

‘Healthy Senior Citizenship’ in Voluntary and Community Organisations: a study in governmentality

Abstract

This essay critically examines the process of governmentality as revealed in the construction and resistance to the categorisation and classification of ‘Healthy Senior Citizenship’. This also includes an illustrative analysis of data from a national UK qualitative interview study of the input into the policy process of older adults in voluntary and community organisations.¹ The paper demonstrates how governmentality finds its expression within the construction of healthy senior citizenship as synonymous with activity and participation within the technologies of collaboration and consultation. The conclusion reflects upon developing a critical sociology of old age in order to scrutinize conceptions of the ‘problems’ of governing an ageing population in post-welfarist or advanced liberal states.

Keywords: citizenship, modernisation, empowerment, participation, regulation, governmentality.

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Introduction

It is common to note that many older people are living longer and more active lives than previous generations. In such respects, a number of writers have examined the ‘new ageing cultures’ that cluster around lifestyle and retirement and they provide a number of insights for this article (Gilleard & Higgs 2000; Laliberte-Rudman 2006; Katz 2005). In part, new ageing cultures highlight freedom, choice, diversity, and longer, healthier and materially advantaged lives. However, as these writers note, they also represent a combination of the dominant governing authorities from many different levels of society as they are revealed in how older people govern themselves. Such developments appear to offer a positive political vision. Thus state, society and individuals may be seen to combine in the production of anti-ageist values, policies, practices and lifestyles that offer new freedoms and opportunities.

As has been widely rehearsed, anti-ageism challenges the denial of human rights and dignity of individuals on the basis of discrimination underpinned by the ideology of ageism (Bytheway 1995). For example, some public policy in the UK seeks to ‘tackle ageism’ in a range of contexts (including health care), through the ‘better governance of older people’ (DoH 2001; bgop.org.uk). Such governance typically aims to promote older people’s general autonomy and self responsibility, but also their participation and public responsibility in a myriad of areas including transport, leisure, housing, education, health and social care, etc. At the same time however many of the authorities that underpin old age also reflect an ideology of anti-ageing. As such, they may be regarded as a powerful contradictory force to anti-ageism. Thus, within our image oriented, consumer society, appearing youthful is a key signifier of a desirable status (Featherstone and Wernick 1995). As Featherstone notes: ‘...within consumer culture, the inner and outer body becomes conjoined: the prime purpose of the maintenance of the inner body becomes the enhancement of the appearance of the outer body’ (1982: 18). Further, injunctions towards being fit, active and appearing youthful may sound harmless enough, but for many older people such ideals are simply unattainable. Such superficiality ignores or downplays the reality and inevitability of physical decline and increased dependency in later life. This may also disregard ideas about ‘successful ageing’ from older adults themselves. These kinds of beliefs can emphasise mutuality, interdependency and building and maintaining relationships with others, based upon reciprocity and feeling useful, however tenuous and fragile this may be (Conway 2003, 2004).

The tension between anti-ageism and anti-ageing can be seen as a direct consequence of the ‘problematics of governing’ that goes ‘beyond the state’ (Rose 1996; Rose and Miller 1992). In other words, they reflect thinking about the main challenges older adults pose for the governing authorities according to each ‘mentality of rule’, which, in turn, reflect political rationalities (Rose 1999). For Rose (1999: 26), political rationalities ‘have a distinctive *moral* form, in that they embody conceptions of the nature and scope of legitimate authority’ (original emphasis retained). The central problematic of government is about how to ‘make-up’ citizens who are capable of bearing a kind of regulated freedom from diverse authorities (Rose and Miller 1992). This process reflects a ‘translation’ where ‘alignments are forged between the objectives of

authorities wishing to govern and the personal projects of those organisations, groups and individuals who are the subjects of government' (Rose 1999: 48).

In terms of anti-ageing and anti-ageism, both may be seen to share some policy objectives, albeit for different reasons (eg the former constitutes ageing as aversive and the latter as something which emphasises equal rights). For example, each may endorse maintaining physical activity to achieve healthy senior citizenship. Anti-ageist authorities may do so to encourage autonomy and self-management in later life because the dominant view is that the state is incapable of doing so adequately. In this context the main alternatives suggested are a constructed 'free market' and a 'civil society' where a plethora of groups, organisations and individuals 'interact in liberty' (Rose and Miller 1992: 174). Also, healthy senior citizenship is characterized in part by corporal dimensions (being healthy, active, perhaps appearing more youthful, etc) but also by specific social and civic behaviours of which autonomy and participation are simultaneously of primary importance. In contrast, a kind of underclass of older people can be identified who are 'flawed' citizens incapable of governing themselves in the conceived true and free means available to them and, more often than not, are characterized by dependency, infirmity and passivity (for example, the poor, widows without a private pension, people with chronic and terminal illnesses, the disabled, etc) . Such an assumption that older people will govern their lives responsibly and in accord with the 'truth' of authority leads to a division between the civilized citizens and 'flawed' citizens (or the non-civilized or incapable). In order to understand the making-up of healthy senior citizenship, it will be useful to draw upon the Foucauldian idea of 'governmentality' or 'government at a distance' (Foucault 1991). The next section elaborates upon these ideas in the empirical context of idealized healthy senior citizenship

Governmentality and idealized healthy senior citizenship

Foucault's innovative paper on governmentality (Foucault 1991) describes the emergence of a particular form of power which is about disciplining and regulating populations without direct or coercive force in ways that, at their core, seek to ensure their self-government and the security of the governing authorities through populations' internalisation of their suggested ways of thinking and acting. For Foucault, 'governmentality' is the common 'mentality' of all modern forms of authority: it is represented in, 'The ensemble formed by the institutions, procedures, analyses and

reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power' (1991: 102).

The concept of governmentality refers then to a kind of logic and related strategy of governing which is reflected in the rationalities and technologies of governing, and also the problematics mentioned above. For Rose (1999), governmentality is a 'style of analysis' that examines 'what is said and how it is said' and the conditions that create such phenomena (Petersen 2007: 9). Thus various programmes, procedures and strategies that appear to be progressive, such as policies to encourage the autonomy and participation of older adults, can be shown to have regulatory effects which reflect political rationalities. This is so because they seek to train, guide, shape, or modify individuals and help them internalize the new values and cultures of ageing.

Increasingly older people are being called upon to live their lives in an active and entrepreneurial way and to see their everyday decisions in terms of a personal assessment of risks and benefits to 'stay young' (what should be done to promote one's health, prevent illness, regulate diet, etc). In governmentality terms, this reflects the idea that 'welfarism' has declined considerably as an overarching ideology for the governance of older people. Thus a clear shift has been identified in welfare policy from universalist and collectivist ideals to a neo-liberal political rationality emphasizing individual 'freedom' and 'choice' with minimal or little direct state intervention (Tulle-Winton 1999; Gilleard and Higgs 2000). Evidence of the transformation of political rationalities in the governance of older people can be found in a number of areas (see Powell: 2006: 106). For example, it is evident in how technologies are implemented in areas including active ageing and 'busy bodies' (Katz 2005: 121-139), in a critique of the link between activity and 'freedom' technologies and neo-liberal political rationality, and in Biggs (2001) critique of contemporary social policy. The common thread running through such work is the idea that particular practices have become translated as legitimate and appropriate ways for older people to manage their own ageing, and how this is modified in relation to individual circumstances, and then feeds back into wider ageing 'narratives' (Powell: 2006: 106).

Following the governmentality perspective, senior citizenship can be understood as being transformed from an association with the negative connotations of old age (passivity, dependency, lack of roles, death, bereavement, etc) to an idealized representation of later life as a time of positive opportunity (liberation, productivity, self-fulfillment, self-management, etc) (see Phillipson 1998; Blaikie 1999; Walker 2000; Gilleard and Higgs 2005). Here, then, healthy senior citizenship implicitly takes on a number of meanings, which are anti-ageing and/or death avoiding. ‘Deep old age’ or the final stages of life receive little or no consideration. As Blaikie puts it: ‘The current imagery of retirement lifestyles evokes a transition to a new life, rather than a continuation of the old. The picture of later life . . . has shifted from sickness and decline to health, liberation and “refurbishment” ‘ (1999: 73). In addition, and in line with neo-liberalism, many Western countries have encouraged and facilitated the privatisation and individualisation of key areas for older people including pensions, health and social care (Laliberte-Rudmann 2006). Indeed, this has been bolstered by a number of factors including the new affluence that many older people enjoy in developed society, and the dominance of consumer society and consumption as a normative expression of identity involving a whole host of privatized technologies for the pursuit of ‘pleasure’, ‘health’ and ‘self-liberation’(Gilleard and Higgs 2005). Furthermore, there has been a marked increase in lifespan in many developed countries where many older people are fitter than is commonly supposed.

Nonetheless, such ‘freedoms’ and ‘choices’ may be regarded as constituted and regulated. Governmentality, involving ‘government at a distance’ through ‘active citizenship’ and ‘governing of the self,’ is the overriding regulatory force (Foucault 1991; Rose and Miller, 2008). This argument is elaborated below.

Promoting the active involvement of senior citizens to participate and to take responsibility for their own lives

The preferred policy solutions to the ‘problems’ of governing an ageing population and an increasing number of older citizens in post-welfarist or advanced liberal states promote active involvement of elders in taking responsibility for their own lives and of others. In the UK this

has resulted in the displacement of some previous policy priorities connected with social justice and redistribution (eg matching pensions with rises in average earnings, increasing means testing, etc). There is now less of a focus on 'poverty' and more on managing the older population to look after itself. Here social inclusion is rethought as something which is achieved through opportunities to participate rather than enjoying social (and economic) equity.

'Civil renewal' or participation in the policy process is central to New Labour thinking and practice. Active public participation is promoted as a way of strengthening accountability and legitimacy, and ensuring that public policy reflects the priorities of local people (Gustafsson and Driver 2005: 528). Reflecting the government's modernisation agenda, services are seen to be in need of renewal and revitalisation (Cm 4310 1999). Following this thinking, a whole raft of new arrangements have been made that create partnerships between private, public and voluntary sectors, and local communities in identifying their needs and the appropriate response.

In order to bring participation to fruition, New Labour moved rapidly. In 1998 a National People's Panel comprising a representative sample of 5000 people based on gender, age, background and region was set up to create a 'sounding board' for central government on a wide range of policy making and service delivery issues (<http://www.cabinetoffice.gov.uk/servicefirst/1998/panel/ppsummary.htm>). Here ministers from a range of departments attended 'listening events' across the country to enable 'better government', especially for women and older people. Also, patient and public involvement has become central to the organisation and delivery of health services. This has included Citizens Juries and User Panels to advise on issues such as hospital closure, local needs and alternative means of delivering services, and Patient and Advice and Liaison Services (Baggott 2004: 325-335). Clearly, however, not all people may be able to participate; for example, some may be 'too ill to talk' in the governance of health services (Rhodes and Small 2001).

Nonetheless, in the UK public services were seen to be failing because of a rapid growth in local services and a public sector characterized by competing professional interests and public institutions with all their attendant failings (Taylor 2003: 22). In this context, participation has become a technology that is seen to serve as a remedy for some of the previous core failings of

‘welfarism’. In emphasizing active citizenship and participation, individuals, including older adults, are seen as key actors in improving health and well-being..

In a related sense, the idea of a ‘civil society’, emphasizing the direct involvement of people in economic, social and political development is central within governmentality programmes. Typically, civil society or the ‘third sector’ is seen as a kind of realm of ‘private voluntary associations, from neighbourhood committees to interest groups to philanthropic enterprises of all sorts’ (Foley and Edwards 1996: 38). Indeed, some have averred that the future of democracy itself depends upon the institutions of a civil society (Hirst 1994). Little wonder, then, that the idea of a civil society has been embraced so enthusiastically by the UK government, as a means to legitimate the shift in the very conception of how public services are delivered, and by the voluntary sector itself as a means of legitimating its activities.

In trying to understand the authorities behind the contemporary conceptualisation of healthy senior citizenship and noting the importance of active participation and civil society, a third influence is also notable - that is, the influence of a neo-liberal advocacy of market solutions and individual responsibility. On the one hand, the risks of economic, physical and social dependency associated with ageing remain relatively unchanged. What has changed, however, is that the responsibility to cope with this is now displaced onto the shoulders of families and individual older people. Individuals who are dependent on the state for financial support become the targets of policy and political rhetoric that aims to manage self-reliance and engagement in ‘productive’ activity (Walters, 1997). For example, a recent white paper, emphasises that individuals should plan ahead for retirement and that government services can help people make decisions about this.

Good planning and preparation can have a huge impact on the quality of later life, making sure that people have the financial security and social support networks they need to make the most of their time, yet many people find it difficult to look ahead. **Our new interactive ‘one stop shop’ for helping people planning ahead** will make it easier for people in mid-life to make decisions they need to on a range of issues such as their financial affairs and health concerns.

(Cm 7655 2009: 8, emphasis added)

What follows below is an illustrative examination of the construction of healthy senior citizenship within the government of Voluntary and Community Organisations (VCOs) in the UK with specific reference to findings related to older people. The following section describes the method of the study upon which this analysis is based.

Method

The following analysis draws on data from a large two year study concerned with understanding the role and contribution of VCOs in the policy process. Phase one of the study comprised a scoping study which included exploratory interviews with fifteen national organisations, including umbrella voluntary organisations and national bodies (including government). Following analysis of phase one findings, the study then focused upon three case studies: the environment, regeneration and older people.

Phase two comprised ninety three face-to-face interviews (plus a few telephone interviews) with senior management and trustees from VCOs, local authority officers, councillors and civil servants. These interviews were spread across four localities, with a parallel study of national organisations, which were chosen in terms of how they provided examples of different types of political control. Other indicative selection criteria included geographical spread; strength and diversity of the local VCS; and size and complexity of black and minority ethnic (BME) populations. The four locales used comprised a large multicultural metropolitan city, a rural shire county, a southern unitary authority and a borough of London with a large BME population. Within each case study area, the research focused on issues including political opportunity structure and its context; effectiveness and choice of VCO strategies (according to themselves and interviewees in national and local government); accountability, legitimacy and representation and how organisations addressed these issues; policy networks and alliances; and the contribution of the sector to democracy.

The final phase of the study involved a further 50 interviews with different individuals from the VCOs in the locales and from regional and national levels, plus others including councilors, council officers, national level civil servants, advisors and politicians. The main finding of the

overall study was that the VCS did not have a great impact upon political and policy processes but all parties were broadly in favour of local participation.

The study has been reported on elsewhere from social policy perspectives in relation to social justice and inclusion debates related to public policy (Taylor and Warburton 2003; Craig, Taylor and Parkes 2004; Wilkinson 2004). Through the lens of governmentality theory, the analysis presented here draws upon data relevant to the participation, representation and social status of older people. Taking an explicitly sociological approach, it examines the findings in terms of how they represent the relationship between old age as a social category and the broad range of authorities that seek to govern it. In particular, focus is given to the various forms of inclusion and exclusion experienced in the government of older citizens. What the analysis seeks to highlight is how the government of older citizens via the VCS reflects various forms of exclusion and inclusion, and aligns with the governmental constitution of ‘ideal’ healthy citizenship in contrast to ‘flawed’ senior citizens. The interviewees are referred to here as ‘participants.’

In general terms, the analytical approach adopted in the analysis was systematic, thematic and iterative (Hammersley and Atkinson 2007). In particular, the approach of critical discourse analysis was drawn upon (Fairclough 1992; Laliberte-Rudman 2006: 187). The data was scrutinized for topics and themes, and interviews were read several times. Once these were identified, theoretical ideas were applied. This included identifying the discourses being used, constructed and contested. For example, this pointed to the importance of participation as a technology in the construction of the notion of what it is to be a healthy senior citizen. The following presents the key findings which emerged from this analysis under the themes of making up the idealized citizen in a plural policy context; BME participation; tokenism; a creative tension; and the cultural economy of ageing.

Making up the idealised citizen in a plural policy context

Participants suggested that a certain form of citizenship was the preferred option amongst participating government organisations. A plural policy context was very much in evidence –

which included as key components a fabricated 'free market' and a 'civil society'. As Rose and Miller (1992: 173) suggest:

Criticising the excesses, inefficiencies and injustices of the extended State, alternatives have been posed in terms of the construction of a 'free market' and a 'civil society' in which a plurality of groups, organisations and individuals interact in liberty. ... But the political vocabulary structured by oppositions between state and civil society, public and private, government and market, coercion and consent, sovereignty and autonomy and the like, does not adequately characterise the diverse ways in which rule is exercised in advanced liberal democracies. Political power is exercised today through a profusion of shifting alliances between diverse authorities in projects to govern a multitude of facets of economic activity, social life and individual conduct. Power is not so much a matter of imposing constraints upon citizens as of 'making up' citizens capable of bearing a kind of regulated freedom. Personal autonomy is not the antithesis of political power, but a key term in its exercise, the more so because most individuals are not merely the subjects of power but play a part in its operations. (Rose and Miller, 1992: 173)

Such a making up of citizens was very evident in the data. However, some participants suggested that the new policy context was more difficult to operate in because it was much less straightforward and confusing. More personal disputes and inter-departmental rivalries had arisen. Also, the difficulty of knowing 'who is doing what' was an 'absolute nightmare'.

...[a] big difficulty is the workings of government itself, knowing who's doing what, who you ought to be talking to. It's difficult enough with one department, across a number of departments, which we needed to do with BGOP, it's an absolute nightmare ... You're dealing with all sorts of tensions, blocks to communication, jealousies, etc. ... [these] are exceedingly unhelpful. Whitehall culture is ... hard to fathom.

Overall, data reflect the idea that older citizens are in fact constrained and made up citizens who bear the regulated freedom of a diverse range of authorities within the governmentality process. Developing the points of Rose and Miller (1992), power makes up citizens, but it may also be inclusive and exclusive. For example, government and public authorities were 'cherry picking' the 'appropriate' organisations to consult with. This can be understood as part of the process of making up the idealized citizen. Such groups had to fit with the New Labour remit which was based upon the aims of increased participation and self-government in order to spread power and achieve government at a distance. In this context, the participation of mainstream charities for older people in the governmental process was seen as very important in the policy arena.

However, groups asking for increased resources or redistributive policies were flawed participants. Such groups who strove for social and economic equity were outmoded ‘outsiders’ because their agendas were now obsolete in the government of older citizens beyond the state. Whilst the term governmentality was not used explicitly, it is referred to implicitly throughout the data.

...traditional groups like the ABCⁱⁱ, who tend to come across as almost single issue in terms of their dealings with Government. ... it is like a record, and that is quite difficult for us to engage with constructively because it is clear the priority they are pushing is not one ... ministers are prepared to move on publicly....

The ABC had been ‘frozen out’ of the participation process because they were ... ‘Old Labour’, pushing on non-negotiable (or unrecognised) issues, ie equity.

It was also very difficult for new, small groups to break through such barriers. For the participants, many older people were flawed citizens in the governmentality process due to physical decline or a lack of social capital or ‘confidence.’ Thus VCOs have problems reaching them. Only the ‘usual suspects’ would engage, but the ‘hard to reach’ would not.

Ideal (or ‘insiders’) and flawed participants were also present in public organisations. Of primary importance was finding allies within health and social care. However, they were often replaced as people moved posts. Also, governing representatives were often junior figures.

...key players changed all the time. [It was] ... often not the most senior people, people who have connecting roles, people sometimes who are champions, who will stick their necks out regardless of where they are in the organisation ... as insiders they can be influential....

Relationships with local authority and health services were very much on a ‘hit and miss’ basis. There were differences between local areas, and different experiences for different groups and with different statutory authorities in the same locality. Thus in one locality, social services were acting in partnership and ‘genuinely respect and value our opinion.’ Conversely, with those in the health service, there had been, ‘little inroad into influencing decisions,’ groups sensed,

‘professional jealousy and reluctance by health to work with us.’ Also, free market type competition amongst some groups in the VS brought potential antagonism.

The voluntary sector ... is much more competitive, you don’t have the same sort of allegiances, ... they worry that if you are becoming too popular, you’re going to be getting all the money ... With the long standing groups, I think a lot of people have actually gone their own way, they’re not so much into joint working any more. There are some projects that we’ve tried but it still ends up that they are very suspicious ... because they think that one organisation is going to get all the money.

... it’s been such a competitive environment for the voluntary sector, and so to work in partnership has become quite alien to us.... I find it really disappointing when I listen to the Today Programme and they’ll be quoting Band then they’ll be quoting A.ⁱⁱⁱ And hopefully, we’re singing from the same song sheet, but actually we are not always.

Overall then a number of tensions were present in the emerging diffuse and decentralized governance regime. In the constitution of the ideal healthy senior citizen the harnessing of power beyond the state involved governing through the networks and partnerships of the VCOs that are characteristic of advanced liberal states. Where participants lacked the capacity to engage in diverse agendas, or their aims and objectives were seen as anachronistic (eg, based on social equality), these tensions were most apparent.

Black and Minority Ethnic ‘participation’

The extracts in this section illustrate specific deviations from the idealised senior citizen for BME groups. Whilst skin colour or ethnicity does not refer to any credible biological differences that should debar BME older adults as flawed citizens, its interpretation as a social category, reveals how it may be conceived as lacking social worth and status (Kolb 2007). For example, there is a general trend of ethnic differences in illness and death, and less use of services by many BME groups (Field et al 1997: 15). These socially constructed inequalities have implications for the participation of BME older people within the policy process.

BME related data tended to show how relationships with statutory services did not involve considering issues outside of the mentalities of these authorities, particularly access and the

development of culturally sensitive public services. The participants felt that not enough was known about the range of BME communities of interest, or how to reach them. Institutional barriers were also implicated. For example, the crux for those, who exclusively or additionally represented BME groups was that they often felt like a 'lone voice'. BME older people were 'excluded'.

For some authorities, elderly people in Asian communities were perceived to look after their elders more than did white communities, thus they did not register as highly in the thoughts of service providers. Often service provision was said to be insensitive to BME cultural needs and norms.

Unfortunately, it does not appear unreasonable to say that racist discourses appear to be pervasive. Older people themselves were not exempt from this.

We operate in a very, very [disadvantaged] area; [many] ... white pensioners .. are coming in and saying things like, 'You ought to do something about those Pakis because then we'd have more pension, wouldn't we.' ... if we took a straw poll, I think the majority of white pensioners would probably agree with them...

Gender and BME older people

The disciplining of old age into idealized citizenship is to correct and normalise. For example, gendered social relations in the wider society may bring an unjust burden upon older women to take responsibility as carers for their partners and for themselves (Arber and Ginn 1991). Also, the discursive framing of caring can be very governmental. The participants raised the issue of gender most when BME issues were discussed. Carers tend to be mostly women:

...the people who perhaps have given up the opportunity to earn their own pension entitlement because they have spent an awful lot of years caring for elderly relatives...

In sum, BME communities appear to conjure up images to many governing authorities of flawed citizenship. In particular, where racist discourses were to the fore, healthy senior citizenship was simply unattainable and exclusion was to the fore.

Tokenism?: Limited influence and engagement, and non-existent feedback

Invoking the Foucauldian notion of regulated freedom, many talked of the constraints put upon their participation. A strong theme emerged that participation was tokenistic because of a lack of feedback or action. For the VCOs, as the subjects of expert attention, a number of injunctions to activity and participation were made. There was little opportunity to challenge expert authority. The experts within the statutory authorities appeared to relate to the VCOs as clients in a responsabilising way. The expert gaze was superficial as it focused upon the conduct of the VCOs and the moral organisation of these groups in relation to their abilities to promote the skills for older people to take responsibility for themselves and for rational self-management (cf. Rose and Miller 2008: 106-7).

...even though there is a national framework for older people, when it comes to hearing the voice of older people or the voluntary sector ... it's not really a meaningful dialogue...

The requirements to include consultation with VCOs is a 'hollow victory'. Such consultations would not affect practice on the ground: 'A lot is still about ticky box things where they say, "we held this meeting," tick, "so many people came," tick, "they said this," tick.'

The overall involvement of the VCOs appeared to provide instances of cajoling, instructing and teaching them the 'correct' ways of thinking and acting. Feeding back to them on the outcomes of policy dialogue was not a priority. The core governmental concern required VCOs to conduct themselves under a particular ethical and moral remit that was restricted almost entirely to the promotion of self-management, autonomy and civic responsibility. For participants interested in redistributive social policies, participation was therefore regarded as tokenistic.

A 'creative tension?'

The above extracts reflect the highly regulated nature of participative, Healthy Senior Citizenship. Such experiences support the notion that participation, in its present form, is an extension of power 'beyond the state'. This form of power attempts to reach into the micro

context of identity, local areas and local communities. Thus Healthy Senior Citizenship may be regarded as being synonymous with governmentality. This process currently invokes a broad range of ‘authorities’ over older people that produce inclusion and exclusion. However, in that regulation relies upon agency, this may also provide the opportunity to contest such constraints (Foucault 1979).

In this context, a counter discourse is evident. A call was made for what can be typified as a ‘creative tension’ between government and the voluntary sector. This would involve a right to campaign, whilst simultaneously engaging in governmental participation. Further, this would be on the basis that disagreement would not automatically be viewed as counter-productive and that there should be a willingness on the part of statutory representatives to respond to criticism without the threat of sanctions. Most participants recognised the potential of vociferous and hard-line campaigning. One group who were engaged in such activities was described thus:

It’s not a thing we would do, but that’s what the ABC are about, that’s what they do. It’s one side to their campaign and it’s an important side, it’s not ... what we would want to associate the charity with, but it doesn’t damage our position...

Some thought more vocal and critical groups complemented their own long-term relationship building with ministers and civil servants, because more strident approaches highlighted the strength of feeling on key issues.

It’s a bit like some of the disability action activities – some of the larger disability organisations wouldn’t be tying themselves against the railings. But that may well have an impact in a different way. ... it shows the strength of feeling on a particular issue in a way that we can’t; you know, because of our position.

In the words of one participant, sometimes the authorities needed a, ‘slap in the face.’

A potential complementary was therefore evident between VCOs that epitomise the healthy senior citizens ideal and are docile, regulated and manageable, on the one hand; conversely, there are the more strident groups that have not internalized the behaviours, etc. desired by the authorities to the same extent. For example, around the period of the research study a campaign

including images of hardship and vulnerability amongst older people being projected onto the Houses of Parliament provoked a marked reaction with widespread media coverage and debate. Shortly after this campaign took place, winter fuel benefits for pensioners were increased.

The Cultural Economy of Ageing: anti-ageing and the ‘Walt Disney Factor’

Within a cultural economy that valorised youth, older people were less of a priority because they had less status: ‘There is a tendency for older people to be forgotten about from agendas. This is because of the existence of sexier social groups, for example, children.’

Within social theory, some writers have remarked upon a marked shift towards a cultural economy based upon symbolic value (Baudrillard 1993; Lash and Urry 1994). In this view, one can envision a world which is undergoing a type of ‘Walt Disneyfication’. Surface and gloss become key markers of value in a world based upon symbolic exchange. Here, ‘Children are more attractive than elderly people.’:

Local authorities have such large statutory duties towards young children and teenagers. Where you get more and more pressure on that budget you’ll find they’ll take it from the older person’s budget. Children are more attractive than elderly people. It’s what we call the **Walt Disney factor**. (Added emphasis)

Neo-liberal authorities in welfare policy have identified core concepts such as autonomy, self-care and reflexivity which are imagined to drive human activity (Giddens 1991). The regulation of personal conduct, health and welfare has shifted from being presented as the responsibility of the state to the responsibility of Healthy Senior Citizens, and to local administrators of this rationality, such as ‘professionals’, and VCOs. The implications are profound. The disadvantaged are responsibilised

...the disadvantaged individual has come to be seen as potentially and ideally an active agent in the fabrication of their own existence. Those ‘excluded’ from the benefits of a life of choice and self-fulfillment are no longer merely the passive support of a set of social determinations: they are people whose self-responsibility aspirations have been deformed by the dependency culture, self-advancement [has] been frustrated... they are to be assisted as active citizens [by] programmes of empowerment to enable them to assume their rightful place as the self-actualising and demanding subjects of an ‘advanced’ liberal democracy.

(Rose 1996: 59-60).

In summary terms, the core characteristics of current modes of governmentality - including self-government, civil renewal and participation in the governing process - are often beyond the full capabilities of many people as they age further into old age. The healthy senior citizens ideal described in this paper can be understood as implicitly anti-ageing because it debars full consideration of physical decline and mortality from governmental agendas. Further, some of the authorities considered here were also racist and gendered. Overall, then, this essay suggests old age itself is being excluded from the 'life' of 'choice' and 'self-fulfillment within the governmentality process.

Conclusion

The analysis questions many current assumptions associated with the move to a post-welfare society. It resonates with arguments that older people are currently being responsabilised for their own health and welfare. The healthy senior citizens ideal with its aversion to passivity and decline is also implicitly anti-ageing. In its present construction, healthy senior citizenship undermines the value and status of old age and the opportunity to achieve equality for all older people. For example, it was referred to here as, 'The Walt Disney Factor.'

Older people, it could be averred, are being reconfigured into two groups. One group is associated with active, autonomous and responsible 'Healthy Senior Citizenship;' whilst the other may emerge as flawed citizens; for example, where they lack the resources to care for themselves. Also, supports may disintegrate because of inadequate social capital or because they are incorporated into the machinery of government as an agent of control. The latter development appears to be a prevailing trend amongst the VCOs.

Indeed, flawed citizenship may reflect an absence of conceptual and social spaces to construct a viable identity for a growing 'underclass' of older people.

The direction of the New Labour government suggests that citizens' rights in a welfare state have a limited future as a route to accessing healthcare and welfare provision. The lack of effectiveness of pensioner power expressed through the political system suggests that the tide is unlikely to be stemmed. The danger in the future is the [emergence] of an

underclass of older people with fragmented work histories surviving on a basic minimum of stigmatised welfare handouts. ...

(Vincent, Patterson and Wale 2001: 142)

Governmentality, with all its contradictory imperatives, in its current form, especially those reflecting the dichotomy between anti-ageing and ageism, is a powerful constraint over many older adults. For the more affluent older person, a temporary solution may be found in the new cultures of ageing which promote new lifestyles and responsibilities. These find their empirical expression in this paper within the motif of participation.

Some writers have pointed to the lack of influence of older people within political processes and the need for the development of a sense of global community amongst all nations and individuals before generational issues can be addressed (Vincent, Patterson and Wale 2001). Indeed, globalisation, with major developments in high speed communication across national boundaries and historical time, and expanding geographical mobility, is also said to give rise to new forms of community in old age (Phillipson 2007).

Whatever the key to achieving equality for all older people, the fact remains that there is a need to create a space of security and material sufficiency to allow experimentation with new social identities (Phillipson 1999: 165). This is a complex task. Previous models based upon expert authority and welfare dependency need to be rethought. Thus where many other political, cultural, bio-gerontological, commercial, professional and biographical interests are already staking a claim, sociologists may be considered to be 'obliged' to contribute their critical skills.

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ⁱⁱ The ABC is a pseudonym for a national body representing pensioners that has constantly argued and campaigned for an increase in pensions.

ⁱⁱⁱ A and B are anonymous codes for two national charities for older people.