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Older People and 'Active Ageing': Subjective aspects of ageing actively

Abstract

Following a critical overview of the active ageing concept, a thematic decomposition of 42 transcribed interviews with British people aged 72 years and over indicates that active ageing is understood in relation to physical, cognitive, psychological and social factors, but that these co-exist in complex combinations. The notion of activity in active ageing is grasped in relation to an active / passive distinction which emphasises the enhancement or diminishment of concrete powers of activity. A 'challenge and response' framework is suggested for future research on active ageing.

Keywords

Active ageing; Thematic decomposition; qualitative methods; agency.

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

Introduction

An investigation of ordinary older people’s understandings of active ageing must first be situated in relation to the broader social and political role this concept currently plays in policy and practice. Active ageing is a broad and internally complex notion that plays a key part in a global strategy for the management of ageing populations (World Health Organisation WHO, 2009, Walker, 2009, Kalachea and Kickbusch, 1997). It is part of a policy vision in which guaranteeing of human rights will enable the expanding older population to remain healthy (thus reducing the burden on health and social care systems) and to stay in employment longer (thus reducing pension costs), whilst participating fully in community and political processes. The word ‘ageing’ refers to the entire life-course and the word ‘active’ refers to ongoing involvement in activities ranging from the social, economic and cultural to exercise and routine activities of daily living (Walker, 2006).

Statistics about population ageing are now well known. Changes in family structure and increased longevity have led to a situation where the fastest growing population group in the ‘developed’ world is 80+. Globally, by 2025 it is estimated that there will be 1.2 billion people aged 60 and over in the world (WHO, 2009), 75% of whom will be living in the ‘developing’ world. In the UK there are over twenty million aged 50 or over, and around 9000 centenarians (National Statistics, 2005, 2008), and the median age of the population is moving up. Such statistics have obvious implications for the pension, health, social care,

employment and political systems of those nations that have developed them (Walker, 2009; Audit Commission 2003; Department of Health, 2005; Department for Work and Pensions 2005). The World Health Organisation (WHO) presented its Policy Framework on Active Ageing at the Second United Nations World Assembly on Ageing (Madrid, 2002) precisely to address such issues .

The resulting Active Ageing Policy Framework (2002) defines active ageing as ‘the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age’. The relationship between health opportunities and quality of life expressed in this definition is clear. Policies which foster activities and environments associated with health are encouraged in the name of increasing quality and quantity of life years, enhancing autonomy and independence, and reducing health and care system costs. In the WHO definition, however, active ageing conveys more than a concern with activities related to health. The second ‘pillar’, *participation*, entails the optimization of activities related to societal spheres such as employment, politics, education, the arts and religion. Policies and programmes here aim to increase the paid and unpaid productive contribution ageing people can make to society. The third ‘pillar’, *security*, concerns activities designed to ensure the protection, dignity and care (e.g. meeting and respecting the physical, social and financial needs and rights) of those older people unable to guarantee them.

An important ingredient in the internal complexity of the concept of active ageing is its combination of political / ethical (normative) and scientific (descriptive / explanatory) concerns. On the one hand it is presented as a describable process influenced by multiple ‘determinants’ whose effects can be

empirically gauged through scientific research. On the other, it is part of an explicitly political strategy to re-invent the very meaning of ageing in a future society, and to re-think questions of rights and duties. Walker's (2002: 134; 2009) vision of an active ageing strategy thus rests upon: 'a balance of rights and obligations' in which individuals 'have a duty to take advantage of lifelong learning and continuous training opportunities and to promote their own health and well-being throughout the life course'. With respect to health, active ageing policy encourages individual citizens and families to make 'personal efforts to adopt positive personal health practices at all stages of life' (WHO, 2002: 17). Meanwhile researchers contribute by providing reliable data on what such 'positive personal health practices' might actually be, whilst businesses and politicians collaborate by funding the research and by creating supportive environments which make 'the healthy choices the easy choices'.

The meaning of active ageing is thus not adequately grasped without understanding that it is designed to *change our views, perspectives, understandings, stereotypes and prejudices about ageing* in order to reconstruct the practical societal reality of the ageing process in an 'ageing society'. Active ageing is in this sense part of a 'new paradigm' of ageing which aims to dislodge the old 'decline and loss paradigm' (Holstein and Minkler, 2007) which attributed the political, economic and social causes of the problems of old age 'to the natural consequences of physical decrecence and mental inflexibility' (Townsend, 2007), and to highlight and facilitate the active contributions older people make to society.

Active ageing is not without its critics. Holstein and Minkler (2007: 16), for example, are concerned that a certain idealisation of active and successful ageing

might be counterproductive and even oppressive. They state that efforts to eliminate ageism by 'focusing on the positive features of old age' risk ignoring the 'real bodies of old people' and unwittingly impose unrealistic and 'oppressive standards' which can negatively affect identity and self-worth. Notions of 'successful... healthy or active ageing', they suggest, carry 'implicit normative standards' which ultimately devalue 'those who do not live up to their ideals'.

Even strong advocates of active ageing policies such as Alan Walker (2002: 134) recognize the risk 'that this sort of strategy will become coercive'. Although Walker insists that 'Active ageing should not be a flimsy disguise for reducing rights' he nevertheless proposes an active ageing policy strategy that imposes upon citizens the *obligation* 'to take advantage of education and training opportunities and to remain active in other ways.' Both Walker (2002) and Holstein and Minkler (2007) agree on the vital importance of avoiding the imposition of top-down generalities by attending to the *specificities* of the various lived realities of older people, positive and negative alike. There is a need for 'insights into fundamental questions about how and why we experience old age in very particular ways' (Holstein and Minkler, 2007: 22), and Walker (2002, 2006) stresses the importance of diversity and inclusion of understandings of 'activity' that might deviate from those embodied in policy norms, many of which are oriented towards economics (Davey, 2002). Clarke & Warren (2007), Reed et al (2003) and Howarth (1998) have observed that expectations around active ageing are typically defined by policy makers, service planners and allied researchers, and that these may diverge from the modes of thought of older people themselves.

It is in this context that a psychosocial focus on the views and experiences

of ordinary older people becomes relevant. There is a growing literature on this topic, but the field is still in its infancy (Davey, 2002, Clarke & Warren, 2007, Hui-Chuan, 2007). Bowling (2008) reports an interview survey with 337 people aged 65+ living in Britain. The concept of active ageing was for the most part associated with physical health and functioning (cited by 43%) and with leisure and social activities (cited by 34%). 18% associated it with the mental sphere and 15% with social relationships and contacts. With a focus on subjectivity, Clarke and Warren (2007) used biographical interviews to explore older people's stories of active ageing, and their data show the relevance of the subjective temporal horizon (expressed in sayings such as 'living for now' and 'taking one day at a time'). They call for 'more subtle ways of comprehending activity' that go beyond physical functioning and structural factors.

The qualitative study described below was designed to explore subjective meanings associated with active ageing. The study was funded through the UK Research Councils' New Dynamics of Ageing (NDA) five-year programme, and was a part of a broader quantitative project on quality of life amongst older people. The qualitative and subjective focus serves as a corrective to the deterministic presuppositions that still dominate the field. The WHO model, for instance, refers exclusively to *determinants* of active ageing, whether economic, social, physical, behavioural or personal in nature, and the prospectus to the NDA programme acknowledges lack of understanding whilst assuming determinism: 'both the concept [active ageing] and the various factors that interact to determine it are inadequately understood' (Economic and Social Research Council 2005: 2). The concept of activity is thus typically stripped of its subjective relevance and presented as a set of objectively measurable variables -

such as Activities of Daily Living, or the solitary, formal and informal variables of activity theory (Lemon et al 1972) - to be correlated with comparable variables. The actual meaning and significance of these variables, however, retains a subjective dimension (Litwin and Shiovitz-Ezra 2006). The insight gained into participants' viewpoints will provide an empirical base for future research and policy on helping people to age actively and overcoming the barriers to active ageing.

Methods

Participants

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

Interviews

Interviews were conducted using a semi-structured format, each lasting approximately 1 hour and recorded using a digital voice recorder. The interviewer was trained to be sensitive to respondent fatigue, to allow for questions, and to break accordingly. Interviewees were reminded that the purpose of the interview was to gain insight into their perceptions of active

ageing and quality of life, and how to age actively. Questions covered perceptions of what active ageing is, their lifestyle and day to day activities, recent changes in quality of life, coping with the changes of ageing and barriers to active ageing. Neutral probes and prompts were used where necessary, e.g. 'Can you tell me more about that' and care was taken to avoid leading or biasing questions (Bowling, 2004).

Analysis

Each interview was transcribed verbatim, although minor linguistic details ('er's, 'mm's, etc) were not transcribed as analytic importance was placed on content rather than form of expression (names of people and places were removed for reasons of anonymity). Each audio recording was listened to while reading the transcript to enhance accuracy.

An initial thematic analysis was conducted (Braun & Clarke, 2006) and a constant comparison technique was adopted throughout. Open coding was applied using Atlas.ti 5.2, involving the identification of meanings and ideas, attaching labels to these ideas and clustering them into sub themes running through the interviews. All transcripts were checked by a second member of staff and any differences in coding were discussed and resolved. For the purposes of the present paper, the parts of the transcription dealing with 'active ageing' were subjected to detailed thematic decomposition (Stenner, 1993; Ussher, 2003), giving particular attention to subjective orientations and affective dimensions.

Results

Response rates

Fifty five out of 103 postal survey participants contacted by letter consented to be further contacted regarding a face-to-face interview (53.4%). 27 asked not to be contacted (26.2%) and 21 did not reply (20.4%). Forty were selected on the basis of demographics and interviewed. Resources allowed a further two participants to be interviewed.

Overview of definitions of active ageing

Initial responses to the question ‘what do the words active ageing mean to you?’ are shown in table 3. It is important to note that 4 participants found the phrase meaningless. Participant 7 found it ‘a tongue twister’, and to participant 11 it meant: ‘Nothing. Nothing. Somebody’s been sitting thinking these out’.

Table 3: Initial responses to the question ‘what do the words active ageing mean to you?’

| Factor | Factor in Active Ageing* N | Factor in Active Ageing % |
|--------------------------|--------------------------------------|-------------------------------------|
| Physical activity | 21 | 50.0 |
| Mental activity | 18 | 42.9 |
| Keeping active | 14 | 33.3 |
| Social activity | 13 | 31.0 |

| | | |
|--|----|------|
| Independence | 11 | 26.2 |
| Interest in people and life | 10 | 23.8 |
| Coping with challenges | 4 | 9.5 |
| Keeping up with the world | 3 | 7.1 |
| No understanding of active ageing | 4 | 9.5 |

*Interviewees may have mentioned more than one factor in their initial response

The findings represented in table 3 broadly replicate the results of Bowling (2008), as does the finding that physical activity constitutes the most frequent immediate association with the phrase ‘active ageing’. For half of the participants the phrase active ageing first evoked ideas of physical movement, remaining supple, engaging in physical exercise, and generally ‘keeping as much physically alive as you can’ (p15).

Others noted the physical activities of the body only to stress that ‘half the battle’ is ‘keeping mentally active’ (p3) or ‘keeping your mind alert’ (p4), because ‘if you stay mentally active then you probably stay physically active’ (P12). Physical and mental activities were also distinguishable from social activities, and 13 participants associated active ageing with taking part in some form of social activity and mixing with others (e.g. meeting family and friends, going to clubs or church, voluntary work, playing sport and going out for meals).

It is important to stress, however, that the most common descriptions of active ageing in our sample did not focus solely on one category of activity (such as 'physical', 'mental' or 'social' activity), but were explicitly multifaceted. They tended to include the mixture of physical, mental and social factors that is involved in a range of activities such as interests and hobbies, looking after family, having social interaction, doing voluntary work, being part of the community, driving, keeping up a good appearance and generally 'keeping going'. In fact, the phrase 'keeping active' was recurrently used to invoke the idea of maintaining a general 'lifestyle' which *de facto* involves an inseparable synthesis of mental, physical and social activities. We would thus give a rather distorted picture if our analysis simply proceeded to divide responses up into the neat categories listed in table 3. For P23, for example, keeping busy and involving herself in society were important for active ageing as well as physical health:

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

For participant 2, to give another example, active ageing was about physical ability, driving, interests and independence:

P2: Active ageing. Well it's what I do. I can walk 5 miles without any problem. I drive. I have multiple interests. I do my own washing, ironing, I could do the others but my daughter feels she ought to do something, so she changes my bed and vacs up but I could do, I did do that and more at one time. I don't want to have to rely on anyone but my two children are

wonderfully supportive... But er, active ageing yes. I'm always busy, I do my own cooking. I plan my new kitchen, you know. [male, 87]

Autonomy and Interest

The previous extract neatly illustrates the potential of qualitative methods to get at some of the more subtle and subjective issues often missed in quantitative work. One gets a sense of the *pride* felt by this 87 year old man in describing his 'wonderfully supportive' children and his own autonomy and self-sufficiency. The WHO Policy Framework (2002) discusses the importance of autonomy, but describes it as notoriously difficult to measure, a fact which has led to its relative neglect in research and policy. The subjective dimensions of the concept of 'activity' in 'active ageing' have thus been neglected in favour of the merely objective, publically available and hence measurable aspects. At stake here is an implicit contrast between activity and passivity. Subjectively, it seems that being or becoming *active* (as opposed to passive) is very much to do with having a pleasurable sense of one's own *powers* and of setting one's own norms rather than, for example, being 'normed' by others. As put by participant 33:

P33: Active ageing. Just, I think it's being active, it's being able, to me it's being able to do what I want, when I want. And to be able to do the things that I want to do. To walk, to do the garden, to, I don't do sports but if I did you know, that's to me what is being, and it's being well enough to be able to be active. [female, 73]

This extract makes clear that what is at issue for this participant is not simply engaging in 'activity' of whatever sort, but doing what *she wants to do*. The emphasis is thus not placed on the activity as such, but on the *active* manner of its undertaking. The subject of active ageing considered in this sense, is precisely an *agent* rather than a *patient*, and indeed the passive status of the patient is

regularly invoked as a contrast, as when participant 23 speaks of 'sitting at home like a sack of potatoes', 'watching the Idiot Box' and dropping into 'a sort of slough of despair'. A related subjective concept invoked by nearly a quarter of the participants was 'interest'. Interest, excitement and a 'lust for life' are associated with activity in the sense of 'autonomy' (in the literal sense of 'auto' or 'self *norming*') just described, and hence contrasted with the scene of negative affect associated with being 'crouched up in the corner' (p34) or of 'giving in' (P8):

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

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

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

The relationship between being active and feeling one's age

Participants said much about what it means to them to feel, or (more often) not to feel, 'old'. Being old was typically associated with diminished activity understood in the *agentic* sense we have been outlining. That is to say, the very idea of 'being old' signifies less the accumulation of years (or wrinkles), than a *becoming passive* relative to a prior state of being. Becoming 'old' was thus associated with no longer being able to get about or to do the things one wants, being incapacitated with health problems, 'senior moments' of memory loss,

lowered energy levels, failing to keep up with modern idioms, the death of friends and peers, entering sheltered housing, and being more aware of new generations of family coming up. In this context it is clear that one meaning of 'active ageing' relates to the endeavour to stay 'young' despite chronological age:

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

Challenge and response

So far, the analysis has indicated the mutual implication of physical, mental and social modes of activity, and has stressed the meaning of activity in relation to *power* understood in relation to dynamics of passivity and activity. The importance given to these subjective notions suggests that any theory of active ageing should question the prevailing focus on causal determinants alone and take seriously the ways in which life events and changing circumstances might *challenge* the capacity to be active, and the ways in which people might *respond* (more or less actively) to such challenges. Such a *challenge and response* framework (as opposed to a cause and effect framework) would take more seriously the issues of subjectivity and agency described above, and would be more in keeping with our participants' own ways of thinking. Much as our participants appear to value their active agency, they are very aware that much

of what is experienced in life is at best partially within their own sphere of control. Challenges to agency are thus common, particularly in later stages of life:

P8: Well it [active ageing] means keeping going and enjoying life. I don't know, I suppose not giving in when you know things get rough and all this, because you do, you have spells of things being rough don't you, when you get older. Well you do when you're younger really, don't you? I think you just keep, need to keep going, that's all it is really and take on anything new, you know. [female, 73]

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

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

Whilst some challenges to active ageing take the form of clearly discernable events (such as falls, illnesses and the deaths of loved ones), others take place more or less unnoticed in the background and form more slowly. The latter issue was raised by three participants who mentioned *keeping up with the*

world in their definitions of active ageing. Life in an ever-changing and highly technologically mediated world is clearly likely to pose challenges to those who have lived longest, and the possibilities for losing agency through the gradual redundancy of once useful know-how are manifold.

The challenges of dependence and isolation

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

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

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

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

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

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

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

there's a bus that I have to catch to get home and I was asking the chap three times apparently 'is this the bus for ****?' and then I got on it, because I thought he said... see I'm

deaf and it doesn't really help that, so I got on the bus, I thought he said yes. He was quite angry because I was on the wrong bus but then he was very nice after I told him that I was deaf, but I felt such an idiot that I'd been trying to get on the same bus three times! Such a silly thing, you know?... It gets to be awfully difficult. (becomes teary)

Recently, P36 had been walking to town across a field track in order to do her shopping and access other facilities, since there was no pavement on the road, but it was impossible to use a scooter or shopping trolley due to the uneven ground. Then she suffered a collapsed hip followed by a second fall which prevented her walking the distance and restricted her activities considerably. The lack of contact with others and loss of independence had contributed to feelings of depression, something that had recurred throughout her life. She relied on neighbours to get shopping, but felt reluctant to ask them for fear of being a burden which meant she often found herself without basic groceries and reliant on vegetables from the garden:

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

R: Yes, yes I do. (laughs)

The case of p36 illustrates how older people can be faced with an escalation of multiple challenges and how responses to such challenges - including the actual and perceived responses of others - themselves give rise to new challenges. The risk here is of a spiral of increasingly negative and passive responses to a series of worsening challenges. Initial challenges to her health transformed this participant's country hamlet into a relatively inhospitable environment. Her confused and muddled response to this challenge resulted in a response from her doctor (advising her to give up driving) that led to the challenge of further isolation. Her response of taking the bus led to further challenges to her

compromised hearing, which resulted in a scene of shame, frustration and anger involving a bus driver. Although this scene may appear trivial, this fact in itself merely added new negative affect (insult to injury) to her response (she felt 'such an idiot' in the face of the driver's anger). Her next response to walk across the dangerously uneven ground of a field track to get to the shops was informed by the wish to avoid burdening herself and others with such scenes (and was conditioned by the lack of a pavement). The falls that followed left her considerably more isolated and forced her into dependent relationships that added the feeling of being a burden to a growing sense of depression.

Conclusion

Active ageing was a meaningful concept for the majority of participants. Although responses could be coded into categories such as 'physical', 'mental' and 'social' activity, active ageing tended to be understood as a complex composite of such factors, expressible as 'keeping active' or as avoiding becoming passive. The key issue thus appears to entail a distinction between *activity* and *passivity* wherein being or becoming active as opposed to passive (whether mentally, physically, socially or all in combination) involves a sense of setting and living by one's own norms rather than being 'normed' by others. In this context the very notion of 'being old' is associated with a *becoming passive*. This in turn can be likened to a *downward swerve* in agentic capacities to affect and be affected by other people, circumstances and things. The loss of autonomy and interest, for example, can signify a downwards swerve towards a disinterested 'slough of despair' or a passive 'sitting at home like a sack of

potatoes... watching the idiot box' or even a sense of 'giving up'. The case study of participant 36, for example, illustrates such a downward swerve in which mental, physical and social powers diminish along with autonomy and interest and in which the negative affects associated with dependency and isolation grow in relevance.

The analysis suggests a critique of the prevalent deterministic 'cause and effect' frameworks used by social scientists. Such frameworks risk occluding the relevance of the kinds of subjective factors that appear so important to our participants. These factors, in turn, are not well grasped in terms of hypothetical variables such as 'self-efficacy' (Bandura, 1992) that import a tacit determinism into theorising. We suggest that cause and effect approaches be supplemented by a *challenge and response* approach able to take seriously the ways in which life events and changing circumstances might *challenge* the capacity to be active, and able to grasp the ways in which people might *respond* (more or less actively) to such challenges. This would by no means entail an 'individualistic' approach blind to macro-social factors, but rather a psychosocial approach sensitive to the ever present tension between brute fact and active aspiration (Brown & Stenner, 2009).

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