pleasure and desire. Four of the women linked this to their divorces from long-time husbands, whom several had married when they were rather young and sexually inexperienced. Lena describes how sex had previously been more of a marital duty, to keep her man happy, but how the divorce in midlife had brought about a radical shift in her sexual subjectivity:

> Lena: Well, during this period when I was single I had a couple of longer relationships, all lovers, "sex buddies," whatever you choose to call them. And I then discovered my sexuality. Had my first orgasm, had my first squirting orgasm. And I just completely enjoyed myself. I could be naked with a man, I could have breakfast naked, I swam naked, the lot.

Eva, 53 years old, describes a similar experience after having divorced the man she had been married to for 30 years. She started to chat with different people on Internet forums, which she found very exciting. This also led her to new sexual experiences online, starting an online relation-ship with a man who she had webcam sex with, and she learned to discover her own body and what she enjoys:

> Eva: I had never touched myself, fondled and discovered myself the way he made me do. He made me try to relax and really like myself. And this was something I'd never really done, I'd always had a hard time accepting myself, putting myself down, and I think that's a typical thing for women, we have problems accepting what we look like, that we're good enough and so on [...] So I learned a lot and let go of a lot, well, and also this thing of doing it myself, I had to satisfy myself as there was no one else. If I didn't do it there'd be nothing.

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[6] http://www.dn.se/insidan/insidan-hem/elisabeth-62-jag-har-aldrig-haft-sa-bra-sex-som-nu

Although men play a significant role in women's journeys towards sexual and bodily self-discovery, as online and offline sexual partners, the women's narratives are still strongly focused on themselves and their increased agency and assertiveness following their divorces in midlife. In this, the Internet is described as an important arena. The online setting becomes an exciting space where the women meet new people outside their everyday sphere, and the excitement is linked not only to sexuality but also to new encounters with people in general. But in contrast to offline encounters, the Internet is experienced as a space where the interviewees are in control and more free from demands. Eva, for example, says:

> I mean online, I can back off, I can influence this [...] It's free from demands really, you choose yourself when to go there, how far you want things to go and you choose yourself with whom and what. Nobody can get a hold of you, like in everyday life, in physical contact. And this sort of makes it fun, it adds something, it becomes relaxing.

Eva's experience resonates with that of Lotta, who speaks of how you can always shut down the webcam if something does not please you and discusses how the online sexual experiences suited her in the particular phase she was in after her divorce:

> Lotta: I did it [had online sexual contacts] when I was just recently divorced and didn't want to go out and meet anyone at all, but really wanted to try [and see] if I could be awakened, and [I] was a little interested in sexuality and men, things that had been sort of shut off.

A common narrative of the interviewed women is consequently on midlife and beyond as a phase of self-discovery and a renewed or awakened interest in sexuality, after years of family life, children and duties, which had diminished their interest in sexuality, pleasure and desire. It is interesting how the Internet becomes an enabling arena in this process, a space where the women experience themselves as being in control of their own sexual embodiment, in contrast to many other spaces in their everyday lives.

Linking these narratives to the article's discussion of affirmative old age, how then could these women's narratives be understood in these terms? Clearly, the narratives challenge negative decline discourses on the (post)menopausal ageing body as lacking and asexual, to affirm it as a

site for the production of pleasure and desire. But in terms of successful ageing, the interviews in many ways convey successful ageing discourses whereby the maintained interest in sexuality enables healthy and positive later-life identities. As I pointed to in my discussion on the older men's narratives on sexuality, people's experiences and narratives on ageing may well engage with successful ageing discourses and decline discourses while at the same time opening up to a reading of affirmative old age.

One example from the interviews that I find interesting for thinking and developing affirmative old age is when two of the interviewees, Christina and Eva, speak about their experiences within swinger contexts they have participated in, whereby people for example swap partners and have group sex. Christina describes the swinger context she sometimes participates in as a fairly aged community, in which most are in midlife and beyond, and Eva speaks of "the acceptance" she has experienced within the swinger community, describing the ordinariness and agedness of people's bodies. Eva describes an experience of visiting a swingers' club and how she was positively surprised by how the differences and variations of the ageing bodies in this context were affirmed:

> Eva: Well, I don't have a model's body. I'm a bit overweight, have scars from surgery on my belly where it's sort of irregular and bumpy. I mean, my body is what it is after overweight and weight loss and two children and all that. But just this thing being desired, desired is a good word in this context, and the openness. [. . .] There were like fifty women there that night, and among these, being a bit prejudiced, one would have thought that maybe five could show themselves naked. The rest were just ordinary old hags (laughs), butts, big tits and small tits and all that. But this acceptance of our differences was just huge, and the excitement in the group was just . . . .

Rather than being looked upon as unattractive, lacking youthfulness and slenderness, female ageing bodies are described as being capable of producing "excitement," desire and potential pleasure. Similarly, Christina describes how the looks and the surface of the ageing bodies become unimportant in the swinger community:

> Christina: You're pretty much forgetting how the body, that's the paradox, you forget how the body is [. . .] I mean I've been playing with people both younger and older than myself, even people quite a lot younger and, well, at that point you don't care what's good looking and beautiful and firm. Well the body as a surface doesn't matter

> really. Cause it's what you're doing with it that matters. You're pretty much focused on enjoying, and that's something you could do together with anyone who likes it and who's good at it.

Both Eva and Christina discuss the unimportance of what the body looks like in the sexual encounters; what matters instead is its capacity to produce enjoyment and pleasure. Christina repeatedly uses the word "play" to describe the sexual practices she engages in, which points to the experiences of ageing sexual bodies as being capable of creativity. These experiences parallel the words of Kontos (2003: 166) on how "the body can be a source of inventiveness and creativity, inviting us to understand the body as active, that is, imbued with a life force that has its own intentionality." The bodies narrated by the interviewed women are discussed primarily in terms of what they produce, their inventiveness and creativity in terms of pleasure and desire, and how the differences of ageing bodies are affirmed in these sexual encounters. I understand these narratives as being linked to my theoretical premise of affirmative old age on difference not as negation but as something productive. The sexual experiences of the women are not primarily valued for what they produce in terms of health, but are rather made sense of as something disruptive with the potential to change how one experiences oneself. Several of the women discuss how they experience themselves as more open and assertive following their midlife sexual experiences. The creative and exploratory aspects of sexuality can be compared to the discussion by Tulle (2008b: 340) in which she discusses ageing elite runners and how training can be understood as a "creative pursuit in its own right," rather than being framed within a sports-scientific context in which training is a means to fight ageing. The way I propose affirmative old age in this article is thus as a non-teleological concept which focuses less on the outcomes in terms of health, well-being and avoidance of ageing and more on the unbounded production of desire.

Affirmative Old Age and the Affirmation of Difference: Some Concluding Remarks

In this article, I have proposed the need for an alternative conceptualisation of old age, beyond the binaries of decline and success. By thinking with

and through feminist theorists' work on difference, I have introduced the concept of affirmative old age as a concept which goes beyond the dialectics of negation, and which affirms the specificities of ageing bodies and highlights the capacities of becoming in ageing bodies and subjectivities. Although critical gerontologists have made significant contributions to challenging the body/mind dualism in ageing studies, I understand difference to be something that needs further attention within the field.

To elaborate on affirmative old age, I have drawn upon two empirical studies I conducted: one on ageing masculinity and sexuality among older men, and another on embodiment, ageing and the Internet with women in midlife. With the study on older men I aimed to show how men's experiences of ageing bodies could neither be reduced to experiences of loss or of erectile or other bodily capacities nor be understood as success stories whereby men resisted ageing and regained their bodies of youth, for example, through sexuopharmaceuticals. Instead, the materiality of the men's ageing bodies directed them towards increasing intimacy and touch, and towards a wider discovery of the body as a whole. The materiality and frailty of the ageing body was, moreover, visible in the men's experiences of illness and death. While death in itself was naturally experienced as a loss, the fact that one was living in proximity to death was not experienced as something that deprived later life of meaning. Instead, some participants affirmed the experiences of death and dying as something that produced greater intensity and value in their lives, not least when being intimate with a partner.

Moreover, in relation to our study on women, I discussed how the menopausal or postmenopausal female body is continuously represented as a problematic and lacking body, deprived not only of reproductive capacity but also of both sexual desire and attractiveness. Emerging representations increasingly depict ''the sexy senior woman'' with renewed interest in sexuality, but without entirely doing away with discourses on older women as asexual. The women interviewed in our pilot project clearly revealed experiences of midlife as a time of sexual exploration and discovering one's body as desirable and as having the capacity to produce pleasure, not least through masturbation. In their narratives, the Internet functions as an enabler, increasing the midlife body's connectivity and production of pleasure and desire. The women narrated affirmative

experiences of the difference and diversity of ageing bodies, particularly within sexual subcultures such as swinging contexts. In successful ageing discourses sexuality, such as physical exercise, for example, is valued because of its potential to produce health and well-being, and even as a potential means to resist ageing. However, the experiences of sexuality narrated by our interviewees point to midlife sexual experiences as creative and playful, as means in their own right.

Overall, I understand these narratives of men and women as producing more complex understandings of later-life embodiment, sexuality and gendered subjectivities than those represented in decline or success discourses. The ageing body emerges as one of the differences in the sense that the ways it looks, functions and is experienced are different from earlier in the life course. Yet, these differences are not easily categorised as negative or positive, as signs of decline or success. As I noted at the beginning of the article, decline and success discourses have clear gendered connotations. However, men's and women's experiences of ageing embodiment and later-life sexuality pointed to potentials for rethinking binary gender; thus affirmative old age is also a concept which seeks to recognise the potentials that ageing embodiment may entail for feminist theorising.

In the examples I have presented in this article, the ways affirmative old age comes into play are primarily through corporeal differences of embodied ageing, and there is also a slight overemphasis on the positive and joyful experiences of embodied ageing. However, affirmative old age should be a concept that also affirms pain and vulnerability as experiences of ageing, and which also opens up to experiences of cognitive difference. Here I am, for example, thinking of the possibilities for further theoretical explorations of dementia and the cognitive differences produced thereby. Many experience living with dementia as very negative and distressful, yet it does not have to mean a complete loss of self; it can instead mean the production of a different self, more reliant on embodied consciousness. Following the argument by Kontos (2003), the self of the person with dementia may remain through an embodied consciousness, which continues to be capable of creative and affective expression.

A radical challenge to ageism which positions the youthful body as the desirable body does not come from rejecting or obliterating the difference(s) of ageing, through attempts to position later life as the same of

youth, but rather through affirming the differences of ageing bodies. A pair of breasts on an older man are reshaped from a threat and a challenge to masculinity into the unforeseen desires of touch. The female postmenopausal body, marked by childbirth and soft from fat, emerges as a desiring machine in the online encounter. Affirmative old age, in contrast to successful ageing, does not aspire to agelessness or attempt to reject and fight old age, but instead seeks a conceptualisation and acceptance of old age in all its diversity, from active to sedentary, from sexually vibrant to sexually indifferent. Affirmative old age is as such ultimately a political force and empowering strategy.

Acknowledgements

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The magic of cinema: time as becoming in *Strangers in Good Company*

By PAMELA H. GRAVAGNE*

Abstract

This article examines the ability of cinema to alter our perception and experience of time and ageing by analysing the film, *Strangers in Good Company*, as an example of what Gilles Deleuze called a time-image film in his philosophy of cinema. By looking at the cinematic representation of time as culturally contingent and open to change, and the boundary between representation and reality as thin, Deleuze's theorisation of time-image cinema presents us with a way of understanding time as a kind of magic that can free us to live and become rather than as a succession of equally metered, linear moments. The experience of the older women who "act" in this movie confirms Deleuze's thinking, when their brief filmic reprieve from the exigencies of chronological and linear time spills over into their "real" lives, allowing them to move beyond static representations of old age that tie them to deteriorating bodies and negative identities into an open future of becoming.

Keywords: *time, becoming, ageing, cinema, film, magic.*

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> People look curiously at us as we file into the Riviere Rouge for lunch ... for we look to them just like seven old women .... One day, after three oafish, unshaven men in checked shirts and muddy boots have been too engrossed in staring even to drink their beer, Winnie says wryly, "I wanted to say to them, 'What are you staring at? Haven't you ever seen film stars before?'" The three men didn't know that we were film stars disguised as old women; they didn't have the magic power to penetrate our disguise ....
>
> Mary Meigs, *In the Company of Strangers*

Once in a while, a movie comes along that quietly and effectively challenges the assumptions of bodily decline, stereotypes of incompetence and feelings of aversion that mass media images of the old and the ageing generally convey. Rather that present ageing as a relentless march of accumulating losses that gradually erodes one's right to personhood, dignity, respect and a secure place in society, such a film turns growing older into "a 'work of art', something to be achieved" where "losses are turned, reworked, and impression-managed into a variety of gains" (Graham 2010: 179). *Strangers in Good Company* (1991), a Canadian movie filmed using ordinary old women rather than actors, is one such movie. By using the magic of cinema to portray older women in an environment in which ordinary time stops, "has no gravity, ... does not pull you from second to second into the future" (Meigs 1991: 45), we as viewers are given a glimpse of *all* of life as an open-ended and unpredictable process of becoming rather than a rising, then falling staircase or curve (Cole 1992).

To make this transformation in the way we apprehend time and becoming understandable, this analysis of *Strangers in Good Company* first urges us to question what we think we know about time, age, and growing older, unsettling the way we comprehend old bodies and enjoining us to reconsider the spaces, both abstract and material, we construct to contain them. By examining how *Strangers in Good Company* gives form to an image of time that counters the usual straightforward narrative of decline, a story that depicts growing older as occurring in a finite and predictable fashion within an inescapable web of linear and regular moments, this analysis opens our thinking to discourses that explore the idea that time itself may neither be pre-existent nor regular but actually produced by the always unpredictable entwining of life and matter, past and present, virtual and actual, that constitutes our existence. It then, through an exploration of the serendipitous fusion of the "real"

lives of its characters with their "fictional" lives, shows how life, an on-going process of becoming, is linked to art, an on-going process of rendering this becoming intelligible, and ends up not only challenging "the idea that the purpose of [cinematic] art is imitation" (Rodowick 1997: 18) but recasting its purpose as an active and creative manipulation or restructuring of "reality." By both asking us to question the nature of time and offering us an alternative logic or framework in which to understand it, this examination of *Strangers in Good Company* can enable us to take "a virtual leap into new worlds to come" (Grosz 2011: 191), worlds where time is understood as a complex and multidimensional phenomenon rather than a sequential and unidimensional structure, and where its effects are neither uniform nor predictable (Harro-Loit & Koresaar 2010).

Once we grasp the notion that the gap between the cinematic treatment of time and how time works in the real world may be as thin and transparent as film itself (Smethurst 2000), the boundaries we construct between art and life can be redrawn in ways that allow us to revise the way we think about growing older and to reassess the meanings we give to the bodily changes that accompany it. With this expanded under-standing of time, made manifest in this analysis of the changes that occur in both the filmic and the real lives of the women who "act" in *Strangers in Good Company*, we can begin to build a better future for those we love and for ourselves as we age – and possibly experience for ourselves some of the magic of cinema.

The Porosity of Representation and Reality

A swirling white mist fills the screen. As it lingers, far longer than most movies would allow, we strain to see the indistinct figures that quiver and fade within it, then slowly begin to materialise. Gradually, a group of older women takes shape, at first made recognisable more from the quality of their voices than from their form. Laughing as they amble into view along a dirt road in the wilderness, it seems as if they were just beamed onto a brand new planet or transported into a Narnia-like realm where it is possible that magic could still happen. According to Mary Meigs, one of the group of women and author of *In the Company of Strangers* (1991),

a book about the experience of making the movie *Strangers in Good Company* (1991), magic abounds.

When seven women aged 65–88, Mary, Alice, Beth, Catherine, Cissy, Constance and Winnie, are chosen to "act" as themselves and to include elements of their own lives in a "semi-documentary" (Meigs 1991: 9) that has neither conventional plot, dialogue nor action, Meigs describes the result as "the magnification of every living and growing thing" (38), including themselves. The outline of the story is simple: stranded when the bus they had rented to find Constance's childhood summer home breaks down in the wilderness of Quebec, the women find refuge in an abandoned farmhouse, and use their store of knowledge, skill, patience and humour not only to survive but also to reveal themselves to each other in a way that allows them to become fast friends both on and off the set. Yet the atmosphere of magic that this story creates is considerably more complex. What kind of magic are we talking about? And how does it come about?

Throughout her book, Meigs variously characterises the magic they feel as a kind of blind faith in their ability to push themselves "beyond [their] known limits" (Meigs 1991: 25), as an atmosphere "of downy nonjudgement" (34) in which nothing reminds them that they "are old except direct comparison with ... [the film] crew members who are young" (77), and as a place that exists "out of time and logic ... a magic space where old women have room to exist" (10) and can become "how [they] want to be" (149). Implicitly or explicitly, all of Meigs' descriptions portray an alteration in their perception of time, and hinge on the ways in which the experience of making this film graces them with a period of time relatively free from society's ubiquitous imposition of chronological comparison. Ironically, this freedom from the constant reminders of age not only suffuses *Strangers in Good Company* with the hope and life precluded by ageism but also restores the women's ability to alter their own relationship among past, present and future, giving them the opportunity to flourish and continue to grow and become off as well as on the set. In this magical atmosphere, rather than simply being old women who are acting in a film, they also come to see themselves as "film stars [only] disguised as old women" (34), and they begin to wonder just where the line between representation and reality is drawn.

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Meigs' observations about the way this film "magically" modifies how these seven older women experience and understand themselves in time address many of the same concerns that Gilles Deleuze deals with in his philosophy of cinema. In two of his later works, *The Movement Image* (1983) and *The Time Image* (1985), Deleuze seeks to explain the entanglement of inhuman matter (including forces, concepts and sensations) with human life (duration or time in space) by exploring what he calls the special relationship that the (forceful, conceptual and sensational) images of cinema have to our contemporary perception of time and of ourselves. Arguing that since time can never be known in and of itself but only in relation to an image of something else, Deleuze maintains that, since the advent of cinema, contemporary culture has become fundamentally audio-visual, a culture in which we understand and represent ourselves in step with cinematic renditions of time and space. In other words, Deleuze asserts that the way in which cinema presents the passage of time reflects culturally contingent strategies for both imagining and imaging ourselves and our place in the world. For Deleuze, "cinema does not just present images, it surrounds them with a world" (Deleuze 1989: 68) by presenting images that are always "haunted by a past and a future" (37), "a before and an after as they coexist with the image" (38).

In *Gilles Deleuze's Time Machine* (1997), D. N. Rodowick further argues that the way in which Deleuze's books on cinema interrogate filmic representations of time presents both a profound critique of contemporary "concepts of identity and subjectivity" and a challenge to "questions of hierarchy . . . [and the] identity politics" such categorical understandings of the world engender (Rodowick 1997: xiv). "For Deleuze, cinema . . . brings philosophy into contact with life" (Rodowick 2010a: xvi), offering itself "as a medium for an interrogation of ourselves, of our relationship to the world, and to other beings" (Rodowick 2010b: 97). Deleuze's ethics, observes Rodowick, are designed to inspire an examination of the ways we live and of our belief "in this world and its powers of transformation" (99). Deleuze wants to return to us a faith "in the body . . . [and] in this world" (Deleuze 1989: 173), in their ability to perpetuate life as change and becoming, and in the "ever renewable possibility of beginning again" that characterises time (Rodowick 2010b: 112). Rodowick, thus, sees Deleuze's books as an exploration of the "philosophical relation between image and thought"

(Rodowick 1997: xvi) in "service to life—the affirmation of life as the creation of the new—and to resisting those forces that inhibit in life the appearance of the new, the unforeseen, and the unexpected" (xvii).

In *The Matrix of Visual Culture* (2003), Patricia Pisters expands Rodowick's examination of the connections between Deleuze's film theories and his philosophy of time to explore the relevance of his work to interpretations of contemporary popular cinema. Starting with Deleuze's argument that we now live in a metacinematic universe, Pisters investigates how this kind of universe challenges "the borders of selfhood (or subjectivity) ... in time" (Pisters 2003: 20). By first defining a metacinematic universe, or what Deleuze calls "the universe as cinema in itself" (Deleuze 1986: 59), as one in which our experience of time is altered by our constant exposure to images that are stored on film, to new images that are continually generated by film, and to the way that both these stored and new images mutually influence one another, Pisters then argues that such a universe liberates us from the sequential view of time that tends to fix identity and constrain the becoming that is life. In this metacinematic universe, she continues, we have come to understand our own past, present and future through a "camera consciousness," or a kind of perception akin to the ability of a camera to freely move or change viewpoints not only in space but also in time (Pisters 2003: 2). This camera consciousness allows us to go beyond movement and description and to enter a realm where "the whole image has to be 'read', no less than seen" (Deleuze 1989: 22). In this realm, we have to take into account not only the space pictured but the "internal elements and relations" (22) of an object as well as "the mental connections it is able to enter into" (23) or inspire us to create. By enabling us to jump between non-chronological layers of time, this camera consciousness changes our understanding of the present so that it no longer relies only on bodily and cognitive experiences or traditional interpretations of time, but on the never-ending stream of non-sequential, non-linear, and often remixed or reorganised images to which we are continually exposed as well.

According to Deleuze, in a metacinematic universe structured by camera consciousness, this stream of images does not *represent* the world, but literally *shapes* us and the world around us (my italics). "Instead of representing an already deciphered real," this stream of images aims

"at an always ambiguous, to be deciphered real" (Deleuze 1989: 1). Existing concurrently on what Deleuze describes as a "plane of immanence," or "an infinite set of all images" where "each image exists in itself" (Deleuze 1986: 59) and where the identity of each is defined by the constant movement between images that prevents them from being closed, both filmic and real-life images of the past and the future, or what Deleuze calls virtual images, and those of the present, or what he terms actual images, are equally real. "In fact," says Deleuze, "there is no virtual which does not become actual in relation to the actual, the latter becoming virtual through the same reaction" (Deleuze 1989: 69). Being reversible, Deleuze continues, the actual and the virtual, the real and the imaginary, the present and the past, represent two facets of a "crystal image" whose sides, though distinct, are indiscernible due to the ability of "each side [to take] the other's role" (69). Since all virtual and actual images are readily accessible to us through our camera consciousness, we are able to rearrange them, interact and play with them, and use them to construct a life (Pisters 2003).

When we look at *Strangers in Good Company* through the lens of Deleuze's concept of the equality and reversibility of virtual and actual images, the women in this film are not *representing* themselves through one kind of image when on screen and *being* themselves with another kind of image when off screen, but are becoming, creating themselves anew in the crystallisation that takes place between the two. According to Deleuze, due to the way in which the present "actual image and its contemporaneous past [or] ... virtual image" always show the two aspects of every moment of our lives (Deleuze 1989: 79), cinema and the images it produces are never a reflection of a real-life world set apart from and prior to its representation, but are an integral part of the very construction of the world and its subjects.

An Indirect Image of Time

Deleuze's ideas about the simultaneous existence of virtual and actual images and the creation of the new through their constant interpenetration and crystallisation presents a challenge to traditional film theory and its reliance on the concept of film as a representation of "a supposedly pre-existing reality" (Deleuze 1989: 126). When film is thus seen as a

representation of reality, difference can be signified only in relation to an already existing identity by making a comparison through the "laws of association, continuity, resemblance, contrast, or opposition" (276), like the comparison the women make between themselves and the young film crew. Since comparison generally expresses identity in binary form, such as young/old, male/female or good/evil, representationalism is a restrictive image of thought that negates both pure difference, or differences in themselves, and the concept of becoming, or constant growth and change, in order to maintain a stable concept of the world, the subject and the image. Representationalism is therefore based on a Newtonian, static or spatialised universe in which the "I" who judges difference in relation to identity is transcendent, before and beyond perception and experience, and ontologically separate from the object it judges. It is also Cartesian, a "consequence of the Cartesian division between 'internal' and 'external'" (Barad 2007: 48), mind and body, that presumes our representations are more accessible to us than the objects they represent, and Lacanian in the assumption that subjects both on and off screen are motivated to construct their subjectivity through a desire for identification with an other who possesses what they lack rather than through becoming other (Pisters 2003).

In *The Movement Image*, Deleuze argues that representational thinking informs the way the greater part of cinema has been produced and viewed from its inception up through World War II. Projecting the largely deterministic universe that mainstream culture espoused at that time, cinematic events structured by representational thinking are linked by a chronology in which the past leads inevitably to the present and the future emerges predictably out of the present. When time is subordinated to movement, no matter how disordered the events, time remains "a consequence of action ... dependent on movement ... inferred from space [and] ... in principle a chronological time" (Deleuze 1989: 128). Whenever cinema halts time in this way, then reconstitutes it as linear and successive by extracting and stringing together segments of motion in a representative fashion, the result is what Deleuze calls an indirect image of time. Such an indirect image, argues Deleuze, recomposes movement as a mechanical succession of instants which causes one to miss "the movement because one constructs a Whole [in which] one assumes that

'all is given', whilst movement only occurs if the whole is neither given nor giveable .... As soon as the whole is given ... time is no more ... [and] there is no longer room for real movement" (Deleuze 1986: 7). Movement-image cinema thus imposes an order on life in which truth is unchanging, identity is pre-existing, the whole is always the sum of its parts, and movement is linked by rational, predictable and successive intervals.

Looking at *Strangers in Good Company* in terms of a representation in which action is the master of time, the passage of time, rather than offering the possibility of the new, is spatialised in "frozen ... poses, aligned on a linear and irreversible continuum" (Rodowick 1997: 21). Time is envisioned as a straight line on which events occur, placing events in time (or on time) rather than seeing events as constituting time. This representational or indirect image of time as linear, abstract and predictable underlies fixed constructions such as the stages of life and inflexible narratives such as ageing as decline, deterioration and lack. It also provides a continual stream of static and pervasively negative images of who and what the old are, images to which the old have ready access through their camera consciousness, that can increase anxiety, contribute to incapacity, and lead to social inertia, a situation in which the perception of having access to a steadily decreasing amount of linear time is felt as social pressure and results in an inability to entertain new ideas or to struggle against perceived limits (Brennan 1999).[1]

We can see the effects of this indirect image of time on the construction of old age in *Strangers in Good Company* in the scenes that stress the physical limitations that the women's medical conditions impose on them, such as when they pass a cup of water around so that they can take medications for high blood pressure, water retention, heart trouble, and the aches and pains of arthritis, or when the women agree that Catherine, despite her arthritic feet, is the only one who has any chance of walking

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[1] In "Social Physics: Inertia, Energy, and Aging," Teresa Brennan argues that the effects of social pressure to conform appear as physical differences in the way we age. Since life is about change and becoming different, the constant demand to conform to age-related norms can bring us closer to death by impeding our ability to take on fresh ideas and grow. Similar to Deleuze, Brennan sees the power of images to be real material forces in the way we construct our lives.

out for help. Rather than encourage confidence in their ability to act, innovate and survive, these scenes create fear for their safety, a concern reflected in Cissy's terror of becoming destitute and unwanted as she grows older, and in the dread Constance expresses at the thought of dying in a hospital or a nursing home. Representational images like these also naturalise problems and fears that are rooted in the cultural and the social, and impose chronological limits (what Meigs described as known limits) on character and spectator alike, crushing the creative nature of existence under a medicalised view of ageing that is built on conformity to the image of the same and on the inherent predictability of life.

The reality of social pressure as a debilitating force and its connection to movement-image cinema is particularly well illustrated in the scene in which Michelle, the young bus driver who has sprained her ankle and thus is even more incapacitated than the older women, encourages 80-year-old Beth to take off her wig and give herself a chance to look "natural." When Beth refuses, admitting that she's afraid to look like an old lady with a wrinkled neck and thinning hair, and comments that she does not have much time left anyway, implying that it is not worth the effort to change now in any case, the consequences of imagining and imaging ourselves in a world ruled by Newton's static and linear universe, Descartes' splitting of mind from body, and Lacan's construction of desire as lack congeal. For Beth to reimagine herself now would force her up against the "truth" of old age and the forms of subjectification that command "you will be One" and that One will be marked, "once and for all, with a known and recognizable identity" (Rodowick 1997: 201). Representational thinking boldly declares Beth to be an old lady only disguised as a film star, a judgement with which she herself may concur through internalisation of the decline narrative, even though film star and old lady are obviously the same.

Thus, to view *Strangers in Good Company* in the tradition of movement-image cinema with its indirect conception of time as linear, orderly, knowable, and predictable – spatialised – makes it difficult to move beyond the negative and disparaging representations of old age that emphasise limits and make derogatory pronouncements about what those within the category can accomplish. It leads both viewer and character to interpret the meaning of a movie in a way that is particularly detrimental

to the construction of old age and leaves both spectator and actor with a store of negative images on which to draw as they, themselves, grow older. Since this perspective is unlikely to be the source of the empowering magic to which Meigs so often refers, rather than succumb to this anaesthetising image, we need to look at the movie from another point of view.

A Direct Image of Time

Deleuze accomplishes this perspectival shift when, instead of thinking in terms of representations, he proposes a more open, immanent way of thinking he calls rhizomatics. Rhizomatic thinking leaves behind the transcendental, static "I" and its binary judgements and opens up the concept of life as perpetual becoming. Contrary to representationalism, knowing, in the immanent tradition, "does not come from standing at a distance and representing the world but rather from *a direct material engagement with the world*" (Barad 2007: 49), a world of which we are a part and an engagement with it that involves mind and body as a whole. Deleuze's rhizomatic thinking, like Karen Barad's later theory of agential realism that theorises the natural and the social or the material and the intelligible together, characterises matter and meaning, time and space, as neither determinate nor unchanging, but as mutually constituted through dynamic and on-going intra-actions in which individuals, whether objects or living beings, emerge through specific discursive and material practices. Identity is, therefore, neither essential and pre-existing nor constituted through comparison with another, but is in "constant formation, always changing through multiple encounters" with the world and with others, and always open to the emergence of "unexpected possibilities" (Pisters 2003: 22). Signification is not a discovery but a process in which "each era thinks itself by producing its particular image of thought" (Rodowick 1997: 7). Desire is not based on a fundamental lack of original wholeness, as Lacan argued, but on what Spinoza characterised as a wish to live and preserve our lives by making connections with people and things that will affirm our power to act and give us joy (Pisters 2003).

In *The Time Image*, Deleuze argues that since World War II and "the rise of situations to which one can no longer react, of environments with which there are now only chance relations" (Deleuze 1989: 272), the immanent

tradition has begun to replace representationalism in cinema so that movement, rather than constructing time, has become subordinated to time. In this reversal, where "time is no longer the measure of movement but movement is the perspective of time" (22), time-image film, instead of projecting a deterministic universe, reflects a culture influenced by ideas such as deconstruction, chaos theory and quantum physics, and it presents a more probabilistic world. With what Deleuze calls a direct image of time, the temporal relationship between events is nonlinear and undecidable beforehand and the future remains open rather than being determined by the present and the past. This situation allows "the connecting of parts . . . to take place in many ways" (129), so that identity is no longer based on being but on a becoming that is constantly changing due to the thinking and the action that time and change provoke (Grosz 2005). And rather than subscribe to a notion of truth that is based on repetition as the eternal return of the same and that "poses change and differentiation as deception" (Rodowick 1997: 137), the direct image of time "puts the notion of truth into crisis" (Deleuze 1989: 130) by picturing repetition as "recurrence and differentiation" (Rodowick 1997: 137). Since life is temporal and durational, "which means that within it, there can never be any real repetition but only continual invention insofar as the living carry the past along with the present" (Grosz 2011: 31), recurrence refers to the return that affirms the on-going existence of a being and differentiation to the process of that being becoming other through time. Direct time-image cinema, thus, shows that truth "has to be created, [that] there is no other truth than the creation of the New" (Deleuze 1989: 146–7), and presents images that are expressive of the creative possibilities of life rather than representative of an abstract, ideal life.

When we look at movies in terms of immanent or rhizomatic thinking, time is no longer subordinated to movement but is an element in itself. With no straight line to constrain it, time becomes series of "irrational intervals that produce a dissociation rather than an association of images" (Rodowick 1997: 143), and that stress the differentiation that is the essence of all that exists. Direct time-image film does not link action and reaction by producing "an uninterrupted chain of images each one slave of the next" (Deleuze 1989: 190), but creates a sequence of images "whose aberrant movements unveil the force of time as change" (Rodowick 1997: 136).

This concept of time positions truth as temporal rather than fixed, freeing both protagonist and viewer to create something new. Thus, direct time-image cinema may help empower the old to push beyond the limits imposed on them by negative discourses and narratives, and to reject the judgement that construes old age as an ending when the world, as Deleuze characterises it, is always and ever only a "becoming ... [a] potentialization ... [a] power of the false" that brings "every model of the true into question" (Deleuze 1989: 275).

In *Strangers in Good Company*, if we conceive of the situation in which the stranded women find themselves as an example of the way in which time can force change by generating problems for them to solve that will ensure "that they ... transform themselves" (Grosz 2005: 49), then Catherine's attempts to fix the bus engine with an emery board, Alice's conversion of a pair of pantyhose into a fish net, the making of a herbal poultice for Michelle's injured ankle and even Constance's decision to throw away her pills take on new meaning. Understood in the context of direct time-image cinema, this repair, these inventions, and this decision become creative acts that bring memory (virtual images) to bear on perception (actual images) in a way that reveals the complicity of mind and matter, virtual and actual. Catherine, Alice and Constance all search out virtual memories in order to make their actual perception of the situation or problem meaningful. In this process, present perception, affecting the actual body in space, combines with memory, stored virtually in nonchronological layers of past in the mind, to bring "ever more complex and numerous points in time into relation with each other" (Rodowick 1997: 88). Each time a virtual image is called up in order to relate to an actual perception, an object, concept or idea, is "de-formed and created anew, widening and deepening the mental picture it inspires" (90), making "time and thought perceptible ... [and] visible" (Deleuze 1989: 18).

For example, when the series of images of the women's younger selves flash across the screen or when they share parts of their life stories with one another, they are not just making present connections, but are changing themselves through the act of revising both past and present in their becoming. One evening in the old farmhouse, when Mary is writing before sleep, she comments on how quiet it is and mentions how silence can sometimes be frightening. Cissy responds by telling how the night-time

silence was burst by the sounds the bombs made while she was in an underground shelter in England during World War II. As they listen to each other's stories, their present perception of quiet searches out virtual memories in order to make the actual perception of quiet more meaningful, and the notion of what constitutes quiet evolves for both of them. The object quiet "does not extend into movement, but enters into relation with a 'recollection-image' that it calls up" (Deleuze 1989: 46), bringing up different images, "creating anew not only the object perceived, but also the ever-widening systems with which it may be bound up ... [in] a higher expansion of memory ... [and] deeper strata of reality" (Bergson qtd. in Deleuze 1989: 46). Thus, body and perception, brain and memory, interpenetrate to fuse matter and meaning, substance and significance, present and past into something unexpected and new (Pisters 2003; Barad 2007).

This interpenetration leads Deleuze to assert that there is no difference between matter and image, object and perception; "the thing and the perception of the thing are one and the same" (Deleuze 1986: 63). They are identical not because the object or concept somehow preexists the perception of it, but because perception creates the object by taking from the whole only what interests it or what serves its needs (Rodowick 1997); "we perceive the thing, minus that which does not interest us as a function of our needs" (Deleuze 1986: 63). As Barad explains, objects are not already there (Barad 2007); they are formed by "contingent and partial picturings of matter ... samplings of a continuous flow" of everything that exists on the plane of immanence (Rodowick 1997: 35). For Deleuze, the continual reorganisation of actual and virtual images, whether from a movie or from "real-life," around "a central nucleus of bodily interest and activity" is what life is (Grosz 2005: 98). And human consciousness of life, according to Deleuze, comes about during the gap between perception as interest and reaction as activity, an interval that gives the body "time to select ... elements, to organize them or to integrate them into a new movement which is impossible to conclude by simply prolonging the received" perception (Deleuze 1986: 62). The time that passes before choosing how to combine remembered (virtual) information with perception (actual) information allows the "past which is preserved and retains the seeds of life" to influence the "present that passes and goes to death"

enabling us to begin again with ''the bursting forth of life'' (Deleuze 1989: 92) that creates a new reality.

The new beginning or reality created by life bursting forth is well illustrated by the way Constance, the oldest and most frail of the seven, is often depicted in *Strangers in Good Company*. Whether on the porch of the house where they are staying, walking slowly and gingerly down to the lake, or sitting as if she were a still life on the white-railed porch of her old summer home, she is time and again isolated by a fixed shot. Apart from the others, lost in thought, she is detached from the ''horizontal succession of presents which pass'' (Deleuze 1989: 91) and which characterise indirect images of time, and is instead immersed in the vertical system of correspondence that unites ''every present ... at a deep level with its own past, as well as to the past of other ... presents'' and makes them contemporaneous (91). Due to her stillness and isolation, our perception of Constance's image is no longer linked to action, to movement in the world, but to virtual movement in time and to the new and uncertain relations that she may make there. When her character, rather than act through movement, is swallowed up in layers of the past where ''the child ... is contemporary with the adult, the old [woman] and the adolescent'' (92), we can see how her memories of being a young girl at the lake, or of the birdsong she can no longer hear, or of her earlier life in the photos we see projected on the screen, though virtual images, are just as real and just as influential to her state of mind and to her future actions as are the actual images of her present condition. In these scenes, for Constance, as for Deleuze, life and consciousness of life are not special substances different in nature from matter; they are the result of the amalgamation of mind and matter. And the primary function of the brain is not to be a repository of ideas, freedom, and creativity, but to insert a delay between the stimuli produced by all the actual and virtual images to which the brain has access through our camera consciousness and our reaction to them, granting us freedom from predetermination and making an open future inevitable.

Elaborating on Deleuze's ideas, philosopher Alva Noe in *Out of Our Heads* (2009) argues that the brain is not an information-processing organ that constructs a mental representation of the world, but it is more like a traffic cop whose job is to coordinate our bodily dealings with the environment and the others within it. ''It is thus only in the context of ... embodied

existence, situated in an environment, dynamically interacting with objects and situations, that the function of the brain can be understood'' (Noe 2009: 65). Perceptual consciousness is not in our heads, but is a learned relation-ship to and a skillful integration with both objects and the environment, shaped and structured by our body's ability to adjust our relation to the world around us.[2] We are not world representers, but are ''dynamically spread-out world-involving beings'' (82) in whom matter and life entwine by dynamising the forces of matter in order to suffuse the actual material present with the virtuality of the past (Grosz 2011). It is this entwining of life and matter, enabled by the delay or hesitation in which we have freedom of choice, argues Deleuze, that constitutes time itself, the generation of the future through the reactivation of the virtuality of the past in the actuality of the present (Grosz 2005).

The Magic of Time

Time, looked at in this way, is neither a succession of equally metered moments nor a uniform background against which movement or stillness can be measured. It is neither linear nor absolute. It is non-chronological in that it can be found in ''the pre-existence of a past in general'' as ''sheets'' of time that appear to succeed each other only ''from the point of view of former presents'' (Deleuze 1989: 99). It does not leave a mark and then march on, but is produced through the uneven and often discontinuous enfolding of historical practices and agencies in the sedimented mattering of the world. Matter, including our bodies, carries within it the evidence of the intra-active practices through which it is produced thus giving time a history which can be read in the differential and on-going becoming of the world (Barad 2007). Contrary to what many of the discourses and

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[2] Alva Noe argues that the idea that the brain is the thing inside of us that makes us conscious is not a new idea exemplified by brain scans but a simple substitution of a physical object, the brain, for the nonphysical stuff inside of us, our essence, that Descartes believed gave us consciousness. According to Noe, consciousness is neither located inside of us nor fundamentally neural, but is a work of improvisational relationships achieved in the processes of living in and with and in response to our environment, including the human and nonhuman others within it.

narratives surrounding ageing would have us believe, time is neither a cage that imprisons us nor a finite quantity of linear moments that will run out more or less on schedule. It is not only something within which we exist, but is constituted by the very fact of our existence.

Time, as understood by Deleuze, does not trap us but is more like a kind of magic that can free us to live, continually opening up possibilities for becoming by giving us chance after chance to combine our past with our present in all sorts of new and unexpected ways. "It is we who are internal to time, not the other way round" writes Deleuze, and it is time "in which we move, live, and change" (Deleuze 1989: 82). Time and the virtual world to which it gives us access, says Deleuze, is our subjectivity, the place where we go to look for the pasts that will influence our present and equip us to construct a new future. And cinema, "because it gives material form to varieties of … time, and change" (Rodowick 1997: 140) by providing us with images of other ways of being and becoming, can aid in the actualisation of these virtual possibilities. When Meigs writes that the magic they feel during and after filming allows them to push beyond their limits in a nonjudgemental atmosphere that gives old women room to exist; when she says that they benefit from conditions on a set that "denies the passing of clock-time" (Meigs 1991: 77); when she describes the "lining up of self- and film images" (78) that forces them to let go of all their preconceived ideas about who they are and how they look, she is referring to the experience of becoming that a direct image of time can bestow.

Unlike indirect time or movement-image cinema, where the body is always acting, reacting and gaining its perspective in a world organised by the totality of Newtonian predictability and Cartesian separation, direct time-image cinema returns to us an undecidable body for which "becoming-other in thought is the prelude to becoming other" (Rodowick 1997: 168). It replaces a cinema of action with a cinema of seeing that brings the "senses into direct relation with time and thought" in order to make them perceptible (Deleuze 1989: 17). Direct time-image cinema, therefore, points us to another world, a science-fiction-like world that can, as Deleuze says, "affirm life and its untimely forces of creation" (Rodowick 1997: xviii). When Meigs writes that the film is still "living in us" (Meigs 1991: 169), her words demonstrate an innate understanding of the porosity of representation and reality that Deleuze is talking about.

She comprehends that filmic and real-life images together conspire to unlock the life hidden away in old women (Meigs 1991), to allow them to move beyond static representations of old age into the freedom of an open future of becoming.

"Nothing happens," says Winnie. "We are what happens. The film is about seven ... old women ... happening," answers Mary (Meigs 1991: 78). And Mary is right. As Mary correctly perceives, and as Deleuze argues, direct time-image cinema can take the most banal situation and, by "extending the force of contemplation ... across daily life" (Deleuze 1989: 19), can produce "knowledge and action out of pure vision" (18). In such a situation, "the character has become a kind of viewer" (3), a non-actor "capable of seeing and showing rather than acting ... or following a dialogue" (20), someone who belongs "to the real and yet play[s] a role" that makes "life in its entirety ... spectacle" (83–4). Thus, these seven women, and the way in which they combine the unfolding story of their lives with the unrolling narrative of the film, embody exactly the new type of actor that direct time-image cinema requires and that can succeed in bringing philosophy and cinema together in the creation of life.

Near the beginning of the movie, when the women find a strange object whose use is unknown to most of them only to discover that it's a boot jack in the form of a voluptuous woman, what one of them laughingly calls 19th-century pornography, our view of them as old women may begin to change. And when they later talk of the times they were in love, of that feeling of walking on air, of being in heaven, a feeling that they would gladly experience all over again if given the chance, we add to their character the dimension of still desirous and sexual beings. Later, when Alice, after confessing that she ended up hating the man she married, admits that she still has hopes, dreams, and feelings, that she is still alive and would welcome the right man if he came along, we can tell from her body and her face that, when Deleuze says that "people ... occupy a place in time which is incommensurable with the one they have in space" (Deleuze 1989: 89), it is true. As Alice speaks of love, we begin to understand how the body, as a container of time, can force thought into various "categories of life" in order to "relate thought to time" (189) in the interest of life, hope, and the creation of the new. And when we grasp that "memory is not in us; it is we who move in ... memory" (98), then we can

start to recognise that cinema possesses the ability to form an alliance with the depths of time in order to reveal not just what happens to the image but "around the image, behind the image and even inside the image" (125). Thus, in the brain as on the screen, movements become expressive rather than representative, "feelings become characters" (124), and both are freed to show the interactions among the past, present and future, between the inside and the outside, that take place in all of us whenever we imagine differently the story of our lives.

When looked at in this way, as time-image cinema where "the image no longer has space and movement as its primary characteristics, but topology and time" (Deleuze 1989: 125), *Strangers in Good Company* is ultimately "a film about life" (Meigs 1991: 86), about the resistance of life to the forces that would exhaust and deplete it, forces that often render the lives of the old not worth living. As these seven old women laugh, dance, sing, dream of new love, and splash in the lake together, as they share their food and chores, their worries and fears, their hopes and dreams with each other, as they accept and celebrate their differences as Englishwomen, black, Mohawk, Roman Catholic nun, lesbian, and French Canadian, and become bound to each other both in the film and in life, they embody the power of the direct image of time to invent a new reality and to create joy. They demonstrate that old age, with its vast store of memories (or virtual images), often used to characterise the old as behind the times and unchanging, and with its physical and cognitive limitations and disabilities (or actual conditions that provoke change), often drawn on to represent the old as slow and unimaginative, are in reality precisely the circumstances that can make the old even more creative in their ability to combine the virtual and the actual in order to survive and grow.

After the movie became a success,[3] Meigs writes that Beth, then aged 82, who during filming was afraid to remove her wig and show her wrinkles, was "reborn," finally "become the actress of her dream" (Meigs 1991: 167).

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[3] *Strangers in Good Company* not only won critical acclaim but also won the 1991 Genie Award for best editing. In addition, Alice Diablo and Cissy Meddings were nominated for the 1991 Genie Award for Best Actress, Winifred Holden and Catherine Roche were nominated for the 1991 Genie Award for Best Supporting Actress, and the movie was nominated for the 1991 Genie Award for Best Picture.

Flying to New York and London, appearing on TV, seemingly ageless and inexhaustible with all disguises and preconceived notions of who she was gone, Beth became a shining example of the creative possibilities of life provided by the crystallisation of filmic and real-life images. By refusing to differentiate between representation and reality, and by daring to combine the virtual with the actual in a new and unpredictable way, out of the swirling mists of a conventional and predictable old age, Beth made film star and old woman truly one. And, in the process proved that magic, as a becoming through time, really does happen.

Conclusion

Films such as *Strangers in Good Company* that present life as becoming implicitly ally themselves with emerging critical theories of ageing such as critical and social gerontology that seek emancipation from "normative assumptions about ageing, particularly as they are imposed by various agents of social control" (Graham 2010: 177). The stories these movies tell and the characters they create, therefore, present a challenge to the myriad ways in which contemporary ageism is made manifest. They make us think about ageism as not only oppression – the systemic, often unintentional, constraints imposed by institutional, bureaucratic, and collective assumptions and reactions to people within a certain category resulting in the inability of those within that category to develop and express themselves fully – and domination – the institutional conditions that inhibit those within that category from fully determining their actions or the conditions of their actions – but as interference with the differential becoming of the world itself (Barad 2007; Young 1990).

  Strangers in Good Company also lets us see how older people exceed the limitations imposed on them by their categorical affiliation, and even their own internalised ageism, in order to remain an integral part of the becoming of the world – how life exceeds the model (Kirby 2011). When the women call on a lifetime of virtualities in order to improvise and survive in the actual present, and when they create a sense of community marked by kindness, respect, and time for really listening to each other's stories despite the exigencies of survival, in the process, they give both themselves and the viewer an opportunity to see time as a creative force

that inspires becoming rather than the ominous ticking of a universal mechanical clock. Similar to Mary, an artist both in real life and in the movie, who admits that the real art of her pictures lies in knowing what to omit, what to leave to the imagination, this film challenges us to imagine cinema not as a way to present a perfect illusion or a representation of the real, but as an exercise in inventing new realities, an opportunity to confront the virtual other of pure time, that is both outside us as sheer force or non-human potential and inside us where we live and think, in order to "pitch us into becoming" (Rodowick 1997: 210).

Finally, *Strangers in Good Company* may help us understand how the way we conceptualise and measure time affects the way we constitute and "practice" ageing and old age. Taking a cue from the quantum phenomenon of decoherence, which posits that when a quantum system such as a single atom, existing in a superposition, or being in two or more places or states at the same time, is "caught" and separated from its entanglement with the world by a macroscopic object through an act of measurement or a cut, it decoheres, meaning its wave-function collapses and it becomes a distinct particle in a particular location (Al-Khalili 2004), we might think of becoming in somewhat the same way. Although this is certainly not an accurate analogy, if life can be seen as somewhat like a superposition in that it is neither linear nor fixed but full of possibilities, then decoherence suggests that finding ourselves "caught" in a culture in which old age and old bodies are persistently and deliberately measured, described, and devalued can, in some sense, cut the elderly off from the continuum of life, eroding their ability to continue becoming in a way that can even hasten death.[4] Yet, just as a wave-function that has collapsed into a determinate particle does not cease to be a part of the "mattering" of the world, in another sense, death may be simply another step in the process of becoming that *is* our entanglement in the world.

When Deleuze argued " that the virtual worlds created by screen forms intervene in all aspects of things in the worlds on screen and the bodies in the worlds external to that screen," producing "new concepts that change

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[4] A 2002 study conducted by Dr. Becca Levy, a professor at the Yale School of Public Health, found that those who viewed ageing as a positive experience lived an average of 7.5 years longer than those who viewed ageing in a negative way.

how we perceive and interact with the world'' (Colman 2011: 1), he wanted us to understand that the concepts that cinema gives rise to are ''not 'about' cinema, but about ... a new practice of images and signs, whose theory philosophy must produce as conceptual practice'' (Deleuze 1989: 280). To the extent that watching and analysing *Strangers in Good Company* can open our minds to alternative concepts and practices of time and becoming that encourage us to fully incorporate old age and even death back into life, then, as Deleuze believed, the ability of cinema to call forth a new and different reality may truly change the way we construct and value the last years of our lives. By enabling us to see our chronological age and our changing bodies as more or other than markers of decline, the magic of cinema might even help us learn to experience ageing not only as loss, but as part of the abundant and unpredictable growth and becoming that is life itself.

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Political participation of older adults in Scandinavia – the civic voluntarism model revisited? A multi-level analysis of three types of political participation

By Mikael Nygård* & Gunborg Jakobsson*

Abstract

This article examines political participation among older adults in Österbotten, Finland, and Västerbotten, Sweden. Two specific hypotheses are tested. First, we anticipate that older adults are loyal voters but less avid in engaging in politics between elections. Second, we expect individual-level resources to explain why older people participate in politics.

The article offers two contributions to the literature on political participation of older adults. First, it corroborates earlier findings by showing that older adults indeed have a higher inclination to vote than to engage in political activities between elections, but it also shows that the latter engagement is more diversified than one could expect. Second, although the findings largely support the resource model, they suggest that we need to consider also other factors such as the overall attitude towards older people.

Keywords: political participation, older adults, resource theory, civic voluntarism, Västerbotten, Österbotten.

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Introduction

The political participation of older adults in Western democracies has received increasing attention during the last decades, as a consequence of demographic transformations and a growing elderly electorate.

   Notwithstanding this growing interest, the research on political participation of older adults is still in an initial phase. Research has so far showed how age influences political behaviour (e.g. Franklin 2004; Wass 2008) or how older people differ from younger cohorts in this respect (Goerres 2009; Quintilier 2007), but we still do not know much about the deeper meanings of political engagement for older people. For example, according to the well-established resource theory of civic voluntarism (Verba et al. 1995), political participation of older adults can be seen as a function of mobilising factors, such as high education or extensive social networks (Goerres 2009; Nygård & Jakobsson 2011). However, it is also likely that other factors, such as the overall wellbeing, play a role for their inclination to participate in civic activities (cf. Schyns 1998; Veenhoven 1995). Moreover, country-specific factors such as welfare-institutional structures or cultural characteristics are likely to shape these relationships and create different participatory patterns in different counties.

   This article examines political participation among older adults in Finland and Sweden with the help of cross-sectional survey data from two specific regions, *Österbotten* in Western Finland and *Västerbotten* in North-Eastern Sweden. The data allow us not only to examine political participation in a welfare-state setting that is known for its universal features but also to compare how it differs between the two countries. Moreover, due to the multi-disciplinary character of the data, it becomes possible to test the resource model against other factors, which in turn provides a deeper understanding of the phenomenon at hand. Accordingly, the aim of the article is to analyse patterns of political participation among older adults in two Scandinavian regions and to test different explanative models for this participation. Two specific hypotheses are tested. First, we anticipate that older adults are loyal voters but less avid to engage in politics between elections. Second, we expect individual-level resources to explain why older people participate in politics.

Definitions and Literature Review

As such, chronological age has no self-evident effects on political participation. Nevertheless, it tends to influence political behaviour through the roles that a person plays in different life stages. The concept of older adults is not straightforward since old age has different meanings in different cultures and undergoes change over time (Westerhof & Tulle 2011; Wilson 2000). Here, we choose to define older adults as persons aged 60 or more, since it is in accordance with earlier research in this field (cf. Goerres 2009).

Also, the concept of political participation is problematic due to its many forms and changing character. As a phenomenon, it can refer both to more official activities within the boundaries of representative democracy and to activities that are more direct, more spontaneous and not confined to formal arenas of political action (Barnes et al. 1979; Kaase 1999). It can also relate either to voluntary, non-professional activities or activities that are to be seen as professional or bureaucratic in accordance with the Weberian notion "Politik als Beruf" (cf. Verba & Nie 1972). Different types of political participation function differently when it comes to the ways that they convey or manifest positions or individual standpoints, that is, how they affect the general opinion or policy-makers (Goerres 2010; Verba et al. 1978, 1995). For example, while voting can be seen as an efficient way for the average citizen to exercise pressure over politicians, but as a less efficient way of conveying preferences, a petition or a demonstration usually works the other way around. Here, political participation is defined as the individual, non-professional and voluntary participation in activities that aim, directly or indirectly, at influencing political outcomes, changing the institutional premises for politics or affecting the selection of personnel or their choices (cf. Barnes et al. 1979: 59; Verba & Nie 1972: 2; Verba et al. 1995: 38). This definition precludes, for example, paid political work, lobbying or running for office as well as activities that merely represent attentiveness or interest in politics (e.g. reading newspapers) or an ambition to express oneself to make a moral statement (e.g. wearing a badge). Also, the engagement in voluntary organisations, such as pensioner's organisations or theatre associations, falls outside this definition.

The international literature has suggested a number of classifications of political participation, one early and influential version being the distinction between conventional and non-conventional types of participation (Barnes et al. 1979). Put simply, participation that pertains to the arena of representative democracy, such as campaigning for a candidate or voting, was here seen as a conventional action whereas an activity outside this arena (such as protesting) was seen as non-conventional. This distinction may have been relevant in the 1960s, 1970s and even the 1980s, but is no longer up to date. Therefore, another distinction has gained ground that distinguishes between institutionalised and non-institutionalised political participation (Goerres 2009, 2010). The first category – institutionalised participation – refers to organised, formal forms of participation such as voting, whereas the other category – non-institutionalised participation – relates to more spontaneous, informal forms of participation outside the "institutionalised" political sphere, such as protesting or boycotting (cf. Goerres 2010; Kaase 1999; Stolle & Micheletti 2006). Also, there are studies that suggest that the non-institutionalised category is too wide to successfully capture all nuances of participation between elections since boycotting – for instance – partly represents another kind of political statement than for example contacting (Bengtsson & Chistensen 2009; Nygård & Jakobsson 2011; Stolle & Micheletti 2006; Stolle et al. 2005).

Judging from the evidence provided by previous research it seems that institutionalised participation, notably voting, is today losing ground in most western democracies while non-institutionalised types of participation are gaining terrain, not least among younger citizens but also among new cohorts of older people (e.g. Blais et al. 2004; Campbell 2003; Dalton 2006, 2008; Franklin 2004; Goerres 2010; Jennings & Markus 1988; Kaase 1999; Norris 2002; Putnam 2000). This transformation has been seen as an expression of changing value structures (Inglehart 1990), eroding trust in politics (Dalton 2004) or changes in the overall political integration, especially of younger generations (Blais et al. 2004; Dalton 2008; Quintelier 2007). The growing acceptance of non-institutionalised participation on the other hand has, among other things, been related to changes over time in political socialisation. Allegedly, where and when one is born matters for one's political behaviour. The political culture and the social norm

structure that was prevailing during our impregnable years of youth are likely to have a lasting impact on us as political beings (Butler & Stokes 1983; Rose & McAllister 1990).

One interesting feature in the research on ageing and political participation is that age is often treated as an independent variable alongside others, which has generated many volumes on how participation, and voting in particular, changes over the life course and how older persons differ from young in this respect, but very few studies on what political participation actually means to older persons and how it relates to other spheres of their lives have been done (cf. Nygård & Jakobsson 2011). One of the most valuable insights generated from previous research is that voting generally is lower when we are young, rises when we become middle-aged and stays high until the frailty of very old age starts to refrain us from voting (e.g. Franklin 2004; Verba & Nie 1972; Wass 2008; Wolfinger & Rosenstone 1980). Another is that older people tend to be less likely than younger people to engage in non-institutionalised activities (e.g. Barnes et al. 1979; Campbell 2003; Goerres 2009; Jennings & Markus 1988; Norris 2002). However, such findings are not always unequivocal. When it comes to the phenomenon of writing letters to representatives, for instance, Campbell (2002, 2003) found no clear differences between older and younger American citizens. Similarly, Kam (2000) found very little support for the thesis that non-institutionalised activities are rarer among older people in Hong Kong. Although these examples represent merely a small fraction of the evidence from this genre of research, they suggest that the patterns and determinants of political participation of older adults may be strongly circumstanced by geographical, cultural, historical as well as socio-political factors (Wilson 2000). Therefore, there is a need for a wider multi-disciplinary political gerontology (cf. Cutler 1977) that not only examines the finer nuances and driving forces of political participation of older persons and relates it to their lives and living conditions in general but also situates these patterns and relationships in unique and country-specific settings.

When it comes to the question as to why older persons engage in politics, we find that the same factors that explain political participation in general also work fine with respect to older persons (cf. Campbell 2003). One of the most influential explanative models in this respect is the

resource model of civic voluntarism (Verba et al. 1995). In their pioneering work on political participation, Verba and Nie (1972) stated that participation is more likely among persons with higher levels of socio-economic resources (such as education or income) than among others. Also Wolfinger and Rosenstone (1980) found evidence supporting this thesis as education in particular was found to have a triggering effect on voting. The civic voluntarism model later developed by Verba et al. (1995) continued along these lines. According to the model, participation in politics is stimulated by three main groups of "participatory" factors: socio-economic resources, engagement and mobilisation. Education, political skills and income serve as examples of socio-economic resources that facilitate participation. Engagement, on the other hand, relates to one's interest in politics, political knowledge and belief in the capacity to influence politics. Mobilisation, finally, refers to the stimulating effects that rise from interaction with other persons in social networks, such as one's affiliation with voluntary organisations or workplace communities (Verba et al. 1995).

The engagement dimension in this model has also sometimes been referred to as political efficacy, which is a two-fold concept. Internal political efficacy relates to the belief that one can influence politics whereas external efficacy relates to the belief that politicians actually care about one's opinions (e.g. Dalton 2008). Another concept that comes close to the engagement dimension is political trust (also called institutional trust or political support), which generally refers to the trust that an individual has in the political system, politicians or political institutions (Dalton 2008; Easton 1975). Similarly, the mobilisation dimension has often been considered in terms of social capital (e.g. Bäck 2011; Teorell 2003). Advocates of the "social capital school", most notably Robert Putnam (2000), have suggested that the mobilising factors in a person's social life mainly consist of a cognitive and a structural aspect. Whereas the former aspect relates to interpersonal trust, the latter relates to a person's engagement in voluntary organisations. However, the impact of social capital is likely to be less important for non-institutionalised forms of participation (Kaase 1999), as such activities are often characterised by some sort of dissent and may be fuelled by a lack of trust in institutionalised forms of civic engagement.

The resource model has been tested on older adults on a number of occasions and has largely proven robust (e.g. Campbell 2003; Goerres 2009; Nygård & Jakobsson 2011). For instance, in a recent paper on older Finns, Nygård & Jakobsson (2011) found support for the stimulating effect of socio-economic resources and mobilisation on both voting and non-institutionalised political activities whereas the effects of engagement, on the other hand, were found to be almost non-existent. In another analysis of the relationship between voting and ageing in Europe, Goerres (2007, 2009) found support for not only all three dimensions of the resource model but also found that good health, long residential duration, living with a partner as well as a strong sense of duty are important predictors in this respect. Some authors have also suggested that negative old-age attitudes may hamper the participation of older adults (e.g. Cuddy et al. 2005), whereas others argue that older adults tend to become more politically active if they feel that their interests are threatened (Campbell 2002, 2003).

To sum up, on the basis of this literature review older people in Scandinavia are likely to be eager voters but less avid with respect to participation between elections. Moreover, political participation is expected to be a function of the level of socio-economic resources as well as engagement and mobilisation. How useful is then the resource model when applied in a specific geographical and welfare-institutional setting such as the Scandinavian countries? Older people in these countries are far better educated, enjoy far better health and receive more generous (income-related) pensions than any generation before them (cf. NCM 2010; Sundström 2009). Furthermore, poverty rates among retired people in Finland and Sweden are very low when compared internationally (e.g. Smeeding & Sandström 2005). Last, but not least, both countries share a legacy of stable political institutions, long-lasting majority coalitions and early adopted and widely distributed political rights that have also had a positive effect on gender equality (Anttonen 2005; Einhorn & Logue 2003). One plausible effect is a weaker impact of wealth on political participation than in countries such as the United States, where income among retired people is more unevenly distributed (Campbell 2003). Another plausible outcome is a less evident role of ''social capital'' for participation than in the United States or European countries in general, since encompassing

welfare regimes with individualised social rights are often believed to have an undermining effect on the overall level of social capital (Putnam 2000). Furthermore, gender differences in political participation can be expected to be small, although older women are generally believed to be less active in politics than men due to different socialisation processes (Inglehart & Norris 2003; Welch 1977). Finally, since the cohorts in this study reached their statutory voting age (21 years) during post-war periods (the 1950s and 1960s) when turnout rates in Finland and Sweden were exceptionally high in historical comparison (Einhorn & Logue 2003), we can expect this to manifest itself through high levels of voting participation.

Data and Empirical Design

Data and Study Population

The two hypotheses of the article have been analysed with the help of data from a cross-sectional survey that was conducted in 2010 as part of an inter-regional research project, the *GERDA Bothnia* project (see GERDA 2012).[1] The overall aim of this multi-disciplinary project was to map living and health conditions of older adults living in the Bothnia region, that is, on both sides of the *Gulf of Bothnia*, in *Västerbotten* in Sweden (15 municipalities/211,884 inhabitants) and in *Österbotten* in Finland (17 municipalities/178,000 inhabitants). As part of the project, in 2010, a questionnaire was sent to all people aged 65 (born 1945), 70 (born 1940), 75 (born 1935) and 80 (born 1930) living in rural municipalities in this area, as well as to every second person in the most populous town in *Österbotten, Finland*, and to every third person residing in the two most populous towns in *Västerbotten, Sweden*. The sample was made on the basis of the official population register in Finland and the official tax authority in Sweden (Herberts 2011).

Finnish is the majority language in Finland, but there is also a Swedish-speaking minority, which apart from the *Åland* archipelago resides predominantly in the region of *Österbotten*. The Finnish questionnaires were

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[1] The acronym GERDA stands for Gerontological Regional Database and Resource Centre (GERDA 2012).

sent in Finnish to Finnish-speaking Finns and in Swedish to Swedish-speaking Finns on the basis of their reported mother tongue in the Finnish population register. In the questionnaires the respondents were also asked to report their mother tongue.

In September–October 2010, a total of 10,696 questionnaires were sent out to the persons in the sample. After reminders, a total response rate of 64% (n = 6838) was obtained. The questionnaire was answered by 3779 persons in Sweden and 3059 in Finland, resulting in a total response rate of 70.7 and 57.2%, respectively. The response rate was higher among the two younger age groups (66%) than those aged 75 and 80 (62 and 59% respectively). Furthermore, the survey generated a lower response rate among the Finnish-speaking Finns (52.9%) than among Swedish-speaking Finns (61.5%). In most surveys directed to older people, the dropout rate is generally higher among those with frailty and those in care. In this sample, only a small proportion of the respondents reported poor health (4.2%) or lived in a service facility for seniors (1.3%).

Outcome Variables

The analysis used 11 items on political participation frequently employed in similar research (e.g. Barnes et al. 1979; Goerres 2009; Verba et al. 1995).[2] On the basis of descriptive and dimensional analyses of these items, three outcome variables (indices) were constructed for the sake of the explanative analysis. The first outcome variable, *voting*, is based on the reported voting in municipal, parliamentary and presidential (Finland) or county council (Sweden) elections, and thus refers to the institutionalised dimension of political participation (Cronbach's Alpha [CA] = 0.830).

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[2] The original items were: "Did you vote in the latest municipal, parliamentary, European, church council, presidential/county council election?" (yes, no, do not know), "Have you during the last five years engaged in the following activities: contacted a civil servant or politician, appealed against a decree launched by authorities, written a letter to the editor/an article in a news paper/journal, signed a petition, participated in a demonstration, used your power as a consumer for boycotting a product, a company or a country?" (yes, many times, yes, occasionally, no, do not remember).

The second variable, *influencing,* relates to contacting politicians, appealing against decisions and writing letters to the press (CA = 0.600). The third outcome variable, *protesting*, is an index of boycotting, signing petitions and demonstrating (CA = 0.590). Given the fact that the 11 questions on participation have been extensively tested in earlier research and indices generally prove more valid measures than separate items (e.g. Bohrnstedt & Knoke 1982: 360–362), this procedure can be seen as more reliable than using separate items as outcome variables. It also helps to rectify the well-known problem of overestimation of voting behaviour (e.g. Martikainen et al. 2005: 654), which is likely to be even more aggravated when we are dealing with older persons.

Individual-Level Variables

Three sets of individual-level independent variables were used (see Table 1). The first set of variables can be said to represent the resource model discussed above and includes *income* (less than 1000 €/month, 1001 € or more), *education* (under 10 years, 10 years or more), *political trust* (low, high), *political efficacy* (low, high), *party membership* (no, yes), *political interest* (low, high), *membership in voluntary associations* (low, high) and *interpersonal* trust (low, high).[3] The last two variables were summative

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[3] The original items were: *Income*: "What is your monthly income before taxes?" (0–500 €, 501–1000 €, 1001–1500 €, more than 1500 €), *Education*: "How many years of school do you have?" (Continuous), *Political trust*: "How is your confidence in parliament and government?" (strong, neither strong nor weak, weak, cannot say), *Internal political efficacy*: "I feel strong and influential in society" (totally agree, partly agree, do not agree at all), *Party membership*: "Are you member in a political party?" (yes actively, yes passively, no not member), *Political interest*: "Do you regularly watch programs/news on societal issues on TV?" (yes, no), *Membership in voluntary associations:* summative index based on the involvement in sports/outdoor, religious, social or health, cultural, senior, housing or local community, relative/patient or other kinds of associations, *Interpersonal trust*: "How much confidence do you have in the following persons /.../ friends and neighbours?" (1 = much, 2 = neither much nor little, 3 = little, 4 = cannot say).

Table 1. The distribution of respondents (in%) by variable category and country (N = 6838)

	Finland (N = 3059)		Sweden (N = 3779)	
	%	%	%	%
Outcome variables				
Voting (low, voted in all three elections)	17.8	82.2	19.3	80.7
Influencing (low, participated in one activity)	74.0	26.0	64.3	35.7
Protesting (low, participated in one activity)	67.2	32.8	59.8	40.2
Individual-level independent variables				
Resource-model variables				
Income (0 = low, 1 = high)	31.5	68.5	27.6	72.4
Education (0 = 0–9 years, 1 = 10 years or more)	45.2	54.8	50.5	49.5
Political trust (0 = low, 1 = high)	87.2	12.8	77.9	22.1
Political efficacy (0 = low, 1 = high)	43.5	56.5	45.8	54.2
Member in a party (0 = no, 1 = yes)	71.1	28.9	79.6	20.4
Political interest (0 = low, 1 = high)	7.9	92.1	5.3	94.7
Voluntary associations (0 = low, 1 = high)	82.3	17.7	79.4	20.6
Interpersonal trust (0 = low, 1 = high)	32.0	68.0	27.6	72.4
Value variables				
Sense of duty (0 = weak, 1 = strong)	46.1	53.9	45.8	54.2
Religiosity (0 = weak, 1 = strong)	14.2	85.8	34.2	65.8
Well-being variables				
Life quality (0 = low, 1 = high)	72.7	27.3	66.0	34.0
Self-rated health (0 = poor, 1 = good)	40.4	59.6	33.2	66.8
Health care trust (0 = low, 1 = high)	48.8	51.2	53.9	46.1
Old-age attitude (0 = positive, 1 = negative)	56.4	43.6	60.0	40.0
Control variables				
Age group (0 = 65 years, 1 = 70 years)	39.8	22.2	36.4	25.9
Age group, cont. (3 = 75 years, 4 = 80 years)	21.2	16.8	20.7	17.0
Gender (0 = female, 1 = male)	55.9	44.1	52.4	47.6

Table 1 (*Continued*)

	Finland (N = 3059)		Sweden (N = 3779)	
	%	%	%	%
Language (0 = Swedish, 1 = Finnish or other)	61.8	38.2	98.0	2.0
Civil status (0 = single, 1 = partnership)	24.4	75.6	28.5	71.5
Residential duration (0 = 0–20 years, 1 = 21 years or more)	11.7	88.3	23.4	76.6

Municipal-level variables (min/max/mean)						
Voluntary association (continuous, range 0–1)	0.09	0.30	0.18	0.17	0.27	0.21
Political structure (continuous, range 1–10)	6.45	7.96	7.04	4.92	6.22	5.59
Old-age attitude (continuous, range 0–1)	0.26	0.57	0.44	0.31	0.44	0.40

indexes calculated on the activity in voluntary association other than political parties, as well as trust in friends and neighbours.[4]

The second set of independent variables assesses the value structure of the respondents and includes two variables; *sense of duty* (weak, strong) and *religiosity* (no, yes).[5] The third set relates to the overall wellbeing of the respondent and includes the variables *life quality* (weak, strong), *self-rated*

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[4] The *voluntary association index* was constructed on the basis of how many associations a person was a member of and how actively he or she engaged in them. For each association, active membership generated the value 2, passive membership 1 and no membership the value 0. These numbers were then added together into a total value of associational membership for each respondent and then dichotomised (0–2 = "low", 3 or higher = "high"). Similarly, the *interpersonal trust index* was constructed by first calculating the level of trust ("high" = 1, "low", "neither high nor low" and "cannot say" = 0) for each item separately and them adding them together into a dichotomised variable (2 = "high", 1 or 0 = "low").

[5] The original items were: *Sense of duty*: index of the questions "I see the things that I have planned through"/"I see myself as a part of a whole"/"I am a person that can be trusted"/"I know my responsibility" and *Religiosity*: "Do you believe in God or a higher force?" (yes, no, don't know).

health (poor, good), *trust in health care* (low, high) and *subjective old-age attitude* (positive, negative).[6]

Most of the variables in the first and second set have been used in previous research on political participation (cf. Bäck 2011; Nygård & Jakobsson 2011).[7] Sense of duty has been found to be an important predictor of voting (Goerres 2009) but is not likely to have a strong influence on non-voting activities. Religiosity, in turn, reflects important aspects of a person's value structure. The variables in the third set, on the other hand, have not as far as we know previously been used for explaining political participation of older adults, except for health. Life quality assesses the effect of the overall wellbeing of a person and can be expected to have a positive influence on participation (Frey et al. 2004; Lane 1988; Stutzer & Frey 2006; Veenhoven 1995). Health care trust is used as a proxy for the overall trust in the welfare state, and tests whether concern about welfare services affect political participation (cf. Campbell 2003). The variable old-age attitude assesses the role that experiences of negative attitudes towards older adults play for political participation (cf. Campbell 2003; Cuddy et al. 2005).

Control Variables

Age (65, 70, 75, 80 years), (male) *gender*, *language* (Swedish, Finnish or other), *civil status* (single, partnership) and *duration of residence* (maximum 20 years,

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[6] The original items were: *Life quality*: index of the questions "How happy or unhappy do you feel at the moment?" (very happy, fairly happy, hard to say, fairly unhappy, very unhappy)/"How meaningful do you find your life right now?" (very meaningful, fairly meaningful, hard to say, fairly meaningless, very meaningless), *Self-rated health*: In general, how would you say your health is? (excellent, very good, good, fair, poor), *Trust in health care*: "How is your confidence in the health care system in your home municipality?" (strong, neither strong nor weak, weak, cannot say), *Subjective old-age attitude*: "According to your opinion, what is the general attitude towards older people within politics?" (positive, neutral, negative, cannot say).

[7] The dichotomisation of the independent variables means a certain loss of variance, but increases the sub sample sizes, which helps to create enough large intra-group variance in order to make regression analysis fruitful.

21 years or longer) were used as control variables. The last variable serves as a proxy for a person's social integration; the longer one has lived in a place, the more likely one is to adhere to social norms (Goerres 2009).

Municipal-Level Variables (N = 32)

Three variables, *membership in voluntary associations, political structure* and the *subjective old-age attitude*, were used to assess the effect of contextual-level characteristics for the 32 municipalities. The variables were calculated as aggregated group means (with continuous values varying between 0 and 1, or between 1 and 10 as in the case of political structure, where higher values indicate a more rightist value structure) on the basis of their individual-level analogues and can be said to assess the effect of the overall social norm of participation (associational membership), the overall ideological structure (overall positioning on the left–right axis) as well as the perceived overall attitude towards older adults (old-age attitude).

Analyses

The data was analysed with the STATA 10 software package. Initially, the 11 types on participation were analysed separately for both countries to discern overall patterns and to discern the amount of variance in political participation between the two countries. On the basis of factor analyses, three outcome variables were constructed: *voting, influencing* and *boycotting*. These variables were then analysed by using two-level multivariate logistic regression analysis (xtmelogit), since this enabled us not only to compare the role of the civic voluntarism model to other explanations but also to compare the impact of individual-level variables (level 1) to that of municipal-level characteristics (level 2). We chose to use municipal-level variables instead of country-level aggregates since preliminary analyses (not reported here) showed that there was not enough variance on level three (the country level) to make such a modelling strategy meaningful. Therefore, the subsequent analysis concentrated only on the individual and municipal level.

Four models were fitted for each outcome variable, the first model being an "empty" model providing a baseline estimate of the level-2 variance (σ_u^2) as well as the variance partition coefficients (*VPC*) for level two

according to Snijders and Bosker's (2001) formula. The second model assesses the effects of individual-level variables, the third the effects of contextual-level variables. The fourth and final model is a full model that includes all variables (also control variables). In addition to each regression model we also controlled for possible individual-level as well as cross-level interaction effects.

Findings

Table 2 shows participation levels for 11 political activities by country and age group. Three interesting observations can be made. First we find a higher level of engagement with respect to institutionalised than non-institutionalised political activities. The average percentages for the former superseded the latter by 50 in some cases. But we can also detect variation within these two broad categories. While around 90% reported that they had voted in the latest presidential/county council, parliamentary or municipal elections, a much smaller proportion reported having voted in the elections to the European parliament or church council elections. Similarly, letters to politicians or officials, petitions or boycotts were more common than for example demonstrations.

Second, we see that participation differs between age groups. While the reported voting levels differed only slightly across age groups, non-institutional activities were generally much rarer in older age groups than in younger ones. One exception was church council voting, that is generally higher among older respondents.

Third, Table 2 (and also Table 1) shows that there are some interesting differences in political participation between Finnish and Swedish older adults. While older adults in Finland reported a somewhat higher average level of institutionalised participation, the opposite seemed to be true for non-institutionalised participation. But there were also some differences between the countries as to the reported participation levels of each cohort. For example, while voting (church council elections not included) differed slightly across age groups in Sweden, the 80-year-olds in Finland generally reported lower engagement than other age groups. This can be a result of many things, but one plausible cause is that the Finnish cohorts differ more in political socialisation than do the Swedish. The pre-war cohorts

Table 2. Participation in different types of political activities (as a percentage) by country and age group (N = 6838)

	Finland (N = 3059)				Sweden (N = 3779)			
Type of participation	65 %	70 %	75 %	80 %	65 %	70 %	75 %	80 %
Voted in municipal election[a]	92.5	93.4	92.3	88.9	93.4	93.1	91.5	92.2
Voted in parliamentary election[a]	93.7	92.0	92.9	89.2	94.5	94.0	92.9	92.0
Voted in EU election[a]	75.6	74.5	72.8	65.8	55.5	59.8	54.3	52.9
Voted in church council election[a]	36.2	45.3	53.0	55.8	40.7	49.4	54.4	61.2
Voted in presidential/ county council election[a]	92.8	91.9	92.3	88.2	89.7	88.8	88.2	86.2
Average	*78.16*	*79.42*	*80.66*	*77.58*	*74.76*	*77.02*	*76.26*	*76.90*
Contacted a politician or an official[b]	31.3	21.9	19.8	15.7	43.1	32.7	31.1	25.2
Appealed against a decision[b]	10.3	7.7	5.1	4.9	13.0	9.4	6.9	6.0
Wrote a letter to the press[b]	12.0	9.2	8.2	6.0	12.0	10.8	9.9	7.8
Signed a petition[b]	28.8	21.9	18.0	13.9	38.6	31.8	27.0	20.6
Participated in a demonstration[b]	1.6	1.4	1.8	2.1	8.9	7.4	6.5	6.3
Participated in a boycott[b]	28.9	23.5	21.1	14.2	33.2	26.4	20.6	17.1
Average	*18.81*	*14.27*	*12.33*	*9.47*	*24.80*	*19.75*	*17.00*	*18.83*
N	1189	651	608	465	1315	905	718	566

[a]Relates to the latest election.
[b]Relates to the previous 5-year period and the share of respondents that had engaged once or several times in the particular activity. The proportions for each variable are based on the number of valid cases.

(notably those born 1930) reached their statutory voting age in the early 1950s, when the war experiences were still fresh and the shadow of Soviet influence was still hanging tight over post-war Finland. By contrast, later cohorts became politically active in a period (the 1960s) when politics had become rejuvenated through the New Left and the Women's movement (cf. Nousiainen 1998). These changing historical contexts are likely to have provided different models of political socialisation for the

''impressionable'' first-time voters of that period (Blais et al. 2004; Franklin 2004; Rose & McAllister 1990).

Although the findings so far largely confirm our expectations that older Scandinavians are more likely to vote than to engage politically between elections, it does not however provide a clear-cut picture. Rather, the results suggest a more modulated picture of older adults as political beings since a considerable proportion of the respondents, notably Swedish persons in their 60s or early-70s, reported higher engagement in politics between elections at the same time as some persons had refrained from any political activity whatsoever. Moreover, these patterns are likely to become less distinct in the future since future cohorts of older adults probably share other types of political preferences and social norms than do today's older adults (cf. Blais et al. 2004; Dalton 2008; Goerres 2009; McManus 1996; Rose & McAllister 1990).

To obtain an aggregated picture of political participation among older adults an explorative factor analysis of the 11 dimensions in Table 2 was performed (see Table 3). As shown in Table 3, the factor analysis revealed three underlying dimensions of political participation.

The factor loadings for the first dimension, *voting*, were strong in relation to voting in municipal, parliamentary and presidential elections (in Finland) or county council elections (in Sweden), but not church council and European elections, and can be said to represent institutio-nalised political participation (Barnes et al. 1979). The second dimension, *influencing*, loaded strongly on contacting, appealing against decisions and decrees as well as writing letters to the editor, and can be said to represent a type of political participation that ''works the system from within'', for example, by using the Internet as a channel (cf. Bengtsson & Christensen 2009). The third dimension, *protesting*, on the other hand, represents another type of engagement rationale that is likely to work just as well within representative democracy as outside it. This dimen-sion of political participation loaded strongly on signing petitions, demonstrating and boycotting, and can therefore be said to catch an element of ''open protest'' that is more often associated with young and middle-aged persons than older adults (Barnes et al. 1979; Goerres 2009, 2010; Jennings & Markus 1988; Quintilier 2007; Rosenstone & Hansen 1993).

Table 3. Dimensions of political participation among older adults (N = 6838)

	Dimensions		
Type of activity	1	2	3
Voted in the latest municipal election	**.863**	.066	− .052
Voted in the latest parliamentary election	**.862**	.086	− .054
Voted in the latest EU election	.570	.023	.199
Voted in the latest church council election	.500	− .058	.146
Voted in latest presidential/county council election	**.827**	.059	.015
Contacted a politician or an official	.050	**.744**	.210
Appealed against a decision	.012	**.817**	.023
Wrote a letter to the press	.038	**.625**	.291
Signed a petition	.111	.231	**.708**
Participated in a demonstration	.028	.186	**.642**
Boycotted a product, company or country	.065	.054	**.706**
Eigenvalue	2.768	1.722	1.608
% of variance	25.16	15.66	14.62

Note. The table reports factor loadings generated by principal component analysis (varimax rotation with Kaiser normalisation) of the 11 items on political participation mentioned in Table 2. Loadings stronger than .60 are reported in bold. The extracted dimensions are: 1. Voting, 2. Influencing, 3. Protesting.

The results so far can be concluded by saying that older adults in Scandinavia are active voters but less active between elections, that there are no major differences between Finland and Sweden in this respect, and that engagement rates in general are lower among older age groups, especially when it comes to non-institutionalised participation. The descriptive analysis has thus generated some support for the first hypothesis. This brings us to the second hypothesis, which asserted that political participation of older Scandinavians can be explained mainly by their individual resources according to the resource theory of civic voluntarism (Verba et al. 1995). This hypothesis was tested by comparing the relative explanative power of resource-theory variables on three different types of political participation to that of other individual-level characteristics as well as contextual factors (cf. Table 1). Table 4 reports the results from multi-level logistic regressions for the outcome variable

voting, which is a dichotomised variable based on the first dimension that was extracted in Table 3.

Model 0, which separates level-1 variance from variance resting on the municipal and country level, shows that only a tiny proportion (below 1%) of the total variance originates from the contextual level. Model 1 juxtaposes resource-theory variables, civic attitudes as well as well-being variables, respectively. It shows support for the resource theory by displaying a strong influence from resource-theory variables while effects of civic attitudes and well-being were mostly weak or non-existing, except for the variable old-age attitude. Religiosity and health were only weakly associated with voting whereas no visible effect at all was found for sense of duty, quality of life and health care trust.

The absent effect of sense of duty on voting is interesting when considering its strong impact on voting in previous research (Goerres 2009). Similarly, the non-existent effect of quality of life offers no support for the claims made elsewhere about a link between a person's wellbeing and voting (e.g. Schyns 1998; Veenhoven 1995). Allegedly, wealthy, well-educated, politically integrated and socially embedded older adults experiencing a negative attitude towards older people in politics are more likely to vote than others. Interestingly, political efficacy played only a marginal role and interpersonal trust had no role at all. Model 2, which includes three municipal-level predictors, showed a weak but significant effect of political structure indicating that municipalities with a more rightist ideological identification in general increases the likelihood for voting. However, in the full model (model 3) that also includes control variables the effect of contextual political structure vanished while the effects from the individual-level predictors remained strong. We also found strong positive effects of control variables, such as civil status and duration of residence, which indicate that older adults living with a partner and with a residential duration over 20 years are more likely to vote than others.

By and large, Table 4 supports the resource theory and earlier findings (e.g. Goerres 2009; Nygård & Jakobsson 2011) by indicating that individual-level socio-economic resources, engagement and social networks largely explain voting among older Scandinavian adults, but it also shows that negative attitudes towards older adults in politics as well as

Table 4. The effect of individual- and municipal-level variables on voting

Variables	Model 0 β (S.E.)	Model 1 β (S.E.)	Model 2 β (S.E.)	Model 3 β (S.E.)
Individual level (level 1)				
Constant	1.48 (.04)***	− 4.77 (.53)***	1.50 (.06)***	− 5.47 (.68)***
Income		.48 (.10)***		.51 (.12)***
Education		.53 (.10)***		.50 (.10)***
Pol. trust		.47 (.15)**		.51 (.16)**
Pol. efficacy		.17 (.10)†		.18 (.10)†
Party member		1.13 (.16)***		1.23 (.17)***
Pol. interest		.35 (.17)*		.36 (.18)*
Vol. associations		.64 (.13)***		.69 (.15)***
Interpersonal trust		.09 (.10)		.04 (.11)
Sense of duty		.14 (.10)		.14 (.11)
Religiosity		.17 (.10)†		.19 (.11)†
Life quality		.12 (.11)		.07 (.12)
Self-rated health		.19 (.10)†		.13 (.11)
Health care trust		.00 (.10)		.00 (.10)
Old-age attitude		.26 (.10)**		.31 (.10)**
Age				− .01 (.05)
Male gender				− .11 (.11)
Language				− .27 (.16)†
Civil status				.30 (.11)**
Residence				.33 (.12)**
Municipal level (level 2)				
Vol. associations			< .001	< .001
Pol. structure			.002 (.001)*	.001 (.001)
Old-age attitude			< .001	< .001
σ_u^2	.015 (.012)	.034 (.029)	< .001	< .001
VPC	.004			
AIC	6582.505	3196.394	8508.745	2844.735

Note. Two-level random-intercept logistic regression models with 6838 persons nested in 32 municipalities.

The table presents non-standardised β estimates (standard errors in parentheses) and significance levels (p). σ_u^2 represents the variance residing on level 2 (municipal level) and VPC is the variance partition coefficient (intra-class correlations coefficient) that shows the total variance residing on the municipal level. The outcome variable is dichotomous (estimated category: voted in all three latest elections). ***$p < 0.001$. **$p < 0.01$. *$p < 0.05$. †$p < 0.10$.

All individual-level predictors are dichotomised with the lower value as reference category (cf. Table 1). Male gender is a dummy variable (woman = ref.) and age is treated as a linear variable. All municipal-level predictors are linear variables.

long-term residence with a partner influences voting (cf. Campbell 2003; Goerres 2009). Interestingly, almost no variance was found to be residing on the contextual level, which also explains why the full model (model 3) provided the best fit. No significant individual-level or cross-level interaction effect were detected.

Table 5 reports the results for influencing. Model 0 reveals a somewhat higher proportion of variance residing on the municipal level (approximately 2%) than in the case of voting. Also, here we could find strong effects of socio-economic resources like education, engagement variables, for example party membership, and mobilisation variables such as membership in voluntary organisations. But in relation to voting, older adults' engagement in influencing could be explained somewhat less by resource-theory variables and somewhat more by civic attitudes and well-being variables. No significant effects of political trust or political efficacy could be found, but instead strong effects of religiosity, health care trust and the prevalence of negative attitudes towards older adults within politics were found. This suggests that influencing partly follows another action rationale than voting, and that civic attitudes or sentiments of disadvantage or ageism are more likely to trigger this kind of participation than voting (Campbell 2003). Model 2 indicates only insignificant effects of contextual-level variables and model 3, in turn, shows that the strong effects of individual-level characteristics remain when control variables and contextual-level variables are controlled for. But we can also see that most of the control variables are strongly associated with influencing suggesting that influencing is more common among younger Swedish-speaking males with less than 20 years of residential duration. Also for this variable, the full model provides the best fit, but we also found negative cross-level interaction effects for individual-level old-age attitude and voluntary association membership and their municipal-level analogues, as well as between individual-level religiosity and municipal-level political structure (not reported in Table 5). Although these interactions did not have an impact on the overall model fit, they suggest that contextual factors influence political behaviour of older adults to some extent.

Table 6 reports the results for protesting. Model 0 indicates that approximately 2% of the total variation resides on the municipal level. In model 1 we once again found some support for the resource theory

Table 5. The effect of individual- and municipal-level variables on influencing

Variables	Model 0 β (S.E.)	Model 1 β (S.E.)	Model 2 β (S.E.)	Model 3 β (S.E.)
Individual level (level 1)				
Constant	− .82 (.06)***	− 4.16 (.42)***	− 0.83 (.11)***	− 2.22 (.50)***
Income		.47 (.09)***		.25 (.09)**
Education		.59 (.07)***		.53 (.08)***
Pol. trust		.01 (.09)		.03 (.09)
Pol. efficacy		.55 (.07)***		.56 (.08)***
Party member		.65 (.08)***		.58 (.08)***
Pol. interest		− .16 (.14)		− .07 (.15)
Vol. associations		.50 (.08)***		.51 (.08)***
Interpers. trust		.04 (.08)		.04 (.08)
Sense of duty		.07 (.07)		.07 (.08)
Religiosity		− .24 (.08)**		− .16 (.08)*
Life quality		.09 (.08)		.00 (.08)
Self-rated health		− .05 (.08)		− .08 (.08)
Health care trust		− .28 (.07)***		− .21 (.07)**
Old-age attitude		.27 (.07)***		.28 (.07)***
Age				− .19 (.04)***
Male gender				.42 (.08)***
Language				− .85 (.10)***
Civil status				− .09 (.09)
Residence				− .40 (.09)***
Municipal level (level 2)				
Vol. associations			< .001	< .001
Pol. structure			.005 (.008)	< .001
Old-age attitude			< .001	< .001
σ_u^2	.067 (.027)	.092 (.040)	.021 (.274)	< .001
VPC	.0198			
AIC	8469.32	5221.063	8312.214	4656.871

Note. Two-level random-intercept logistic regression models with 6838 persons nested in 32 municipalities.

The table presents non-standardised β estimates (standard errors in parentheses) and significance levels (p). σ_u^2 represents the variance residing on level 2 (municipal level) and VPC is the variance partition coefficient (intra-class correlations coefficient) that shows the total variance residing on the municipal level. The outcome variable is dichotomous (estimated category: participated in at least one activity during the latest 5-year period). ***$p < 0.001$. **$p < 0.01$. *$p < 0.05$. $p < 0.10$.

All individual-level predictors are dichotomised with the lower value as reference category (cf. Table 1). Male gender is a dummy variable (woman = ref.) and age is treated as a linear variable. All municipal-level predictors are linear variables.

since strong positive effects of income, education, party membership, membership in voluntary organisations as well as interpersonal trust could be detected. But also strong effects of civic attitudes and well-being could be found, which indicates that the dominance of resource-related explanations is far from unchallenged. Also a person's religiosity, trust in health care and experiences of negative attitudes towards older adults explain why they engage in protesting. This means that it is not only well-off, well-educated, party members with large social networks and high interpersonal trust that tend to engage in protesting, but also non-religious older adults with low trust in health care and experiences of negative old-age attitudes. Also here, the action rationale seems to be different to that of voting, since civic attitudes as well as perceived threats to the supply of welfare-state services (e.g. health care services) are likely to set off this kind of participation. Interestingly still, model 2, which examines the effects of only municipal-level variables, shows that the inclination to protest is positively associated with the overall ideological structure of the municipalities. The more right-wing a municipality, the stronger the inclination to protest tends to be. The inclusion of control variables in the full model (model 3) reveals a negative relationship with age, male gender, language and residence. The propensity for engaging in protest activities was consequently higher among 65-year-olds, women, Swedish-speakers as well as persons with a shorter residential duration. We also found that municipal-level membership in voluntary associations was positively related to protesting, which suggests that older adults in municipalities with a higher average engagement in voluntary associations generally are keener on protesting. However, a negative interaction effect was found between aggregated membership in voluntary associations and its individual-level analogue as well as between municipal-level political structure and individual-level religiosity (not reported in the Table 6).

Although an inclusion of these interaction terms did not affect the overall fit of the model they suggest that protesting is less common among socially connected older adults living in municipalities with a lower average level of associational membership, as well as for non-religious persons living in municipalities with an overall rightist ideological structure.

Table 6. The effect of individual- and municipal-level variables on protesting

Variables	Model 0. β (S.E.)	Model 1 β (S.E.)	Model 2 β (S.E.)	Model 3 β (S.E.)
Individual level (level 1)				
Constant	− .60 (.05)***	− 4.49 (.41)***	− 0.54 (.08)***	− 3.04 (.51)***
Income		.29 (.08)***		.36 (.09)***
Education		.58 (.07)***		.44 (.07)***
Pol. Trust		.00 (.09)		.03 (.09)
Pol. efficacy		.09 (.07)		.09 (.07)
Party member		.62 (.08)***		.67 (.08)***
Pol. interest		.11 (.14)		.21 (.15)
Vol. associations		.55 (.08)***		.55 (.08)***
Interp. trust		.25 (.08)**		.21 (.08)**
Sense of duty		.07 (.07)		.02 (.08)
Religiosity		− .16 (.08)*		− .16 (.08)*
Life quality		.08 (.07)		.07 (.08)
Self-rated health		.17 (.07)*		.15 (.08)†
Health care trust		− .25 (.07)***		− .20 (.07)**
Old-age attitude		.46 (.07)***		.50 (.07)***
Age				− .16 (.03)***
Male gender				− .26 (.07)**
Language				− .53 (.11)***
Civil status				.11 (.09)
Residence				− .23 (.09)*
Municipal level (level 2)				
Vol. associations			< .001	.011 (.005)*
Pol. structure			.005 (.001)*	< .001
Old-age attitude			< .001	< .001
σ_u^2	.070 (.026)*	.086 (.035)*	< .001	< .001
VPC	.021			
AIC	8964.767	5507.057	8854.065	4967.85

Note. Two-level random-intercept logistic regression models with 6838 persons nested in 32 municipalities.

The table presents non-standardised β estimates (standard errors in parentheses) and significance levels (p). σ_u^2 represents the variance residing on level 2 (municipal level) and VPC is the variance partition coefficient (intra-class correlations coefficient) that shows the total variance residing on the municipal level. The outcome variable is dichotomous (estimated category: participated in at least one activity during the latest 5-year period). ***$p < 0.001$. **$p < 0.01$. *$p < 0.05$. †$p < 0.10$.

All individual-level predictors are dichotomised with the lower value as reference category (cf. Table 1). Male gender is a dummy variable (woman = ref.) and age is treated as a linear variable. All municipal-level predictors are linear variables.

Conclusions and Discussion

The article set out to examine political participation among older adults in two Scandinavian countries. Two specific hypotheses were tested, the first being that older adults are loyal voters but less avid to engage in politics between elections, and the second that individual-level characteristics pertaining to the resource theory of civic voluntarism (Verba et al. 1995) explain why older people participate in politics. Two major conclusions can be drawn from the analyses.

First, as to the question of patterns of political participation, we find that the analyses largely tend to support the first hypothesis, since older Scandinavian adults report a high activity in terms of in-stitutionalised participation but considerably lower activity regarding non-institutionalised participation. This pattern was found for both Finnish and Swedish elders, although the latter group was somewhat more active between elections than the former. We also found an overall negative correlation between age and participation in both countries. Political engagement is generally lower in older age groups, but this holds for non-institutionalised participation to a much greater extent than institutionalised participation. We should not, however, exaggerate the significance of the reported differences between institutionalised and non-institutionalised participation, since it is well known that voting is generally overestimated while, for example, protesting tends to be under-estimated (cf. Martikainen et al. 2005). Moreover the results do not provide an altogether unequivocal picture of older Scandinavians as political beings, since we found non-institutionalised participation to be relatively high in some sub-groups (such as persons in their 60s living in Sweden) while some of the older adults had reported refraining from political participation whatsoever.

Furthermore, we found that political participation of older Scandina-vians tends to be structured according to three dimensions that we have named voting, influencing and protesting. These dimensions not only suggest that persons who engage in one type of activity also tend to be active in other similar ones (Bengtsson & Christensen 2009; Verba et al. 1978), but they also tend to have somewhat different rationales as well as determinants. For example, protest activities are more common among 65-year-old, well-educated (female) persons and are more likely to be

triggered by some kind of perceived hardship or threat in terms of for example cuts in pensions or welfare-state services to older people (Campbell 2002, 2003), while voting is not structured so much according to age or gender but more squarely to individual-level resources, such as high education, political integration or social networks. A good example of this kind of "protest" activity is boycotting, which can be interpreted as an expression of a more individualised and "consumerist" way of influencing society than traditional influencing within the boundaries of representative democracy (Inglehart & Norris 2003; Stolle & Micheletti 2006; Stolle et al. 2005). In a way, it represents a rather uncomplicated way of "voting with one's feet". Influencing, in turn, is characterised more by a passive disposition of disapproval rather than open manifestations of protest, which means that persons engaging in this form of political action are not very likely to take to the streets in order to protest against or influence policies; instead they tend to work the system from within, that is, to contact elected politicians, to use the legal system or to ventilate their views in newspaper columns. These results can be said to be in concordance with previous studies (e.g. Burr et al. 2002; Goerres 2007, 2009).

The second conclusion relates to the explanative performance of the civic voluntarism model when applied on older adults in a Scandinavian setting. As shown in Tables 4–6 the model performs rather well in relation to other sets of variables when it comes to predicting political participation of older people. Individual-level "participatory resources" such as education, party membership and membership in voluntary associations are important predictors for all three types of political participation. But it is also clear that the explanative power of the model differs between different types of political participation. It performs somewhat better with regard to voting than non-institutionalised participation, which can be attributed to the fact that influencing and protesting follow other action rationales than voting (cf. Nygård & Jakobsson 2011). In these two cases we found that other variables challenge the dominance of the resource theory, notably the religiosity, health care trust and sentiments of negative attitudes towards older people, play an important role. Moreover, contextual variables had a somewhat stronger impact on influencing and protesting than voting. The difficulty in finding level-two effects for voting and influencing is likely

due to a small sample size in combination with a small municipal-level variance. Given this, it is also not surprising that the cross-level interactions did not reach statistical significance.

Therefore, we can perhaps conclude that although the resource model performs fairly well in explaining political participation of older Scandinavian adults, we need also to consider other kinds of participatory factors on both the individual and contextual level such as the overall well-being of older adults or ageist structures in society.

The exceptionally high voting participation reported here may reflect a strong sense of duty among older Scandinavians in general, which in turn can be traced back to their political socialisation. As turnout rates were relatively high in the early 1950s and early 1960s and voting was generally conceived of as a moral obligation, this may have left a lasting imprint on the first-time voters at that time (Franklin 2004; Rose & McAllister 1990). Moreover, we need to consider the possible effects of the welfare-state system in these two countries. It is possible that the strong effect of negative old-age attitudes and health care trust reflects some kind of worry in relation to country-specific cutbacks in old-age pensions or welfare services for older adults (Campbell 2002, 2003).

The findings found in this article have several practical implications. One is the insight that older Scandinavians are indeed very active citizens and that they therefore constitute a powerful category of the electorate (cf. Myles & Pierson 2001; Schulz & Binstock 2006). Whether or not this will have an effect of the overall inter-generational power balance in Finland and Sweden remains unclear, but it is likely to play a significant role when welfare state reforms are scheduled and cuts in pensions or services to older adults are considered. Another implication is that the high activity found here may have a positive effect on the overall inclusiveness and well-being of older adults, and thus help to sustain the popular visions of active ageing (e.g. Hoskins & Mascherini 2009; Walker 2006).

Acknowledgements

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Making judgments about other people: impression formation and attributional processing in older adults

By Abby Heckman Coats[1] & Fredda Blanchard-fields[2]

Abstract

Older adults face changing relationships with family members and friends with aging. Social cognition researchers investigate how individuals think about these social situations. The results of this research suggest that older adults are effective at accurately judging social partners when they are motivated to do so and can apply their accumulated knowledge to the situation. However, when cognitive resources are required in social situations, older adults may not perform as well as young adults. We review evidence supporting the importance of cognition, motivation, and knowledge for older adults' impression formation and attributional reasoning. This research is important because it can lead to interventions to help older adults avoid scams and improve their interpersonal relationships.

Keywords: social cognition, aging, older adults, interpersonal relationships, scams, impression formation, attributions.

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Research on social cognition attempts to identify how people reason about situations involving other people. For example, consider the following scenarios:

- A repairman rings Elizabeth's doorbell after a thunderstorm. The repairman explains that he is in the neighborhood fixing roofs, and would like to check Elizabeth's roof for hail damage. He can fix it right away but will need cash upfront.
- Mary has not heard from her adult son for several weeks, despite calling him and leaving messages. When he does finally call her, she chastises him for being selfish and uncaring.

What impression should Elizabeth form of the repairman? Why did Mary chastise her son? Human beings naturally try to make sense of others' behavior. Even situations that seem purely social involve what is going on in individuals' minds. This is the essence of social cognitive functioning. The goals of this review article are 1) to identify mechanisms that underlie age differences in the social cognitive processes of impression formation and attributional processing; and 2) to examine how these processes relate to real-world issues. We will review several possible mechanisms including cognition, motivation, and personal beliefs. We focus on impression formation and attributional processing in this review because these have important implications for helping older adults avoid scams and improve their intergenerational relationships. Impression formation and attributional processing fit together to help individuals develop and maintain relationships.

Impression Formation

Forming impressions of other people is important for understanding the social world. For example, accurately perceiving others' traits is associated with more cooperative behavior (De Bruin & Van Lange 1999). For older adults, it is particularly important to judge people carefully to avoid scams and improve social relationships. When forming an impression, individuals can engage in categorical processing or systematic, reflective processing. In categorical processing, people make trait inferences from a target's behavior based on overall impressions. The more systematic

processing style involves carefully looking at each feature. Thus, the systematic processing style demands cognitive resources, or deeper thought. It is well documented that many cognitive resources, such as some types of memory, decline in late life (Salthouse 2011). Therefore, older adults might be ''unable'' to devote cognitive resources to the task due to an underlying decline in cognitive capacity. Alternatively, they might be ''unwilling'' to devote resources due to changes in motivation with aging. In addition, older adults' accumulated knowledge about life might affect impression formation. What evidence for each of these three possibilities exists?

1. Evidence for Cognitive Mechanisms

Impression formation studies from the social psychology literature suggest that cognition plays an important role in accurately judging a new person (Hamilton & Sherman 1996). To test a cognitive explanation of age differences in impression formation, young and older adults were asked to form impressions of people based on written descriptions that contained both positive and negative statements (Hess et al. 1998). After reading the target descriptions, participants rated how descriptive several characteristics were of each target. Some of the characteristics referred to specific behaviors, and were therefore trait specific (e.g. the target's behavior suggests that he is honest). Other characteristics were general evaluations (e.g. he is likeable). Young adults were more likely than older adults to use trait-specific information when forming impressions. The data also suggested that older adults had worse memory for the behavioral information, which may explain why they did not use the trait-specific information to the same extent as young adults in forming their impressions. Finally, older adults' working memory span played a role in their trait ratings, providing further evidence for the importance of cognitive resources in impression formation (Hess et al. 1998).

Further evidence for the importance of cognition comes from manipulations of cognitive load during impression formation tasks. Increasing the cognitive difficulty of the impression formation task impairs older adults' performance more than younger adults'. For example, asking participants to complete a distracter task while viewing target descriptions had a detrimental effect on older adults' memory for the specific content of trait statements (Mutter 2000). In another study, older adults' memory for

negative information was impaired relative to young adults when they had positive expectancies about the target and were under time pressure (Ybarra & Park 2002). When information is incongruent with expectancies (e.g. processing negative information while holding positive expectancies), systematic processing is required. This demands cognitive resources. Thus, in situations where time is limited, memory capacity limits are approached, or the individual is distracted, older adults' declining cognitive capacity may reduce the quality of their impression formations.

2. Evidence for Motivational Mechanisms

Although cognitive resources play an important role in impression formation, this does not fully explain older adults' social cognition. How motivated older adults are to process trait information systematically instead of categorically is another key variable. Given older adults' limited cognitive resources, they may choose to selectively allocate resources to meet only those goals that are most important to them. This was evident in a study in which participants' interest in the task was directly assessed (Hess et al. 2009b). Participants made judgments about targets' guilt for crimes such as vandalizing a construction site. Participants then listed the thoughts they had while making the judgments. Older adults who reported the most interest in the task used more systematic thinking strategies compared to disinterested older adults (Hess et al. 2009b).

Motivation to process systematically has also been manipulated in terms of accountability (Hess et al. 2009a; Hess et al. 2001). Participants formed impressions of individuals involved in an older adult's retirement housing search. Accountability was manipulated by asking some participants to share their impressions with peers, who would judge the accuracy of the impressions. Older adults' trait impressions were more accurate when they were held accountable for their impressions (Hess et al. 2001). This increased accuracy was driven by older adults' increased use of deliberate, systematic memory processes when they are expected to explain their judgments to peers later (Hess et al. 2009a). It appears that when older adults believe accurate social judgments are important, they consciously work harder to think carefully about their judgments. This suggests that

motivational aspects of the context in which impressions are formed can affect trait judgments.

3. Evidence for Knowledge-Based Mechanisms

In addition to cognitive and motivational factors, older adults may rely on a rich storehouse of accumulated knowledge, or social expertise, to help them form accurate impressions (Hess 2006). To test a knowledge-based hypothesis, researchers have manipulated the diagnosticity of reported behaviors. A behavior is diagnostic if it provides consistently good information about an underlying trait. Depending on the trait in question, positive or negative information may be more or less diagnostic. For example, in the intelligence domain, when someone receives an A on a challenging math test, this leads one to conclude confidently that the person is intelligent. A poor grade could be due to other factors such as a lack of sleep, but it most likely takes intelligence to receive a high grade. Conversely, in the morality domain, performing even one negative behavior (e.g. stealing) is diagnostic of dishonest behavior. This asymmetry in the weighting of positive and negative information may reflect culturally based belief systems regarding appropriate behavior. Sensitivity to this asymmetry in the diagnosticity of behavioral information increases with age (Hess & Auman 2001).

There is evidence that older adults' increased use of diagnostic cues is related to increased attention to relevant cues. For example, participants spent more time reading diagnostic behaviors in each domain (i.e. negative behaviors in the morality domain and positive behaviors in the competence domain), and this effect was particularly true for older adults (Hess & Auman 2001). Furthermore, older adults show increased flexibility in weighting the most relevant diagnostic information when forming impressions in different contexts (Hess et al. 2005). Individuals with more experience in social settings showed more flexibility in impression formation. Thus, accumulated social knowledge plays an important role in older adults' successful impression formation skills.

Real-world implications of impression formation: avoiding scams
Older adults struggle with impression formation tasks due to their limited cognitive resources but do better when motivation is high and they can

apply their accumulated knowledge to social situations. Finding ways to help older adults increase the accuracy of their social judgments can help reduce elder scams. Con artists often target older adults (McGhee 1983), and about 20% of older adults in the United States have been victims of fraud (Bachman 1992). Older adults are especially vulnerable to fraud in door-to-door (Tueth 2000) and telemarketing scams (Cohen 2006), both of which require impression formation skills to avoid. Indeed, older adults were worse at detecting deceit than young adults when targets described crimes they had possibly committed (Stanley & Blanchard-Fields 2008). Older adults' deceit detection deficit was explained by cognitive limitations (in particular, emotion recognition ability). Importantly, older adults were most impaired at deceit detection in face-to-face situations (Stanley & Blanchard-Fields 2008). Thus, one way older adults can protect themselves from scams is to avoid financial decisions at initial face-to-face meetings. Accurate impressions are more likely when older adults instead take the time to use their accumulated knowledge to assess individuals who want to do business with them. In addition, increased public awareness of elder scams might increase older adults' motivation to engage in careful deliberation when forming impressions in the real-world. Thus, in the first opening example, Elizabeth should probably form a negative impression of the repairman.

Attributional Processing

Similar to the second opening example about an intergenerational conflict, another important type of social cognition occurs when individuals attempt to explain others' behavior by making attributions about the underlying causes of a particular behavior. Causal attributions can be dispositional (i.e. something internal about the person) or situational (i.e. something about the external environment). Research shows that young adults often explain a person's behavior in terms of dispositional forces (e.g. the son failed to call because he is selfish) and underestimate the role of situational forces (e.g. the son failed to call because he his busy caring for his sick infant; see Gilbert & Malone 1995 for a review). This over-emphasis on dispositional factors is labeled the correspondence bias and can lead to problems with subsequent social interactions.

To investigate this process in older adults, Blanchard-Fields and colleagues (Blanchard-Fields & Beatty 2005; Blanchard-Fields et al. 1998) presented participants with interpersonal conflict situations. The participants' task was to decide whether something about the main character in the story (dispositional attribution) or the situation (situational attribution) was responsible for the outcome. For example, one vignette described a situation about Barbara pressuring Allen to live with her before marriage. Allen protested, but Barbara continued to pressure him. The relationship fell apart. Older adults consistently tend to blame the main character more (i.e. make dispositional attributions about Barbara) than young adults do, particularly in relationship situations with negative outcomes. This might be due to generational differences in the acceptability of living together before marriage, or it might be due to changes with ageing. At this time, only cross-sectional data is available, so the extent to which age differences in attributional processing are truly changes with age is unknown. The mechanisms underlying age differences in dispositional attributions mirror the ones for impression formation reviewed above. Specifically, cognition, knowledge, and motivation each play a role in attributional processing.

1. Evidence for Cognitive Mechanisms

As with impression formation, cognitive decline is one mechanism that might explain age differences in attributions. Social psychology research demonstrates that considering both situational and dispositional aspects of a situation requires cognitive effort and resources, such as memory (Gilbert & Malone 1995). Given cognitive limitations, older adults might respond with the more accessible dispositional explanations for the characters' behavior (e.g. blaming). To test this mechanism, Chen and Blanchard-Fields (1997) presented social dilemmas to young and older adults. In each situation, a character violated a social rule about what is appropriate social behavior. Participants rated the degree to which the character was to blame for the situation either immediately following the story or after a delay. Older adults made higher dispositional ratings than young adults did in the immediate-rating condition. However, older adults made lower dispositional attribution ratings when given more time to think about the situations. This adjustment when given more time suggests that older

adults' dispositional bias is partially due to cognitive limitations that make fast processing difficult. Similar findings were obtained with a different social judgment paradigm when using a distracter task instead of limited time (Chen & Blanchard-Fields 2000). There is also evidence that cognitive mechanisms such as increased rates of false memories impact older adults' dispositional attributions (Chen 2002).

2. Evidence for Knowledge-Based Mechanisms: Schemas and Beliefs

Although cognitive limitations play a role in attributions, individuals' schemas about proper behavior in specific situations may also be important. Age differences in dispositional attributions are not observed in all situations. Age differences occur most strongly in relationship situations that result in a negative outcome and not in achievement-related situations (Blanchard-Fields et al. 2012). This suggests that older adults' heightened dispositional attributions are not solely due to general cognitive decline.

In fact, age differences in dispositional attributions vary to the extent that the content of the situation triggers relevant beliefs and values (Blanchard-Fields et al. 2012; Chen & Blanchard-Fields 1997). For example, Blanchard-Fields et al. (1998) asked participants to explain their attributions. Individuals who focused their attention on a particular character (i.e. stated that the character violated an important social rule) tended to blame only that character for the outcome despite the influence of other actors and situational factors.

Chen and Blanchard-Fields (1997) also asked participants to explain their attributions. The content of their statements was used to identify each participant's schemas about appropriate behaviors in social situations. Older adults made more schematic statements about the main character in the immediate rating condition than young adults (e.g. "you shouldn't live together before marriage"). In addition, the higher the dispositional ratings, the more justification statements were made regarding values and beliefs related to the main character's behavior. Finally, the degree to which participants produced schematic justification statements about the main character accounted for the relationship between age and

dispositional ratings in the immediate rating condition. Thus, the degree to which an individual endorses social rules predicts when a dispositional bias will be made. In support of this idea, a related study found that older adults exhibited everyday reasoning biases because they were more likely than young adults to base their judgments on their own beliefs (Klaczynski & Robinson 2000).

Finally, in a recent study, Blanchard-Fields et al. (2012) examined age differences in blame attributions for characters who behaved traditionally (e.g. a character who insists on marriage before cohabitation) or nontraditionally (e.g. a character who consents to live together before marriage) in interpersonal conflict situations. Individuals who held traditional beliefs about appropriate behavior in interpersonal relationships were more likely to blame individuals whose behavior violated those beliefs. Older adults held more traditional beliefs than young adults and this accounted for older adults' greater tendency to blame nontraditional characters. Beliefs fully mediated the effect of working memory, suggesting that the beliefs mechanism may be more important than the cognitive mechanism. Overall, these studies suggest that generational differences in the content of beliefs and values may contribute to age differences in attributional processing.

3. Evidence for Motivational Mechanisms

Individuals' beliefs also affect motivation to think systematically about social situations. It takes effort to move beyond dispositional attributions to consider situational causes of behavior. When older adults are given a plausible situational explanation for behavior, they make fewer dispositional attributions (Blanchard-Fields & Horhota 2005). Indeed, older adults report stronger motivation to believe that behaviors reflect true attitudes compared to young adults (Stanley & Blanchard-Fields 2011). This belief in attitude-behavior consistency is an important mechanism underlying age differences in attributional processing (Stanley & Blanchard-Fields 2011). Furthermore, when older adults view attributional tasks as personally relevant and meaningful, they invest more effort and demonstrate better memory for the task (Hess et al. 2009a). Thus, as with impression

formation, motivation partially explains why some older adults do not over-attribute behavior to internal, dispositional traits.

Real-world implications of attributional processing: improving intergenerational relationships

Older adults are more likely to make dispositional attributions than young adults, especially when their cognitive resources are taxed, the situation involves negative relationship outcomes, or motivation is low. These attributions have important real-world implications, such as in intergenerational relationships. Maintaining satisfying relationships with adult children is important for older adults' health and happiness (Lowenstein 2007). Finding ways to improve older adults' attributional processing can increase the quality of parent–child bonds. For example, as in the second opening example, if an adult child hasn't called his older adult parent recently, the parent may make a dispositional attribution that the child is selfish and uncaring. This may lead the older adult to scold the child, which is a destructive strategy associated with lower relationship quality (Birditt et al. 2009b). Indeed, it is common for parents to desire more frequent contact than adult children do, and this discrepancy can lead to intergenerational tensions (Fingerman 1996). Parents also report more intense tensions than their adult children do, particularly about children's finances, education, and life choices (Birditt et al. 2009a). This could be because parents want their children to be successful and to maintain the values the parents instilled. Older adults who consider the situation in making attributions (e.g. the poor job market as a contributor to a child's financial difficulties) may develop more positive intergenerational relationships. Thus, interventions to help older adults' attributional processing may lead to healthier, less ambivalent parent–child relationships.

Conclusions and Future Directions

Cognition, motivation, and beliefs are all important factors that interact in explaining age differences in reasoning about social situations. Impression formation and attributional processing work together to help older adults

develop and maintain relationships. Improving these social cognitive processes could have real-world implications, such as reducing the incidence of elder scams and improving intergenerational relationships. Although some types of cognition decline in late life, social cognitive processing in interpersonal relationships will not necessarily decline if older adults are motivated and knowledgeable. This is important as older adults' social relationships change with aging. As older adults navigate changing relationships with family and friends, most report more positive emotional exchanges and fewer conflicts compared to young adults (Fingerman & Charles 2010). Understanding the processes underlying this general improvement could lead to interventions to help those individuals who struggle to adapt to changing social situations. In addition, longitudinal studies are needed to examine social cognition across the lifespan. This would provide insight into whether age differences in these processes are due to ageing or to cohort differences. It is also important to consider cross-cultural differences in older adults' social cognition. Most research in social cognition is from the United States. Cultures that value collectivism over individualism may show different patterns of social reasoning. Indeed, Chinese older adults showed fewer attributional biases than American older adults (Blanchard-Fields et al. 2007). This provides further evidence for the importance of contextual factors in social cognition. Future research investigating social cognition in a variety of real-world interpersonal situations around the world would help adults thrive with aging.

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Negotiating a healthy body in old age: preventive home visits and biopolitics

By Lene Otto*

Abstract

The study discussed in this article sheds light on how a specific public-health policy, the preventive home visit (PHV) aimed at senior citizens, is implemented at the local level in Denmark. *Empirically* the article calls attention to what is actually going on in a preventive practice, based on participant observations, interviews and ten years' worth of visitation records.[1] *Theoretically*, the article applies a Foucauldian biopolitical approach that understands the visits as an implementation of the active ageing scheme, as the notion of prevention is practised as a continuous process, which is utilised to train people's gazes and sensitivity, and teach them to recognise "activity" as closely linked to future well-being and longevity. An important finding is that the intervention is not normalising

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[1] The study is part of the work done by the research group "Health in Everyday Life – HEL". This group explores the impact of activity-focused goals on midlife and elderly citizens in various preventive and health-promotion arenas, as well as the ways in which these become domesticated in the lives of the elderly. The group is part of the Centre for Healthy Ageing (CEHA) at the University of Copenhagen, Denmark. As a group, we combine ethnographic fieldwork, historical analysis and readings of policy texts in order to uncover the intertwinement of cultural practices, narratives, discourses and experiences.

in a deterministic way but rather negotiable. Even though the home visitors represent a health regimen where activity is interpreted as bodily exercise, they try to avoid the tendency to prescribe for older people. Rather than prevention in the strict sense, it seems to be a health promotion strategy that encourages older people to articulate their needs. The meeting between the health visitor and the older person is characterised by conversations and negotiations about health, autonomy and bodily experiences.

Keywords: preventive home visits, Foucauldian gerontology, active ageing, health promotion, biopolitics, health advisors.

Background

In an ageing world, biopolitics interact with life in new ways. It is widely recognised that expectations about the life course are changing as demography changes. The prevailing cultural meaning of ageing today is informed by dominant values of remaining energetic socially, intellectually and physically (Neilson 2006). A new generation of old people is working longer, have more resources and may look forward to many healthy active years, but this requires prevention and health promotion interventions for the younger elderly. Practices and discourses such as ''anti-ageing,'' ''active ageing'' and ''healthy ageing'' can be seen as ways of managing the population and crafting the experience of being elder, thereby producing active, healthy and long-living subjects. The concept of active ageing is well rehearsed as part of a ''new paradigm'' of ageing which aims to displace the old ''decline and loss paradigm'' (Holstein and Minkler 2007), but on the other hand delegates the responsibility for the quality of life in old age to the senior citizens themselves. Overall, healthy ageing and the concept of ''good old age'' are gradually becoming more connected to activity, mental as well as physical. Being physically active is promoted at all levels from international policy documents[2] to national health policy programmes and provisions for health promotion. In contrast to ''healthy ageing'' that points

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[2] See, for example, WHO: A Policy Framework. The word ''active'' refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Often it is instrumentalised as the correct dose of physical activity.

to the biological body or "productive ageing," which limits itself to economy, activity as a concept does not limit itself to a particular sphere (Davey 2002; Moody 2001).

Outline of the article

The article starts by setting the preventive home visit (PHV) model in a broader old age health policy context in Denmark, emphasising dilemmas and changes. Then the article examines "activity" as both a discourse and an embodied experience, and looks at its relation to the emergence of the preventive health visit as a specific health-promotion intervention aimed at older people. Next, some qualitative cases from the study are presented which draws on empirical data from an archive study and an ethnographic participant observation study of the micro-practices of health promotion in people's own homes. The focus is not on people's perceptions as formulated in interviews but on the practice, for example, the negotiation between the expert and the elderly, to show what happens between the preventive staff and the senior citizens during a typical meeting; finally, whether it makes sense to explain this kind of prevention as a form of biopolitics is discussed, in which new obligations and identities are created.

Active ageing in Denmark

Care for the elderly in Denmark is mainly organised, financed and provided by the public sector. As a welfare society, it is generally characterised by the availability of extensive public services. In its overarching policy goals, Danish eldercare still adheres to the principles of universalism, formalisation and professionalisation of care (Rostgaard 2011). Under a legislative framework established by the central government, local authorities deliver different kinds of eldercare services. In recent years, the demographic tendencies have been called upon as a threat to the welfare society because of a continuing increase in the proportion and absolute amount of older people, particularly those aged 85 and over. In response to the higher costs anticipated for institutional care, the objective of eldercare has been formulated as "ageing in place" or "remaining as

long as possible in their own homes," as this policy is termed in Denmark (Danish Elderly Commission 1980).

Citizen-oriented health promotion

It is seen as important to meet the needs of the elderly with diverse health-related interventions. The 2007 Danish municipal reform challenged Danish municipalities to focus on health in new ways and with greater force, for example, citizen-oriented health promotion which aims at creating, shaping and facilitating certain ways of ageing healthy. Reforms in Danish welfare tend to be dualistic though, on the one hand, politicians argue for voluntariness and responsibility for own health; different municipal settings where citizen-oriented health promotion activities take place are offered if people are motivated. On the other hand, new health promotion initiatives are launched where the municipal health professionals target citizens in their own homes; they are offered individual life style change training. Therefore, the municipalities employ health ambassadors and exercise coordinators offering health tests and health interviews and they are even expected to make unsolicited phone calls to people who live unhealthy lives, to offer them various courses.

Another proactive societal action is the use of PHVs targeting community-dwelling older persons. The purpose of PHV is to promote overall health and wellbeing in old age, to identify people at risk for health problems, to prevent further decline, to enhance the possibility for the individual to maintain activity and participation, to be in control of everyday life, and to experience life satisfaction. PHVs have attracted political attention, and, in Denmark since 1998, such activities are mandatory by law. Every municipality in Denmark has been required to offer annual PHVs to citizens aged 75 years or older. The *Act no. 1117 of 20 December 1995 on preventive home visits to older people* states: "The purpose of the Act is meant to strengthen preventive and health-promoting activities targeted at older people." And further, that the aim of the home-visit scheme "is to support older people's self-care and to aid them in utilising their own resources optimally." About 80% of all Danish senior citizens regularly receive these visits to their homes from health-promotion staff, known as a "home visitor" or a "health advisor."

The PHV

PHVs may be categorised as "health promotion" since the health advisors are supposed to support, advise and counsel via conversations, and they do not have a mandate to diagnose, prescribe medication or refer the senior citizens to specialist doctors. PHVs are an offering that an older person may choose to accept or refuse, and the individual who accepts can decide exactly what he or she wants to reveal or discuss – the home-visit interview is supposed to focus on the senior citizen's general needs, but always on the older person's terms. These visits are usually carried out by trained nurses and address both health and social issues, although the exact details of local programmes have been left fairly flexible and the use of standardised assessment tools is a non-compulsory option. As a result of this flexibility, there has been a great deal of variability among municipalities with regard to the visits' characteristics, that is, what components are included and how much emphasis is placed on medical concerns, Everywhere the PHV addresses the biological process as well as various cultural, institutional, social and everyday ways of handling ageing; but more broadly, PHVs attend to the general biopolitical problem of "lifestyle."[3]

From prevention of functional decline to promotion of active ageing

When the Danish law was adopted in 1995, the main objective was to prevent functional decline, which is understood as a medical condition that characterises the biological ageing process. But our study shows that the new conceptions of active ageing seem to be informing the contemporary practices of the preventive home-visit programme.

Active ageing is seen as a possible solution to the demographic challenge, but it is strongly contested whether activity is to be translated to social participation or exercise. Generally, there is an explicit focus on

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[3] I use the term "biopolitics" to refer to the various policy initiatives that seek to manage and affect people's biological bodies as well as the preventive and health-promotion practices that are established around ageing to encourage older individuals to change their lifestyles and manage their conditions. Among them, and the focus of attention in this study, is the PHV.

physical activity in public health in Denmark, which is a relatively recent phenomenon on the political agenda; it was not evident until the 1990s, condensed into the Danish acronym KRAM (diet, smoking, alcohol and exercise). Since 2005, the benefit of performing exercise has become one of the official pieces of health advice given to the Danish population. Officially, physical activity is recommended for the prevention, treatment and rehabilitation of heart disease, diabetes, obesity, cancer, respiratory diseases, muscle and skeletal disorders, rheumatic conditions, epilepsy, incontinence and mental disorders. This focus on physical activity and exercise indicates that regular physical training is now considered to be one of the key components of good health, liberated from the obesity problem. And now, it has also found its way into eldercare. With the elderly as a new user-group in health promotion, exercising is promoted as a way to prevent or postpone frailty and functional decline. Current public-health messages promote domestic and other daily-lifestyle physical activity as well as more facility-based, structured exercise for older people. Here, the home visit becomes important as a kind of what one may call a "motivation technology."

Pro-active ageing

PHVs targeting community-dwelling older persons represent one example of proactive societal action. The purpose of PHV is to promote overall health and wellbeing in old age, to identify people at risk for health problems, to prevent further decline, to enhance the possibility for the individual to maintain activity and participation, to be in control of everyday life, and to experience life satisfaction. Even though the Danish welfare society put a great deal of trust into technological innovations for monitoring different health conditions and mediating contact between health professionals and senior citizens, "a social innovation" like the PHV is also considered useful, especially in relation to new conceptions of pro-active ageing. In this sense, "pro-active" means engaging in exercise and activities that are promoted as a means to enhance well-being, rather than to help the older person recognise how to handle life's unavoidable changes appropriately, that is, to prevent further decline. A report by a Danish Elder organisation (AgeForum 2009) stresses that "Research and development projects have documented that physical performance and

functional ability can be improved even at very old ages. We cannot prevent death, but perhaps postpone it, not merely to add years to life, but also with a view to preserving independence as long as possible" (21). The key word here is "improve": the idea is that ageing is not a process of decline, but instead a process of potential development and growth. In fact, older people have become much more physically active in recent years. According to the study "Danish exercise and sports habits" (Pilgaard 2007), people in their 70s are just as active as people in their 20s. And 62% of the 60- to 69-year-olds exercise – more than any other adult age group – and the proportion has been increasing in recent years. In 2004, it was only half of the age group, and in 1987 only 30%.

In summary, the preventive home-visit scheme is defined as visits to elderly people who live independently; the visits are aimed at conducting a multidimensional medical, functional, psychosocial and environmental evaluation of their problems and resources. The visits should be personalised, lead to concrete interventions, and be followed up. The health areas assessed should derive from a broad perspective and include social, psychological, and medical aspects. The direct approach to each individual citizen, which is the foundation of the PHV, also enables local authorities to establish contact with people who they otherwise would not have had any interaction with. In other words, the home-visit scheme gives politicians and municipal health authorities a rare insight into senior citizens' lives; thus, they are uniquely enabled to tailor initiatives and activities to the older population's needs.

To date, no studies have assessed the more qualitative aspects of the home visits, such as improved well-being, sense of vitality and feelings of inclusion; this may be because such factors could never be controlled in a way that would meet the requirements of randomised, controlled trials, but several quantitative public-health studies confirm that, despite a lack of traditional intervention and mandate, these home visits have a good effect with regard to, for example, preventing falling accidents and minimising or delaying the need to move an elderly person into a nursing home (Hendriksen 1989; Vass 2010). Studies have reported that preventive visits have led to 80-year-olds having significantly higher functional levels, significantly fewer nursing-home days, and that neither effect was significant in the 75-year-old cohort, nor were there any apparent effects

on survival (Vass 2010). So, this kind of intervention has proved to be a suitable instrument for maintaining elderly people's (80 years old and over) autonomy, independence and functional ability, and in allowing them to remain in their own homes as long as possible. In our study, we ask what happens during the home visits that make them so apparently successful?

Theoretical approaches

The Dutch philosopher Annemarie Mol's work on care has inspired my understanding of the practice of PHV. I argue, that home visits in practice can be understood as a negotiated, symmetrical and shared care process equivalent to the *logic of care* (Mol 2008) that is characterised by health providers who take into consideration the user's preferences, resources and networks available to them. The care process is open-ended health negotiations that are linked to a citizen's everyday life, characterised by shared doctoring (Mol 2008) and tinkering (Mol 2010) as on-going adjustments to the care process; in contrast to the *logic of choice*, a form of care that presents different actions or treatments to choose between.

The article also examines if the home visits can be seen as an enactment of a "politics of active ageing," and accordingly as a bio-political intervention in which elderly citizens are encouraged to be active. Michel Foucault introduced biopolitics as an umbrella term for the ways in which the state and other authorities assume the task of managing citizens' everyday lives by introducing systems for education, welfare, health care and so on. Foucault argues that the coercive power of sovereignty has historically given way to a modern, decentred form of governmental rationality that produces subjects who act in accordance with forms of political paradigm and power. Thus, biopower is understood as a web of cultural practices. In Foucault's work, a recurring theme is that the truths that are produced in the name of science also change the human as a subject when they are made available as concrete practices and techniques. Through activities like life style change and exercise, the body becomes an object that the subject is faced with and must do something with. In Foucault's understanding, this objectification process is negative because it implies control, but it may also be positive because the objectification

creates room for a new identity, a new subject. Through this, a new and different self-consciousness is created, and the human as a subject is changed.

In line with that, I understand contemporary biopolitics in terms of the formation of experience; the expansion of forces and capacities. The sociologist Claire Blencowe formulates the same view as follows:

> The history of biopolitics is not just about the development of certain political institutions or the political uses and abuses of biological science. It is also about a historical reconstitution of experience, of the organization of meaning, of what matters, of authority and games of truth, such that *immanent* processes, embodiments and manifestations of vitality or intensity become salient in the formation of perception and judgment (Blencowe 2012: 5).

By emphasising the experiential dimensions of biopolitics, I want to take Foucault's notion of biopolitics seriously, seeing medical paradigms/ regimes not only as repressive but also to consider the potential positivity, appeal and productiveness of the biopolitical promotion of active ageing and physical activity. Then my theoretical question is: if official exercise recommendations are offered as a discursive practice, would a ritual with a corresponding language allow the body's capabilities to be explored and experienced in new ways? The hypothesis is that the ageing body becomes a biopolitical target when health promotion operates as a continuous process, which is utilised to train people's gazes and sensitivity, and teach them to recognise "activity" as closely linked to future well-being and longevity. It is evident that this theoretical position is in opposition to the widespread medicalisation hypothesis in which science and professional care is seen primarily as social control and discipline, as well as to a more instinctive phenomenological view wherein the authentic body and its sensitivity and experiences is considered to be independent of these forms of practices.

It is an explicit objective of the study to engage with the methodological and theoretical challenge on how to study the connections between biopolitical (and biomedical) knowledge and everyday experience whilst avoiding dualistic and deterministic ontologies. How do we explore and explain the complex and contradictory connections between what is

experienced as biological processes and the mechanisms of governance in today's ageing societies?

Foucauldian gerontology

Some answers to that question have been provided by the so-called "Foucauldian gerontology," which attempts to understand how ageing is socially constructed by discourses used by professions and disciplines in order to control and regulate the experiences of older people, and to legitimise the powerful narratives afforded to age by such groups (Powell & Wahidin 2006). Using a Foucauldian perspective, several scholars have stressed that health and active-ageing discourses must be understood as forms of domination and objectification (Stott 1981; Katz 1996; Powell & Biggs 2000). They argue that, both historically and contemporaneously, the identities of elderly people and old age have been constructed through experts' discourses of "decay" and "deterioration" in order to intensify the regulation of older people. Even when we seem to be moving away from fixed and static conceptualisations of "deterioration" – when older people are no longer met with "it's your age," and when older people's identities are constructed through notions of active and healthy ageing – such discourses are often perceived as technologies of regulation and collective control (Katz 2000). New technologies and care discourses within the active-ageing paradigm are criticised for claiming to provide choice and reduce the limitations associated with ageing whilst they actually represent an increase in professional control. Hence, social practices are revealed to be products of power rather than empowering. Accordingly, the term "biopolitics" implies that life itself is situated within structures of power and becomes a political object as soon as the state acts on its interest to maintain the survival, strength and well-being of the population, that is, to preserve it from its opposite – namely, death.

Experience

In contrast, in this study I have been less interested in demonstrating the cruelty or fallacy of active ageing as a political discourse or institution; rather, I seek to elucidate active ageing in terms of the expansion of forces, capacities and experiences of embodied pleasures, affects, capacities and

knowledge. The concept of experience, with its connotations of individual psychology, may seem out of place in a biopolitical framework because the exploration of experience is generally associated with an ethos of humanism, an emphasis on the importance of the subject and its emotions, and qualitative methodologies, ethnography and understanding. And, with a few exceptions (Blencowe 2012; O'Leary 2008), Foucault is seldom associated with the concept of experience. However, contrary to the common view of Foucault as a theorist who reduces the affective and embodied to rules about the formation of linguistic discourse, Claire Blencowe argues that Foucault's analysis of discourse, rationality and rhetoric is wholly intertwined with an analytic of affect and embodiment – of passions that grip a person for no reason, have no origins and are mobile without being directed towards a given point (2012: 68). In the same vein, Timothy O'Leary argues that Foucault's work continuously strives to understand and disentangle the connections between forms of experience and forms of knowledge; between subjectivity and truth.[4] I understand Foucault's critical history of thought merely as the history of the forms of our experience and what constitutes the human being as a subject (Foucault 1976). The idea that our experience – in the everyday sense of the term – is entangled with forms of knowledge, power and relations to the self that are historically singular is theoretically useful when trying to understand how discourses constitute new forms of bodily experience and new forms of desire. We must study the forms of experience through an analysis of practices, for example, discourses as embodied in preventive practices. To speak about the experience of activity is then to speak about the forms of consciousness, sensibility, practical engagement and scientific knowledge that take ''activity'' as their object.

In accordance with the abovementioned scholars, I read Foucault's analysis of biopolitics as a history of affective investments, embodied subjectivities and structures of experience. Foucault did not see experience as foundational to knowledge, but rather the other way around: that

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[4] This is precisely what Foucault does in his histories of madness, the prison and sexuality. He did not seek the *a priori* of experience; rather, he historicised both the *a priori* and experience by identifying singular forms of experience and desire and working towards their transformation.

knowledge is constitutive of subjects through experiences. He sees experience itself, the process of experiencing – perceiving, seeing, desiring, feeling, knowing, being the subject – as something that is shaped historically. Those capacities are formed and transformed by biopolitical means, not prior to them. Thus, I argue that understanding older people's own experience *is* important – not as a return to a mute and original bodily experience, but rather as the constitution or formation of experience.

Research questions

Rather than speculative reflections about the possible implications of ageing discourses, I ask *how* the process of motivation, mobilisation or interpellation[5] is done in practice when it takes the form of PHVs. Accordingly, the PHV study was designed as a qualitative study to explore the experiences of older men and women who were subjected to municipal health promotion initiatives. We were interested in the perceptions and routines, but the study was not meant to evaluate the efficacy of home visits. Thus, the study is explicating how the care process occurs and at the same time using theoretical concepts related to the governance of ageing. The emphasis on negotiations is a consequence of the theoretical standpoint that people's experiences and conceptions; what people themselves think and desire are intertwined with expert discourses, concepts and devices. The key question is how people's experiences of their body and well-being are interwoven with a particular health regime's scientific concepts and devices.

Method, design and analysis

The data that formed the basis of this article were derived from: I) an analysis of visitation records (n=52) kept by a group of municipal health visitors in the period 1995–2007; and from II) a participant observation study during 13 home visits and additional interviews with the same elderly single-handed, as well as two focus group interviews with four

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[5] Interpellation is the process by which a person recognises himself as belonging to a particular identity (first coined by Louis Althusser 1970).

health advisors, and some additional informal interviews/conversations with non-users whom we met in the local community.

I) The Center for Healthy Ageing got access to the records when the Frederiksberg municipality did an internal reorganisation and discarded older material concerning home visits. The records were reviewed and coded for themes. Three key themes emerged from this reanalysis: exercise, motivation, and bodily appearance.

II) In order not to take the written assessments at face value, we did ethnographic fieldwork to explore how the visits are practiced and perceived by users and professionals. During our fieldwork observations, it turned out that the visits took the form of a mixture of care, health promotion and evaluation. Following the observations, two focus group interviews were conducted with a group of health visitors at their office. The interviews took place during the group's regular meetings, which we were invited to participate in. As a result, all of the health advisors in the municipality contributed to the study, not as individual informants but as part of a professional group in either of the two focus group interviews. In parallel, the elderly were interviewed individually (n=20) in their homes with interviews ranging from 45 to 90 minutes. All respondents gave informed consent. The interviews were tape-recorded and transcribed verbatim and analysed after being read line-by-line to gain a holistic overview and then re-read and coded. This process was reflexive, and as new codes and themes emerged, the interviews were recoded.

The study

Although policy documents about active ageing generally emphasise continuing labour and postponing retirement, the meaning of activity in the PHVs, like in prevention and health promotion in general, seems to revolve around the body

Records

The new general ambition to enhancement, improvement, development and growth – even in old age – is also reflected in the visitation records we analysed. During the ten years of notes that we had access to, we noticed a change in how ageing was perceived. In the first records (1995–2000), the

older persons were described physically, mentally and socially; old age was clearly perceived as a stage of life characterised by disease and maladies. In accordance with this perception, the stated purpose of the home visit was to keep a close eye on the "five Ds": Dementia, Depression, Drugs, Drinking and Deliriousness. In the newer visitation records (2001–2007), there is more focus on possible developments and even on future action plans – and exercise.

In practice, at least according to the visitation records, activity is associated with physical health and functionality, which is translated as training the body. Among the eight obligations listed in "The preventive home visitor education programme" from 1999 is that a health visitor must "stress the importance of physical activity and stimulate the municipality to facilitate participation in physical activities through convenient transportation to rehabilitation and sports for older people" (Vass 2010: 53). And it seems as though the health visitors did indeed fulfil this obligation. For example, it is noted in the journal if an elderly person is "very motivated for training." There is no column for this provided in the journal, but notes about training are made in the margins: "exercise, walking, goes on outings."

According to these notes, the health advisors motivate and encourage older citizens to start or resume exercising; it seems like a gentle pressure is put on them. The impression is that daily exercise by walking, Nordic walking or gymnastics is an implicit criterion for healthy ageing. The level of activity may be assessed as: "active, outgoing. Agile, in great shape" whilst in other circumstances, it is noted: "encouraged to increase physical activity – is very responsive." In several cases, the health advisors note that they distributed pamphlets to the older people about exercise classes in the local area. Also, some comments are made about body weight and general appearance, which may seem rather normative: "a little overweight but well groomed."

In the visitation records, we can also occasionally see that the health advisors do not necessarily agree on the role and meaning of physical activity in the elderly person's life, that is, whether it is an end in itself or a means to something else. For example, should an older man get help to put on his support stockings in order to be able to go outside, or should he be encouraged to exercise so he can gradually do it himself? First,

there is a message from one health advisor to another, saying that she must be sure to help the man with his stockings. But the other health advisor answers: "It is not about the stockings but about exercises that can loosen up tight muscles and tendons, then the citizen will be able to put on normal socks by himself – I have referred him to a physiotherapist about this."

Observations

Once the health advisor has entered the citizen's home, the older person usually sets the agenda and pace of the visit. Almost all of them had prepared a coffee tray and gave a short update on their lives since the health advisor's last visit, possibly half a year ago (according to the law, the elderly are offered a PHV twice a year). These updates included various health topics, such as the status of a diabetes regulation or a prostate or weight problem. But when they summed up their health situations, the older citizens expanded the idea of health to include a range of social factors like family, friendships, holidays or financial situations. The cosy atmosphere of most of the visits did not preclude professional health advising from being carried out, but it seemed surprisingly symmetrical when negotiating for individual, possible and meaningful care and personal resources. An example of this is Mrs Stein (age 81), who gave up on rehabilitation exercise after a broken hip. She could not reach her busy doctor, was in pain and felt confused and unable to navigate her way through public-health services, phone numbers, opening hours and constant offers of activity in the sheltered senior citizens' building where she lived. When Mrs Stein finished telling the health advisor about all of this, she was tired and crying. The health advisor responded by pointing out and acknowledging Mrs Stein's stubbornness because this was needed in order to exercise effectively. She then managed to contact Mrs Stein's doctor and have her referred for another round of rehabilitative exercise with a physiotherapist. In these interactions, the health advisor searched for and vocalised the senior citizens' individual talents, thus practicing the idea of empowerment by sourcing knowledge and specifically utilising a strategy to enhance and reinforce the citizen's already existent personal resources and abilities.

It seemed that most citizens in the study were willing to and comfortable with entering these health negotiations and planning personal ways of coping with their ageing bodies, their possibilities and limitations. As the health advisors all had extensive knowledge of the part of Copenhagen where the fieldwork took place, they were familiar with a lot of the conditions and obstacles that the older citizens met during their daily lives. This probably made the design of individual care and health promotion easier than it would be at, for example, a county hospital. In the following, we will meet 81-year-old Mr Thomsen who has not been out of his flat for more than a month due to a lot of snow and ice in the streets. Other health professionals have presented him with the choice of buying an exercise bike so he can stay in shape or leave it and lose muscle strength; a logic *of choice* (Mol 2008) or an asymmetric care rationale where the health professional is an expert who presents possible solutions. When the health advisor and Mr Thomsen discuss his exercise program, it turns out Mr Thomsen bought the bicycle but is bored with riding it in his living room without getting anywhere so he quit the exercise. He much prefers to resume his daily walks in the city. To encourage him to do that, the health advisor pointed out a nearby store where special non-slip soles could be bought for his shoes, and she arranged for neighbours to buy them for Mr Thomsen.

In another case, the health advisor planned a detailed walking route that avoided traffic lights for 99-year-old, almost-blind Mrs Nielsen so that she would not give up the walks, despite her daughter's protests. This is another example of willingness to partake in a shared process of negotiating possible and meaningful health promotion. Mrs Nielsen is keen on exercising but her weekly walks in the neighbourhood with a group of old citizens arranged by the municipal health department are troubled by the many traffic lights which are difficult for her to interpret. Consequently, Mrs Nielsen's daughter is urging her to give up the risky walks. Mrs Nielsen and the health advisor enter into a detailed process of negotiating Mrs Nielsen's route, which crossings to avoid, when to stay behind and how to exercise on her own until the rest of the walking group returns on the route.

In the following example of care practiced as negotiation, we will again meet 81-year-old Mrs Stein who suffers from rheumatism in both hands

and was widowed last year: Mrs Stein cannot cook for herself and besides, has lost interest in food, she says. During the home visit, the health advisor engages with Mrs Stein in uncovering her eating patterns and preferences. It turns out that Mrs Stein actually still loves food, though not the food she was asked to choose from a caterer of readymade meals when she was diagnosed with being underweight six months ago. Mrs Stein's favourite food turns out to be seafood and the health advisor arranges with Mrs Stein, her daughter and her home help that shopping and making seafood sandwiches to keep wrapped up in the fridge be put into a weekly schedule. This shared process of caring for Mrs Stein's weight problem solves a serious health problem through inclusion of all practicalities, preferences and network available and not only nutritional and medical aspects of Mrs Stein's underweight.

Summing up, this way of negotiating health issues while including resources, relations and preferences of the citizen is an established practice among the health advisors in our study. They seem to take on a more active role, not only informing of and co-ordinating medical services, but tracking care solutions that are attuned with the old citizens' individual daily lives. But of course, the negotiations sometimes seemed asymmetrical: the final example of this apparent discrepancy between an institutionalised view and an older person's view on individual autonomy is that of the aforementioned Mrs Stein. She requested help getting washed and dressed in the mornings, but the health advisor was reluctant; the goal of recovery and regaining autonomy is being able to do everyday chores on one's own. Mrs Stein complained that, when she was in the hospital with her broken hip, the staff was already urging her to wash and dress herself – even though this made her so tired that she would have to take a nap afterwards. Back in Mrs Stein's flat, this pattern continued with the home visitor, who repeated the suggestion that she wash and dress on her own. But at the same time, Mrs Stein was urged to participate in the various social arrangements and training offered at the sheltered housing where she lives. She would like to get out and meet people, but she is always too tired for it. This topic was discussed back and forth between Mrs Stein and the health advisor. The health advisor moderated her point by saying: ''Because – it's like this: if you get dressed and then it's like, *Wooh, now I'm tired for two hours*, then it's something you

could discuss with your home help.'' However, Mrs Stein agreed that she would really try to do these things on her own, and the health advisor said: ''But that is so good because that is of course the only way you get back your energy,'' and Mrs Stein repeated but complained: ''Well, then, that is the only way I can get back my energy. I think ... but I get so tired. And then I fall asleep on the couch and then I can't take part in any of the arrangements downstairs.''

Autonomy and resistance

During a home visit, the work of care is occasionally challenged or even resisted. For example, more than anything, Mr Holten (age 78) preferred to sit in his good chair whilst Mrs Holten did all the housework, drove the car, kept the flat and the summerhouse, and maintained all the social relationships. When the health advisor urged Mr Holten to increase his level of activity and go for a daily walk, he frowned and replied: *I'm fine as it is!!*

In another example of an attempted but unsuccessful health negotiation, we shall meet Mr and Mrs Havemann, an old couple who has been together for many years. The couple has an unhealthy lifestyle; they both smoke a lot, sometimes substitute a meal with alcohol and Mrs Havemann has had a potentially life threatening medical condition. During a visit in their home, the health advisor suggests that the couple prepare some vegetables to eat with their dinner and maybe cut down on sauce and potatoes instead. Mr Havemann is not able to move well or do household chores but the couple has a well-known ritual of Mr Havemann peeling potatoes – the one thing he can do – and Mrs Havemann frying the meat and making the sauce every evening. When presented to the health promoting suggestion of adjusting their eating habits, Mrs Havemann is upset: *All this trendy new food,* she says, *they can stuff it!* Thus totally denying to enter any negotiation or shared care process that the health advisor tries to initiate. The problem here is not that Mr and Mrs Havemann do not want a long and healthy life together but rather that when presented with a possible adjustment, the couple experiences an either–or choice between two contradictions, health and a treasured daily ritual. Given this choice, Mrs Havemann can only reject the idea of eating healthier as she cannot possibly reject the couple's shared daily cooking ritual. This is an example where the citizen never

enters the negotiation but perceives the situation as choices of already fixed solutions, maybe because they are presented as such. Consequently, a *logic of choice* characterises the home visit; the choices available and their potential drawbacks are not meaningful to the Havemanns so they end up choosing the well-known daily life in the flat where the advise of health campaigns, doctors and advisors have no power.

Both Mr Holten and Mr Havemann probably knew that the advice they got would do them good, at least in a strict medical way, so why did they reject it so clearly? They both accepted the health-promoting visit, which seems to indicate a certain interest in a care of the self and still they were upset by the health-promoting suggestions they got. In the cases where the citizens refused to partake in a health negotiation with the health advisor, or even to receive a home visit at all, something else other than unwillingness to stay or become healthy was probably at stake. I will argue that they had the same wish for health as the other citizens but another perception of the home visits: These citizens might anticipate or experience the home visits in the sense of an asymmetrical care rationale, where they are met by health choices of fixed, already negotiated solutions, but there is also something else at stake, different perceptions of autonomy; statements by three of the seven individually recruited informants whom we interviewed support this view. These citizens had rejected the home visits and claimed a health advisor's visit to be potentially dangerous in terms of losing one's autonomy through being told to eat or act differently and through being unwillingly moved to a nursing home. In the 13 participant observation cases, we did not meet any citizens who spoke of the visits as representing a risk though this could be due to a bias caused by feeling grateful that somebody cares for your health, even though the care in this case is formalised, public and paid for (Lewinter 2008). The independently recruited citizens were all healthy in a medical sense and had no or little contact with their GP's but the mere fact or thought of the welfare state being in one's home through the health advisor's visit might contribute to a negative sense of being urged to live differently even though you are a mature adult with own, well established practices.

In the municipality in our study, some 60% of aged citizens reject the home visits and in the study itself, half of the independently recruited

citizens claim they would never enter the home visit program. This indicates it can be a problem that a public health authority visits the private home and has points of view as to the citizens' individual possibilities of staying autonomous, his or her levels of health and needs to change her or his habits. But not only the mere visit or the anticipation of it as a treatment rather than negotiation contributes to rejecting the home visit. Some citizens' reactions to health promoting suggestions that called for a retreating and disarmingly cheerful behaviour from the health advisors indicate that there is a thin and not vocalised line defining how far the welfare state may actually go in order to promote health in the privacy of the citizens' homes and make them more dependent on other people or artefacts. Dependency is generally seen as a negative outcome. On the other hand, one could argue with Kittay that dependency is a fundamental aspect of human life course (Kittay in Fine and Glendinning 2005: 607). However, different times and societies in history influence the way dependency is understood and in advanced liberal democracies, a promoted ideal of the autonomous individual able to act and navigate completely independently in society collides with acknowledging dependency as a basic aspect of some stages in life (Fine and Glendinning 2005: 613). This ideal might well be an important factor too in rejection of the home visits and also emphasises that health care and self-care should not only be understood as related to body and psyche but also as tightly interwoven with contemporary discourses of how to be a successful old person and with daily lives, social relations, habits and understandings of autonomy (Biggs 2001).

Conclusion and reflections

In the article, it was unveiled how PHVs are part of more widespread welfare changes, and how they are connected to discourses on healthy ageing and affects how the PHV is conducted. Although it is not directly organised as an implementation of active ageing, the PVH works as a means to mobilise the active citizen. Although policy documents about active ageing generally emphasise continuing labour and postponing retirement, the meaning of activity in prevention and health promotion seems to revolve around the body. In practice – at least in the cases

discussed in this article – the concept is associated with physical health and functionality. When put into practice in preventive interventions and care relations such as the PHV, activity is habitually translated as training the body. Activity is mostly interpreted as physical exercise; that is, making exercise an integral part of an older person's everyday life. It is evident that training and exercise are a recurring theme during the home visit. It is also clear that health is promoted as and primarily associated with bodily activity. Our observations and the visitation records both indicate that activity is the main issue when the preventive staffs visit individual older people. During the observations it also soon became evident that the body's functionality and capability was in focus and that it was negotiated during the visits. The staff tried hard to build a relationship with the senior citizens, getting to know them and being attentive to their specific ways of life, whilst still promoting small lifestyle changes that are in accordance with Danish public-health objectives. Some older people decline all invitations to become more active whilst others accept the promise of more positive subjectivities offered through achieving active ageing; they may even start to yearn for activity. In this sense, the active-ageing scheme seems to be fashioning new dispositions and aspirations. The elderly also learn to talk about – and gradually seem to adopt – a pro-active relationship to their bodies. But on the other hand, the municipal interest in their well-being sometimes seems to create a sense that the older citizens are held responsible for any further decline if they do not partake in the activities mentioned or offered.

The excerpts from our fieldwork are on a small scale, but they nevertheless illustrate that the PHV is a site where the "naturalness" of the embodied nature of growing older is negotiated. PHVs work as a way to train the senses: out of the practice of health promotion, a new sensibility towards the inactive body may be born as a new experience as this preventive effort comprises educative aspects. The personal meeting between a home-visitor from the municipality, the preventive staff and an older citizen is one situation where the health message is effectively disseminated, and the ability and desire of the older citizen to engage in physical activities is negotiated, and shaped more or less successfully. Initially, Denmark's active-ageing scheme was intended to combat the social exclusion of older people by fostering their active participation in society.

We found that the logic of care used in PHVs incorporates a process of learning to age healthily, learning to manage life with a loss of functionality, learning to cope with illnesses and pain, learning to sense well-being, learning to care for oneself, and so forth. Essentially, the preventive visit is about promoting skills of self-care and self-awareness so that an elderly person can learn to enjoy life. And the means to properly monitor oneself involve numerous techniques that constitute a continuous exercise, a practice of the self.[6] The instructions and negotiations that take place during a home visit reflect dilemmas though: How often does an older person have to be active, for how long and by using what kinds of exercise? How does one take care of the body?

This local Danish example may be seen as part of a larger trend within the context of the European Union and its Active Ageing programs. As a new target user-group for prevention, the elderly are enrolled in the biopolitical aspiration of the *active-ageing paradigm.* This enrolment process may partially occur through home visits and take the form of "a logic of care" (Mol 2008) and even involve elements of discipline and control. Hence, it makes sense to view the rationalities and technologies of the PHV as a strategic space for "biopolitics"; a possible space for new forms of self-perception and experience of people's bodies. The meaning of active ageing is negotiated in practice among individuals in relation to the meanings or ideologies are always already present in our societal framework, and many older people learn to recognise and embrace the potential of longevity through daily acts of walking and exercising. More studies with the same theoretical anchoring may develop this tradition of scholarship in a direction that gives more attention to the affective issues at play in accounts of the biopolitical, for example, address the problem of experience in order to perceive biopolitics as a historically specific formation of experience and embodiment.

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[6] Foucault defines "practices of the self" as those reflective and voluntary practices by which people set themselves rules of conduct, and seek to transform themselves, to change themselves and their being that carries certain aesthetic and cultural values.

New perceptions of ageing

Scientific research as well as direct engagement with older people in preventive health interventions and policy programmes related to active and independent ageing may be transforming ageing so it is no longer regarded or experienced as inevitable or immutable; rather as a malleable process. I tentatively suggest that preventive health visits play an important role in this because it reflects an attempt to shape acceptable forms of ageing whilst encouraging older adults to self-monitor their own success by conforming to the new healthy-ageing paradigm. In addition to preventing functional decline, the health advisors seek to meet and form the desires of older citizens. Thus, health promotion and preventive interventions are a way to manage or govern, yet they are simultaneously voluntary and productive.

The results from this study cannot be used to determine the extent to which people in general who are now old have actually appropriated the discourses about activity. Further research along these lines will add to our knowledge about how people manage their own biological existence as they age, in dialogue with or in protest against the discursive medical regimes in modern society. The current medical model focuses on disease, values, secondary prevention, and seeks to reduce mortality and morbidity as outcomes. Health visitors use other models, which instead value primary prevention and focus on goals such as empowerment, autonomy, independent decision-making, improved self-esteem and self-confidence – outcomes that are far more difficult to measure than mortality and morbidity. Nonetheless, physical activity as an ideal of life – as well as a way of life – seems to be gaining an ever-greater foothold in the everyday lives of the people who comprise ageing populations in our contemporary society.

Acknowledgements

Copenhagen, and to the participants in our panel ''Performativity and the Moral Imperatives of Healthy Ageing'' at the THEORIZING AGE Conference at Maastricht University, the Netherlands, held 6–8 October 2011.

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Andreas Hoff (ed.) (2011). *Population Ageing in Central and Eastern Europe. Societal and Policy Implications*. Farnham, UK & Burlington, VT, USA: Ashgate, 260 pp. ISBN 978 0 7546 7828 1 (hardback)

Reviewed by Andrzej Klimczuk*

Population ageing is one of the key challenges of many societies in the early 21ˢᵗ century. In countries of former communist states of Eastern, South-Eastern and Central Europe this process takes place differently from Northern and Western Europe. The fact that these changes co-occur with the transformation of political, social and economic characteristics of individual countries towards liberal democracy and free market is crucial.

Population Ageing in Central and Eastern Europe. Societal and Policy Implications is a unique collection of scientific research papers involving comparative perspectives. A key thesis described by the editor Andreas Hoff in the preface and introduction chapter is that in Central and Eastern Europe, population ageing is determined by the joint effects of increasing longevity, a very rapid fall in fertility and migration of young Eastern Europeans from ''accession countries'' of the European Union to ''old EU member states'', which is associated with ''EU enlargement'' as well as migration to North America or Australia.

The book consists of 14 chapters prepared by leading scholars and researchers within the field of demography and gerontology. It is divided

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into four sections. Importantly, they do not have short joint summaries. However, the concluding chapter of the book by Hoff is an inspiring summary of the main facts and recommendations for the whole region.

The first section concerns an ageing population of Eastern Europe. It includes chapters on Poland (by Ewa Fratczak), Lithuania (Sarmitė Mikulionienė) and Russia (Gaiane Safarova). The most important common problems which the authors point out are a much faster ageing process during the transition from the Soviet regime period, a delayed drop in mortality, gender inequality in ageing, emigration to old EU countries and negative image of elderly in public media discourse.

The second part of the book deals with Central–Eastern Europe and includes chapters on the Czech Republic (by Iva Holmerová, Hana Vaňková, Bozena Juraskova and Dana Hrnĉiariková), Hungary (Zsuzsa Széman) and Slovenia (Valentina Hlebec and Milivoja Šircelj). In particular, a valuable part of this section is that it highlights the need to search for solutions to the problems that characterize also other countries in the region. For example, it includes some good practices that are used to reduce ageism, change seniors' roles in public life, eliminate early retirement culture, increase employment of older workers, improve social care and social support networks of older people.

The third section is on South-Eastern Europe and includes chapters on Croatia (by Sandra Švaljek), Romania (Ágnes Neményi) and Bulgaria (Emil Hristov). This section includes analysis of the conclusions on public pension and public health expenditures, changes in health care systems for the elderly, ageing in rural areas as well as a description of previous trends like postponement of pregnancies and high emigration.

The summary section of the volume concerns societal and policy implications of population ageing for all analysed countries. It contains chapters on physical and cognitive functions in older persons (by Martin Bobak, Hynek Pikhart and Michael Marmot), family relations and family care (Piotr Czekanowski), sustainability of demographic trends (Arjan Gjonça and Edlira Gjonça) and an overview of conclusions for all Eastern and Central European countries (Andreas Hoff). The section contains a comparative analysis of some Central and Eastern Europe, former Soviet Union and EU member states. Nevertheless, it is still important to extend geographical coverage of these studies to allow comparisons

with other countries in the region as well as suggest policies to reduce social and health inequalities between them.

This volume is based mainly on analysis of demographic data. A significant advantage of the book is that authors use data reaching as back as the beginning of 20th century, which allows for a better understanding of trends. Authors argue that the countries from the region have poor data on physical and cognitive function of older people and it is time to undertake appropriate research.

The book primarily provides an overview of the situation in individual countries of the region. More attention could be devoted to comparisons of international data on individual phenomena as well as recommendations, the possibility for cooperation of state and other actors (non-governmental and commercial organizations) in the field of early intervention.

It would be very interesting to consider supplementing the volume with the broader context of modernization, institutional and technological changes occurring in the analysed countries as well as to compare the existing government strategies and public policies to address the challenges of population ageing.

The book should be considered particularly interesting for demographers as well as researchers of social, political and economic transformation of Central and Eastern European countries. It stimulates the further deepening of research from comparative and regional perspectives. It will also be useful for those involved in the analysis of changes in family relations and family care.

Christina R. Victor (2010). *Aging, Health and Care*. Bristol: The Policy Press, 224 pp. ISBN 978 1 84742 9 (paperback)

Reviewed by Duane A. Matcha*

One of the major topics of investigation today is that of the ongoing population shift towards an older age. This shift reflects decades of improved public health and changing family patterns that have resulted in increased life expectancy as well as decreasing fertility rates throughout the world. This transition has brought about significant changes in generational relationships as well as questions regarding the viability of societies providing necessary services to a rapidly growing older-age population. In particular, there is a growing and misplaced concern that the rising cost of health services is primarily the result of an ever-expanding older age population. Many of the misconceptions surrounding this population shift are promulgated by a media that has little knowledge of demography and gerontology. It would be wise for those in the media, particularly in Great Britain, who write about aging issues, to read this book.

Victor, a gerontologist, provides the reader with a broad overview as well as an in-depth analysis not only of the demographic characteristics of the older age population in Great Britain, but also of their needs. Although her focus is primarily on the aging population in Great Britain, she broadens the scope to include other industrialized countries, when appropriate. Victor's book adds to the growing list of efforts to frame our

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understanding of who the elderly are and what we know about them. While the book covers familiar territory, it does so with crisp writing, extensive use of current data, and excellent learning tools that expand the knowledge base of the reader. The identification of websites specific to the chapter material increases the viability of the book as an international source of the study of aging.

Although relatively short at 224 pages, the book does not compromise on substance. The chapters address the primary areas generally associated with an analysis of an older age population. The introductory chapter on key concepts is a useful starting point as it frames the broad issue of population aging and its consequences for society. Additional chapters address health and mortality, chronic disease and disability, mental health and psychological well-being, consumption and health, provision and utilization of services, and health in the future.

The core of the book is built around four interrelated points that include:

- Providing an overview of the health status of older people.
- Understanding how older people define and understand the meaning of health in old age.
- The nature and extent of health problems in old age and the policy and service response to the health issue of older people.
- Looking at health at a population level and examining the variability of health experiences in later life with key elements of social structure, most notably gender, age, socioeconomic status and ethnicity (p. 3).

With regard to the first point of providing an overview of the health status of older people, the book does an excellent job. In Chapter 1, Victor outlines key concepts of health and then moves into Chapter 2 in which these concepts are applied to the aging population. Throughout the book, Victor returns to this point and uses it as a basis for examining health, mortality, chronic disease and disability.

The second focus of the book, understanding how older people define and understand the meaning of health in old age, offers a standard analysis of the relationship. Here, Victor discusses the medical and sociological models of health, identifies a number of factors that interact to define health in old age (p. 38), and addresses them in depth.

The third focus of the book, that of the nature and extent of health problems in old age is particularly important as it demystifies the relationship between age and health. Again, the use of data offers an objective analysis of the relationship.

The fourth point is perhaps the most important as it moves us away from the assumption that being old is the primary consideration when examining health issues. Rather, the variability between socio-demographic factors such as sex, race, and income levels provides a further disaggregation of facts and illustrates the impact that other factors play in determining the health of an older person. Here, the book excels in its wealth of data.

Perhaps the most interesting chapter is that of Consumption and Health. Here, Victor offers an interesting direction for the research of aging populations. Her discussion of the percentage of income that older persons in the UK spend on health care then contrasted to the United States opens opportunities for discussion of health policy implications. Also of interest is the amount of money spent on lifestyle consumption by older persons. This area generally focuses on anti-aging products but also includes expenses for, among other items, gym membership and clothing. Given the general lack of coverage or more importantly, positive coverage in the media, research of consumption patterns and health offers a new and dynamic path to understanding health differences and consequences among this population.

Finally, the learning tools that Victor incorporates throughout the book are welcome. For example, she provides boxed inserts of key points at the beginning and end of every chapter. She also incorporates boxed activities in which questions are posed regarding the topic being addressed. These questions are useful as they direct attention to specific information within the chapter. At the end of every chapter, Victor provides a number of web links specific to the topic along with further readings and activities. In total, the book offers an excellent in-depth examination of the health of the elderly in Great Britain with some international comparisons.

Josephine Dolan & Estella Tincknell (eds.) (2012). *Aging Femininities: Troubling Representations*. Newcastle: Cambridge Scholars, 248 pp. ISBN 1 4438 3883 7 (hardback)

REVIEWED by KARIN LÖVGREN*

This edited volume is a collection of cultural studies on aging and femininity. The aim of the book is to contribute to an understanding of cultural representations of old age and aging, filling a lacuna in cultural studies, a field which hitherto has accentuated a youth perspective. The intent of the book is to further explore the contentions of Simone de Beauvoir and Germaine Greer, for instance, that post-menopausal women are rendered invisible. The chapters discuss how feminine aging today, in the form of successful agers, is more visible in contemporary society than it was before. However, this has come with demands for the disavowal of chronological age and the need to appear young and behave with decorum, in short what is upheld as "aging with grace." The collected essays explore these altogether ambivalent and contradictory demands and aim to critique and challenge dominant discourses. The authors show that the field of cultural studies on aging is fruitful and criticize market-driven representations, whilst acknowledging the role of differing interpretations and readings of popular culture, as well as the pleasure involved in reading or watching media products.

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The authors include researchers and lecturers in media studies, literature, art, and drama, as well as PhD students and artists and photographers.

The material and methods used cover different aspects. For instance, one chapter is based on fieldwork in the tradition of auto-ethnography. Here Josephine Dolan explores how a festival purporting to celebrate aging by addressing its audience as frail and in need of care purveys information on vulnerability and risk, thus disciplining the visitors and positioning them as docile. Another chapter, written by Terryl Bacon and Kate Brooks, also uses fieldwork to explore how beauty salons function both as treatment and as pleasure, but also as enforcing norms on the importance of appearances and of not ''letting oneself go.''

Several of the chapters focus on plays, movies, TV series, YouTube videos, and literature. Using contemporary mediated material such as popular television dramas with large audiences in numerous Western societies is interesting not least since one can presume that many readers of the analyses are familiar with the series and the characters portrayed. In a chapter on *Downton Abbey* and *Call the midwife*, Estella Tincknell shows how the different narratives can be interpreted in the light of the current global economic recession and the dismantling of the welfare state. In *Downton Abbey*, the universe of the stately manor comes across as an organic whole, with generous benefactors. The dowager is a witty matriarch and authority, always with an acidic comment dryly delivered, whereas the servant, O'Brien, appears as a complaining, spiteful spinster, rather than as a person justifiably protesting class privileges. *Call the midwife* portrays the advent of a welfare state, where thanks to the nuns and midwives employed at the nunnery, lives can be saved. These two narratives represent different discourses on the role of the welfare state. The nostalgic placing of the narrative in a historic past should not be mistaken as innocent; instead, both drama series negotiate complex meanings of ideologies, according to Tincknell.

Other chapters in the book use photography and art as points of departure. In one chapter, Mary MacMaster uses a famous painting, *Portrait of the Artist's mother*, as a starting point for interviews with women on aging and identity. Inspired by the painting of Mrs Whistler, the women pose for portraits whilst holding an object of their choice.

They are subsequently interviewed on their choices as well as on their thoughts on style with regards to dress and hairdo. The chapter, as suggested by the title, *Performing Mrs Whistler*, shed light on the performativity of both age and gender.

Two essays, one by Rosy Martin and one by Rosy Martin together with Kay Goodridge, explore the aging female body as a product of culture. The photos, which are reproduced in color print, are intriguing, thought provoking, subversive and humorous. They stay with the reader afterwards, having started an inner dialogue on the importance of images. I especially liked that the fitting room, otherwise a site for young people trying on clothes and identities, was explored in relation to aging femininity. The photographs focus on how women's bodies are fragmented into body parts, brimming with notions of femininity and how, as the body changes with age, these are considered declined, shriveled, and less attractive in a culture that values the youthful – even the prepubescent. The older female body speaks back in these works of art, Martin declares, and thus works as a corrective to stereotypes. These visuals, together with the written text allow the reader to use a different form of deciphering and reception. The photographs also contrast and thus question the more commercial visuals prevalent in contemporary society – representations of the so-called successful ager.

All of the chapters deserve recognition, but only a few can be mentioned here. Pamela Karantonis writes about opera divas, showing how the voice is not just a physical feature but also a cultural construction. Diane Railton and Paul Watson writing about Madonna and the spectacle of aging, discuss how her performances of aging drags this process out both in terms of delaying it and bringing it out into the open, thus showing the performativity of age. In a chapter on Dolly Parton, Abigail Gardner examines how Parton, using a combination of authenticity and artifice, manages the dilemma of growing old in a music industry with its constant demands of appearing young. Sherryl Wilson, in an analysis of friendship between older women in *Six feet under*, shows how a feeling of becoming invisible in middle age can also be a means of empowerment. Sadie Wearing discusses the impossible burden of growing older without aging, using the example of Helen Mirren to show the close proximity between fame and shame as regards celebrity culture.

This is a very readable collection that manages to fulfill what it sets out to do: interrogate and challenge conceptions of aging and femininity. This makes the reading hopeful. I especially appreciate the diversity of the methods and the material and the relevance of using current representations. My only criticism is that some theoretical concepts, for instance Elisabeth Grosz' term ''prosthetic'', which Joanne Garde-Hansen uses in her chapter, could have been further explained. It comes across as a potential key concept in understanding the role of and relationship between biology and culture, but would have needed more elaboration in order to also reach readers not already familiar with the theory. Still I must emphasize that a book such as this one, which leaves you with questions and ponderings, testifies to its ability to stimulate interest.

Altogether, the book shows how aging studies can benefit from using a cultural studies approach; not leaving the field of aging to either the market or to medicine. The analyses show that the arts and humanities and cultural studies of popular culture can shed light on aging, gender, and femininity. A book of this kind opens the field up for further exploration.

I J A L

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

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

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