Older People and ‘Active Ageing’: Subjective aspects of ageing actively and becoming old

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ABSTRACT

Despite being central to health policy, there is little research into what the concept of active ageing means to older people. This paper analyses qualitative interviews on older people’s perceptions of active ageing from a diverse sample of 18 men and 24 women aged 72 years and over, living in their own homes in Britain. Themes of subjective age and definitions of active ageing resulting from a thematic analysis are further explored using thematic decomposition. Active ageing was perceived in relation to physical, cognitive, psychological and social factors, usually in complex combination, and concepts of autonomy, independence and interest emerge as key subjective factors in active ageing. Most participants felt younger than their chronological age. Many showed a tendency to distance themselves from the category ‘old’, which category was understood in relation to various symbols of ageing. It is concluded that a ‘challenge and response’ framework might be more suitable than one based on ‘cause and effect’ for understanding the issues faced by older people around active ageing.
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Introduction

In the UK, the number of people 50 years old or older has risen 45% since 1951 to twenty million in 2003 (National Statistics, 2005). Where centenarians in the UK were once sufficiently rare to be sent personal letters by the queen, today they number around 9000 (National Statistics, 2008). The changes in family structure and increased longevity that underlie such changes apply across the so-called ‘developed’ world, where the fastest growing population group is 80+. By 2025, however, it is estimated that, globally, 75% of the 1.2 billion people aged 60 and over will be living in the ‘developing’ world (World Health Organisation, 2009).

Such statistics have obvious implications for the pension, health, social care, employment and political systems of those nations that have developed them. The World Health Organisation (WHO) presented its Policy Framework on Active Ageing at the Second United Nations World Assembly on Ageing (Madrid, 2002) to address such issues. The resulting Active Ageing Policy Framework (2002) defines active ageing as ‘the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age’. The relationship between health opportunities and quality of life is evident.
Policies which foster activities and environments associated with health are encouraged in the name of increasing quality and quantity of life years, enhancing autonomy and independence, and reducing health and care system costs. In the WHO definition, however, active ageing conveys more than a concern with activities related to health. The second ‘pillar’ of participation entails the optimization of activities related to societal spheres such as employment, politics, education, the arts and religion. Policies and programmes designed to prevent exclusion and enhance activities in these spheres aim to increase the paid and unpaid productive contribution ageing people can make to society. Likewise, the third ‘pillar’, security, concerns activities designed to ensure the protection, dignity and care of the physical, social and financial needs and rights of those older people unable to guarantee them. Active ageing is thus a broad concept indeed, with the word ‘ageing’ referring to the entire life-course and the word ‘active’ referring to ongoing involvement in activities ranging from the social, economic and cultural to exercise and routine activities of daily living. As the basis for the realisation of physical, mental and social well-being throughout the life-course, active ageing is part of a vision that aspires to identify all and any factors that ‘affect how individuals and populations age’ (Kalachea and Kickbusch, 1997).

In the WHO definition, active ageing is construed as a process, the object of which is an enhanced quality of life for everyone. The question of the subject or agent of the process is somewhat less clear, although ultimately the answer seems to be the same: everyone should be optimizing opportunities for health, participation and security. As Alan Walker (2002: 137) puts it, we are ‘all part of the same
project’ since we all ‘share a collective interest in this process and in extending the quality of our own lives’. Active Ageing advocates stress the need to balance the rights and responsibilities of individual citizens with those of other agencies such as the state, NGOs, and private corporations. Walker’s (2002: 134; 2009) vision of an active ageing strategy, for example, rests upon: ‘a balance of rights and obligations... Individuals have a duty to take advantage of lifelong learning and continuous training opportunities and to promote their own health and well-being throughout the life course. As far as society is concerned, the policy challenge is to recognize the thread that links together all of the relevant policy areas: employment, health, social protection, social inclusion, transport, education and so on.’

With respect to health, individual citizens and families are thus enjoined to make ‘personal efforts to adopt positive personal health practices at all stages of life’ (WHO, 2002: 17). Meanwhile researchers contribute by providing reliable data on what such ‘positive personal health practices’ might actually be, whilst businesses and politicians collaborate by funding the research and by creating supportive environments which make ‘the healthy choices the easy choices’. At the same time, and with respect to participation, older people and their caregivers should be ‘actively involved’ in the formulation and evaluation of such policies and initiatives. At the level of ideology, obstacles to continuing autonomy and independence can be overcome by changing any discriminatory attitudes of professional caregivers, thus enhancing security. The motivation for such efforts is supplied also by the ‘flip side’ of the wish to enhance life quality, i.e. the desire to avoid the spectre of poor health, disability, social exclusion and abuse.
associated with those who have not aged actively: the almost unmentionable ‘old’.

A key ingredient in the internal complexity of the concept of active ageing is its combination of political/ethical (normative) and scientific (descriptive/explanatory) concerns. It is presented both as a describable process influenced by multiple ‘determinants’ whose effects can be empirically gauged through scientific research, and as an explicitly political strategy to re-invent the very meaning of ageing in a future society. To adopt Walker’s [2002] turn of phrase, active ageing promises a dream combination of policy that makes sound economic sense whilst being ‘morally correct’. The meaning of active ageing is thus not adequately grasped without understanding that it is designed to change our views, perspectives, understandings, stereotypes and prejudices about ageing and in so doing to reconstruct the practical societal reality of the ageing process.

The concept is designed to challenge, for example, the political, economic and welfare settlements whereby a chronological age of 65 signifies retirement, progressive social disengagement, and the inevitability of illness and disability.

Active ageing is in this sense part of a ‘new paradigm’ of ageing which aims to dislodge the old ‘decline and loss paradigm’ (Holstein and Minkler, 2007) which attributed the societal causes of the problems of old age ‘to the natural consequences of physical decrescence and mental inflexibility’ (Townsend, 2007). It thus departs from paradigms such as ‘disengagement theory’ without limiting itself to particular spheres such as health (as with healthy ageing) or the economic (as with productive ageing) (Davey, 2002). Active ageing, in short, is
part of an ideal vision in which guaranteeing of human rights will enable the expanding older population to remain healthy (thus reducing the burden on health and social care systems) and to stay in employment longer (thus reducing pension costs), whilst participating fully in community and political processes.

Academics like Holstein and Minkler (2007: 16) worry that a certain idealisation of active and successful ageing might be counterproductive and even oppressive. They state that efforts to eliminate ageism by ‘focusing on the positive features of old age’ risk ignoring the ‘real bodies of old people’ and unwittingly impose unrealistic and ‘oppressive standards’ which can negatively affect identity and self-worth. Notions of ‘successful... healthy or active ageing’, they suggest, carry ‘implicit normative standards’ which ultimately devalue ‘those who do not live up to their ideals’. Even strong advocates of active ageing policies such as Walker (2002: 134) recognize the risk ‘that this sort of strategy will become coercive’. Although Walker insists that ‘Active ageing should not be a flimsy disguise for reducing rights’ he nevertheless proposes an active ageing policy strategy that imposes upon citizens the obligation ‘to take advantage of education and training opportunities and to remain active in other ways.’

Both Walker (2002) and Holstein and Minkler (2007) agree on the vital importance of attending to the specificities of the various lived realities of older people, positive and negative alike. There is a need for ‘insights into fundamental questions about how and why we experience old age in very particular ways’ (Holstein and Minkler, 2007: 22). In fact, however, very little is currently known about older people’s concerns with active ageing (Reed et al, 2003). Cloos et al
(2009) move in this direction when they report a qualitative study of active ageing in six Caribbean countries. Here, however, the meaning of active ageing is assumed in the methodological framework applied, and so the study actually tells us about participants’ experiences with health and social services, social support, and economic circumstances.

Clarke and Warren (2007) strive to include conceptions of ‘activity’ that differ from policy norms and that focus on what older people themselves think and desire. Their qualitative study of the life stories of 23 people aged between 60 and 96 explored feelings about getting older and revealed a plethora of views, many of which emphasised the importance and value of mundane or ‘everyday’ activities. Bowling (2008) reports an interview survey with 337 people aged 65+ living in Britain who were asked to express their associations with the phrase ‘active ageing’ and then to rate how actively they considered themselves to be ageing on a five point scale. A third of respondents rated themselves as ageing ‘very actively’ and almost half as ‘fairly actively’. A multiple regression analysis showed that high ratings were predicted by measures of optimum health and quality of life. The concept was associated with physical health and functioning (cited by 43%) and with leisure and social activities (cited by 34%). 18% associated it with the mental sphere and 15% with social relationships and contacts.

Since simple chronological age has a complex relation both to the physical condition and appearance of the body, and to age considered as a subjective experience, more information is needed about how these aspects might combine
and play themselves out subjectively in the actual experiences of older people. Featherstone and Hepworth (1990) have proposed a theory organised around the evocative theme of a ‘mask of ageing’. They describe an alleged discrepancy between an objective (ageing) physical body and a subjective inner experience that often considers itself young. Ageing thus results, they speculate, in a situation whereby a person interprets their outer body as a false ‘mask’ which ‘betrays’ the younger inner experience. Since the ‘mask’ of their visible corporeality is publically available, however, the ageing individual is likely to be treated as old by others despite this subjective dimension. These authors go so far as to suggest that it is only via the mediation of such reactions that these inner and outer aspects can be linked, since ‘any connection they [bodily signs of ageing] may have with the individual’s personal sense of identity is the result of the ways other people react to changes in facial appearance and the social category they imply’ (Featherstone and Hepworth 1990: 255). It is not necessary to agree with this extreme thesis to accept the pertinent suggestion that age implies a complex mixture of physical characteristics, social constructs and subjective experiences. Although relevant data is lacking, the intriguing suggestion is that a person over 90 may well ‘hope to die before they get old’ without self-contradiction.

The qualitative study described below was designed in the spirit of critical health psychology (Hepworth, 2006) to shed further light on the social and personal meanings attached to age in general, and to the concept of active ageing in particular. Although the study formed part of a broader ESRC funded project on
quality of life amongst older people\(^1\), the present paper concentrates on two key themes from the study: subjective age and definitions of active ageing. The insight gained into participants’ perceptions will in turn provide an empirical base for future research and policy on helping people to age actively and overcoming the barriers to active ageing.

**Methods**

**Participants**

A diverse but balanced sample of participants was targeted using a matrix based on gender, age (70-80 / 80+), marital status, tenure status, personal mobility (able / unable to walk 400 yards), self-rated quality of life and population density of area of residence. For each double-sided demographic, roughly 50% of the participants were selected from each arm or category. Forty of the participants lived in England and two lived in Scotland. The mean age of the participants was 79.1 years (range=72-92). Twenty-four women and 18 men were interviewed.

**Interviews**

Interviews were conducted using a semi-structured format, each lasting approximately 1 hour. To tap into the subjective meaning of age, the interviews included five short questions. Participants were asked what age they were, what age they felt generally, what age they felt physically, what age they felt mentally, and what age they considered to be old. Other questions covered perceptions of what active ageing is and its relation to day to day activities and events.

\(^1\) Details of granted and ethical clearance omitted to permit anonymous review.
Analysis

Excepting paralinguistic details, each interview was transcribed verbatim. A thematic analysis with constant comparison technique was applied. Atlas.ti 5.2 was used for open coding, which was checked by a second researcher. In the present report the two themes of 'subjective ageing' and 'definitions of active ageing' were further thematically decomposed (Stenner, 1993).

Results

1. Defining active ageing

The following section addresses the definitions of active ageing that were offered as a result of being asked directly, or as offered indirectly in later stages of the interview (see table 3 summary). It is important to note, given the complex origins of the concept, that 4 participants found the phrase meaningless. One participant (p 7), for example, found it ‘a tongue twister’, and a 92 year old woman (P11) stated that to her it meant: ‘Nothing... Somebody's been sitting thinking these out’.

Insert Table 1 Here

1a. Physical, mental and social activities
The categories in table 3 broadly replicate the results of Bowling (2008), as does the finding that physical activity constitutes the most frequent immediate association with ‘active ageing’. For half of the participants active ageing first evoked ideas of physical movement, remaining supple, engaging in physical exercise, and generally ‘keeping as much physically alive as you can’ (p15). Others noted the physical activities of the body only to stress that ‘half the battle’ is ‘keeping mentally active’ (p3) or ‘keeping your mind alert’ (p4), because ‘if you stay mentally active then you probably stay physically active’ (P12). These were in turn distinguishable from social activities: 13 participants mentioned activities such as meeting family and friends, going to clubs or church, voluntary work, playing sport and going out for meals.

It is relevant that the most common descriptions of active ageing cut across these categories and included the mixture of physical, mental and social factors that is involved in activities such as hobbies, looking after family, doing voluntary work, driving, and generally ‘keeping active’. For P23, for example, keeping busy and involving herself in society were important for active ageing as well as physical health:

**P23:** Well you can look at it physically and say... keep going, keep yourself generally active, do things and get involved. You look at it that way or you can think in terms of voluntary work which is obviously quite a good thing to keep going, [or] social intercourse... I don’t mean sitting in a pub and boozing, I mean if you join various organisations then it keeps your brain alert, but sitting at home like a sack of potatoes and just watching the Idiot Box you know, you drop into a sort of slough of despair [female, 72]
Again, for participant 2 active ageing was about physical ability, driving, interests and independence:

**P2:** Active ageing. Well it’s what I do. I can walk 5 miles without any problem. I drive. I have multiple interests. I do my own washing, ironing, I could do the others but my daughter feels she ought to do something, so she changes my bed and vacs up but I could do, I did do that and more at one time. I don’t want to have to rely on anyone but my two children are wonderfully supportive... But er, active ageing yes. I’m always busy, I do my own cooking. I plan my new kitchen, you know. [male, 87]

1b. Autonomy and Interest

The previous extract also neatly illustrates the potential of qualitative methods to get at some of the more subtle and subjective issues often missed in quantitative surveys. One gets a sense of the pride felt by this 87 year old man in describing, not just his ‘wonderfully supportive’ children, but also his own autonomy and self-sufficiency in relation to his activities of daily living. The WHO Policy Framework (2002) discusses the importance of autonomy, but describes it as notoriously difficult to measure. One implication is the relative neglect of the subjective dimensions of the concept of ‘activity’ in ‘active ageing’ at the expense of the merely objective, publically available and hence measurable aspects. Subjectively, it seems that being or becoming active is very much to do with having a pleasurable sense of one’s own powers and of setting one’s own norms rather than being ‘normed’ by others. As put by participant 33:

**P33:** Active ageing. Just, I think it’s being active, it’s being able, to me it’s being able to do what I want, when I want. And to be able to do the things that I want to do. To walk, to do the garden... and it’s being well enough to be able to be active. [female, 73]
This extract makes clear that what is at issue for this participant is not simply engaging in ‘activity’ of whatever sort, but doing what she wants to do. The emphasis is thus not placed on the activity as such, but on the active manner of its undertaking. The subject of active ageing considered in this sense, is precisely an agent rather than a patient, and indeed the passive status of the patient is regularly invoked as a contrast, as when participant 23 spoke of 'sitting at home like a sack of potatoes', 'watching the Idiot Box' and dropping into 'a sort of slough of despair'. A related subjective concept invoked by nearly a quarter of the participants was 'interest'. Interest, excitement and a 'lust for life' are associated with activity in the sense of autonomy just described, and hence contrasted with the scene of negative affect associated with being 'crouched up in the corner' (p34) or of 'giving in' (P8):

**P10:** I think active ageing is keeping people... interested in living basically. [male, 77]

**P33:** it's keeping up friendships and, I mean having an interest in people, not being self centred and going out and doing things and with people. [female, 73]

**P12:** I think the mental, if you stay mentally active then you probably stay physically active because you're more interested in things and you're more, well yes you're more interested and therefore you do more things probably. [male, 72]

1c. Challenge and response

The centrality given to the subjective notions of autonomy/agency and interest suggests that any theory of active ageing should question the prevailing focus on causal determinants alone and take seriously the ways in which life events and changing circumstances might challenge the capacity to be active, and the ways
in which people might *respond* (more or less actively) to such challenges. Such a *challenge and response* framework (as opposed to a cause and effect framework) would take more seriously the issues of subjectivity and agency described above, and would be more in keeping with our participants’ own ways of thinking. Much as our participants appear to value their active agency, they are very aware that much of what is experienced in life is at best partially within their own sphere of control. Challenges to agency are thus common, particularly in later stages of life:

**P8:** Well it [active ageing] means keeping going and enjoying life. I don’t know, I suppose not giving in when you know things get rough... because you do, you have spells of things being rough don’t you, when you get older... I think you just keep, need to keep going, that’s all it is really and take on anything new.

**P23:** It’s not giving in, not saying to yourself ‘I am old’. [female, 72]

Saying to oneself ‘I am old’ can here be equated to a response to a challenge whereby one is resigned to relative *passivity*. Challenges, of course, can be many and varied. A broken leg no less than a failed pension scheme or the loss of a life-partner can be experienced as brute and senseless facts that pose challenges to the aspirations and values of those who must respond. From this perspective a loss of physical function constitutes a *challenge to agency* and the key question is not ‘what is the effect of this cause’ but: how to respond to this challenge? This tension between brute fact and active aspiration comes across clearly in participant 41s response to a question about what detracts from ‘active ageing’: ‘Well when your body doesn’t want to let you do the things you want to do, I would say’.

Whilst some challenges to active ageing take the form of clearly discernable events, others take place slowly and are more or less unnoticed, thus 3
participants mentioned *keeping up with the world* in their definitions of active ageing. Life in an ever-changing and highly technologically mediated world is more likely to pose challenges to those whose once useful know-how risks redundancy. Active responses to such challenges are valued:

**P5:** R: Well I try to keep abreast of what’s going on.

I: How do you do that?

R: Well I listen to the, read the paper and I listen to the television. [female, 85]

**P34:** Yeah, lifetime skills such as what I’m doing now. I’m involved in finance and tax, only to a small extent but I keep abreast with what’s going on you know, revenue [male, 74]

1d. The challenges of dependence and isolation

According to WHO (2002), the notion of independence is subtly different from that of autonomy to the extent that it concerns a more objectively demonstrable capacity to perform certain necessary functions without the help of others. Since the work of Lawton & Brody (1969), such functions have been defined as ‘activities of daily living’ and IALTs (instrumental activities of dialing living), and measured accordingly. As part of their definitions, 11 participants discussed IALTs such as being more or less able to do their own housework, shopping, cooking and gardening, being able to manage their own financial affairs and being able to get out and about when they want to. Whilst from an objective point of view such activities are certainly ‘instrumental’, subjectively they can be much more than this, and the challenges posed to agency by their loss can be profound. Two categories of subjective challenge are distinguishable in our data:
dependence and isolation. Both can pose challenges to an actively ‘interested’ sense of agentic autonomy. Hence when participants speak of the relevance of independence to active ageing, they tend to do so against the backdrop of the subjective spectre of being an unwanted ‘burden’ on others:

P30: I still look after myself, look after my money, I keep the flat clean, I can get on a bus. So to be quite honest I don’t really think there’s anything I can’t do. It might take a bit longer.

I: So do you think ageing actively then is trying to do the things that you’ve always done?

R: Oh yes, yeah, keep going. Be independent. All the time you’re independent you’re alright, aren’t you?

I: And why do you think it’s so important to be independent?

R: You don’t want to be a burden to anybody else. You like, you know, I’ve got smashing daughter and sons, I’ve got a lovely family, I couldn’t have a better family, but I still don’t want to be dependent and I don’t want to be a nuisance to anybody. [female, 85]

The flip side of being a ‘dependent burden’ is the risk of isolation, and both bring the likelihood of forms of negative affect that undermine interested agency (the first from feeling a ‘nuisance’ and the second from feeling lonely, disconnected and unwanted). These issues of challenge and response in relation to dependency and isolation are perhaps best illustrated by citing the case of participant 36, an 82 year old single woman living alone in a cottage in a remote hamlet. With no local family or friends, she found herself having to be relatively self-sufficient and was reluctant to move as the house had long been in her family. Although this was not initially a problem, her physical and mental health began to deteriorate and she found it more and more difficult to cope. She experienced episodes of confusion which she described as feeling ‘muddled’ and
her doctor instructed her to give up driving, considerably restricting her ability to go out. There were no shops in the village, meaning that walking was her lifeline to the nearest amenities in the nearest town three miles away. The public transport links were poor and since her hearing had significantly deteriorated, she was afraid to use the bus following a distressing incident:

there’s a bus that I have to catch to get home and I was asking the chap three times apparently ‘is this the bus for *****?’ and then I got on it... see I’m deaf and it doesn’t really help that, so I got on the bus, I thought he said yes. He was quite angry because I was on the wrong bus but then he was very nice after I told him that I was deaf, but I felt such an idiot that I’d been trying to get on the same bus three times! Such a silly thing, you know?... It gets to be awfully difficult. (becomes teary)

Up until the last year, P36 had been walking to town across a field track in order to do her shopping. As there was no pavement on the road, this was the most suitable route, but it was impossible to use a scooter or shopping trolley due to the uneven ground. Then she suffered a collapsed hip followed by a second fall which made it impossible for her to walk the distance. The isolation and dependence contributed to feelings of depression. Her reluctance to be a burden on her neighbours meant she often found herself without basic groceries and reliant on vegetables from the garden:

I: Groceries or things like that, I mean do you ever get to the point where you’re really stuck?

R: Yes, yes I do. (laughs)

The case of p36 illustrates how older people can be faced with an escalation of multiple challenges and how responses to such challenges - including the actual and perceived responses of others – themselves give rise to new challenges. The risk here is a higher likelihood of a spiral of increasingly negative and passive
responses to a series of worsening challenges. Initial challenges to her health transformed this participant’s country hamlet into a relatively inhospitable environment. Her confused and muddled response to this challenge resulted in a response from her doctor (advising her to give up driving) that led to the challenge of further isolation. Her response of taking the bus led to further challenges to her compromised hearing, which resulted in a scene of shame, frustration and anger involving a bus driver. Although this scene may appear trivial, this fact in itself merely added new negative affect (insult to injury) to her response (she felt ‘such an idiot’ in the face of the driver’s anger). Her next response to walk across the dangerously uneven ground of a field track to get to the shops was informed by the wish to avoid burdening herself and others with such scenes, and was conditioned by the lack of a pavement on the road. The falls that followed left her considerably more isolated and forced her unwillingly into dependent relationships that add the negative feeling of being a burden to a growing sense of depression.

2. *Subjective age*

2a. Feeling one’s age

Table 2 (below) shows a clear pattern in the data of those who responded to the questions about felt age. The vast majority of respondents indicated that they felt younger than their chronological age. It is interesting that the wording of the question is relevant, since more (i.e. 27) responded to age felt *mentally* than responded to age felt *physically* (25), and fewest (19) responded to the question
put in general terms. Also, only those responding to age felt physically considered themselves to be older than their actual age (2 participants).

**Insert Table 2. Here**

Among those who did not respond numerically, several more made qualitative statements that further support this pattern. For example, five more interviewees stated that they felt generally younger than their age, and thirty-three interviewees stated that in their mind they felt younger, despite physical decline. For instance, P13 emphasised that she felt the same in herself now as she did in her teens:

**P13:** I tell you what, you don’t alter. The mind is still young, can be, but I mean you’re aware that you’ve got to behave you know, like an older person but you’re still the same as when you were young!

I: So if you had to put a number on how old you feel mentally what would you say?

R: Well I could go back to my twenties and teens. [female, 80]

For those who found these questions difficult to answer, reasons given included that age felt varied from day to day, the effect of the weather, feeling no different to how they always did and not being able to remember what it felt like at younger ages. P25, for example, didn’t think of himself as a certain age:

**P25:** I don’t know how old you’re supposed to feel at 77 you know, but no I never imagine that I’m 77 [male, 77]
The following comments from participants who did not response numerically provide some clear illustrations of the 'mask of ageing' (see introduction):

**P15:** I had a relative by marriage, and she was well in her 90s and she looked like an Edwardian lady because she had hair all Edwardian style and she said to me... 'I know when someone knocks at the door and I open the door, they see a very old lady. But I'm about 23' (laughs)... you're no different from what you were when you were 6 really inside... You can remember the you and that's still there. Gets crusted over a bit but its still there! [female, 75]

**P8:** you feel the same all the way through inside really. You don't really age inside. [female, 73]

**P12:** To be honest I don't think you really change as you get older. [male, 72]

**P23:** inside I feel the same, have the same sort of feelings as I had when I was young. [female, 72]

**P33:** I think really people are as old as they feel. I don't think really it's got anything to do with age. People who just, if they've got an attitude that they feel old and they say they're 70 or they're, and they say 'well you know I'm 80!' or something like that, I think so what? [female, 73]

The notion of the time-independence of certain aspects of subjective identity was neatly described by P29, who described the relationships between the people at her lunch club. Their sense of self was consolidated in their younger years and remained evident:

**P29:** you know they're all nice. They're all nice people and have led active lives. I was in the wrens myself for 4 years just at the end of the war and the one sitting next to me was in the ATS and another was in the land army. So that's their life, they don't count the other years since they've been widowed. [female, 82]

2b. How old is old?
Responses to the question about what age is considered old yielded a similar pattern. 23 interviewees made a numerical response. The modal age considered old was 90 and both the mean and median age were 85. Only two considered themselves to be older than the age considered old and only three considered old to be the age they were. The remaining 16 considered themselves to be younger than the age considered old. Five interviewees specifically stated that the age considered old was dependent upon their own age and would always be older than them, as P23 and P21 describe:

**P23:** Anyone that’s older than me! But I don’t regard myself as old. [Female, age 72]

**P21:** 90 I think. But by the time you get to 90, if you get to 90, it’ll probably go up again! [female, 75]

P12 proposes an element of choice in being old, and hints at the role of social expectations in shaping the sense of being old:

**P12:** I think you could be old at 50, really. In fact you could be older and some people are old in their mind for all their lives, I think. I’ve met people that seem that way... I think a lot of people feel old as soon as they get to a certain age you, I’ve got friends, relations and that and they get to 60 and ‘oh yeah I don’t do that anymore, not at my age’. And you know, what’s the difference at your age you know? [laughs]. What’s the difference now to 2 or 3 years ago? And they tend to slow down intentionally it almost seems. [male, age 72].

Other reasons given for being considered old included no longer being able to do the things one wants, being incapacitated with physical or health problems, decline in mental capacity, deterioration in appearance, being in the last period of life, the death of friends and peers, needing more help, and being more aware of new generations of family coming up. In this context it is clear that one
meaning of ‘active ageing’ relates to the endeavour to stay ‘young’ despite chronological age:

**P25:** Active ageing. Well I think you can go on, the more you do, I think the longer you can go on doing it. So active ageing is trying to keep as young as you can, I should imagine.  
[male, 77]

2c. Symbols of ageing

Although the data presented so far support the basic assumption of the ‘mask of ageing’ theory, they cast doubt upon the extreme thesis that any connection between bodily signs of ageing and personal sense of identity is attributable to the reactions of others. Participants gave several reasons for feeling physically old, including not being able to get about, needing physical aids, energy levels, onset of illness, and joint function, each of which suggests a significant role for experience of one’s own body in judgements of felt age. P15 indicates how it is not just others who describe her as old, but also her body which ‘tells’ her:

**P15:** Well that’s a different thing [i.e. age felt physically] because you’re very much aware that you haven’t the energy that you used to have. So although I like to think of myself in my 50s, my body tells me no, no you’re not in your 50s. [female, 75]

The above extract neatly illustrates the way in which a ‘physical’ experience can symbolise ageing. It is through the mediation of such symbols that people appear to reach judgements about whether or not they feel old and how old they feel. The material for such symbols can be anything from physical feelings and mental experiences to social settings and technological aids. With respect to factors
influencing age felt *mentally*, for example, participants indicated the relevance of issues such as a change in outlook after children have left home, changing interaction with family, the problem of keeping up with modern idioms, ability to make calculations and memory issues such as being able to think of the right words at the right time. This last example provides another good illustration of how an experience (this time of a ‘mental’ issue) can be taken as a symbol of ageing. P21 talks in this context of ‘senior moments’:

**P21:** you can’t quite grab the word you want the minute you want it. What they call ‘senior moments’. Yeah, so senior moments can be a bit irritating at times. I was talking to somebody the other day and he was quite a bit younger than me and I said something about ‘oh I’ve had a senior moment’ and he said ‘well I’m having senior moments and I’m only early 40s or 50s.’ But I mean I think at every age you’ll go upstairs to get something and you think what have I come up here for? And the only way you find out is by going back to where you were when you wanted, when you thought what you wanted to go upstairs for or you want to go in the kitchen for something and think ‘why am I here?’ [female, 75]

The phrase ‘senior moment’ draws attention to the functioning of such mundane forgettings of intention as, precisely, a symbol of ‘seniority’. The phrase enables P21 to relate to herself *qua* ageing being, and it also permits her to discuss and compare such experiences with others, and to negotiate their significance.

More obvious examples of symbols of ‘being old’ are provided by aids and appliances such as quad sticks, mobility scooters and, as mentioned in our introduction, Zimmer Frames. For participant 36, mobility scooters are an indicator of being ‘really old’:

**P36:** What about a mobility scooter or something like that? is that something you’d ever consider?
R: I have thought about it, I don't want to yet.

I: Why not?

R: Because I'll be really old! (laughs) [female, 82]

P1 felt that using her quad stick symbolised a status of invalid that she did not identify with:

P1: I've got a stick and I've got a quad stick as well, I don't use that either (laughs)! Yeah, that's standing in the hall as well as a reminder (laughs)... it's behind the curtain.

I: So that's not helpful no? The quad stick?

R: No it makes me feel an invalid... I tell you I don't really feel that old, it's just that I can't get about so quickly, you know? [female, 87]

P11 was born with a dislocated hip which caused her to walk with a rolling gait. She accepted that she needed to use a walking stick, but did not want to be seen using a Zimmer Frame. Instead, she used a household serving trolley for support, for example when bringing her shopping up to her flat:

P11: What I do, I take the top shelf off my trolley, push it round to the front door, put my bags on that, wheel it up. Now I didn't realise until recently, I'm using that as a Zimmer! But it certainly looks better than the Zimmer.

I: So you're not tempted to have a Zimmer, no?

R: You must be kidding! ... I was thinking two or three old ladies in here, ooh they wouldn't be seen dead with a walking stick! [female, 92]

Such antipathy to technological aids in part reflects the fact that their symbolism operates more generally, and hence other people are also liable to treat their users as 'old':
**P21:** I've tried a wheelchair on one occasion and I was very annoyed about it because, and I've heard people say it before, it's true, people treat you as if you're not there. You try to speak to them and they sort of look at whoever's with you and talk to them! [female, 75]

2d. Old as bad to think

Although mental experiences (such as ‘senior moments’), physical experiences (such as energy loss), technological aids (such as Zimmer Frames) and social experiences (such as ‘reaching a certain age’) can symbolise ‘being old’, association with such symbols does not necessarily entail identification as ‘old’. In this context, participants frequently conveyed the idea that as they aged, they continued to be the person that they always were, albeit with physical ailments or mental foibles, rather than a newly emerged ‘old person’. There is a tendency to reject the idea of being ‘old’, as when P15 stated, ‘I like to think of myself in my 50s’. To adopt an anthropological phrase, relative youth is good to think.

The desire to distance oneself from the label ‘old’ included avoiding the use of mobility aids, avoiding stereotypical behaviour, adopting a young way of thinking, not dwelling on one's age, disliking the word ‘old’, dreading turning a particular age, not giving up activities just because of one's age and maintaining a connection with the community. In some cases, there was also rejection of older people themselves and a degree of ageism was indicated. ‘Old people’ can themselves symbolise ‘being old’. P1, for example, had been invited to attend the church run social club for older people across the road from her house, but she had negative perceptions of the people she might encounter there:
**P1:** I don’t go to the old people club over the road because I don’t feel old enough (laughs)….When I see some of them go buy I think to myself ‘Oh, I couldn’t eat a meal with you!’ Some of them dribble don’t they? (laughs). [female, 87]

I: So do they just seem, do they seem very old to you those people?

R: Well some of them are quite young looking you know but then you’ve got to mix with them all haven’t you? When my mother was alive she used to go across there and er, she was very alert, my mother. She died at 89 and she used to say I, she used to enjoy a game of cards but she said ‘you have to let them win’ she said, they, they act like children you know, they sulk if they don’t, if they don’t win so she said you can’t play properly because you just have to let them win! (laughs) That would get me down that would, I couldn’t go. [female, 87]

Likewise, the idea of being part of a club solely for older people was unappealing for P15 and P42:

**P15:** I always vowed that I wouldn’t you know, just join old folks clubs and that, I’d keep in with the younger clubs. [female, 75]

**P42:** I could join the old peoples clubs and things like that, but to me, I don’t feel that I want to do that yet.

I: And why is that?...

R: Well I feel younger than them, I don’t feel ready to put myself into that. [female, 77]

P19 had tried a church lunch club which provided transport and a meal for older people in her area, but felt unable to relate to the people that went there (note especially the symbolism of ‘pushing wheelie things’):

**P19:** I didn’t go again after… it wasn’t really for me. I know it’s silly, but you saying about feeling old, I looked around and everybody seemed ever so old! They all seemed, some of them were older, a lot older than me I think, and a lot of them were pushing wheelie things,
you know, to help them walk. The lady that I talked to mostly that was sitting at the table was a younger lady who worked in the office there. I found that some of them they didn’t talk, I didn’t see much point in it. [female, 76]

P40 also felt she had nothing in common with the people who attended the social gatherings at her sheltered housing complex:

P40: I was talking to the lady down below and she’s been going over to the... complex for a meal. They do a meal on a Monday and a Thursday and she sampled it last week and she was telling me now, she said ‘they all seem so terribly old over there!’ She felt she stuck out like a sore thumb. She said ‘I had nothing in common with any of them’... she’s my age too and we often say we’ve seen people go in there and in a couple of weeks they seem to have aged 20 years!

For P20, it was the idea that older people were negative and grumbling that caused him to avoid contact with them:

P20: I: are there any clubs or day centres or anything you go to?

R: No. They’re old folks there! R: No... Actually to me they all just seemed moaners. Nobody seems to be positive. [male, 83]

Some participants were quite frank about the pleasure they felt in comparing themselves to others less fortunate than they. For example, P29 attended a falls programme at her local health centre and was aware that many of the other attendees were in a poorer state of health than herself:

P29: they’re poor old souls some of them. I don’t look at myself as in that class!... Well you know there’s somebody worse than you are and that helps! [female, 82]

P34 was acutely aware of his own good health in comparison to other members of his family:
P34: Well my daughter-in-law's mother, she has diabetes, she's not registered blind, she's had a stroke, she's in a wheelchair, she's one month younger than me! Yes, yes. One month.

I: How does that make you feel?

R: On top of the world, on top of the world! [male, 74]

In many cases, it is clear that in the background of this affectively charged distinction between relative youth and being old is a forward looking consideration of the disturbing possibility of one's own 'becoming old.' As P41 put it, 'well you just think 'there but for the grace of God go I', you know.' P13 indicated that she could not bear to think of a time when she might be less able, preferring to be dead rather than have people see her in a deteriorated state:

P13: I don't want to think about that. I must be able, if I'm not, I want to go.

I: Ok so it's not something you, you try not to think about?

R: No. Because I'd rather be gone not, not cause people to have to see to me and all that, you know. [female, 80]

Conclusion

Active ageing was a meaningful concept for the majority of participants. Although responses could be coded into categories such as 'physical', 'mental' and 'social' activity, active ageing tended to be understood as a rather complex composite of such factors, expressible as 'keeping active' or as avoiding becoming passive. The key issue thus appears to entail a distinction between activity and passivity wherein being or becoming active as opposed to passive involves setting and living by one's own norms rather than being 'normed' by others or by physical, mental or social limitations. In this context 'being old' is
typically associated with a *becoming passive*. This in turn can be likened to what could be called a *downward swerve* in agentic capacities to affect and be affected by other people, circumstances and things. The loss of autonomy and interest, for example, can signify a downwards swerve towards a disinterested ‘slough of despair’ or a passive ‘sitting at home like a sack of potatoes… watching the idiot box’ or even a sense of ‘giving up’. Participant 36, for example, illustrates such a downward swerve in which her mental, physical and social powers diminish along with her autonomy and interest and in which the negative affects associated with dependency and isolation grow in relevance.

It seems clear, however, that chronological age does not correspond to ‘being old’ in any simple sense, and indeed most of our participants, despite their advancing chronological age, did not consider themselves ‘old’. The notion of ‘becoming old’ is a complex affair involving the mediation of symbols which enable people to attribute this status to themselves and others. Typically these symbols express the ‘downward swerve’ of powers identified above. Indeed, there was a great deal of resistance expressed towards the forms of passivity associated with being old. It seems clear in this respect that the affectively laden effort to avoid becoming passive can entail a certain degree of ageism. Social scientists and policy makers alike should reflect on the possibility that social encouragement of ‘active ageing’ discourses and identities, whatever their benefits, may well entail the exclusion and othering of those identified as ‘old’.

Finally, our data suggest a critique of the prevalent ‘cause and effect’ frameworks used by social scientists. Such frameworks risk occluding the relevance of the kinds of subjective factors that appear so important to our participants. These
factors, in turn, are not well grasped in terms of hypothetical variables such as self-efficacy, which also import a tacit determinism into theorising. We suggest that cause and effect approaches be supplemented by a challenge and response approach able to take seriously the ways in which life events and changing circumstances might challenge the capacity to be active, and able to grasp the ways in which people might respond (more or less actively) to such challenges. This would by no means entail an ‘individualistic’ approach blind to macro-social factors, but rather a psychosocial approach sensitive to the ever present tension between brute fact and active aspiration (Brown and Stenner, 2009).

References


**Appendices**

**Table 1: Responses to ‘what do the words active ageing mean to you?’**

<table>
<thead>
<tr>
<th>Factor in Active Ageing</th>
<th>Factor</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td>21</td>
<td>50.0</td>
</tr>
<tr>
<td>Mental activity</td>
<td>18</td>
<td>42.9</td>
</tr>
<tr>
<td>Keeping active</td>
<td>14</td>
<td>33.3</td>
</tr>
<tr>
<td>Social activity</td>
<td>13</td>
<td>31.0</td>
</tr>
<tr>
<td>Independence</td>
<td>11</td>
<td>26.2</td>
</tr>
<tr>
<td>Interest in people and life</td>
<td>10</td>
<td>23.8</td>
</tr>
<tr>
<td>Coping with challenges</td>
<td>4</td>
<td>9.5</td>
</tr>
<tr>
<td>------------------------</td>
<td>---</td>
<td>-----</td>
</tr>
<tr>
<td>Keeping up with the world</td>
<td>3</td>
<td>7.1</td>
</tr>
<tr>
<td>No understanding of active ageing</td>
<td>4</td>
<td>9.5</td>
</tr>
</tbody>
</table>

Table 2. Summary of responses about the age felt generally, physically and mentally

<table>
<thead>
<tr>
<th>Age felt generally</th>
<th>Number who made a numerical response</th>
<th>Number felt older</th>
<th>Number felt younger</th>
<th>Number felt their age</th>
<th>Range (years)</th>
<th>Median difference between age felt &amp; actual age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>0</td>
<td>18</td>
<td>1</td>
<td>-52 to +0</td>
<td>12 younger</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age felt physically</th>
<th>Number who made a numerical response</th>
<th>Number felt older</th>
<th>Number felt younger</th>
<th>Number felt their age</th>
<th>Range (years)</th>
<th>Median difference between age felt &amp; actual age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>2</td>
<td>18</td>
<td>5</td>
<td>-52 to +15</td>
<td>7 younger</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age felt mentally</th>
<th>Number who made a numerical response</th>
<th>Number felt older</th>
<th>Number felt younger</th>
<th>Number felt their age</th>
<th>Range (years)</th>
<th>Median difference between age felt &amp; actual age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>0</td>
<td>26</td>
<td>1</td>
<td>-61 to +0</td>
<td>22 younger</td>
<td></td>
</tr>
</tbody>
</table>

-, younger; +, older