

# Ageing in a Material World

Mary Breheny , *Massey University*  
Christine Stephens , *Massey University*

The experience of ageing is shaped by social location. For those who experience economic hardship, the effects of a lifetime of disadvantage tend to accumulate in later life. The recent attention to positive and successful ageing has particular implications for disadvantaged and disabled older people. This project focuses on the qualitative experience of ageing in the context of the material constraints in people's lives. Forty eight people aged 55 to 70 years were interviewed. Critical realist discourse analysis of extracts is used here to show how the rhetorical and discursive accounts of ageing are grounded in the material circumstances of participants' lives and also shaped by societal demands to age well and positively. Access to material resources constrains older people from ageing in ways that they value, and the discursive construction of citizenship and morality has implications for who they can be.

There has been a great deal of discussion in the media, in social policy, and in research, about the ageing population. Recent social policy promotes later life as a time of opportunity, activity, enjoyment, connection with family and friends, and contribution to community (see Ministry of Social Development, 2001). This 'positive ageing' strategy explicitly challenges previous constructions of old age as a time of decline and withdrawal from society. In this regard, positive ageing discourse provides a space for increased participation of older people in employment and promotes expectations that older people will remain involved in their communities in later life. Although positive ageing discourse has advantages for active and able older people, it has consequences for all older people regardless of their health and wellbeing.

The social policy significance of an active later life is underpinned by concerns for rising health care costs, future levels of financial support, and living situations for dependent elders

(Robertson, 1999). In response to concerns regarding a rapidly growing ageing population, identifying the factors that enhance independence among older people is reported to be in the best interests of all New Zealanders (e.g., Ministry of Social Development, 2001) and justifies much of the mainstream research on older people. This draws attention to the importance of individual choices in managing the experience of ageing (Jolanki, 2009). At the intersection of discussions of positive ageing and dependency, older people are categorised as either contributing or dependent, and this separation provides a framework for responding to the ageing population. Dependency, infirmity and passivity become the hallmarks of those unable to govern themselves (Conway & Cranshaw, 2009). The media reflect this dichotomy, presenting the possibility for an active and independent older age alongside depictions of older age as a time of decline and dependency (Hodgetts, Chamberlain & Bassett, 2003). By promoting strategies to enhance later

life, the media also draw attention to individual responsibility for an active and positive older age (Hodgetts et al., 2003). These accounts construct old age as an individual project of wellness, social connection, and participation built upon social imperatives of healthy choices, self reliance, and contribution to community. Older people construct their identity based upon such accounts (Gilbert & Powell, 2005) and these dominant discourses of ageing in our society shape what it means to be an older person today.

These constructions of later life are located within wider discourses of neo-liberal citizenship which is based upon individualism, rationality, hard work, and individual responsibility for outcomes (Coburn, 2000). Within a neo-liberal discourse, individuals are positioned as responsible for minimising risk and maintaining health, activity, and youth (Petersen, 1996). Neo-liberalism promotes individual responsibility which also enables the dismantling of public responsibility for later life (Katz, 2000). Social policy imperatives of positive ageing present activity and engagement as part of the picture of later life, and suggest that self care, responsible lifestyles, and constant activity are the route to individual health and well being (Katz & Marshall, 2003; Pond, Stephens & Alpass, 2010a). This attention to positive and independent ageing implies that making good choices and having positive outcomes are equally possible for all older people (Holstein & Minkler, 2003). An emphasis on individual responsibility for health and well-

being neglects the social and physical conditions that may limit universal access to a healthy and engaged older age (Waitzkin, Britt, & Williams, 1994). A focus on positive and successful ageing produces certain sorts of ageing bodies as appropriate, and other ageing bodies as a failure to adhere adequately to health promotion advice; the effect is to blame the individual for failure to meet the ideals of 'positive ageing'.

### *Poverty and 'Exclusion'*

The experience of ageing depends upon social location and material circumstances. By international standards, New Zealand has one of the lowest rates of income poverty among older people (OECD, 2008) due to the provision of universal superannuation. However, the measurement of income alone does not reflect all material circumstances, and a minority of elders in New Zealand report hardship (Alpass, 2008; Jensen et al., 2006). The material circumstances of a large proportion of our elders are likely to become more difficult in the future due to decreasing rates of home ownership and financial difficulties among future cohorts of elders (Koopman-Boyden & Waldegrave, 2009). Expectations that future cohorts of elders will make their own provision for retirement income through employment-based superannuation contributions will also increase inequalities and likely result in greater numbers of older people living in poverty in New Zealand.

Measures of poverty include both measures of income and limited material resources reflected through low living standards. Limited material resources are increasingly viewed as causing 'social exclusion' (Berthoud, Blekesaune & Hancock, 2006) understood as "exclusion from the minimum acceptable way of life in one's own society because of inadequate resources" (Perry, 2002, p.102). It has also been suggested that a focus on positive and successful ageing also excludes disadvantaged and disabled older people (Minkler & Fadem, 2002). Although older people living in restricted material circumstances and with poor health might be excluded from participating in an acceptable way of life, they are not excluded from the imperative to age well. Poor, ill, and disconnected older people, as well

as healthy, wealthy and engaged older people, live in the same society which is shaped by social policy and media exhortations to age well, and all are subject to these ways of understanding older age. Thus, older people with low levels of living standards and poor health may be excluded from active participation in certain customary activities, but they are not excluded from aspirations to age well.

To untangle the interaction of these forms of exclusion and socially constructed positions for older people, this study uses discourse analysis (Willig, 2003) to understand the talk of older people as a rhetorical accomplishment designed to achieve particular outcomes. Linguistic discourses provide a range of concepts and images with which people construct ageing and health (Jolanki, 2004). People draw upon socially available discourses to make sense of their lives and construct an identity as a certain sort of socially acceptable person. Discourses of positive and successful ageing are widely available, but for many the dominantly used versions of ageing collide with the reality of their lives (see Sims-Schouten, Riley & Willig, 2007). Discursively constructed identities must be made meaningful in the context of physical and financial circumstances. Thus, we have based a discursive approach within a critical realist epistemology, in which people's talk is understood as a reflection of the linguistically based discourses that structure social life, *and* as grounded in the material circumstances of their bodies and lives. This approach is located in the critical realist position that people's lives are shaped and constrained by their physical bodies, their material circumstances, as well as the society they live in (Nightingale & Cromby, 2002). Although people are active in using discursive resources to construct their sense of self, they must do so in the context of the material conditions in which they find themselves (Nightingale & Cromby, 2002). Consequently, the experience of ageing needs to be understood at the intersection of discursive accounts of ageing and the material conditions of elder's lives to acknowledge and include an understanding of disparities in living situations.

This paper will address a question that arises from this critical realist discourse analytic approach. How do the material circumstances of older people's lives affect their presentation of themselves as virtuous and valued social actors? To answer this question we must take into account those material circumstances and the discursive structures in the present social context that are drawn upon by older people.

## **Method**

### *Participants and procedures*

The data were collected as part of a research project on the family life and social connections of older people (see Breheny & Stephens, 2007; Breheny & Stephens, 2009). Forty eight older people (21 men and 27 women) volunteered to be interviewed as part of a nationally representative longitudinal study of older people (Health, Work and Retirement Study; HWR). The participants' ages were evenly spread between 55-70 years, with a mean age of 62 years. The interviews (which were conducted by research assistants in people's homes) were audio recorded, transcribed, and a copy of the transcript was sent to each participant for checking and release. Ethical approval for these procedures was gained from the Massey University Human Ethics Committee.

### *Data Analysis*

The recorded interviews were listened to and the transcripts were coded for common themes addressing the importance of social location in the experience of ageing. These included health limitations, financial limitations, relationship difficulties, uncertainty, and living situations. Extracts which best illustrated these codes were analysed in detail using the three levels suggested by Sims-Schouten, et al., (2007). Firstly the interviews were analysed using rhetorical analysis to explore how participants manage their personal presentation as moral and valued social actors. Secondly, the wider discursive structures being drawn upon in participants' talk were identified to develop an analysis of the current social context. Thirdly, the material constraints of participants' lives were identified. The evidence for this third level came from two combined sources: participants'

interview accounts of material, physical, and social circumstances, and the self-reports (as part of their HWR participation) of physical and mental health, income, wealth, savings, work and retirement plans, social support, and social connections. These three levels of analysis were drawn together using the critical realist discourse analytic approach, to develop a coherent account of the social and material circumstances of these people's lives.

## Results

Participants discussed their social connections, family life over the lifespan, health concerns, financial situations, and plans for the future. These results describe the socially available discourses drawn upon by our participants to discuss these matters in terms of 'positive ageing'. One striking aspect of the interviews was the diversity of experience described within this limited age range. For example, some participants reported considerable health problems and financial concerns while others reported looking forward to a retirement of activity and engagement. Although most participants interviewed reported their health to be very good and living standards as good or comfortable, those interviewed covered the range of scores from severe hardship to very good living standards and excellent to poor health. The major themes are presented in terms of contrasts between two examples of good and poor physical circumstances. These two extracts serve as exemplars of the ways in which positive ageing discourse is used by people at either end of the spectrum of physical health and financial security. Although these extracts describe the specific circumstances of individuals, the sentiments they expressed were widespread among the participants. Participants commonly listed their accomplishments, representing physical activity, financial achievement, and the achievement of lifetime goals. These can be understood as part of the recitation of a life well lived. Limitations on the achievements of goals, concerns with health, and explanations for a lack of financial security were often provided as a way to account for circumstances where later life did not measure up to expectations. The extracts provided

were in response to questions about concerns participants might have for the future. As such, they can be read as the participants' responses to questions around looking forward to older age and retirement.

### *Positive Ageing as a Virtuous Achievement*

A discourse of positive ageing was often drawn upon in descriptions of expectations for the future. These included specific plans for later years involving goals to be achieved, time spent on active hobbies, and more general expectations that life would continue on in the same way or improve. Expectations for later life often read as a catalogue of physical and mental activities and achievements. After describing his life in terms of his good physical health, stimulating social activities and secure financial circumstances John concludes "Oh, life's a beach but somebody's got to live it, eh?" The following extract from Susan exemplifies the positive ageing discourse as used by many participants, and illustrates the rhetorical, discursive, and material dimensions of positive ageing. In the context of ageing produced by policy and media attention to older age, Susan's description of looking forward to the future is located firmly within discourses of positive and active ageing.

*Int: I would like, you know, to put your mind to the future, do you have any concerns as you grow older, or when you and your husband grow older?*

*Susan: No, I feel like I've lived a fairly privileged and satisfying life really. In that we have this home which is us, we've built it ourselves. We have a boat, up the road in a marina, we walk on we walk off, we sail, we kayak, I paint, I write, I have a private practice and do work I really enjoy, my husband and I are great friends, grandchildren and our children give us a lot of joy.*

*Int: That's really optimistic when you are looking to the future that you've got all those (...). What about your own retirement and is your husband working?*

*Susan: My husband's been retired since he turned 50, although he has never worked so hard in his life, he has built me this house and developed the garden.*

*Int: So do you have concerns about your own and your husband's health or financial security and stuff for the future. Are they issues for you?*

*Susan: No.*

*Int: That's good. You have years to look forward to of more of the same, would that sound right?*

*Susan: Yes, more of the same and probably a lot more pleasant. (Aged 57)*

Susan's words can be interpreted as a rhetorical recitation of the positive ageing discourse in which later life provides opportunities. Susan demonstrates living life to the full through her list of intellectual, creative, and sporting activities, and rich family life. As such it is a description that illustrates all that life can be for older people. Susan's description of practices to promote good health draw attention to the ways individuals can influence their own health, and constructs the speaker as an example of a person choosing to look after their own health (Jolanki, 2009). The interviewer characterises this picture of later life as "optimistic" and later tries to draw Susan on any concerns for the future related to health or finances. The interviewer rhetorically introduces an 'ageing as decline' discourse in an attempt to interrupt Susan's positive ageing talk (see Pond, Stephens & Alpass, 2010b). Susan however, answers simply that "no" these are not anticipated in her future and she expects life to get more pleasant as she ages. As such, Susan's account is premised on the delay or denying of later life decline (Higgs, Leontowitsch, Stevenson & Jones, 2009), or as Katz and Marshall (2003) suggest, the neo-liberal imperative to grow older without ageing. Susan's extract is about being thankful, and because of the material conditions of her life, also directed towards acknowledging privilege. Although she acknowledges the advantages of her life situation, Susan's talk also works to

demonstrate hard work and the rewards of active engagement. Rhetorically, Susan attends to the moral imperative to be engaged and positive, to work hard and play hard, and to be mindful of privilege and thankful for family; a moral prescription for positive and active ageing. This is all managed within the wider discursive context of a neo-liberalist discourse in which self realisation is achieved through individual actions and the autonomous self is expected to act in their own best interests and make good choices (Higgs et al, 2009).

We begin with Susan, as she epitomises the use of a ‘positive ageing’ discourse. We may analyse her talk rhetorically to demonstrate the presentation of a morally virtuous account of work and play, creativity and intellectualism, family and community. We can also draw attention to the wider discourse of neo-liberalism that structures what Susan can and should be in later life. But this aspect ignores the material, embodied and institutional aspects of life that make possible Susan’s successful, active, and positive ageing. What is taken for granted in this account is the financial security that means that Susan and her husband can afford their new home and boat, her good health that enables the enjoyment of sailing, kayaking and walking, and the institutional power reflected in her educational achievements, private practice, equality with a supportive husband, and anticipation of later life security. Unsurprisingly, her survey responses indicate that Susan has postgraduate qualifications, reports very good health, suffers no diagnosed health conditions, is very satisfied with her income, and reports supportive social connections. If good health is understood as a personal achievement, the material conditions of Susan’s life provide evidence for her good choices. Her health is evidence of her activity and healthy choices. Within a neo-liberalist discourse her financial comfort is evidence of hard work and good choices. Consequently, the material conditions of her life support the morally virtuous position of living a good older age.

### **Positive Ageing as a Virtuous Struggle**

Later life was not about sailing

and activity for all participants. Some reported considerable health limitations and described how they struggled to manage financially. In the context of these difficulties, the discourse of positive ageing was not of physical and mental activity, achievement of goals and overseas travel plans. For those excluded from these material foundations of positive and active ageing, a morally virtuous identity was achieved through determination to have a “positive attitude” toward their situation. The following extract from Anna comes from an enquiry by the interviewer as to how Anna will cope when her friend moves out.

*Int: Do you have any other friends living close by? (...)*

*Anna: No I'd get by. I get by and if I can get this home help thing underway. I've got chronic arthritis amongst a lot of other things and I can't kneel, now you imagine trying to do housework and you don't kneel. I can't clean the bottom of my shower and there's funny little things that I can't, I can't clean the bottom cupboards. You know how often you've got to clean out your pot cupboards. [Int: Sure] Well I can't do it because I want to get down there and change the paper and I can't kneel so its lots of little things. I can't get to my top cupboards anymore either.*

*Int: How long has your health been bad?*

*Anna: 20 years. 15 – 20 years. It's getting progressively worse. I will end up in a wheelchair but I'm not going there yet. [Int: No fair enough.] No, I'm not going there yet. I've got that - we call that my Harley Davidson. {laugh} I've got that under protest. I've got to admit I can go shopping with it. [Int: So that's a little walker that you've got?] Yeah. (...)*

*Int: So now you mention you have got the arthritis. What other health problems have you got?*

*Anna: Have you got all day?*

*Int: Oh no, that's ok. Go ahead, go ahead.*

*Anna: I'm waiting for a hip operation and a knee operation. I've had a lot of operations and because they have trouble bringing me around after the operations they want me to lose 50kgs in six months. I've carried this weight for as long as I can remember. It's not going to work out. I don't eat rubbish – I'm a diabetic so you can imagine, I can't eat stuff. [Int: Sure, right] But we'll get there. I have arthritis in ankles, knees, hips and shoulder and I am getting it in my elbow and my hands. [Int: So its osteoarthritis?] osteo here, these lumps here are the first signs of rheumatoid arthritis coming. (...)* My spine according to, I've seen the x-ray and you know your spine is meant to be like that well mine's like that. [Oh] I spent many many years over a sewing machine. I did outwork and sometimes I would work 18 hours a day you know and then I had a husband that thought it was funny to trip me up and kick me in the back so those two things have messed up my spine. [Int: Oh, absolutely.] I've got a heart murmur and I've got a chronic pulmonary disease in my lungs. That's my latest one. [Int: Oh gosh.] But I'm fine.

*Int: But you're still very cheerful, that's nice. [Anna: Yeah.] That's really good and you've got a positive attitude.*

*Anna There's people a lot worse off than me. When I look at my friend who is in the wheelchair there is nothing wrong with me. I just need to look at him and I realise how damn lucky I am.*

*Int: Well you've got a lovely attitude and I think that's nice.*

*Anna: Thank you, well you've got to get by don't you. (Age 66)*

Anna’s story is grounded in profoundly different material circumstances to those of Susan. Anna has extensive, long term, debilitating health problems that limit her mobility now and will continue to reduce her mobility throughout her life. In addition, Anna’s story is one of financial

disadvantage and abuse that has also been detrimental to her health. The survey data indicates that Anna rates her health as fair, and as limiting many basic activities of daily living. She indicates that she has been diagnosed with diabetes, heart trouble, high blood pressure and asthma and arthritis as indicated in the extract. Although she describes her income as just enough, she also indicates that there are many living standards items she does not have due to the cost. Her score on an economic living standards index placed her in severe hardship. In spite of these differences in material conditions, there are recognisable similarities to Susan and Anna's accounts. Anna's story is rhetorically managed as a story of being thankful. She carefully manages the introduction of a catalogue of health problems with a light hearted "have you got all day?" to suggest that she does not wish to burden her listener, and makes every effort to make the account humorous. Anna minimises the seriousness of her difficult and abusive life history by describing how her husband thought it was "funny" to trip her up. She refers to her walker as her "Harley Davidson", a device that she only accepted under protest as it represents a visual symbol of her increasing limitations in mobility. Anna's catalogue of health concerns and the interviewers reply of "oh gosh" is concluded with her claim that "but I'm fine". Anna's claim that she is fine works rhetorically to refute the possible conclusion that she is someone who dwells on her health problems. Through these rhetorical strategies, the interviewer's responses show that she recognises this account as one of responding to adversity with a positive attitude, and further supports this by directly referring to Anna's cheerfulness and positive attitude and praising her way of dealing with this situation. Taking this cue, Anna expands on the theme of being thankful by producing a clear downward social comparison with a friend who is already in a wheelchair, a fate that Anna is yet to meet. In this way, Anna and the interviewer reposition Anna as a virtuous person who has the correct positive attitude to cope with her difficult situation. As Anna concludes, "you've got to get by".

It could be argued that recourse to a positive attitude is indeed the virtuous solution to dealing with debilitating health problems in later life. However, the promotion of a positive attitude and coping as the appropriate way to deal with later life disadvantage and has consequences. Anna's focus on getting by supports social structures that reinforce disadvantage and does not challenge the underlying structures that promote inequalities. This story of being thankful in the context of considerable material disadvantage, works to support and promote stoic attempts to cope with adversity rather than addressing the conditions that contribute to her situation (Waitzkin et al., 1994). The interviewer colludes in this construction by not choosing alternative formations which could challenge Anna's stoicism. Other interviewers in similar situations did choose alternative strategies (such as suggesting social welfare entitlements) but in this instance, Anna is praised for her positive attitude towards her suffering. In the context of extremely poor health, and financial constraint Anna has recourse to only one aspect of positive ageing discourse: having a positive attitude.

Given the considerable difference in the embodied, material and institutional context of people's lives, as illustrated by Susan and Anna, it might be expected that people would draw upon different discourses to structure their talk of ageing and some might resist the positive ageing discourse. In particular, it might be expected that, in the context of a life of low paid insecure employment and financial difficulties, Anna would reject the positive ageing discourse as incompatible with her experience of ageing. Instead, Anna continues to produce herself as a virtuous citizen, who works hard, is responsible for her own position, and gets by. In the interview she explains that a life of paying the mortgage by outwork sewing taught her to live within her means and manage: "I handle my money and if I don't have it I go without and I learnt the next week you did that wrong last week, you do it different this week." Within the context of this interview Anna produces herself as a good, individually responsible citizen through references to hard work, making good choices, and

taking responsibility for outcomes.

### Complex Accounts

These extracts are exemplars of the ways that discourses of positive ageing are drawn upon in the context of profoundly different material circumstances. Within the interviews many accounts were not as clear cut as those described previously. Participants described a range of complex circumstances, and their description of later life attended to aspects of the virtuous achievement of success in later life and the virtuous struggle with difficulties experienced. Deirdre's account of her expectations for the future demonstrates this complexity.

*Deirdre: Yes we do have plans. We know that when we sell this property that we will have money over and we've planned, we had things in place, savings in place that we've kept up and that we've done so that we know that we've got, we're probably going to be a lot better off than a lot of people would be and we've got some plans. I guess I've had to adjust with things that I haven't been able to do because of my health, like because of the problem that I've had, I was very much an outdoor person and I have to limit things, (...) on bad days I stay indoors so I've had to make adjustments anyway and I think that because I have had cancer twice and its an ongoing process for me, anything I get every day I wake up is a bonus because a lot of people wouldn't have had 22 years like I've had so we see that as a bonus. (Age 63)*

Deirdre has made good provision for her financial future, and demonstrates this through her description of planning, savings, and her comparison of her financial future with others less fortunate. However, this description is disrupted by her uncertain health and the unknown progression of her illness. Deirdre manages her illness story by mentioning her preference for outdoor pursuits and need to make unwelcome adjustments to these healthy activities.

As activity is understood to both indicate good health and to produce good health, Deirdre must manage the reduction in activity as due to poor health, rather than insufficient activity producing poor health. In this way, disclosures of ill health not just a description of a physical situations, but are also part of a negotiated interaction that attends to the need to describe oneself as a worthy person (Jolanki, 2004). Deirdre concludes her description of the complexity of later life with her assessment of every day as a positive achievement. In this way, Deirdre illustrates the co-articulation of positive ageing as a virtuous achievement through the description of her finances, and positive ageing as a virtuous struggle through her description of a positive attitude to ill health.

### *Shared Constructions of Virtue*

Why are the representations of positive ageing so prevalent in older people's talk, even when their life circumstances seem so at odds with these understandings of later life? For people like Susan, use of a positive ageing discourse clearly works to support benign expectations of later life, and focuses on these outcomes as due to hard work. Similarly, Deirdre focuses on her prudent financial decision making which has allowed a future "better off" than many others in later life. What are the advantages for Anna? Anna positions herself as a morally virtuous citizen who works hard, despite her hardship and poor health (which might otherwise suggest that she has not made good choices in life). Anna must work particularly hard rhetorically to avoid being positioned as a person who dwells on poor health and does not make good choices. This work is done within the context of the interview. The role of the second person is just as important in these constructions and in this context, we can see the role of the interviewer in the use of positive ageing discourse. Our participants do not draw upon the positive ageing discourse in isolation, but in collusion with the interviewer, who shares the same discursive resources and in Anna's example, is willing to support this presentation. The moments of mismatch between the story told and the interviewer's response to it indicate

the availability of alternative discourses. In Susan's account, the interviewer attempted to disrupt Susan's portrayal of older age as constant improvement. The interviewer attempted to introduce an 'ageing as decline' discourse, but when unable to do so, reflected back Susan's assessment of later life as 'more of the same'. This support prompted Susan to add 'and probably a lot more pleasant' to hammer home the positive tone. Such moments, indicate alternative discourses available to structure people's experience of ageing and indicate possible challenges to the hegemony of positive ageing discourse and the implications they have for elders lives.

### **Discussion**

A focus on the positive aspects of later life has promoted opportunities for older people to remain involved in their communities, to extend paid employment and contribute to voluntary organisations, and has increased expectations for a productive and satisfying life beyond retirement. Consequently, 'positive ageing' discourse has had many benefits for older people who are able to take advantage of opportunities to continue to engage in society beyond retirement, and to contribute to business and communities. However, as our analysis has illustrated, not all older people may benefit from this encouragement to be active. In particular, those who have fewer material resources, and are consequently less healthy, may be additionally burdened by the demands to age positively, rather than supported by an expectation of care as they age. For those people with lower income, poorer housing, and poorer health, a positive ageing discourse with its identity of a virtuous active citizen, requires complex negotiations in social interactions. Older people attend to the imperative to present themselves as positive and engaged in order to position themselves as virtuous members of society within dominant discourses. Accordingly, although they may be excluded from the material conditions on which an active and positive later life are built, they are not excluded from the impact of these dominant constructions of later life on their experience of themselves as older

citizens.

The importance of good health as central to a virtuous identity (Crawford, 2006) is demonstrated in this analysis through the description of good health as part of the criteria for a positive older age. A focus on individual lifestyle choices for promoting a healthy older age ignores the complexities of life choices and chances and the impact they may have on the later life circumstances of older people. Current formulations promoting health, activity and productivity as achievable in later life through right conduct draw attention to failures to age positively. Attempts to manage a virtuous moral identity in the context of poor health and limited financial and social resources have implications for disadvantaged elders. They must manage descriptions of ill health to demonstrate that health problems are real, severe, and outside of the sphere of individual control. Accounts of 'positive' ageing have been criticised for the ways in which they ignore and exclude many older people. This analysis shows that, rather than being excluded from these understandings, poor and disadvantaged elders attempt to present themselves as included in society by focusing on the presentation of a positive attitude and demonstrations of coping despite ill health. Consequently, understanding positive ageing through a focus on the accomplishments of self-reliance and activity may reinforce disadvantage, as there are considerable disparities in health and financial resources that determine self-reliance and activity (Jolanki, 2009), and these tend to intensify with age (Greene & Cohen 2005). Older people will attend to the morality of demonstrations of positive attitude and hard work in the context of poor health and limited resources, rather than challenging the wider context that produces this disadvantage.

In these ways the present analysis demonstrates how positive ageing discourse may be drawn upon to construct a version of self in a particular social and moral context that is also influenced by embodied, material, and institutional aspects of ageing. In these people's talk, the discourses used to structure social policy in regard to later life, are also drawn upon and managed

rhetorically in social contexts to present a virtuous self. This requirement to appear to age positively may be ascribed to the demands of a neo-liberal milieu, in which those who age positively appear to do so on their own merits, while those who fail to age well must not only deal with the burden of poverty, but must struggle to be recognised as good citizens. A neo-liberal framework constructs later life circumstances as the culmination of good individual decision making and consequently masks the unfairness and inequality of many elder's lives.

For those with the material foundations for a positive and successful later life, maximising life is about individual achievements, both in the past and the future. For those without these foundations, maximising life becomes about managing the description of inequality and disadvantage to demonstrate a positive attitude. Considering disparities in health and financial circumstances as the result of deficiencies in adherence to health promotion advice and lack of financial planning promotes individual responsibility for outcomes. Shifting the focus from individual responsibility to the provision of resources such as income and education, may produce positive effects on health and wellbeing for all at any life stage.

## Acknowledgments

This research was supported by a grant from the Families Commission Blue Skies Fund.

## References

- Alpass, F. M. (2008). Work and retirement. In *Health, work and retirement survey: Summary report for the 2006 data wave*. Palmerston North: School of Psychology, Massey University. <http://hwr.massey.ac.nz>
- Berthoud, R., Blekesaune, M. & Hancock, R. (2006). *Are 'poor' pensioners 'deprived'?* Department for Work and Pensions Research Report No 364.
- Breheeny, M. & Stephens, C. (2007). *Older adults' experience of family life: Linked lives and independent living*. Report for the Families Commission, Ministry of Social Development, Wellington, New Zealand.
- Breheeny, M. & Stephens, C. (2009). "I sort of pay back in my own little way": Managing independence and social connectedness through reciprocity. *Ageing & Society*, 29, 1295-1313.
- Coburn, D. (2000). Income inequality, social cohesion and the health status of populations: The role of neo-liberalism. *Social Science & Medicine*, 51, 135-146.
- Conway, S. & Cranshaw, P. (2009). 'Healthy senior citizenship' in voluntary and community organisations: A study in governmentality. *Health Sociology Review*, 18, 387-398.
- Crawford, R. (2006). Health as a meaningful social practice. *Health*, 10, 401-420.
- Gilbert, T. & Powell, J. L. (2005). Family, caring and ageing in the United Kingdom. *Scandinavian Journal of Caring Science*, 19, 1, 53-7.
- Greene, R. R. & Cohen, H. L. (2005). Social work with older adults and their families: Changing practice paradigms. Families in Society: *The Journal of Contemporary Social Services*, 86, 367-373
- Higgs, P., Leontowitsch, M., Stevenson, F. & Jones, I. R. (2009). Not just old and sick – the 'will to health' in later life. *Ageing & Society*, 29, 687-707.
- Hodgetts, D., Chamberlain, K. & Bassett, G. (2003). Between television and the audience: Negotiating representations of aging. *Health*, 7, 417-438.
- Holstein, M. B., & Minkler, M. (2003). Self, society and the "new gerontology". *The Gerontologist*, 43, 787-796.
- Jensen, J., Krishnan, V., Hodgson, R., Sathiyandra, S., Templeton, R., Jones, D., Goldstein-Hawes, R. & Beynon, P. (2006) *New Zealand Living Standards 2004*. Centre of Social Research and Evaluation, Ministry of Social Development: Wellington
- Jolanki, O. (2004). Moral argumentation in talk about health and old age. *Health*, 8, 483-503.
- Jolanki, O. (2009). Agency in talk about old age and health. *Journal of Aging Studies*, 23, 215-226.
- Katz, S. (2000). Busy bodies: Activity, aging and the management of everyday life. *Journal of Aging Studies*, 14, 135-152.
- Katz, S. & Marshall, B. (2003). New sex for old: Lifestyle, consumerism, and the ethics of aging well. *Journal of Aging Studies*, 17, 3-16.
- Koopman-Boyden, P. & Waldegrave, C. (Eds) (2009). *Enhancing Wellbeing in an Ageing Society: 65 - 84 year old New Zealanders in 2007*. EWAS Monograph One. Family Centre Social Policy Research Unit and Population Studies Centre, University of Waikato.
- Ministry of Social Development (2001). *The New Zealand positive ageing strategy*. Retrieved September 5, 2006, from <http://www.osc.govt.nz/documents/nzpositiveageingstrategy.pdf>
- Minkler, M. & Fadem, P. (2002). Successful aging: A disability perspective. *Journal of Disability Policy Studies*, 12, 229-235.
- Nightingale, D. J. & Cromby J. (2002). Social constructionism as ontology: Exposition and example. *Theory & Psychology*, 12, 701-713.
- OECD (2008). *Growing unequal?: Income distribution and poverty among OECD countries*. Paris: OECD.
- Perry, B. (2002). The mismatch between income measures and direct outcome measures of poverty. *Social Policy Journal of New Zealand*, 19, 101-127.
- Petersen, A. R. (1996). Risk and the regulated self: The discourse of health promotion as politics of uncertainty. *Journal of Sociology*, 32, 44-57.
- Pond, R., Stephens, C. & Alpass, F. (2010a). How health affects retirement decisions: three pathways taken by middle-older aged New Zealanders. *Ageing & Society*, 30, 527-545.
- Pond, R., Stephens, C. & Alpass, F. (2010b). Virtuously watching one's health: Older adults' regulation of self in the pursuit of health. *Journal of Health Psychology*, 15, 734-743.
- Robertson, A. (1999). Beyond apocalyptic demography: Toward a moral economy of interdependence. In M. Minkler & C. L. Estes (Eds) *Critical gerontology: Perspectives from political and moral economy* (pp.75-90). New York: Baywood.
- Sims-Schouten, W., Riley, S. C. E. & Willig, C. (2007). Critical realism in discourse analysis: A presentation of a systematic method of analysis using women's talk of motherhood, childcare and female employment as an example. *Theory & Psychology*, 17, 101 - 124.
- Waitzkin, H., Britt, T. & Williams, C. (1994). Narratives of aging and social problems in medical encounters with older persons. *Journal of Health and Social Behavior*, 35, 322-348.
- Willig, C. (2003). Discourse analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 159-183). London: Sage.

**Corresponding Author:**

Dr Mary Breheny  
School of Psychology -  
Te Kura Hinengaro Tangata  
Massey University  
Private Bag 11 222  
Palmerston North  
New Zealand.  
M.R.Breheny@massey.ac.nz



# Ageing in a material world

Breheny M

2010

---