

The allocation of responsibility for later life: Canadian reflections on the roles of individuals, government, employers and families

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ABSTRACT

Set against the backdrop of an ageing population and the discourse surrounding old age, risk and the welfare state, this paper draws on 51 semi-structured life-history interviews to examine how mid- and late-life Canadians discuss and allocate responsibility for the provision of social, financial and medical supports in later life. Whatever their personal circumstances, most individuals articulated sentiments of personal responsibility for later life. Individual planning and preparation were defined as necessary to secure against the perceived individual and collective risks associated with becoming and being old. The role of the state was intimately connected to individual responsibility, as ‘deserving’ citizens were understood to have legitimate claims to state-supported pensions, health care and social programmes. Although some participants cited the provision of pensions, the least consensus concerned employers’ responsibilities. Meanwhile, with the exception of emotional support, most participants had minimal expectations of their relatives or family members. Most rejected the notion that family members should provide housing, financial support or personal care. It is concluded that individual perceptions of risk and responsibility have profound connections to state support, public policy and normative patterns of familial and employer assistance in later life.

KEY WORDS – later life, retirement, risk, responsibility, self-governance, social support.

Introduction

In recent years, considerable public debate and scholarly attention has been paid to the changing nature of retirement (Atchley 1993; Phillipson 1998, 1999), perceptions of ‘old age as risk’ (Hudson 1995) and configurations of individual and collective responsibility for later life in western

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societies (Gilleard and Higgs 2000; Salisbury 1997). Certain social theorists have argued that in present social, economic and historical conditions – characterised by a retraction of the welfare state, and the changing patterns of employment and family life – there are heightened social and financial risks associated with ageing and old age (*e.g.* Esping-Andersen 1999), including the risk of poverty, social isolation and loss of independence (Beck 1994, 1999).

Traditionally, governments, employers and individuals (including their families) have comprised what Salisbury (1997) refers to as the ‘three-legged stool’ of responsibility for later life. Moves to reduce government spending, alongside discontinuous and unstable employment markets, are however changing the configuration of responsibilities. Governments and employers are assuming less responsibility for insuring against the risks associated with later life than in the past. Meanwhile, changes to family life such as women’s employment patterns, geographic dispersion, divorce and remarriage call into question the ability of family members to provide support to their ageing relatives. In this context, Salisbury (1997) suggested that individuals are responsible for their own later lives as it is they who ultimately bear the risks.

Despite assertions by theorists, researchers and politicians that old age is associated with risk and that individuals should assume responsibility for providing the necessary supports in their later lives, how individuals themselves make sense of and perceive culturally available discourses of risk and responsibility remains virtually unexplored. While the collective and individual risks associated with later life are widely proclaimed, and are routinely reflected in government policies and media messages, little is known about how the notion of ‘old age as risk’ (Hudson 1995) is perceived by individuals approaching or experiencing later life. Likewise, even less is known about how individuals allocate responsibility for insuring against these subjectively perceived risks across the traditional institutions of support for later life: the individual, governments, employers and families.

This paper is part of a wider study of 51 mid-to-later life Canadians in a project which aims to develop a ‘Reflexive Planning for Later Life’ conceptual model (Denton *et al.* 2002). This model proposes that to minimise the risks commonly associated with old age, individuals engage in three types of preparation for later life. The first type, public protection, refers to the benefits provided by the state, including health care, public pensions and old age security. Next, self-insurance refers to the private financial preparations that individuals make, such as savings, private pensions, insurance and other investments. Finally, self-protection refers to non-financial preparations and activities aimed at avoiding disease,

disability and social isolation, *e.g.* healthy diets, exercise and social activities. Each individual, whether consciously or not, has a portfolio of financial and non-financial, collective and individual, as well as mandatory and voluntary preparations for later life. Contributions to portfolios are therefore made – in varying degrees – by individuals, governments, employers and family members, quite possibly in response to available resources and subjective perceptions of risk and responsibility (Denton, Kemp and Davies 2003).

The research project seeks to contribute to the existing literature on retirement planning and later life by exploring how individuals think about their later lives, including the types of risks that they associate with becoming and being old. It taps into the ways in which individuals make sense of their role and the roles of government, employers and family members in providing for their later lives. In doing so, the research offers the empirical evidence by which to compare individual perceptions with extant theory and prevalent notions of risk and responsibility in later life. This paper also considers the broader social significance of our findings and ensuing implications. It begins, however, with a consideration of the currently changing contours of the social welfare state with reference to old age, later life, risk, responsibility and the roles of individuals, governments, employers and family members; we then turn to a brief discussion outlining the epistemological assumptions underlying our research.

Later life, risk and responsibility in the welfare state

As in other western societies, the development of the Canadian welfare state began in earnest during and after the Second World War. State intervention in basic health care, social services and economic support continued to expand until the 1970s, at which point Canada had a comprehensive social security system (Li 1996). Given its provision of economic, medical and social supports, the system was particularly important for older people, whose support was now assumed by the government. Accordingly, the universality of state responsibility for later life and the management of accompanying social, physical and financial risks extended into most post-war capitalist democracies and evolved into a ‘taken-for-granted part of everyday life’ (Myles 1989: 1).

In addition to the state, Esping-Andersen (1999) identified two other main sources for the management of social risks: product markets and the family. The financial services market manages the risks associated with ageing through products such as life insurance and private pension policies. Meanwhile, the family, often through the labour of women, addresses

these risks by providing care for children, social support for family members, and by being the main care providers for infirm older adults. As Esping-Andersen (1999) argued, however, the post-industrial society brings with it new categories of social risks. The risk structure is altered profoundly, partly because new inequalities are emerging and in part through labour market and demographic transformations. Not the state, the market or the family can be counted on to guarantee welfare as once was the case.

Beginning in the 1980s in western countries, the political strength of neo-liberalism began to grow. Distinguished by its concern with the 'over-extension' of the welfare state, and by the public expenditure implications of an ageing population, politicians and policy makers cite impending fiscal crises and public sector deficits as a justification for decreased spending, the termination of social programmes and streamlining of services (Baines, Evans and Neysmith 1998; Brotman 1998). This 'crisis of the welfare state' has been associated with policy models loosely termed 'the third way' (Giddens 1998). These shift greater responsibility for societal and personal economic and social security on to the individual and the market. Even though analysts have demonstrated that projected dependency ratios will not bankrupt the welfare state (Denton, Feaver and Spencer 1998; Denton and Spencer 1997), and that the senior population is responsible for neither escalating health care costs (Barer, Evans and Hertzman 1995) nor depletions of the Canadian pension fund (Finlayson 1988), it is often presented as fact that the ageing of the population will incite a social and fiscal crisis (see Gee and Gutman 2000; Gee 2000). This 'fact' serves as an ideological tool to shift greater responsibility for societal and personal and social security onto the individual.

The shift from collective to individual responsibility for social risks, particularly in later life is reflected in the move towards the increasing privatisation of services and programmes (Arber and Ginn 1991), and for downloading responsibilities onto families (Luxton 1997). In the present social context, as Esping-Andersen (1999) has argued, the market and the family are themselves catalysts of risk. High levels of unemployment have characterised the last two decades and pushed many into early retirement, unemployment or forced-retirement with inadequate financial resources (Kohli *et al.* 1991). Changes to the labour market, such as discontinuous employment patterns, contract work, part-time employment and the like, also call into question the support of employers through private pension plans and insurance programmes (McDaniel 1997). Moreover, socio-demographic changes such as increases in single parent families, substantially-increased female employment, and the geographical dispersion of family members all mean that relatives are not necessarily

available to provide support to older adults. Thus, the emerging risks of post-industrial society translate into downloading the management of social risks from the state, market and family to individuals. In fact, according to Gilleard and Higgs (2000: 197), government pension systems and social insurance programmes:

increasingly emphasise *personal agency and responsibility*. Throughout the world, *governments see later life as a matter of individual responsibility*. The task of the individual citizen is to invest appropriately to create a post-work income that will enable him or her to live well in later life [emphases added].

The individualised ethos is accompanied by notions of choice (and hence consumerism), control over one's fate and self-governance (Rose 1996). Promoting self-responsibility is understood as summoning individuals to engage in processes of self-governance and necessarily implies processes of self-reflection, self-improvement, self-care and planning throughout the lifecourse (Gordon 1994; Petersen 1997). A new politics of personal security (and by corollary, risk) underlie this shift towards individualisation, as people are urged by politicians and others to 'take an active role in securing themselves against all that could possibly threaten the security of their chosen style of life' (Rose 1996: 342). Individuals are encouraged at every turn to take responsibility for all facets of their later lives as they are, for instance, confronted with the images of decreasing public pension funds and reduced social and health care expenditures, and as they try to understand the 'overselling' of changes to family life (Rosenthal 2000) that are said to amplify the risks of ageing and old age (Gee 2000; Salisbury 1997).

Analytic framework: social meanings, risk and responsibility

Access to material and social resources is pivotal in facilitating as well as constraining individuals' abilities to assume responsibility for their financial, social and physical wellbeing in later life (Arber and Ginn 1991; Myles 1989), as well as their portfolios (of preparations) for later life (Denton, Kemp and Davies 2003). The social construction of meanings, particularly the ways in which they are fashioned by individuals for use in everyday life, are however also of sociological import: they give rise to and are created by social conditions. Adopting an interpretive framework which privileges subjective meanings and posits the view that individuals are active agents in their social worlds (see Marshall 1996, 1999), we assume that alongside material and historical circumstances, individual preparations for old age are influenced by personal perceptions, cultural discourses on risk and responsibility, and current social understandings of

individual, government, employer and family roles in the provision of support in later life.

What are the risks and where does responsibility reside?

In addressing the issues of risk and responsibility, we ask two empirical questions. First, although it is widely believed that there are enhanced financial, social and physical risks associated with becoming and being old, particularly in contemporary conditions (Esping-Andersen 1999), what risks, if any, do individuals personally define as potential threats to their ageing and later-life experiences? Second (and related), if in fact individuals identify risk(s), how, amidst messages of personal responsibility, do individuals perceive their role in providing for their later lives, and what roles do they allocate to the other traditional sources of support? Put otherwise, are personal meanings and discursive constructions of responsibility for later life consistent with or out-of-line with the current government policies and programmes which increasingly expect, encourage and rely on individual planning for later life?

Planning for later life

The study

This article draws on data from a study on *Planning for Later Life* conducted in the City of Hamilton in southern Ontario (see Denton *et al.* 2002; Denton, Kemp and Davies 2003). The study was specifically interested in how individuals engaged in financial, social and lifestyle planning for their later lives and in the plans that individuals made for their futures. The research used three distinct data collection instruments and phases: a demographic questionnaire; a life-history interview; and a qualitative interview which explored several issues associated with later life. This article is based on data from the qualitative interviews, and particularly the questions about personal concerns about ageing, perceptions of responsibility, and the roles of individuals, governments, employers and families. Analytically, we used the qualitative data handling computer programme, NUD*IST (Non-numerical Unstructured Data, Indexing, Searching and Theorising) to store the data and to facilitate the identification and retrieval of key themes.

The sample

The informants were a convenience sample of 51 Canadians aged 45 to 91 years.¹ The sample was diversified by sex, age, marital status and income levels to include a wide range of life circumstances but is not representative

TABLE I. Selected socio-demographic characteristics of the study sample, Hamilton, Ontario, 2001

Characteristic	Male	Female	Total
Age group (years)			
Less than 65	5	9	14
65–74	4	12	14
75–84	4	12	14
85 or more	2	3	5
Marital status			
Married/common-law	9	12	21
Separated/divorced	1	9	10
Widowed	3	11	14
Single (never married)	2	4	6
Yearly family income*			
Less than \$19,000	2	9	11
\$20,000–\$39,000	2	12	14
\$40,000–\$59,000	6	10	16
\$60,000 and over	5	5	9
Employment status			
Retired	14	29	43
Not retired	1	7	8
Sample size	15	36	51

Source: The sample was drawn from the Seniors Helping with Aging Research panel of the Centre for Gerontological Studies, McMaster University convenience sample of older Canadians.

Note: All statistics are frequencies.

* Canadian dollars (2001), 1 missing case.

of the Canadian or urban Ontario populations. While all the participants resided in urban areas at the time of the interviews and had diverse circumstances and income levels, they over-represent people in the higher income and education categories.

Over half the sample were women (see Table 1). The majority of the participants were aged between 65 and 84 years. Slightly fewer than half the sample were married and living with their spouse at the time of the study. In terms of income and employment, most individuals reported yearly family incomes of (Canadian) \$20,000 or more in 2001, and the majority said they were retired. The majority were born in Canada. As expected, more women than men were widowed or separated/divorced, and they had lower incomes.

Perceptions of risk

In response to this first research question, the individuals participating in the *Planning for Later Life* study associated old age with certain types of risk. At the broadest level, the participants consistently identified the

potential loss or lack of control over lifestyle choices and living situations as a major risk. This risk can be broken down into two inter-related categories: (1) becoming unable to maintain the desired standard of living or lifestyle; and (2) being, or being perceived as, a burden to others.

An inability to maintain the desired or chosen lifestyle and standard of living raised multiple concerns. The most frequently cited centred on health: many perceived declining health and/or limited mobility as potential barriers that might prevent them from living their later lives the way they desired. The risk of age-related declines in health and mobility was fuelled by the perception that, in advanced age, poor health will eventually come to limit social and physical activity and lifestyle choices and opportunities. Two participants expressed these concerns as follows:

[I'm] hoping that we're all in good health, because health is gonna be, I think the major, health, mobility, ... certainly, they're going to be important factors as to how our relationships [with family and friends] will change, if they'll change. I'm hoping that I can still continue friendships where people drop in, but as we get older you phone more.

I figured 55 is a good time to retire because you are still young enough and healthy enough to travel and enjoy life, and I figured the 15 years from 55 to 70 were the best years of my life, because we had the freedom of ... to do whatever you wanted to do, and any time you wanted to do it. Once you go past 70 then you start to get restricted in some areas, because you are just getting too old.

As with the above quote, several individuals acted on these subjective meanings, and had planned to reduce the potential risks of declining health by timing their retirements early or doing as much as they could while they were still able.

In addition to health, financial challenges in later life were viewed as potential limiters to lifestyle options and choices. The majority of participants could be considered planners as they had, in fact, made financial preparations for their futures. Few had material concerns, although many expressed awareness of the potential financial and material risks in later life,² and a small number did have financial fears and worried that they might not have enough resources to live comfortably in old age:

I'm worried about inflation and how much it's going to chew away from our savings that we have in RRSPs. ... I have very little pension protection because I'm not unionised ... no protection [and a] limited pension plan. By the time, I think I'm going to get now, for some reason, if I retire when I'm 65, that I'd get the whopping sum of 41 dollars a month or something. It's not going very good and who knows even if the Canadian Pension Plan is going to be around being kind of in the middle of the baby boomers. It's not fun.

I don't have too much money. So yeah, I'm concerned. I did not work, so I don't have any Canadian pension. So, yeah, I'm concerned. I'm alone. No husband.

Others expressed disparate concerns about their later life, and many of the expressions suggested that financial, health and social concerns were equally important. Several individuals linked these lifestyle concerns with a desire for independence in later life:

Yeah ... health ... and money too. Making sure that we had enough, that we didn't have to rely on our children. We were self sufficient ourselves.

Well the concerns were certainly financial and health. And, I think the main concern is, and was and probably will be, maintaining my independence. Health concerns is still ... that's always our concern because the aches and pains, the arthritis, and your awareness of, that you reach you know, that you get down and you can't get up as well as you used to and, you know, can't hike as much as I used to ... there's always that now, if one of us got ill and had to, you know, had medical costs, you know, that could be a financial concern.

The second category of risk that the participants associated with old age was the fear of being or being perceived as dependent on, or a burden on others. This perceived risk conflates the discourse on the social construction of old age and later life as a time of decline, frailty and loss of independence with the culturally-dominant moral evaluation of dependence as a bad or undesirable state to be avoided at all costs (see Sevenhuijsen 1997). In the individual accounts, dependence was viewed to an extent as preventable, if individuals took the proper steps to prevent being a burden to others in both life and death:

I don't want to be a bother to anybody, you know, I don't. That's the only worry I have is that, that I, they [family] would have to look after me, you know. And, that's why I try to keep active and my exercises now are just going around the cemetery path there, but I try to keep myself healthy so that they don't, they won't have to look after me.

I am thinking of making some preparations for a funeral and that sort of thing, which I haven't done yet and I feel a little guilty. I really should, I'm 73 and should really start thinking a little more serious about that. Buy a burial plot or whatever, so that if the time comes I don't want to be a burden to my family or anybody.

The above references to feeling 'guilty' and to things one 'really should' do in order to avoid being a 'burden' further reinforced the participants' beliefs that dependence is avoidable. Dependence was viewed as morally wrong and more or less the result of poor (or no) planning. In this way, the participants alluded to an underlying moral economy of dependence – the taken-for-granted assumptions or social norms that dependence is undesirable, and independence is socially desirable.³ These passages also linked risk with responsibility and ultimately foreshadowed the ways in which individuals allocated responsibility for support in later life.

The allocation of responsibility for later life

The second research question addresses the allocation of responsibility for later life and specifically focuses on the roles of the individual, government, employers and families. Although the responsibilities of each institution are discussed separately, they are not, as we will demonstrate mutually exclusive. People act and react simultaneously as individuals and as members of a collective, while their subjective positions reflect a convergence of various perspectives and identities: individual, citizen, employee and family member.

Individual responsibility and the insurance of risk

In keeping with the current social climate, individuals overwhelmingly articulated sentiments of individual responsibility for later life. In fact, with only one exception, all research participants, regardless of gender, income, marital history and employment history, believed that individuals have personal and collective obligations to reflect on their future and to make provisions that insure against losing control over their lives and avoid being viewed as dependent on others. First and foremost, individuals said it was their responsibility to plan for their later life. Two of the participants indicated that forethought should cover all aspects of later life:

Well, I think that you should be responsible for providing, you know, some planning ahead of time, you shouldn't just think it's all going to be there. You should have been doing some checking and making, you know, whatever changes, commitments, arrangements, to supplement or to assist in making things work out. And then, when you retire, you should be fiscally, you know, responsible, like having some planning, and like, an idea of what your costs of living are going to be ... and budgeting to make that happen if you can. Which means, not making outlandish purchases if there's no way of managing them.

Well, if you're able, I think you should be responsible for trying to save some sort of money ... You know, a person that is healthy and can work in the younger years, they should be required to sort of plan for that themselves to some degree. And basically, you know, their own living expenses and plus their leisure, you know, time that they should plan for that themselves. And think about that so that they're not, you know, thinking 'well, what's everybody going to do for me' sort of thing.

In attempting to secure their desired standard of living and to insure against dependence on others, the study participants believed that financial, social and health *planning* all fell under the umbrella of individual responsibility and, as evinced in the quotations above, the responsibility of planning and providing for later life should not begin at the onset of old age but be viewed as an extension of life-long planning.⁴ The participants'

discourse most often referred to individual responsibility in the financial domain, because, according to one low-income participant, 'income provides everything for you'. Participants placed a heavy emphasis on the need for individuals to make financial provisions for later life, and routinely linked such planning to the promotion of self-sufficiency and the maintenance of independence:

Well, I think that your own responsibilities are to make sure that you have put money aside for your own self. I think that is the most important thing you can do. You got to look forward to the time when you are retiring and you should make provisions for that.

Well, I think each individual should be responsible for doing a bit of saving. They should start saving when they start working, put so much into a savings account every month.

I think an individual should ... be responsible for themselves, for providing financial security, as far as they're able. Now, I realise that not everybody can, but you should have a certain amount of savings. Don't rely on other people, rely on yourself as far as you can.

It is particularly telling in the current social climate that there is strong support for individual responsibility among participants whose life circumstances limited their ability to plan. Several engaged in self-blame, holding themselves responsible for their inadequate finances and undesirable situations in later life. A low-income, 71-year-old woman explained why her financial situation was her fault:

I could kick myself for a lot of things now, because I didn't really plan, I just, always figured I was going to be strong and healthy, and I figured I'd be that right into my old age. ... I did plan for what money I did have, I mean, I was foolish with it, like lending it to my kids and so on, but not having any money is the worst thing. You should always plan, that's for sure.

Analysis of the data clearly shows that planning for later life and personal responsibility (as defined by the participants) were intimately connected to the ways in which individuals lived their lives, how they viewed themselves and the lifestyle choices they made. Self-blame further reinforces the theme of individual responsibility for later life.

Responsible living and self-maintenance

According to the participants, a major component of an individual's responsibility to plan for later life is to practise 'responsible living'. There was strong support for the view that individuals should be responsible for themselves and monitoring every aspect of their lives. That is, in their everyday conduct, including financial, social, physical and mental activities, individuals should act in ways that promote and maintain wellbeing.

Individual responsibility included taking preventative steps to avoid disability, disease, social isolation, dependence and poverty. Participants defined themselves as responsible for living within their means, being socially active, and leading healthy lifestyles – and they expected the same of others. Leading an irresponsible lifestyle or engaging in ‘risky’ behaviour was regarded as morally wrong. Participants held the view that individuals were obligated to live productive lives and *not* to be irresponsible:

I think I should be looking after my own health by doing things like exercising, not smoking, watching my diet, leading a fairly stress-free life. Yeah, that kind of thing. What else? Maintaining my brain and my body. Like, I think I should be mentally active as well.

Well I’m responsible for prevention ... I strongly believe in it and I believe that I can’t [pause] if I smoke for years and years and then all of a sudden, I’m poor, I don’t feel that somebody is responsible for paying ... So, I think we have to weigh this. If I am going to engage in risky activity, then I’d better be prepared to pay the consequences ... So, yeah, I believe in self responsibility and prevention practices.

I’m responsible to myself to make sure that I’m mentally active. I feel that I owe to my community now that I have some time to work on ... church activities. So, I think that a willingness to give and also to make sure that leisure activities are planned. To feel [pause], you know, you could easily become — what do they call them? — a couch potato. And so, I think that you have a responsibility to make sure that does not happen, because I think if you do, then you become a liability to society.

Although the emphasis was on personal responsibility, the underlying messages tap into ideas about individuals as part of a wider collective. Individual responsibility was emphasised because of its positive contribution to the wider collective good. For this group, individual responsibility was a means of protecting ‘society’ and included self-maintenance – of mind, body, social activity and finances – such that they do not cause unnecessary strains on the social security system and become a *liability to society*.

Throughout their accounts, the participants linked individual behaviour to collective responsibility, particularly with regard to health. They viewed health-related behaviour as an aspect of life that everyone, regardless of circumstance, has some control over. For this reason, it appears, healthy living became the most strongly moralised type of self-support that individuals should practise throughout the lifecourse and into old age:

I think everybody is responsible for their own health. I mean, for instance, when you are in poor health and don’t eat right and you don’t exercise, you get these people lying around. I think they’re responsible for keeping themselves in shape ... and I don’t think the health part of the government should be responsible because you let yourself go.

Strictly speaking, I think that you are responsible for [pause] well, looking after myself, like not smoking, not drinking to excess, eating properly. I mean, if you do that all your life you're not going to be a drain on the health system, either, hopefully. You know, you're gonna be healthy, if you don't smoke and drink and you're not gonna have all the problems that excessive smoking and drinking does. I mean, I think that's helping the country in the long run. It's certainly helping yourself, but it's certainly helping, if you've got healthy seniors around here.

The participants in the *Planning for Later Life* study suggested that individuals were obliged to be as self-supporting as possible throughout life and into old age. By extension, living responsibly was viewed as the right thing, and irresponsibility was wrong. They advocated personal accountability for any action or 'risky' behaviour that they engaged in and which harmed them or resulted in the need for support, particularly state-sponsored financial support or medical care. Despite the overwhelming acceptance of personal responsibility and accountability, on the whole the study participants did not believe that the individual should be solely responsible for all support in later life. They did not support welfare state dismantling, but rather believed in the spirit of the welfare state: most had a strong sense of collective responsibility for later life.

The relationship between individual and government responsibility

Within the discourse on individual responsibility, the perceptions of the role of the government for supporting older people were both implicit and explicit. The study participants perceived individual responsibility as intimately connected to ideas about citizenship rights and responsibilities, democracy, social welfare and entitlement. Although they held the view that the individual is responsible, participants also supported collective responsibility for later life. This contradiction was routinely reconciled in the image of two kinds of 'deserving' citizen, those who are productive citizen and those unable to help themselves. The participants viewed the relationship between individuals and government as a type of partnership based on equitable exchange. In exchange for being individually self-reliant and living responsibly, they believed that the productive citizen was entitled to governmental support that complemented their own efforts:

I think I have to carry my share of it [responsibility for late life], but in circumstances where I couldn't, there has to be support. I think that the government bears a responsibility, but the government is us, let's be honest. When the government hands out money to somebody, they're taking it from your pocket and mine. So the government is us, we have to take care of ourselves and then, the government has to be responsible for managing what we give them.

As articulated in the 'productive citizen' and 'taxpayer' perspectives, entitlements to social services, government programmes and support were

perceived as earned and not owed or a right. The participants did not believe that citizenship alone entitled people to government support, but rather that in exchange for being *productive* or maintaining a 'good' citizen identity (paying taxes, working, raising a family, being prudent and living within one's means), they became legitimate recipients of state support. The majority identified health care, pension plans and a social safety net as the most cherished supports, and believed that the government should (continue to) provide for legitimate recipients:

I think that when we've worked hard all our lives and given to the economy, that we should, you know, I don't feel that it's an entitlement, but I do feel that they should have enough sense out of the goodness of their hearts, the government, that we should have it. I wouldn't use the word deserve, but I think that we should have it. I really do ... We should have the benefits ... Like what we've got, you know. Old age security and the health, yes.

I should be able to look after myself, if I can afford it and, if I can't then, you know, there should be that social net that would look after, you know, problems that I might have, difficulties I might have.

I think there should be some government support, I mean we're paying in all during our lifetime, so there should be something coming back when you reach the point where you can no longer earn a living and especially people who are, I can look after myself right now. I don't need anybody, but a year or two years down the road, something may happen where I can no longer look after myself, I need home care, you might lose your partner and you're all by yourself, and there should be some programme. Absolutely.

The participants viewed financial, medical and social supports provided by the government as earned and thus a component of individual responsibility for later life. There was little contestation about the need for and desire to keep state-sponsored supports, particularly for those in legitimate need. A clear message remained about living responsibly, both as a civic obligation and as a form of exchange for receiving government supports in later life:

We have to separate those that have from those that haven't. Those that are needy against those that are greedy. And we've got to make sure that they are cared for and they can live with dignity and comfort and not shoved into unpleasant living.

I feel nobody should be in want. It's [support in later life] a collective thing, I think, collective, maybe responsibility. But, I don't feel that, that we should be rushing around and saying to everybody, don't worry, we'll look after you. No. The individual's got to worry about it and do something about it.

If I can't afford [whatever I need to keep me healthy] I shouldn't have to beg for it. I have lived my life, I have paid my dues all my life and therefore, I should be kept in the end in dignity. ... A lot of people are buying expensive cars, in over their

heads. They can't pay for what they get so they just put it on the credit card ... a lot go to alcohol. That is self-inflicted. Why should we pay for self-inflicted problems?

Ultimately, participants supported the view that the government should bear no responsibility for undeserving citizens, but believed deserving citizens should receive government-sponsored financial, social and medical supports in later life.

Employers' responsibilities

The research participants were least in agreement and least passionate about employers' responsibilities. While some felt employers ought to provide pensions and retirement benefits, more generally, the beliefs about employer responsibilities reflected the importance attached to individual responsibility. The respondents were reluctant to allocate responsibility equally to all employers. Financial support in the form of pension programmes was the most common support individuals felt employers should provide to their employees in later life:

I do believe that they should have a pension plan while they're going through that way it's an enforced savings.

I think every company should have a retirement programme because that's one way of making people, who wouldn't put a cent away any other way, get a cent away, doesn't it? I mean if they've lost that \$10 before they get it, they can't spend it.

I think that the employer should provide, co-operatively with you, a pension. You put so much in, your employer puts so much in and that builds over the years.

These views reinforce and underscore individual responsibility for later life because the employer is represented as an actor who contributes and more importantly facilitates individual savings. Employers are seen as having a responsibility to encourage personal preparations and to act as a vehicle for these. In terms of retirement benefits, most people agreed that it would be 'nice' if employers provided for their retired employees benefits in the form of medical and hospital insurance, coverage for medication prescriptions, and optical as well as dental plans. Several individuals felt that there was no simple way of defining what the role of employers should be, and made distinctions between small, independent businesses and large, multi-national corporations. For instance, several suggested that not all employers were in a position to provide anything for their retirees, and, broadly, what exactly employers were expected to contribute was largely contingent on their size and financial success:

Well, that's a very difficult question. Off the top of my head, I would say something in the form of a pension. But, you get a small firm ... really and truly they

couldn't afford to pay pensions. Therefore, it is up to the employee to do something like the RRSP of their own backs. The big firms and the steel companies, yes. But the small firms, it is very difficult.

Expectations of the family

In keeping with the cultural emphasis on individual responsibility, when asked what the family should be responsible for providing for those in later life, many participants declared that they had few expectations of support from their family including their children and grandchildren. Although individuals adopted the normative view that support flows downwards from parent to child, they strongly resisted that support, particularly financial and instrumental support should flow upwards to the older generation. Overwhelmingly, they believed that they should not *expect* anything of their families, as in the following representative quotes:

I don't expect anything. When you say family, you meant the children? No. I don't expect any help at all. When I grew up it was that the young would look after the old, but that is changed. Today you're on your own.

It's not an expectation. I don't think there should be, I feel, no expectations of your children, really, that they will support you, or whatever, I've always felt that. I've thought, golly, whatever they do is wonderful.

The fact that individuals do not expect their relatives to assume responsibility for them in later life is intimately connected to the fear of being or being viewed as burdensome, and to the negative connotations associated with receiving help from others. Independence was defined as a socially desirable state and dependence on others, particularly children, as undesirable. When asked what she would do if she were no longer able to care for herself, a 71-year-old widow gave another characteristic response:

Well, I'd have to go into a nursing home, yes. Yes, I wouldn't be a burden on [my son] or his wife. I wouldn't. I wouldn't be a burden, for sure. That's already in my plans. Even had he not married, I wouldn't have wanted to be a burden because you can't handle a full-time job and look after an ailing mother.

Additionally, many felt that individuals, as part of their responsibility to plan and prepare for later life should have insured against relying on the family. This means that plans should be in place and arrangements should be made so that family members are not called on for support:

If you stayed responsible for your own life, you would have made arrangements. And, I don't think [pause] they have their own families. I don't think they should be held responsible for everything.

I do carry a separate health plan that is just for me. In the event that it's long term, I would hope that [my son] would make the arrangements for whatever needs to be done ... I don't want my problems to become a burden for him, where he'd develop ... he and [his wife] both could not help but develop resentment of having to carry the burden. Much as you love the person, resentment creeps in. ... We want our independence. We are independent women and if I become dependent, then I want somebody else who is not emotionally involved with me to take care of my basic needs, the boring things, so that when my son, daughter-in-law and grandchildren come to see me they want to see me because they want to see me and they will come and be supportive even if they leave saying, 'thank God we're out of there'. But, I don't want them having to take care of the daily things that have to be taken care of in ageing, which can become rather unpleasant.

Once again, there exists a powerful moralistic component underlying the belief that one should not rely on the family for instrumental support in later life. Participants viewed it as wrong to have these types of expectations and, perhaps more importantly, did not want their families to be responsible for providing day-to-day care. Generally, the desire was for non-family members to take care of their intimate and daily needs should the occasion arise. For most participants while families were not viewed as legitimate sources of financial or instrumental support, the provision of social and emotional support was defined as a socially acceptable and expected role for their relatives:

The emotional support is there and the cheering-up support is there, but no, I don't consider, I don't want my children [pause] I have no idea of going to live with them when I am an old lady, no way. I'd rather be in a little corrugated hut somewhere on the side of the railway track, no my children do not owe me a cent.

Just companionship ... I wouldn't be expecting them to be clothing me or putting a roof over my head. So just basically being there and you know, continuing the family bond.

Overall, social beliefs and practices prevented the participants from expecting or demanding material, even instrumental supports from their children in later life, and simultaneously reinforced the acceptability of expectations that family members could be relied on for social and emotional support and companionship in later life.

The implications of individual responsibility for later life

In this article we have examined individual perceptions of risk and responsibility with specific reference to later life in a Canadian sample. In line with Peters's (1995) report, which concluded that self-reliance was among Canadians' most cherished values, the participants routinely

identified a loss of control of their lives, and being or being perceived as a burden, as the most significant risks of old age. This report also found that Canadians value hard work, fiscal responsibility, collective responsibility, democracy and freedom: all these values were echoed in the participants' accounts of responsibility for later life. In fact, there was widespread support for behaving in 'responsible' ways and maintaining the identity of a productive citizen. The sample believed that individuals were responsible for the maintenance and promotion of their wellbeing and the common good. They clearly valued aspects of the social welfare system, specifically government-supported pensions, social services and medical care. They felt that their portfolios for later life should have elements from both their individual contributions *and* from collective welfare. Current political trends are however characterised by moves to *replace* collective responsibility with individual responsibility.

Recent rhetoric by politicians on 'apocalyptic demography' and the associated media hype may be providing the means by which politicians can justify a decreased responsibility for welfare in later life. These recent political and theoretical discourses on risk and responsibility are reflected in our participants' socially-constructed understandings of individual, government, employer and family roles in the provision of social support. Most of our study participants identified the risks associated with later life and clearly assumed some responsibility for them. Vincent, Patterson and Wale (2001) found clear support in Britain for viewing government-supported social security, pensions, and health care as citizenship rights, but also concern for the ability of the government to provide these entitlements in the future. Our study participants felt entitlement was not a 'right' but rather something earned for being productive members of society or being a 'good' citizen. Concerned with the sustainability of the welfare state, they wished to preserve it for deserving citizens and those in legitimate need. The individual assumption of responsibility for risks in later life does suggest the way has been paved for third-age politicians to implement policies that shift the burden of responsibility towards the individual and the market.

Canada has both collective and individual pension provision. The public system includes a universal flat benefit for all seniors (Old Age Security), supplemented by a guaranteed minimum (income-tested) pension (Guaranteed Income Supplement), and a second tier of earnings-related pensions (the Canada and Quebec Pension Plans, C/QPP). Less than one-half of seniors supplement these benefits with employment-based pensions (Registered Pension Plans, RPPs), and the more fortunate have personal retirement accounts (Registered Retirement Savings Plans, RRSPs). There are currently in Canada not-so-subtle shifts towards

encouraging individuals to assume greater responsibility for later life. For example, there is growing emphasis on individual savings plans such as RRSPs. Recent policy initiatives have increased the annual RRSP contribution levels; and there are discussions about the possibility of raising the ages of eligibility for C/QPP benefits and at which workers can access private sources of retirement (RPPs; RRSPs). The elimination of incentives for early retirement has also been proposed. Further, there has been a gradual shift towards defined contribution pension plans and away from defined benefits plans. These reforms are consistent with those being suggested and implemented in many OECD countries as well as the United States and Sweden (Mann 2001). Beyond income security, recent cut-backs in government health care and public home care mean that many individuals are without the types or amount of care that they need (see Aronson 2002*a*, 2002*b*). Yet, as our data illustrate, individuals view certain government supports as earned and therefore important components of individual responsibility. They do not endorse reductions in income security or health care systems, particularly for those in later life.

Despite the mass marketing of later life (or retirement) as a time of leisure and consumption for all, in reality the ability of individuals to achieve this lifestyle is intimately connected to their position in the social structure. Retrenchment of the welfare state will exacerbate the divide between those who have and those who have not. The notion of later life as a time of post-work cannot be reality for many who are financially unable to leave paid employment, or who are required to return to it for material reasons.

The current social climate has been referred to as ‘politically mean-spirited’ (Minkler 1996: 483) as the transformation from collective to individual responsibility for later life capitalises on and perpetuates structural inequalities at great cost to those who can least afford them. The shift from collective welfare to individual responsibility for later life means that although the reign of market forces – denoted by the privatisation of services and programmes – is providing increased consumer choice, this is only for those with greater material resources (including greater insurance protection) (Arber and Ginn 1991; Denton, Kemp and Davies 2003). In the subjective accounts of individual responsibility for later life, including the divorce of family from responsibility, some participants recommended that individuals should purchase services to prevent reliance on family members. This construction of individual responsibility means that those with fewer material resources are least able to maintain their independence and to avoid the ‘burdensome’ identity.

In the absence of access to economic resources in later life, many of the policy changes affecting older adults rest on the assumption ‘that “the

family” will make up for this loss of services and protections, either through their own labour or by paying fees for services’ (Luxton 1997: 21). As our data demonstrate, however, because of the desire to be independent and the corresponding fears of being or being perceived as a burden, individuals neither wished nor expected their families to provide them with anything beyond emotional support in later life. In fact, most individuals vehemently rejected the idea that the family should be responsible for providing material or even instrumental assistance. As Finch and Mason (1993: 166–7) also concluded, there is ‘a strong resistance to the idea that anyone has a right to claim assistance from a relative ... claiming rights is definitely not seen as a legitimate part of family life’.

It should be of particular interest to policy makers that our qualitative data point to a critical disjuncture between how the state indirectly allocates the family as a ‘natural’ and ‘proper’ reserve of support for all that individuals could not provide for themselves, particularly in later life, and the expectation a number of individuals have of their own families (see also Aronson 1990; Aronson and Neysmith 1997). The cleavage between reality and expectation has the potential to increase the relative disadvantage of older adults with the lowest income, among whom women are disproportionately over-represented (McDonald 1996, 1997). Older women rely more heavily than older men on government transfers (Statistics Canada 1999), are more apt to be recipients and providers of informal support (Aronson 1998), and are more commonly in precarious and undesirable conditions where they must unwillingly become dependent on their families for support (or otherwise put up with unmet needs). The retrenchment of support also puts close relatives of frail older people (who are, apart from spouses, generally daughters) in a position where they must become care-givers because they perceive no alternative (Aronson 1992, 1998). Of course, relying on the family as a reserve of support assumes that all older adults have families, and that relatives are in fact willing and able to provide assistance. As shown by the family situations of the participants, this is not always the case.

In closing it should be reiterated that the pervasiveness of the notion of individual responsibility, and its strength as an ideological construct, means that its application to planning and making provision for later life is accepted across the socio-demographic spectrum. In our sample, those who did not or could not provide for themselves engaged in self-blame. Some individuals who had experienced constraints held themselves responsible and blamed their lack of resources on their failure to plan and be responsible. This situation translates into greater unmet needs for segments of the older population, particularly as the emphasis on individual responsibility is paired with a morally-laden fear of being viewed as

dependent or a burden. Moreover, because images of activity and self-sufficiency in later life abound (Katz 2000), there will be many whose realities, whether planned or not, cannot conform to this ideal. As individual responsibility intersects with social constructions of dependence as morally undesirable, there are potentially negative consequences for self-esteem and subjective social worth among those who are neither independent nor self-supporting in later life. The consequences of the shift from collective to individual responsibility are significant. They are shaping the very nature of old age in a given society and influence the conditions within which individuals materially and emotionally experience and live out their later lives.

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NOTES

- 1 Participants were recruited from various sources including the Centre for Gerontological Studies, McMaster University's convenience sample of older Canadians known as *Seniors Helping with Aging Research* (SHAR) who participate in research on ageing. This group comprises retired teachers, members of several seniors' centres, and other interested seniors. In other words, they have more resources than their average Canadian counterpart. Other participants were recruited from names provided by research team members or their contacts. Reflecting our interest in how preparations for later life are structured by people's social location, the sample was diversified by sex, age, marital status and income levels in order to be inclusive of a wide range of people. Further, we over-sampled females as older women are more heterogeneous than older men with regard to their work histories and marital statuses.
- 2 For a more detailed discussion on risk and planning see Denton, Kemp and Davies (2003).
- 3 Minkler and Cole (1999: 39) define moral economy as 'popular consensus concerning the legitimacy of certain practices based on shared views of social norms or obligations'.
- 4 For more detailed discussions on life planning and planning for later life, see Denton *et al.* 2002; Denton, Kemp and Davies 2003.

References

- Atchley, R. 1993. Critical perspectives on retirement. In Cole, T. R., Achenbaum, W. A., Jakobi, P. L. and Kastenbaum, R. (eds), *Voices and Visions of Aging*. Springer, New York, 3–19.
- Arber, S. and Ginn, J. 1991. *Gender and Later Life: A Sociological Analysis of Resources and Constraints*. Sage, London.
- Aronson, J. 1990. Women's perspectives on informal care of the elderly: public ideology and personal experience of giving and receiving care. *Ageing & Society*, **10**, 61–84.
- Aronson, J. 1992. Women's sense of responsibility for the care of old people: 'but who else is going to do it?' *Gender and Society*, **6**, 1, 8–29.
- Aronson, J. 1998. Dutiful daughters and undemanding mothers: constraining images of giving and receiving care in middle and later life. In Baines, C. T., Evans, P. M. and Neysmith, S. M. (eds), *Women's Caring: Feminist Perspectives on Social Welfare*. Oxford University Press, Toronto, 114–38.
- Aronson, J. 2002a. Elderly people's accounts of home care rationing: missing voices in long-term care policy debates. *Ageing & Society*, **22**, 366–418.
- Aronson, J. 2002b. Frail and disabled users of home care: confident consumers or disempowered citizens? *Canadian Journal on Aging*, **21**, 1, 11–26.
- Aronson, J. and Neysmith, S. 1997. The retreat of the state and long-term care provisions: implications for frail elderly people, unpaid family carers and paid home care workers. *Studies in Political Economy*, **53**, 37–66.
- Baines, C. T., Evans, P. M. and Neysmith, S. M. 1998. Women's caring: work expanding, state contracting. In Baines, C. T., Evans, P. M. and Neysmith, S. M. (eds), *Women's Caring: Feminist Perspectives on Social Welfare*. Oxford University Press, Toronto, 3–22.
- Barer, M. L., Evans, R. G. and Hertzman, C. 1995. Avalanche or glacier? Health care and demographic rhetoric. *Canadian Journal on Aging*, **14**, 2, 193–224.
- Beck, U. 1994. The reinvention of politics: towards a theory of reflexive modernization. In Beck, U., Giddens, A. and Lash, S. (eds), *Reflexive Modernization*. Polity, Cambridge, 1–55.
- Beck, U. 1999. *World Risk Society*. Polity, Cambridge.
- Brotman, S. 1998. The incidence of poverty among seniors in Canada: exploring the impact of gender, ethnicity and race. *Canadian Journal on Aging*, **17**, 2, 166–85.
- Denton, F. T., Feaver, C. R. and Spencer, B. G. 1998. The future population of Canada, its age distribution and dependency relations. *Canadian Journal on Aging*, **17**, 1, 83–109.
- Denton, F. T. and Spencer, B. G. 1997. Population aging and the maintenance of social support systems. *Canadian Journal on Aging*, **16**, 3, 485–518.
- Denton, M., French, S., Gafni, A., Joshi, A., Rosenthal, C. J., Davies, S. and Kemp, C. L. 2002. Reflexive planning for later life: a conceptual model and evidence from Canada. Unpublished manuscript.
- Denton, M., Kemp, C. L. and Davies, S. 2003. Reflexive planning for later life. Unpublished manuscript.
- Esping-Andersen, G. 1999. *Social Foundations of Post Industrial Economics*. Oxford University Press, New York.
- Finch, J. and Mason, J. 1993. *Negotiating Family Responsibilities*. Routledge, London.
- Finlayson, A. 1988. *Whose Money is it Anyway? The Showdown on Pensions*. Penguin, Markham, Ontario.
- Gee, E. M. 2000. Voodoo demography, population aging, and social policy. In Gee, E. M. and Gutman, G. M. (eds), *The Overselling of Population Aging: Apocalyptic Demography, Intergenerational Challenges, and Social Policy*. Oxford University Press, Don Mills, Ontario, 5–25.
- Gee, E. M. and Gutman, G. M. 2000. *The Overselling of Population Aging: Apocalyptic Demography, Intergenerational Challenges, and Social Policy*. Oxford University Press, Don Mills, Ontario.

- Giddens, A. 1998. *The Third Way: The Renewal of Social Democracy*. Polity, Malden, Massachusetts.
- Gilleard, C. and Higgs, P. 2000. *Cultures of Ageing: Self, Citizen and the Body*. Prentice Hall, New York.
- Gordon, C. 1994. Governmental rationality: an introduction. In Foucault, M., Burchell, G., Gordon, C. and Miller, P. (eds), *The Foucault Effect: Studies in Governmentality*. University of Chicago Press, Chicago, 1–51.
- Hudson, R. B. 1995. The evolution of the welfare state: shifting rights and responsibilities for the Old. *International Social Security Review*, **48**, 3–17.
- Katz, S. 2000. Busy bodies: activity, aging and the management of everyday life. *Journal of Aging Studies*, **4**, 135–52.
- Kohli, M., Rein, M., Guillemard, A. and Van Gunsteren, H. 1991. *Time for Retirement: Comparative Studies of Early Exit from the Labour Force*. Cambridge University Press, Cambridge.
- Li, P. S. 1996. *The Making of Post-war Canada*. Oxford University Press, Toronto.
- Luxton, M. 1997. Feminism and families: the challenge of neo-conservatism. In Luxton, M. (ed.), *Feminism and Families: Critical Policies and Changing Practices*. Fernwood, Halifax, Nova Scotia, 10–26.
- Mann, K. 2001. *Approaching Retirement: Social Divisions, Welfare and Exclusion*. Policy, Bristol, Avon.
- Marshall, V. W. 1996. The state of theory in aging and the social sciences. In Binstock, R. and George, L. (eds), *Handbook of Aging and the Social Sciences, fourth edition*. Academic, San Diego, California, 12–30.
- Marshall, V. W. 1999. Analyzing theories of aging. In Bengston, V. L. and Warner Schaie, K. (eds), *Handbook of Theories on Aging*. Springer, New York, 434–55.
- McDaniel, S. A. 1997. Serial employment and skinny government: reforming caring and sharing among generations. *Canadian Journal on Aging*, **16**, 3, 465–84.
- McDonald, P. L. 1996. The casualties of Canada's dualist pension policy. In Minichiello, V., Chappell, N., Kendig, H. and Walker, A. (eds), *Sociology of Aging: International Perspectives*. International Sociological Association Research Committee on Aging, Melbourne, Victoria, 304–27.
- McDonald, P. L. 1997. The invisible poor: Canada's retired widows. *Canadian Journal on Aging*, **16**, 3, 553–83.
- Minkler, M. 1996. Critical perspectives on ageing: new challenges for gerontology. *Ageing & Society*, **16**, 467–87.
- Minkler, M. and Cole, T. R. 1999. Political and moral economy: getting to know one another. In Minkler, M. and Estes, C. (eds), *Critical Gerontology: Perspectives from Political and Moral Economy*. Baywood, Amityville, New York, 37–49.
- Myles, J. 1989. *Old Age in the Welfare State: The Political Economy of Public Pensions*. University Press of Kansas, Kansas City.
- Peters, S. 1995. *Exploring Canadian Values: A Synthesis Report*. Renouf, Ottawa.
- Petersen, A. 1997. Risk, governance and the new public health. In Petersen, A. and Bunton, R. (eds), *Foucault, Health and Medicine*. Routledge, New York, 189–206.
- Phillipson, C. 1998. *Reconstructing Old Age*. Sage, London.
- Phillipson, C. 1999. The social construction of retirement: perspectives from critical theory and political economy. In Minkler, M. and Estes, C. (eds), *Critical Gerontology: Perspectives from Political and Moral Economy*. Baywood, Amityville, New York, 315–27.
- Rose, N. 1996. The death of the social? Re-figuring the territory of government. *Economy & Society*, **25**, 3, 327–56.
- Rosenthal, C. J. 2000. Aging families: have current changes and challenges been 'oversold'? In Gee, E. M. and Gutman, G. M. (eds), *The Overselling of Population*

- Aging: Apocalyptic Demography, Intergenerational Challenges, and Social Policy*. Oxford University Press, Don Mills, Ontario, 45–63.
- Salisbury, D. L. 1997. Retirement planning and personal responsibility: the changing shape of the three-legged stool. *Generations*, 21, 2, 23–26.
- Seventhuijsen, S. 1997. Feminist ethics and public health care policies. In DiQuinzno, P. and Young, I. M. (eds), *Feminist Ethics and Social Policy*. University of Indiana Press, Bloomington, Indiana, 49–75.
- Statistics Canada 1999. *A Portrait of Seniors in Canada*. Report 89-519-XPE. Ministry of Industry, Ottawa.
- Vincent, J. A., Patterson, G. and Wale, K. 2001. *Politics and Old Age: Older Citizens and Political Processes in Britain*. Ashgate, Basingstoke, Hampshire.

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