

‘Successful Ageing’ in Practice: Reflections on Health, Activity and Normality in Old Age in Sweden

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Abstract

This article aims to contribute to the critical examination of the notions of health and activity, and to discuss how these cultural and social constructs have impact on elderly people’s lives. An ethnographic perspective gives fruitful inputs to explore how old people deal with the image of old age as one of decay and decline, while they simultaneously relate to the normative idea of so-called successful ageing. The focus is thus on how elderly people create meaning, and how they manage and make use of the contradictory cultural beliefs that are both understood as normality: old age as a passive period of life involving decline and disease, and activity as an individual responsibility in order to stay healthy. The study sample is created with two different methods, qualitative interviews and two different questionnaires, and the majority of the respondents are 65+ years old. The article demonstrates the intersection between old age and a health-promoting active lifestyle. The notion of activity includes moral values, which shape the beliefs and narratives of being old. This forms part of the concept of self-care management, which in old age is also called successful ageing. The idea that activities are health promoting is the framework in which activities are performed, but significance and meaning are rather created from practice.

Keywords: Self-care, health, activity, normality, ageing, practice, lifestyle, old age, health-promoting

Introduction

'Exercise becomes more important in old age' is the headline of an article in the Swedish lifestyle magazine *Hälsa* (*Health*). The article stresses the importance of good nourishing food and physical exercise in old age, in view of the fact that 'ageing means vulnerability and frailty'. It finally makes the point that 'successful ageing is connected to high protein intake and regular exercise' (Hälsa 2011). 'Successful ageing' is a notion and ideal also used within gerontology, meaning wellbeing, health and an overall active engagement with life (Torres 1999). A similar term is 'active ageing', linked to wellbeing, independence and health, which derives from established gerontological theories (Venn & Arber 2011). Both concepts aim to empower older people to be active and independent, and to avoid the expected negative consequences of ageing, such as dependency and poor health. To be successful in old age is understood as to be healthy and active, while what could be called unsuccessful ageing is associated with frailty, illness, loneliness and dependency on others (Gilleard & Higgs 2000; Hepworth 2000; Cruikshank 2003; Blaakilde 2007; Jönson & Larsson 2009).

The association of activity with health implies a perspective of power and normality that permeates late modernity. Thus, becoming old is more than a biological process. It also means that people are sorted into special social categories. Old people are 'the others' of modern society, who represent what the rest of the population does not want to be, but hopes all the same to become; namely old, with infirmities as well as a shrinking future. Categorisations of this kind are cultural constructs, and as such, they often say more about the values of the time we live in than about the actual conditions of age groups. Old people are not alone, of course, in being ascribed a type of alien status in society. Nevertheless, the very category of 'old' highlights and refers to various forms of disciplining and systems of control – it constitutes altogether a specific focal point that makes plain the state of tension between body, health and ageing on the one hand, and ideas about normality on the other (Foucault 1994). Activity could therefore be looked upon as a means to be normal and to lead a normal life. Good health requires an active, disciplined body; the individual is expected to strive towards being strong, fit and healthy (Lock & Scheper-Hughes 1996:62; Lundin 2008).¹

There is a broad scholarly discussion on the paradigm of activity (Giddens 1991; Conrad 1994; Lupton 1995). However, in the field of elderly research this paradigm is seldom critically scrutinized. Nevertheless, some important studies address the notion of activity as a cultural and social construction. They include, for example, Susan Venn's and Sara Arber's (2011) discussion of how elderly people's views on and approaches to 'active ageing' are intricately linked to the bodily changes that arise from the ageing process. Moreover, Sandra Torres and Gunhild Hammarström (2006) contribute to the discussion by showing that the ageing process can either be regarded as biologically determined and natural, or as

something that can be influenced and postponed by lifestyle. They demonstrate that old people may perceive the process of growing old either as a limitation that must be accepted, or as something that one should counteract (cf. Werntoft 2006).

Our overall aim is to contribute to the critical examination of the notion of activity and to discuss how this cultural and social construct has impact on elderly people's lives. As a development of the discussions that suggest that people relate to either one or the other concept, we assume that these approaches and concepts *interact* with each other. We are, thus, interested in how notions relate to practice, that is, the doing of ideas (Shove 2003). We argue for the necessity to examine the activity norm and its promoting of health from an ethnographic perspective that shows how it is rooted and manifested in individuals. We believe that field observations and in-depth interviews give fruitful inputs to explore how elderly people deal with the image of old age as one of decay and decline while they simultaneously relate to the normative idea of so-called successful ageing. The focus of the article is thus on how elderly people create meaning, manage and make use of what appears as contradictory cultural beliefs that are both understood as normality: old age as a passive period of life concerning decline and disease, and activity as an individual responsibility in order to stay healthy.²

In this article we lean towards critical cultural science. We are inspired by analyses, such as Lock's and Scheper-Hughes' (1996), which point out that power structures are connected to conceptions of the body (cf. Gilleard & Higgs 2000; Venn & Arber 2011). They argue that the perception of how this body of ours should be used occurs against the light of a moral mobilization in which people, as Nikolas Rose emphasises (1999), are expected to be responsible and take care of themselves. We have also found Stephen Katz (2000) useful, who argues that the concept of activity and productivity are incorporated as key elements into older people's lives and in their stories of everyday life. Katz points out that even though older persons freely participate in various activities, they are aware of the correlation between activity and a larger ethical regime of self-disciplining in later life.

Methods

Our empirical data is collected in Sweden. The study sample is created with two different methods: qualitative interviews and two different questionnaires. Even though the methods differ, the same question themes and types of questions, concerning experiences of ageing and health in relation to everyday life, were used in the questionnaire *Ageing and Health*, LUF 227, and in the interviews. The aim of the questionnaire *Biomedicine and Prioritizations in Health Care*, LUF 214, was to cast light upon views of advanced medical treatments, i.e. measures that are expensive and that bring to the fore questions about who in society should be given precedence. Using various processes of creating data can provide different per-

spectives and understandings (cf. Lundin & Idvall 2003). The interviews give access to deeper knowledge concerning each individual, whereas the questionnaires increase diversity using a larger number of participants. Yet, both methods employ a micro-perspective to create an understanding of comprehensive cultural processes (cf. Kaijser and Öhlander 1999). Additional material that is used include official government recommendations and reports like *Prioritisations in Health Care* (SOU 2001:1), as well as press coverage and other media reports.³

Interviews

The interview study is part of a research program concerning elderly people and geriatric care, conducted by the Vårdal Institute.⁴ Interviewees were contacted during their participation in an intervention study⁵ connected to the overall research program. Those who were regarded as reluctant or as having difficulties to participate in the intervention were not asked to participate in the interviews. Our study focuses on people's perceptions and experiences of ageing, health and activity. However, one has to consider that the intervention project may have facilitated the interviews by increasing the participants' reflections on the topic. We perceive this not as a negative element in the investigation, but rather as a way to open for an awareness and thoughtful response.⁶

The participants, six women and four men, were living in condominiums or rented flats in an attractive city district of Gothenburg, a large town in the west of Sweden. They were between 80 and 90 years old, and were not dependent on assistance in everyday life. The interviews were carried out in the respondents' homes, where they had lived most of their adult lives or moved to after retirement. All the women, except one, were widows, while only one of the men was widowed. The others were still married, and their spouses sometimes participated spontaneously in parts of the conversation. We used an interview guide, thematically structured, as a point of departure for discussions of experiences and perceptions of ageing and health, and descriptions of everyday activities. The interviews lasted between forty-five minutes and three hours, and were recorded digitally. Afterward they were transcribed verbatim.⁷

Questionnaire

The questionnaire is constructed as a thematic open-ended questionnaire, where a group of respondents are asked to write down their answers: thoughts, opinions, memories and experiences of a certain subject (cf. Hagström and Marander Eklund 2005). The questionnaire is distributed to an existing pool of respondents bound to the Folk Life Archives at Lund University. These people fill out and respond to questionnaires sent to them on a regular basis (approximately twice a year).⁸ The questions follow specific themes and the respondents decide which questions they want to answer. These permanent respondents have initially replied to an advertisement from the Folk Life Archives or they have heard about it in

other ways, for example through a friend. The only requirement is that you enjoy writing. Regarding the questionnaire *Ageing and Health* (LUF 227), 62 answers were received from respondents aged from 42 to 93, even though the majority of the respondents (75 per cent) are 65 years and older. The majority is living in the countryside or in smaller cities, primarily in the south of Sweden. Some receive assistance from community care or get help from relatives or neighbours to cope with certain daily chores. Furthermore, the answers from *Biomedicine and Prioritizations in Health Care* (LUF 214) were predominantly received from older people. Of a total of 61 respondents, 90 per cent were between 45 and 89 years old.

It is important to discuss and reflect upon the questions of the questionnaire (and of course upon the questions asked in the interviews). What does the researcher want to know? How can the questions be formulated in order to encourage the respondents to bring forth their own views and not what they think the researcher or the archives want to hear? Perhaps the questionnaire gives the opportunity to interpret the questions more freely, while the interview is more of a well-defined situation, accepted and initiated of both parties (cf. Kvale 1996). Nevertheless, both methods are ultimately about communication, which requires some level of mutual understanding (cf. Lundin & Idvall 2003:191).

To Deserve Health

The most common justification of activity is that it is healthy, in all ages (Cruikshank 2003:159pp). The activity device in old age is put into words by a woman, aged 73, in the questionnaire LUF 227: 'don't stop doing things because you're growing old, because you'll only grow old if you stop doing things'. And the notion of growing old implies illness, isolation and dependence on others.

The idea seems to be that being healthy and in good health is not something people simply are, but something they must strive for, and deserve. Good health is described as a loan, which can be retained with the right genes and a correct lifestyle. An 83-year-old man writes, as a reaction to an on-going media debate on prioritizations in health care, in the daily newspaper *Sydsvenska Dagbladet's* letters to the editor, that:

All people have to prepare for old age by keeping themselves healthy as long as possible. I do gymnastics for 15 minutes a day and take an hour-long walk every evening [---]. I feel super and have never been ill, apart from a few injuries on the job. Society has to invest much more in fitness activities; it saves money in the long run. Geriatric care is miserable, people are kept locked up as if they were criminals. (Sydsvenska Dagbladet 23/04/2003)⁹

Similarly, one of the interviewed men, aged 85, argues that staying healthy is something everyone should think about:

You don't think about your health as long as you enjoy good health. But when it begins to falter, you will understand what it means to be healthy. How foolish of people not to think about looking after themselves in order to stay healthy. It's possible I

didn't consider that myself when I was younger. But my wife and I have done plenty of sports and been outdoors and we used to go skiing in the winter. That has made us stay healthy.

Later on during the interview, the man accounts for his chronic diseases; he has a stomach disease and rheumatism. Recently, because of an eye disorder, he has undergone surgery. Clearly, there is more to good health than being free of illness and diseases. Most of the respondents claim to be in good health, even those with relatively serious illnesses and disabilities. This suggests that good health involves more than being healthy; good health implies well-being on many different levels. As long as the consequences of ill-health are possible to adapt to, and everyday life can continue without changing too much, there seems to be no reason to consider yourself as ill or unhealthy. Everyday habits and routines are important for the experience of health. Poor health, on the other hand, is described as not being able to work and perform daily chores; i.e. not being able to be active.

Many respondents claim to be in good health in relation to their age; that is to say *despite* their old age. Since ageing and old age are associated with poor health, the concepts of ageing and health are intrinsically interwoven and cannot be explained separately. Health and ageing are intimately linked together (cf. Alftberg 2010). The belief is that health deteriorates the older you get. The expression 'age is beginning to show' signifies that at a certain age, one should not be surprised of bodily decline and disability. It is difficult to describe ageing without using health as a reference; people talk about their ageing in terms of how they feel with reference to illness and ailments. Similarly, health can be described in age metaphors: 'on a bad day, I feel like a hundred years'. To be active is a sign of health and, if it concerns an elderly person, a person young for his or her age. A male respondent of LUF 227, aged 72, illustrates this:

To my wife's dismay, I still climb on a ladder and wash the house, remove moss from the roof, fell trees or clear the brushwood from the common grove across the street. Is that a sign of health or sheer stupidity? One fine day I may lie on the ground, bruised and broken, after falling off the ladder.

It seems that old age is considered a risk, regardless of health status. Climbing a ladder becomes unsafe, even for a healthy individual, because of the age of that person. Old age stands out as a period of increased risk of injuries, and that is something to be prepared and take responsibility for. Possibly, the wife mentioned in the quotation is taking that responsibility, trying to make her husband stay off the ladder. As shown by Arber and Ginn (1995), the traditional female care for the family lingers on, in our case articulated as male health being a female responsibility. This was illustrated in the interviews with the men that were married; often the wives spontaneously participated and developed the accounts of their husbands' health conditions (Alftberg 2008).¹⁰

Another example of the notion of activity as a means of promoting health can be found in relation to people's views on health care, and the question of what

should be prioritized in health care. Indeed, people's views on health care tell us about their values and what they deem to be 'normal'. As our study on *Biomedicine and Prioritizations in Health Care* (LUF 214) shows, people's way of life is important when reflecting on who should receive cost-intensive care (Lundin 2008). In our questionnaire, just over 40 per cent of those responding stated that older people should give younger people precedence in life-threatening illnesses, while 58 per cent demand that regardless of age, people should take responsibility for their health in order to be considered for expensive treatments.¹¹ Thus, for example, a 73-year-old man thinks that 'a heavy smoker who does not intend to stop smoking should not receive treatment for lung cancer', and a 63-year-old woman says that 'if you don't want to contribute to your well-being and try to hold off lifestyle-related illnesses, then you shouldn't be surprised that resources and prioritisations have to be taken into consideration'. Another person who answered the questionnaire, the wife of a man who is on the waiting list for a new organ, says:

It disturbs us when he is terribly ill and we know there are people who precede the waiting list – people having mistreated their bodies all their lives, while my husband was born with this disease, which he has been struggling with all his life.

The results of our questionnaires correspond to those of researcher Elisabet Werntoft (2006). Her studies indicate that age is an important factor in prioritisations in Swedish medical care. At the same time, she emphasizes that 80 per cent of the old people who were consulted in her studies thought that factors like pain or way of life, for example, were more pressing to take into account than age. As Rose (1999) points out, the concept of health is permeated by a moral imperative stating that health is something one must work to obtain. It has to be earned!

The Making of an Active Life

An active lifestyle emerges as important and is motivated for reasons of health and postponing the ageing process. The empirical data exhibit different forms and descriptions of activity. The respondents give detailed accounts of associations and club activities, exercise, gardening, solving crosswords or simply being able to carry out everyday household chores without help. A common activity is walking, alone or together with a spouse or friends. When walking, a certain kind of stick is often used for support, the so-called Nordic walking poles. The stick has long been a symbol of old age, attached with notions of decreased mobility and inactivity (Odén 1994:9). Nordic walking poles associate instead to exercise and movement, in line with the activity norm. In contrast to ordinary sticks or canes, Nordic walking poles provide a more youthful and sporty appearance. The poles are associated with physical fitness rather than impaired ability, and we argue that they create a different representation of old age, corresponding to the notion of activity (cf. Alftberg 2011).

Taking a walk is perceived as a healthy and sound activity. Still, it can be difficult to motivate yourself to do it. One of the interviewed women, aged 90, describes what usually happens when she is thinking of walking:

If I plan to take a walk, I might think: 'Should I be taking a walk now? Nah, I'll do that tomorrow instead. No, get yourself going now!' I wander around the house and discuss with myself: 'Go outside and take a walk! Nah...' Perhaps I start to do some housework: 'No, don't do that, you can do that when you come home! All right, all right!' Finally I get so tired of myself nagging: 'All right, I'll take a walk then!'

The woman explains that even when she is not in the mood for walking, she knows she needs the exercise in order to feel bright and cheery. In this way she is able to perform other activities she is more interested in. It appears that performing health-promoting activities is a responsibility that cannot be ignored even at lack of interest or dislike.

A finished working life is expected to change into an active retirement life (cf. Nilsson 2011). The respondents stress that they are living a normal life, which includes physical, mental and social activities. The only exception seems to be that more time is required; an interviewed 80-year-old woman describes herself as being 'not as nimble and quick as before'. But even though activities take more time, it is not considered a problem. The point is that you at least *try* to do them. It appears to be important to attempt to be active and independent, according to your own ability. But this also requires the right attitude or approach (cf. Torres & Hammarström 2006). This can be illustrated by quoting another of the interviewed women, aged 87, who talks of a friend of hers:

She's almost ninety years old, but she's alert and in her right senses. It's lovely, she's such a positive person too – because there are so many people who just grumble and complain. Darned, I get so tired of it. It won't help feeling sorry for yourself; one has to get out and about. Of course, some days I find it difficult, but you can't stay inside all day.

She goes on telling how she activates herself on days when the weather is too bad for being outdoors. Since she lives a few floors up in a block of flats, she uses the stairwell for exercise. By going down to the front door, and then up again, and doing this every two hours, she will get the exercise she feels she needs. Another female friend of hers has impaired vision, but the interviewed woman means that her friend could at any rate activate herself with audio books or by listening to music. The ideal of a health-promoting, active lifestyle remains even with poor health. The attitude is essential. As mentioned in the quote above, feeling sorry for oneself is not an acceptable behaviour. An 86-year-old woman in LUF 227 also articulates this, when she describes how to age well:

I believe that mental training is as important as physical exercise. Reading, discussing, solving the cross-words and above all, spending time with your friends and not isolating yourself, as well as not feeling sorry for yourself that things are not the way they used to be.

What happens when an older person does not have the strength or desire to be active? Several of the respondents describe themselves as lazy when they have given up a regular activity. One of the interviewed men, aged 80, explains that he will not go out walking as much as he used to because he has become a little lazy. A woman in the questionnaire LUF 227 comments that, as a result of her indolence her interest in doing sports has diminished. The fact that she is 81 years old and describes herself as overweight appears not to be significant to her. She could have used other explanations, but chooses to describe herself as idle.

Nevertheless, according to the respondents, the emphasis on activity may actually be overdone and result in impairing people's health. An interviewed woman, aged 87, explains that a friend of hers shows an unhealthy behaviour:

She's a bit restless, I think. [---] She wants to help and she'll be there to help each and everyone all the time. I think this is not good for her. It becomes stressful in the end, when she's expected to be here, and needs to be there, and ... She has a very nice cottage, then suddenly she plans to have a dinner party and cook all this food – I asked if she expected a crowd of people coming. The whole thing is somewhat restless.

Self-care could be described as keeping a balance between rest and activity. Too much activity causes too much stress and stress causes illness. Too much activity implies restlessness, where restlessness could be seen as one end of a scale where the opposite end is inactivity. The middle of the scale is the normal, healthy point of activity. It therefore seems to be a difference between being active and being restless. Restlessness is an exaggeration of the amount of activity one does, and a sign that the responsibility of maintaining one's health is not taken seriously. Both inactivity and restlessness can be regarded as the antithesis of prevailing ideals, and therefore may possibly cause illness and disease (cf. Sontag 1990). The normative notion of activity creates meaning when activities are actually done, and the performance also shapes what is regarded as normal and what is regarded as deviant (cf. Shove 2003).

Good and Bad Activities

Normality in relation to the amount of activity discussed above also includes normality concerning the *nature* of activity, what kind of activities you perform. All activities should primarily be beneficial to your health. This idea leads to frequent responses concerning physical utilities, possible psychological values and certainly social benefits; the ultimate activity may be described as something that combines busyness with pleasure. Activity must not be entirely amusing, but it has to be health-promoting and wholesome. Accordingly, it would be appropriate to speak about good activities and bad activities, ranking 'good' in the same category as 'normal' and 'bad' as 'deviating'. Being active, as we have discussed above,

is connected to moral virtues such as responsibility and normality (cf. Katz 2000). People can be active in the right way as well as in the wrong way.

A female respondent in the questionnaire LUF 227, aged 70, puts a gender difference in relation to the proper manner of an active lifestyle:

I believe men age quicker than women, due to the fact that men are less active than women. Of course, there are active men, but many of them just sit in front of the television or lie on the sofa.

Several of the participants, primarily females, express the opinion that men appear to be less active than women. The experience is that older men are not to be found in social contexts as clubs and associations as much as women, even considering the difference in the average length of their life. A common view is that women are expected to have a stronger social network than men; consequently, the significance and meaning of activity might differ between the sexes, and gender will affect the perception of 'normal' activity (cf. de Beauvoir 1977).

In the quotation above, watching TV or lying on the sofa are perceived as bad activities or not actual activities at all. We want to show how these occupations are culturally and morally loaded, giving an example from an interviewed 80-year-old woman:

I find it wonderful to have a television in my bedroom. My son joked about the danger that I will stay in bed all day. I prefer to watch TV in bed, I think it's wonderful. If I'm tired I turn it on and see if there is anything good, and I can relax and rest while watching. [...] I enjoy quiz shows. Not that I know the answers that much, but you could always learn something.

Lying in bed all day is described as a hazard, at least by the woman's son. The activity norm becomes more challenged when lying down compared to sitting up. In Western historiography, there is a perception of correlation between upright posture and moral virtues. Classical accounts of human evolution are illustrated with pictures of stooping apes gradually turning into humans standing straight with their head high and body erect. Man's eventual achievement of upright posture is the foundation of culture and civilization, of moral height (Ingold 2004). Lying down could consequently be regarded as the opposite of being in possession of moral virtues. Perhaps the posture of the body becomes more significant in old age because of the image of old age as decay and decline, and therefore a higher risk of confinement in bed. An upright posture is also considered as a characteristic of a health-promoting active lifestyle.

It is not only the horizontal position that is a danger. With its associations to inactivity and passivity, the television is a moral hazard as well. Nevertheless, the woman quoted above claims to prefer quiz shows since they give her the opportunity to learn something. No matter how much she enjoys lying in bed and watching TV, the pleasure and fun must be legitimized in terms of health. The quiz shows offer mental exercise, and she can learn from it. Activities that are performed for their own sake and represent their own goals, with the main empha-

sis on the emotional, aesthetic and sensual, are not regarded as healthy enough and disguised in rational, instrumental explanations (Ronström 1998).

Are Activities Leisure or Work?

Not all activities have the same status and some pursuits are not even considered to be activities, like watching TV as mentioned in the example above. But perhaps there is a question of ability and capacity that needs to be noticed. Depending on health and ability, watching television or going shopping may be described as important activities that account for the whole day. It is important to try to lead an active life, adapted to the current situation that may involve impending illness, disabilities and ailments. Venn and Arber discuss similar attitudes concerning day-time sleep and old age. They state that attitudes and practices of ‘active ageing’ are intricately linked to the bodily changes that arise from the ageing process. The desire to be active later in life leads to primarily different attitudes to day-time sleep. Those who accepted daytime sleep did so in recognition of decreasing energy in old age, and acknowledge that napping is beneficial in helping themselves maintain active lives. Those who resisted daytime sleep did so because time spent napping was regarded as being both unproductive and as a negative marker of the ageing process (Venn & Arber 2011). We argue that this means that old age actually transforms what an activity is considered to be. One example is an 81-year-old woman who puts in writing her week schedule in the questionnaire LUF 227:

Monday	- National Pensioners’ Organization
Tuesday	- Comfort-group
Wednesday	- Day off
Thursday	- John’s brother comes to visit
Friday	- Supermarket
Saturday	- Nothing!
Sunday	- Church

The chores of everyday life, such as shopping in the supermarket on Fridays, are defined as important activities that require scheduling. One occupation per day can be enough to feel busy and useful. In addition, the schedule describes Wednesday as ‘day off’, and Saturday is labelled ‘nothing’. The notion of activity looks like a form of work to be done, which explains the desire for a day off. In retirement, wage work is replaced by another kind of work called activities. Hence, there can be time off from ‘leisure time’ in retirement, if retirement is defined in terms of activities.

A schedule maps out time for work and time for leisure. The notions of time and work are related. They are both fundamental Western metaphors that we use and live by, according to George Lakoff and Mark Johnson. Both concepts are perceived as resources; something that can be measured, used and saved. The connection between time and work has consequences for the comprehension of non-work, or leisure. Leisure becomes part of the same metaphorical thinking, and is understood as something to use, spend, save, waste or lose (Lakoff & Johnson 2003). Activities in old age can be said to take on the form of work, health work, in order to age successfully; to be healthy and active, to fulfil oneself and not become a burden on society (cf. Ronström 1998).

As was mentioned in the introduction, Venn and Arber (2011) suggest that the notion of activity is incorporated into the lives of older people. Even when freely participating in a wide range of new and continuing activities, older persons are aware of the correlation between activity and the imposing overall structure concerning self-disciplining in later life (cf. Katz 2000). We would like to add that the notion of activity results in the transformation of meanings of occupations and activities in old age. Solving the crosswords changes from an easy-going and pleasant occupation to a health promoting activity, just as everyday chores and pursuits develop into scheduled labour.

Successful Ageing in Practice

This article has examined how elderly people manage and make use of two contradictory cultural beliefs that are both understood as normality: old age as a period of life characterized by disease, and activity as an individual responsibility in order to counter a declining ageing process. As pointed out by Katz (2000), activity is a conceptual and ethical keyword that shapes our understanding of later life. Activity must be considered part of a larger disciplinary discourse in the management of everyday life and as ‘the hallmark of responsible living’ (p. 144). The lifestyle magazine *Health*, introduced in the start of this article, is one among many culturally and morally loaded voices that stress the importance of ‘successful ageing’. They function, in the words of Rose (1999:74), as a kind of technology for making people responsible.

However, as our empirical data shows, the importance of attempting to be active sometimes appears to be more important than the activity itself. This means that the proper attitude or state of mind is as central as the actual performance of health promoting activities in order to postpone ageing (cf. Lock & Scheper-Hughes 1996).¹² Our material shows that activity can be understood in terms of good or bad activities, and some pursuits are not considered to be activities at all. The concept of activity includes moral values, which form the beliefs and narratives of being old (Katz 2000). Although, depending on health status, watching TV or phoning a friend can be experienced as healthy and useful activities.

It appears that activity does not only mean physical exercise, but mental and social exercises as well (cf. Gunnarsson 2009). Activity also has a connection to independence; by including everyday chores as activity, people demonstrate the will and capacity to cope on their own. Our ethnographical data shows that individuals assume that leading an active life demands efforts, and that good health should be deserved. Nevertheless, they agree that such activities should not be exaggerated. In order for activities to be healthy, they need to be carried out in a balanced manner – neither too much nor too little. Furthermore, it is important to emphasize that as one gets older, the meaning attached to activities is transformed. Easy-going occupations, in substance done for amusement and enjoyment, are not considered to be sufficiently healthy. They are therefore described and defined as useful and salutary. Likewise, everyday chores and recreational activities change into health work, becoming part of the practice of successful ageing.

We have demonstrated the intersection between old age and a health-promoting active lifestyle. This forms part of the concept of self-care management, which in old age is also called successful ageing. The idea that activities are health promoting is the framework in which activities are performed, but significance and meaning are rather created from practice. When making activities a regular part of everyday life, normative routines are created. As we have showed, carrying out activities produces normality just as much as the normative notion of activity generates the performance of activity. We argue, in accordance with Elizabeth Shove (2003), that dominant beliefs and rhetoric in regard to a particular phenomenon set the scene for specific actions, but it is practice that gives power to these ideas and concepts. Meanings are created primarily through practice and action (Shove 2003:191).

The process of ageing is full of contradictions and paradoxes (Jönsson & Lundin 2007). People want long lives, but do not want to get older, or rather: they want to grow old in a very special way. Through strategies such as conscious food choices, and physical and mental training, many are seeking a life in which characters of old age are kept away. It is about ageing in the ‘right’ way. Or, in Margaret Lock’s and Nancy Scheper-Hughes’s (1996) terms, to become politically correct bodies. That is, bodies reflecting both a biological age as well as society’s normative expectation of personal responsibility. Describing health from a perspective of power helps reveal how health in modern society increasingly signifies normality. Health stands out as a guardian of norms and values, as well as a point of reference. The idea of health and activity create a framework for how ageing is defined and looked upon. Ageing is interpreted by these concepts, and affects the experiences of growing old as well as the organization of everyday life.

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Notes

- ¹ There are a number of discussions that define these processes in terms of 'ageism', an analytic concept to describe discrimination based on people's age (Butler 1975). We have chosen not to employ the concept of ageism.
- ² This contradiction is apparent. At a deeper level, these beliefs have the same starting point; the expected decline in old age stresses the importance of health promoting activities even more. The anticipated decay thus acts as a reinforcement of the notion of activity.
- ³ In the last few years, there has been repeated coverage in Swedish media about the rights of old people. In articles as well as letters to the editor there have been discussions of neglect or mismanagement of in-home services and homes designed for the elderly, or protests that sick old people do not have access to care.
- ⁴ Vårdalinstitutet, the Swedish Institute for Health Sciences, is a national environment for research and development in the field of health care and social service in close cooperation with the universities and the health care principals. This article, as well as Alftberg's dissertation project, is part of the Vårdal Institute's research program concerning elderly people and geriatric care. (<http://www.vardalinstitutet.net>)

- ⁵ The intervention project is a health-promoting and preventive intervention aimed at preventing functional disability and restriction of activity.
- ⁶ Before starting the interview field work, the project underwent an ethical review by the Regional Ethical Review Board of Gothenburg University, Sweden.
- ⁷ Files and transcripts are currently kept by Åsa Alftberg and will later be kept at the Folk Life Archives at Lund University.
- ⁸ The questionnaires for this study, *Biomedicin och prioriteringar i vården* [Biomedicine and Prioritizations in Health Care] LUF 214, and *Åldrande och hälsa* [Ageing and Health] LUF 227, were designed by Åsa Alftberg, Susanne Lundin and Charlotte Hagström at the Folk Life Archives at Lund University. (<http://www.lu.se/folkklivsarkivet>)
- ⁹ All quotations are translated by the authors.
- ¹⁰ For a discussion on gender and ageing, see e.g. Arber and Ginn 1995, Arber, Davidson and Ginn 2003, Calasanti and King 2005.
- ¹¹ The questionnaire responses have been processed with SPSS.
- ¹² The Swedish Welfare State has a long tradition of cultivating an ideal of conscientiousness, which relates to the modern society's increased emphasis on the individual's own responsibility (Hirdman 1992; Ambjörnsson 1993).

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