Ageing in the light of crises

Economic crisis, demographic change, and the search for meaning

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Ageing in the light of crises: Economic crisis, demographic change, and the search for meaning

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Abstract

Old age has many images, with the one of a crisis regaining momentum. While images of activity and opportunity gained ground during recent decades, this trend now seems to reverse. The current economic crisis drains the financial resources of older people, which increases old age poverty. Moreover, governments react to the double-pressure of economic crises and population ageing through budget cuts, which reduces support systems for older people. It, moreover, centers public discourses more strongly on social problems associated with old age. Both developments underline the needs associated with old age and draw our attention away from the potentials of old age. In other words, they bring discussions on old age back to the topic of crises. This working paper discusses how the economic crisis affects older people, how governments, labour markets, and families react to the double-pressure of population ageing and economic crisis, and how individuals perceive their old age. It concludes with reflections on the implications of growing crisis-centrism in discussions on old age. Such crisis-centrism can lead us to overlook social inequalities in old age and to neglect the subjective character of the perception of old age. The public image of old age might, thus, be stronger associated with the idea of crisis than what older people's lived experience suggests.

Keywords: care arrangements; construction of meaning; demographic change; economic crisis; gender; labour market; old age; social inequalities; social policy; urban-rural split

Introduction

Between crisis and opportunity, between demise and success – old age has many images. Population ageing and the current economic crisis, however, have the potential to accentuate negative, problem-centred expectations of old age that operate on a variety of social levels. Such a shift would have far-reaching consequences for individuals and for societies.

Since the beginning of gerontology, i.e. social scientific research on ageing, scholars pondered how old age should best be described. Many early gerontological studies in the 1960s perceived old age as a time of lack, loss, and physical decline (e.g. Cumming & Henry, 1961; cf. Bengtson et al., 1997). In other words, they framed old age as a time of crisis. Over the following decades, the financial and health situation of many groups of older people improved (Settersten & Angel, 2011), depending on their class, occupational background and nationalities. Researchers started to stress the heterogeneity of older people and pointed to the increasing number of healthy, active and resourceful seniors. Consequently, some images of older age developed that were intended to be positively loaded, characterized by reference to activities, opportunities and self-fulfilment (Carr & Komp, 2011; Laslett, 1991), though many such expectations were also criticised as simplistic and manipulative (e.g. Moody, 1988; Phillipson, 1998). Nowadays, individuals are assumed to initially experience a phase of activity and opportunity when they enter old age, and to only limit their activities because of deteriorating health when old age has further progressed (Pavlova & Silbereisen, forthcoming; Settersten & Mayer, 1997). Some aspects of this development may be argued to obliterate significant asepcts of older age rather than to respect it, as we argue below. Policy-makers are already reacting to this idea by e.g. increasing the mandatory retirement and promoting volunteering among older individuals (Hank, 2011; Warburton & Grassman, 2011). A current manifestation of the new image of old age is that the European Union declared 2012 the "European Year of Active Ageing and Solidarity between Generations" (European Union, 2012).

While activity- and production-oriented images of old age may be gaining ground, we can already see another turn in the image of old age dawning at the horizon. This new turn will probably bring the image of old age closer back to its original shape, which was dominated by the ideas of loss and crisis (Komp, forthcoming). The current economic crisis drains the financial resources of older people, which increases old age poverty. Moreover, governments react to the double-pressure of economic crises and population ageing through budget cuts, which reduces

support systems for older people (Hemerijck et al., 2009; Komp & Béland, 2012). It, moreover, centers public discourses more strongly on social problems associated with old age. Both developments underline the needs associated with old age and draw our attention away from the potentials of old age. In other words, they bring discussions on old age back to the topic of crises. In addition to the material effects of the demographic shift and the current economic crisis, the shift in discourse might also have negative effects for individuals and for society. It might stoke fears of growing old, which can lower the quality of life as people growing old, and it might lead to a more negative public attitude towards older people, framing them as social burdens. This possibility makes clear a continuing crisis in dealing with ageing in the twenty-first century: a crisis in imagining the later phases of human development (Edmondson, 2012).

This working paper outlines recent links between old age and crises. It starts out with a description of the effects of the current economic crisis on older people. Then, it discusses how governments and the labour market react to the double pressure of population ageing and economic crisis. It goes on to present evidence on older people's situation and on their perception of old age. Finally, it reflects on the implications of growing crisis-centrism in the discussion on old age.

Ageing and the economic crisis

The early 21st century saw the emergence of the most severe economic crisis since the 1930s. When house prices started to fall in the United States in 2006, a global restructuring process began with the collapse of investment banks and share values. Governments' spending to rescue the banks and consequent public sector deficits sent economies into recession. Sales declined, leading companies to cut production and lay off workers This in turn led to increasing government costs for unemployment and other social assistance, while tax revenue dwindled (Hemerijck et al., 2009; Komp & Béland, 2012). Government cuts in welfare spending have affected all except the very rich, who have profited from the crisis. The hardest hit are those who depend most on public services and other welfare spending, including older people.

When presenting recent budget cuts, the government of the United Kingdom (UK) claimed 'We are all in this together' and also that older people have been largely protected from the cuts. Others have even suggested that older people have been given 'undue advantage…at the expense of the young' (Intergenerational Foundation, 2012: 1). Whether these statements are

accurate, however, is contested. After all, older people have fewer opportunities than others to balance benefit cuts, service losses and higher charges through increased labour force participation. Consequently, older people might be particularly strongly and irreversibly affected by the austerity programme. We will, therefore, explore how older men and women are affected by the cuts, using the UK as an example. We first assess the impact of cuts announced in 2010 in welfare spending on key population groups; we then examine how specific cuts affect older people, in the context of their circumstances.

We can get an impression of the impact of welfare cuts on older people by looking at their living standard. Research based on use of various services and receipt of benefits by several family types was used to estimate the relative change in their living standards resulting from cuts to these services and benefits (Women's Budget Group, 2010). This research found that, while all groups lose to some extent, the greatest loss is for lone parents, among whom 90 per cent are women, while lone women pensioners are the next most disadvantaged by the cuts (see Table 1). Thus it is vulnerable groups across the age range who are bearing the brunt of hardship.

[Table 1 about here]

For lone pensioners, the projected loss is mainly due to reductions in local authority social care services, following a savage cut in government grant of seven per cent per year for four years. A significant proportion of older people have chronic conditions that limit their activity, so that they require help with daily tasks, including personal care. Disability, measured as Limitations on Activities of Daily Living, affects 40 per cent of older people at age 60, and 75 per cent of those aged over 80; for 20 per cent of those aged 60, and 50 per cent of those aged over 80, the disability is severe (Banks et al., 2010). Lone pensioners, 73 per cent of whom are women, rely most heavily on social care provided by local authorities and face reductions in supportive services, such as meals on wheels and domiciliary care, that are already inadequate. Means-tested charges for services will also increase. Local authority provision of sheltered housing and support for living in institutional care homes will also be cut. Tenants - who comprise a third of those aged over 65 - face cuts in Housing Benefit.

Another important change in the lives of older people results from the accelerated rise in state pension age. This is already set to equalise for women and men at 65 in 2020, but the

government has decided to accelerate the rise to age 66 in 2020, with further rises planned. Nearly 5 million people approaching retirement will have to adjust to a later age of eligibility for their state pensions than they expected. Some 330,000 women aged 56-57 will have to wait an extra 18 months, with very little time to adjust their plans for retirement and any caring commitments. Because of this change, some women in their late 50s will lose over £10,000 in Basic Pension compared with women a few months older (Banks et al., 2010).

Many older people already struggle to afford their domestic heating bills and now face an effective cut in the winter fuel payment. Some three million pensioners live in fuel poverty, spending over 10% of their income on fuel. They have to choose whether to HEAT or EAT, as they cannot afford both. Older people have to heat their homes for longer than do people out at work, and those with limited mobility need a higher temperature. Pensioners spent an average 30 per cent of their income on food, domestic fuel and clothing between 2004 and 2008. The poorest fifth, likely to live in the least energy-efficient housing, spent nearly half their income on these essentials. Every winter, about 20,000 pensioners die of cold-related illnesses. Winter fuel payment was meant to ensure pensioners could keep warm and it originally covered a third of the average heating bill. But in 2011, winter fuel payment was cut from £300 to £200 per annum for each household aged 65-75, and from £400 to £250 for those aged over 80. Between 2004 and 2008, the price of domestic fuel rose 60 per cent more than the Retail Price Index and in 2011 alone it increased by up to 20 per cent. The winter fuel payment now pays only a fifth of the average heating bill. We can expect an increased risk to older people's health from cold and malnutrition (Banks et al., 2010).

Furthermore, the monetary policy in the United Kingdom affects older individuals. Near-zero interest rates severely affect around 5 million older people who rely on interest on their savings to supplement a small pension. As a result of this and rising prices, the number of individuals aged over 65 becoming insolvent rose from 2725 in 2006 to 5749 in 2011. This surge in insolvency is faster than for any other age group. The impact of low interest rates on annuity rates for new pensioners is equally dramatic, with annuity rates at 5.6% and still falling for those approaching retirement (Barrow, 2012).

Finally, poverty among UK pensioners is set to increase. Already, about half of UK pensioners are poor enough to claim means-tested social assistance, due mainly to the United Kingdom's state pensions being: 'among the least generous in the developed world' (Pensions

Commission, 2005). According to international research, 28 per cent of British men and 33 per cent of women over 65 lived below the official poverty line in 2007 (Zaidi, 2010). 2.5 million older people now live below the official poverty line. Means-tested benefits are not a solution to low pensions, since they fail to reach almost 2 million of the poorest pensioners.

To make matters worse, the government has reduced indexation of earnings-related pensions. A cumulative cut was introduced in 2011, when the Retail Price Index (RPI) was replaced by the Consumer Price Index, which is on average 1 per cent less than RPI. Because of this cut in indexation to the cost of living, both state second pensions and occupational pensions will lose purchasing power year on year. For example, over 5 years, a pensioner with an income of £10,000 pa will lose £800 compared with when RPI was the index (Towers Watson, 2010). With indexation failing to compensate fully for price inflation, living standards will decline with age. The oldest pensioners, mainly lone women, will lose the most and women pensioners are already much poorer than men (Arber & Ginn, 2004). Even the RPI was an inadequate index for older people, especially the oldest old, since the rise in cost of living is higher than RPI when a disproportionate share of income is required for fuel and food. From January 2006 to August 2008 (32 months) the rise in cost of living was 5.4% for non-pensioners, 6.6% for young pensioners aged 60-64, 7.8% for those aged 75-9 and 8.4% for those aged over 80 (Leicester et al., 2008). The age difference in inflation experienced applied also in 2009; it is partly explained by the association of higher than average inflation with low income and by the prevalence of solo living among pensioners (Institute for Fiscal Studies, 2009).

Considering the evidence just presented, it adds insult to injury to portray older people as a burden on society, or to blame them for the plight of young people lacking jobs and homes. Most older people are far from well-off and are facing a future of further cuts in living standards and local services; these cuts are especially serious for the most vulnerable - lone older women. Moreover, society benefits from the value of older people's informal caring – for spouses, for their own parents and for grandchildren, a contribution estimated as worth £34 billion each year (National Pensioners Convention, 2012). Those who can do so help their descendants financially. If the various taxes and other cost savings to the state are included, the total benefit to society from older people has been calculated as £175.8bn every year, compared to total expenditure on older people through pensions, welfare payments and health care of £136.2bn. The annual net contribution by older people to the economy is therefore almost £40bn (National Pensioners

Convention, 2012). To cast intergenerational relations as a zero-sum game is ill-conceived; not only do families bind generations together in interdependence but young and old campaign together against austerity policies.

Social security under the double-pressure of economic crisis and population ageing

Population aging is a crucial policy challenge facing many nations, which is why recent social policy reforms have attempted to address its fiscal, social, and economic consequences. For instance, it is clear that the growing share of older persons in the population exacerbates social policy demands, in particular in the areas of old-age pensions and health services, including long-term care. Population aging also decreases the demographic share of middle-aged people, traditionally the main fiscal contributors to the welfare state (Komp & Van Tilburg, 2011; Pierson, 2001).[1] Additionally the recent economic crisis and raising unemployment have brought about a climate of fiscal austerity (Hemerijck, 2009). In such a context, the true challenge is to keep protecting individuals and families against economic insecurity and social risks without overly straining public budgets, which is a difficult policy balance to achieve (Komp & Béland, 2012).

In this regard, the massive size of modern pension systems makes pension reforms crucial. Yet, this sheer size also means that pension reforms affect large segments of the electorate, which are likely to mobilize against policy changes detrimental to their perceived interests (Myles & Pierson, 2001). This has not prevented a growing number of countries, both within and outside the advanced industrial world, from debating and sometimes adopting large-scale pension reforms. First, countries like Germany, Italy, Japan, and Sweden have restructured their pension systems to improve their long-term fiscal sustainability. In other advanced industrial countries (e.g., Canada, France, and the United States), more modest reforms have been adopted to control costs. In the field of pension reform, country-specific demographic, economic and political factors explain the existence of enduring variations from one country to the other (Béland & Shinkawa, 2007; Marier, 2008). Second, in regions like Eastern Europe and

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[1]   The concept of welfare state simply refers to the set of social policies created primarily to fight inequality and poverty, and/or to provide income security to workers and citizens (Béland, 2010).

Latin America, pension privatization became increasingly popular during the 1990s, as the World Bank and other global policy actors promoted a much greater reliance on private pensions and savings accounts (Orenstein, 2008). Overall, in recent decades, increasing reliance on private pensions has been a central policy objective in pension reform worldwide. Tied to the ideological dominance of market liberalism, such a broad trend can have negative consequences on poverty rates, redistribution, and the social protection offered (Béland & Gran, 2008). This is why we must keep in mind that pension reform deals directly with key forms of social inequality, including class and gender (e.g., Frericks et al., 2007).

In addition to pension reform, health-related reforms are increasingly crucial in contemporary societies (Burau et al., 2007). For instance, spending long periods in need of care and support is one of the central "new social risks" facing our societies (Bonoli, 2005). Governments increasingly tackle this problem by attempting to provide both cost-effective and socially- effective long-term care programmes. This complicated and typically contentious reform process involves attempts to rebalance the roles of public and private actors, both for-profit and non-profit ones. In recent decades, a major innovation in long-term care policy is the creation of public insurance programmes tackling directly this social risk. Such policies have already been enacted in Germany, Japan and the Netherlands, among other countries (Organisation for Economic Co-operation and Development, 2011b: 213-245).

In the following paragraphs, we shall look more closely at two areas of social security that are particularly affected by the double pressure of population ageing and economic crisis: the labour market, and care arrangements. The labour market is an arena where people can in principle ensure their own social security. If governments support workforce participation among older people, they might be able to activate their citizens' self-help potential and, consequently, reduce the need for social transfers to older people. Care arrangements, in contrast, usually benefit people who cannot ensure their own social well-being without support.

The labour market

Throughout the last years, the labour force participation across Europe has changed markedly. These changes, however, are rather to be found in the age-structure of the workforce than in the overall employment rate. During the last decade, the employment rate of Europeans aged 20-64 years changed only slowly, with an increase occurring e.g. in Poland, and with decreases

occurring e.g. in Portugal and Greece. The changes were partly driven by developments among older, and partly by developments among younger workers. Over the last decade the employment rate of individuals aged 55-64 years increased in all European countries except Portugal. At the same time, however, the employment rate of individuals aged 25-29 years dropped across most European countries, with Malta, Poland, Germany, Bulgaria and Austria forming exceptions from this trend (Eurostat, 2012). Changes in the employment rate, thus, further enhanced the ageing of the workforce.

Policy-makers strive to further increase the workforce participation in old age, although recent studies showed that the age-based discrimination might counteract such efforts (Stypińska, 2011). Research before (Taylor & Walker, 1994, 1998) and during the economic crisis (Aleksandrowicz, 2011) found that some employers consider older people to have outdated skills, be less active and slow to adapt, while others value older people for their loyalty and reliability. Moreover, employers come to different conclusions when comparing older people's productivity with their labour costs. For example, Dutch employers are more doubtful whether the performance of older workers balances their labour costs than their Polish counterparts (Schippers et al., 2011).

These considerations underline that governmental efforts to strengthen workforce participation in old age is a balancing act: it might be at the cost of other age groups, and it might be against the attitudes of employers (Van Dalen et al., 2010). However, even if policy-makers manage to strike the right balance and increase workforce participation in old age, the economic problems associated with population ageing might not yet be solved. There is an increasing number of working poor, people who live in poverty even though they work for pay (Bonoli, 2005). Strategies to increase workforce participation in old age should, therefore, be accompanied by efforts to ensure adequate rates of pay.

Care arrangements

In many welfare states worldwide, ageing societies are cited as one of the main challenges for national social policy arrangements, not least in the provision of care for elderly people. In both political and public discourses elderly people feature as the subjects who are associated with particular needs, wishes and desires and for whom care needs to be guaranteed and organised. Closely linked to an emotionally laden discursive frame of the 'ageing time-bomb' is the focus

on the exploding costs of care and the impossibility of the continuation of the current arrangements (Bowes, 2007; Comas-Herrera et al., 2006). Financial, social and political issues build the core of these discussions which are often focused on immediate practical solutions to a stated problem. Demographic changes are met by new arrangements on the labour market and it is argued that ageing societies and changing family structures require a rethinking of traditional arrangements of care for older people.

Underlying these discussions is a search for a particular idea about and meaning of care for elderly people. The questions that build the core of the meaning of care are who is providing care, where is care provided, and how is care arranged and delivered. All three elementary questions are negotiated in the context of ageing societies and an imagined 'care deficit' (Fine & Mitchell, 2007; Stone & Wiener, 2001). Acknowledging these dimensions of care, societies and social policy actors thus must negotiate how and through which means care needs are met. Glucksmann and Lyon (2006) emphasise that there are different levels of appropriateness between the state, the market and the family that are constructed when it comes to the provision of care. Professionalisation, institutionalisation, commodification and marketisation of care are some of the answers given to demographic developments. These processes, however, are met by the deep routed sentiments related to traditional forms of care.

While Giddens's (1991) description of modernity challenges certain traditional forms of the ideological context of care work, such as the relevance of local community, kinship or religion, the necessity of some kind of care for dependent people still remains (and, due to demographic developments, is increasing). The traditional arrangements of care were based on a strong role of the family and informal networks for the execution of care work. These family relations and informal bonds still define the imagination of the traditional care arrangement. Phillips (2007: 59) points out that an academic 'emphasis on individualism and selfishness of modern families has led some commentators to conclude that there is a decline in moral values and commitment to care'. Smart (2007) however, demonstrates that, even in times of changing demands on traditional family structures, the values and ideals associated with families remain stable. While academically and politically a discourse on declining family structures gains strength, moral ideals and sentiments such as responsibility, duty, love and guilt continue to underlie concepts of care for elderly people. In that sense, processes of professionalisation and marketisation of care are always discussed in contrast to family possibilities and judged against

the latter. The 'who' of care thus cannot be reduced to questions about who is caring and from whom older people want their care; we need to try to understand how family relationships are thought about and constructed and what this means for other relationships in the context of care.

Similarly, people's own homes play an important role in giving meaning to processes of ageing and the need for care. Being at home is for many people the quintessential expression of feeling comfortable, safe and welcome. Some authors describe home therefore as a place where one feels ontologically secure (Easthope, 2004), where one's identity is shaped and kept. The link between home and identity is based on the concept of a certain sort of physical space but also on an imagined closeness with this physical space. Parks (2002: 11) points out that 'home care symbolizes all the positive associations we have with hearth and home', a space in which a '"kinder, gentler" form of health care' can be delivered. Taking up Said's idea (2003) that an imagination of home also needs an imagination of the opposite, specifically to establish what is not home, the image of the care home is a crucial element for an understanding of the meaning of the 'care crisis'. Institutional care places are often constructed as the antipode to loving, affectionate care and they feature prominently in people's negative and pessimistic stories and narratives about old age. The question arises, whether or not the on-going blurring of boundaries between formal and informal care is also related to a challenge to the notions of different spaces in general and the 'home' space in particular, as suggested by Milligan (2003).

Underlying both questions of the 'who' and the 'where' of care, a nostalgic construction of care can be noticed. Expressed as temporal distance ('some time ago people still really cared') or geographical distance ('in other countries people do really care for their elderly') 'real' care is often imagined to be provided differently to more professionalised, institutionalised or marketised arrangements? An element of nostalgia points to underlying sentiments and associations with care and being there for older people with needs.

In political and social discourses informal carers have been praised, and the traditional foundations of care have been reproduced. Hochschild (2003: 2), referring to the discrepancy between moral appraisal and economic, social and cultural support, argues that '[i]deologically, "care" went to heaven. Practically, it's gone to hell'. Advocating a breakdown of constructed dichotomies and boundaries, Ungerson (1999) points out that the academic discussion around care has continually presented it in opposition to work. She thinks that 'marketisation, privatisation and consumerism have been locked into a symbiotic relationship' (Ungerson, 1999:

585) and have somehow created an dichotomy between paid and unpaid care(work). When informal arrangements, voluntary commitment and private, home-based care are praised and valued highly, particular associations are reproduced and professional or institutional care is always reduced to a second-best option.

The construction of care traditionally follows many dichotomies, such as virtues versus skills (Macdonald & Merrill, 2002), private and public, unpaid informal care versus paid, formal work and love and work. Care as being based on the idea of family, the home as the quintessential realm of anti-institution sentiments, and the nostalgia for a better society in which care is arranged informally, shows important signs of a tension with logics of marketisation and professional provision of care. The success of modern arrangements of care will therefore also depend on the acknowledgement of particular meanings given to care and processes of professionalisation or institutionalisation need to deal with and negotiate the sentiments that are met. A care crisis cannot be reduced to numerical relationships between people in need and people providing care. It can also not sufficiently be described under the logic of financial costs and number of workers, significant as they are. The meeting of future care needs and demands will have to take into account what care means to people, which values are associated with it, with relationships and with the own home. In this sense discourses on the care crisis or ageing crisis need to be unpacked to focus on the possibilities for social and political interventions.

Do individuals see their own age as a crisis?

It is not uncommon to conceive the process of ageing as an inevitable process of increasing risk of decline and decreasing potential for growth (Heckhausen et al., 1989) and this conception is typically supported with objective measures from longitudinal studies on ageing. At more advanced ages, decline may become visible in the physical, cognitive, emotional and social domain of functioning. Individuals may even consider ageing even as a crisis when progressive decline and ultimately means that losses exceed gains and people become physically or mentally ill, or end up with small and vulnerable social networks, leading to increased feelings of loneliness. However, there is much inter-individual heterogeneity, especially among the oldest old. The growing number of centenarians (100+) and even supercentenarians (110+) (Robine & Vaupel, 2002) who are still in relatively good health offer living proof that ageing healthy and well is possible until very advanced ages.

Growing old is thus a variegated process, and factors influencing individual development over the lifespan are well documented. Apart from macrosocial factors related to politics, culture, and economy, also meso- and microsocial factors are also related to individual potential to age well, including the social class in which people are born (Dannefer, 2003), norms and values regarding age or filial responsibility (Gans & Silverstein, 2006), gender (Arber et al., 2003), lifestyle (Stanner & Denny, 2009), and personality traits (Adkins et al., 1996).

A less well-documented but equally important factor shaping individual trajectories of ageing is the historical period in which people live. We do not need to go many decades back in time to see that the relatively prosperous circumstances of most of the current older generations is not of all ages. Due to improved circumstances, exposure to many factors that increase the risk of decline has diminished. In addition, impacts of some risk factors for decline seem to have diminished as well. For example, based on a cohort comparison of 60-78 year old Dutch people interviewed in 1992 and 2009, it was found that divorcees in 2009 were less socially lonely than divorcees in 1992 and no longer differed from married respondents. It was concluded that in recent birth cohorts, divorced people may have better opportunities to realize satisfying relationships than divorcees in earlier cohorts (Van Tilburg et al., 2012). New technologies and Information and Communication Technology devices may further aim to diminish the impact of disabling processes related to human ageing, and assist older people to stay in their homes longer, which in turn improves the possibility to stay connected with families and friends and the wider social world.

Based on the above, we could conclude that the present time is more beneficent to older people than ever before. However, Western societies – let alone less developed Eastern and Southern societies – are not yet in a state that can be fully called "Age-friendly". In the "Manifesto for an age-friendly European Union" decision-makers are called to take responsibility for creating societies that are fairer and more sustainable for all generations, inviting the active participation and involvement of all age groups in society. There are concerns about increasing gaps between certain groups of people. Castells, the Spanish sociologist, refers to the 'digital divide' between people who have access to the Internet and those who do not. Lack of internet access increases social exclusion as public services are more and more organized online; it may even lead to reduced health since health care institutions increasingly disseminate information this way (Castells & Gustavo, 2005). This may especially affect older

adults, since Internet use is still lowest in older age groups. There is not yet an inclusive labour market ensuring participation in paid work of younger and older people; and unhealthy lifestyles such as smoking and heavy alcohol use are still prevalent in many countries. In sum, circumstances to age healthy and well have improved, which lowers the risk of perceiving ageing as a period of crisis, much needs to be done.

Research shows too that there is not only marked variation between, but also within countries. Social characteristics such as gender, socio-economic status, and generation can have a pronounced effect on how lives progress, and how people experience their old age. We will, therefore, present two central aspects of social inequality that shape the experience of old age: gender and the urban-rural split. While gender is a characteristic that people are born with and that can be changed only with difficulty, choice of residence in urban or rural regions can more easily be changed. It may, thus, be a more suitable point for political intervention.

Gender and old age

Population ageing is often viewed as a challenge to the economy, especially in terms of providing support and care for a large older population. However, little attention has focussed on the challenge to individuals or the preventative measures that older people themselves take and how such measures may be encouraged and supported locally. Furthermore, individual experiences of ageing need to be considered and related to the life-course of individuals and potential crisis points. Here, we will focus on a study of older men, aged 75 and over, who lived alone in later life and their varied experiences of ageing with particular attention to their social worlds which may provide informal support in later life, both emotional and practical (Sorensen, 2012).

Older men who participated in the study did not identify with the stereotype of older people as a burden but recognised several potential crisis moments related to losses. Those included the loss of relationships due to bereavement or relocation and a loss of independence. Individual men experienced and managed such moments using strategies based on previous life experiences and available support. Some of the men had lost a partner and had to engage with activities which had often been the sole responsibility of their spouse, such as cooking and cleaning. They developed strategies to feel successful which included paying for help, using services such as meals-on-wheels, going out to cafes and restaurants to eat or using prepared,

microwavable meals. However, some men actively embraced the opportunity to shop for and prepare meals and experienced much enjoyment from cooking for themselves and sometimes others. The difference in attitudes towards cleaning and cooking were mostly related to availability of support. For example, having a friend or family member who could assist initially, or could be called upon for help when there were things the men were unsure about, allowed the men to try, knowing that support was available if needed. Interestingly, the men who had families, particularly adult children, often found that too much help was intrusive. Thus, having a chance to develop strategies after the loss of a spouse with the knowledge of backup if required was appreciated whereas constant monitoring and well-meaning assistance was often viewed as an intrusion and did little to alleviate potential difficulties. Indeed, excessive intrusion could itself lead to a crisis.

A crisis-experience was, therefore, more likely to be experienced by these men as a result of feeling a loss of independence. It is important to emphasise the gendered nature of ageing and older men are likely to experience ageing differently to older women. Hearn (1995) has argued that the older a man becomes, the weaker he becomes both physically and socially. Whereas that may always have been the case, this state of decline would only have been endured for a short period in the past. Connell (2005) maintains that masculinities are differentiated and stand against one another in relations of power, establishing a hegemony of masculinity. With increased life expectancy, men have a much longer period in a state of potential threat to hegemonic masculinity. Old age can, therefore, become a difficult time for men as they negotiate tensions between masculinities and dependency. The desire for independence can influence help-seeking and reduce the likelihood of emotional and practical support, should the need arise, but excessive interference by family may be perceived negatively as a loss of independence.

The above has suggested that the loss of a spouse requires some practical adjustments which need to be managed, like cooking and cleaning. However, the loss of a spouse also means the loss of a relationship. Studies of older people's social relationships have often marginalised non-kin relationships, such as friends and acquaintances, and thereby the complexity of older people's social worlds is downplayed (Victor, 2005). Friendships are typically more fluid than kinship and more likely to be influenced by the social and economic context. Friendships may also take a number of forms, from very close friendships to acquaintanceship (Allan, 1989) but friendships are relationships of equality. In other words, people who are friends tend to be of

fairly equal status and occupy similar positions. When a change in status occurs, such as divorce or bereavement or even retirement, it may be difficult to maintain balance and reciprocity (Allan, 1989). Whereas Allan (1989) suggests that changes in friendships over time are quite usual, it may be harder to replace friends when one's peers are older and, in the case of older men, mainly female. It can be argued that as a minority group, older men living alone rarely have the peer support from other men who have experienced the transition to living alone, something which will be more readily available to women (Lopata, 1973). Other sources of emotional support and self-validation therefore become important. One example would be acquaintances. Morgan (2009) has suggested that people we meet every day, people who are not friends but neither are they strangers, can become part of our social network. For older men who live alone, acquaintances can offer significant contributions to their lives in terms of continuity and familiarity within a neighbourhood, or even farther afield. Supporting such interactions locally is possible through the creation of environments conducive to fleeting interactions. For example, access to benches, local village shops and other focal points.

The types of relationships which are meaningful to an individual are likely to vary with gender, as discussed above, as well as other individual characteristics and it is important to recognise that there are social, cultural and individual aspects to understanding, not just relationships, but the social worlds and experiences of older men living alone. Men occupy systems beyond the family system and their experiences of social engagement need to be understood in context. The context will have an influence on opportunities or barriers. Hence a sense of crisis for an individual is embedded within many other systems which influence the ability to form adaptive strategies. The inability to remain independent and in control of their lives can lead to older men experiencing their ageing as a crisis.

The urban-rural split and old age
Our environment structures our behaviour and influences how we act, think, and feel. This environment differs markedly between urban and rural areas, and differences in the progression of population ageing result. It is especially younger people who migrate from rural to urban areas, either to study or work. Many of those who migrate to study stay in the urban centres after their education. Even though some rural areas experience in-migration, and countries such as Poland still have a large part of the population in rural areas, the general trend is a trend of

depopulation of rural areas in favour of what are perceived as more dynamic urban centres. According to the predictions of Eurostat (1999) some regions of a predominantly rural nature, such as Mecklenburg-Vorpommern in Germany, Dorset in England, La Rioja in Spain and Liguria in Italy will have a population where more than 35 per cent of the population will be 60 and over in 2025. On the other hand, in a highly urbanized area such as greater London it is projected that the population above 60 will be 22 per cent in 2025. These regional and local differences in demographics are important to investigate as they have consequences for the execution of welfare policies and for the different opportunities and constraints that people have in their local contexts.

It is common for people to be increasingly place-related as they age and it is therefore possible to argue that place of residence, in physical, a social and an emotional terms, becomes increasingly important (Gardner, 2011). Whether rural or urban, place has consequences for ways people act, think and feel as well as how social services and health care are organized and executed; the interaction between people and place needs to be addressed if we are to understand the conditions under which people live and age.

Hopkins and Pain (2007: 288) contend that "seeing age and life course stages as socially constructed categories rather than independent variables means that space and place gain significance". This is important not least since access to and experience of places vary with age. In the local context, certain age groups are also associated with certain places and can influence who uses a space as a way to uphold or resist, for example, age identities. In research on ageing, concepts of "ageing in place", "place integration" and "attachment to place" have been used to understand which place-related factors enable people to age with continued independence. The concept "ageing in place" originated as a way to explore and promote ageing in local communities (Bedney et al., 2010; Gardner, 2011). Like Cutchin (2003), others have preferred the concept of "place integration" in order to highlight how place is process, in contrast to the subject-object dualism inherent in much research departing from the concept ageing in place (Johansson et al., 2009; Wiles, 2005). Understanding people's place integration is important not least in relation to older people since place attachment tends to increase with individuals' developing life-histories (Gilleard et al., 2007). We also need to take account of places' different meanings, restrictions and opportunities and their relations to gender, class and (dis)abilities as

individuals age. In contrasting ways, place of residence, in physical, social and emotional terms, may grow increasingly important for the sense of who one is (Gardner, 2011).

Even though rural areas are often perceived as static in contrast to urban ones, rural areas are in constant process of economic, social and infrastructural change. Many rural areas suffer from a lower level of social and commercial services than urban areas. For older people, proximity to postal offices, pharmacies, health care, banks and shops is important for daily life. Even though some rural areas are able to maintain these kinds of services, the general trend seems to be that they are disappearing from many rural communities. As fewer and fewer younger people are willing to stay and form families in communities where there are fewer job opportunities and schools for their children, the viability of many rural communities as places to age is put in doubt (Phillipson & Scharf, 2005). Still many rural areas are good places to age in, with for example relatively low levels of criminality and pollution, but there are aspects of the rural environment that can make it difficult to "age in place" (Wenger, 2001).

The diversity of urban areas also needs to be recognized. As Phillipson and Scharf (2005) note, globalization processes may lead to concentrations of wealth in some urban areas, while others are in a process of decline. Even though most urban areas can provide more social and commercial services than rural areas, the differences in and between cities are substantial. Some city areas may provide ample services and transportation, while less affluent districts may be deprived and challenging places to age in. Restrictions in daily life can be reinforced by factors such as neighbourhood criminality, the loss of local business, or changes in how health and social care is organized.

Differences between regions, spaces and places mean that while some places promote wellbeing, not all places are good for "ageing in place" (Golant, 2008). Therefore, as Wiles (2005: 105) holds, there is a need to understand places as "dynamic, negotiated, contested and complex process rather than as simply a series of 'containers or locations". Discussion about the possibilities for ageing well and what it means to "age in place" needs to take account of how demographic changes and welfare retrenchment affects different places in dissimilar ways and creates substantially different geographies of ageing. The effects of population ageing are already critical in many predominantly rural areas in which a lack of social and commercial infrastructure and highly strained health-care facilities significantly deplete resources for ageing well.

Discussion and conclusion

In this working paper we have explored a selection of respects in which older age remains closely related to ideas of crisis. The historical idea of old age as a crisis prevails on many levels, and indeed some policy decisions reinforce age-related crisis in practice. Social changes such as population ageing and economic crisis also bring the crisis-metaphor to the forefront of public and political discussions. These facts impact upon gerontological theories and they influence society. In order to highlight interaction between structural and experiential aspects of ageing, we have touched on larger-scale social and economic influences, but we have also offered examples of ways in which particular situations – such as being a widowed older man, or living in a changing countryside – highlight what it means to think about ageing. This change in perspective draws to our attention a further, highly significant aspect of the relation between ageing and crisis: the impact of the social construction of ageing on individuals, and gerontology's potential role in this.

A number of commentators (including Moody, 1988; Cole, 1992; Katz, 1996; von Kondratowiz, 2009; Bytheway, 2011) have claimed that the development of modern gerontology itself has not only reflected but in some ways itself embodied a crisis in ageing. Much of this crisis can be described in terms of tension between the construction of older people as living in a realm apart from the life-courses of 'ordinary' individuals who by definition are not old, and the 'positive' construction of older people as so similar to others that they should be part of the production process – at least until they become physically decrepit and close to death. Neither of these alternatives takes seriously the process of ageing as one in which we are all engaged, and neither activates the 'joined-up' forms of analysis urged by critical and humanistic gerontologies. These latter approaches urge attention to critiques of neo-liberal ideologies which privilege the life of the career and the organisation, and which endorse a habitus deriving its central values from the large-scale institutions that form the key experience of work in the contemporary world. But as we have indicated, older people's own experiences and commitments may be more personal, local, nuanced and indeed profound; to this extent they may be counter-cultural in a way that much commentary refuses to acknowledge. Both social policy and some gerontological theory may be predicated on the assumption that while economically productive activity (of whatever sort) is central to human life, moral and political engagement with daily life and society

is not. This highly regressive position tends to reduce all human beings, of whatever age, to agents reflecting the choices and priorities of neo-liberal polities. In this sense gerontology cannot avoid confronting questions about what human life and social organisation are for, which are not abstract but practical and pressing. Rather than obliterating any appreciation of ageing, either by relegating older people to an irrelevant realm of the 'other' or by assimilating them to the organisation-bound not-old, it can and should learn from older people how to approach some of these deeply human questions.

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Table 1: Income loss due to welfare cuts, per family type in the United Kingdom 2010

Family type	Income loss, as share of net average annual income (%)
Couple, childless	4
Couple, with children	8
Single, childless	7
Lone parent	18
Couple, pensioners	6
Single, male pensioner	10
Single, female pensioner	12

Source: Calculations by S. Himmelweit using data supplied by Howard Reed as used in Women's Budget Group (2010) and Horton and Reed (2010)