

12 Shaping old age

Innovation partnerships, senior centres and billiards tables as active ageing technologies

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Over the past decade, active ageing has been positioned as a solution to the challenges of global ageing (Moulaert & Paris, 2013). While the scientific, economic, and even moral arguments for being more active later in life have been many (e.g. EC, 1999; WHO, 1999; Walker, 2002; Collinet & Delalandre, this volume), there are difficulties facing the adoption of active ageing into everyday practices. Although older Europeans in general lead more active lives today than in previous generations, many pursue activities that do not correspond to active ageing policy ideals (Clarke & Warren, 2007; Venn & Arber, 2010; Lassen, 2014a; Lassen, 2014b). This chapter explores how active ageing policy becomes part of everyday practices, using the proposed concept of *active ageing technologies*. I use the concept of technology to mediate between policy and everyday practice, inspired by readings of Foucault and Science and Technology Studies (STS) literature. The technologies explored in this chapter are embedded with knowledge and meaning. By operationalising this embedded knowledge, the technologies inform practice in specific ways. Looking at these phenomena as technologies thus implies that they can bridge the practices in which they participate and carry intention from one practice to another. But as the cases will show, everyday practices not only absorb technologies developed elsewhere, they also transform them.

I develop the concept of active ageing technologies through three cases selected from ethnographic fieldwork I conducted in Denmark for my dissertation research (Lassen 2014a). The first case is a Danish public-private innovation partnership (PIIP) working to develop innovative technologies facilitating social and physical activity in the older population. I was a participant in the PIIP, and through ethnographic descriptions of the workshops, I describe how the PIIP itself can be seen as a technology that shapes old age. I analyse the PIIP as an active ageing technology that aims to promote activities and independent living for older people. The second form of technology is the senior centre, analysed here through two centres where I conducted ethnographic fieldwork. Supported by the local municipalities, these senior centres are manifestations of active ageing policies, facilitating participation, independence, and active later lives through the spatial and temporal organisation of activities in their communities. As such, the

centres are active ageing technologies, as they anchor a politically established ideal of old age while also providing a space where everyday practices can appropriate and adapt active ageing. The third technology is the billiards table. While a billiards table might not be obvious as an active ageing technology, it does facilitate activity. Billiards tables do not exactly fit into the active ageing discourse, but they enable players to alter active ageing to fit their pre-existing practices. It allows players to stay active for several hours a day thanks to its rhythmic pace and mild level of physical activity.

Active ageing has been subject to some academic scrutiny in recent years. Active ageing policies in the European Union (EU) and the World Health Organization (WHO), and their relationships to previous qualifications of the ageing process, have received some attention (Boudiny & Mortelmans, 2011; Moulaert & Paris, 2013; Lassen and Moreira, 2014). However, more research is needed on the concrete initiatives trying to implant active ageing in people's everyday practices. While the EU does this quantitatively through the active ageing index (European Centre Vienna, 2012), the integration of active ageing in practice is qualitatively and ethnographically understudied. By focusing on active ageing technologies, I wish to emphasise the ways active ageing policies take hold in everyday practices. In so doing, this chapter shifts the focus from themes developed in my previous publications – the epistemologies and models behind active ageing policies (Lassen & Moreira, 2014) and the expressions of active ageing in everyday practices (Lassen, 2014b; Lassen, 2015) – to how active ageing becomes part of everyday practices. In the terminology of this book, active ageing policies are the frame, but this frame is transformed when it becomes fixed in everyday practices. Everyday practices generate their own active ageing technologies – such as billiards tables – and change those offered by active ageing policies – such as PPIPs and senior centres. At the same time, technologies are not passive messengers that see an undisturbed and pure ideal of active ageing through from policy to practice; rather, active ageing is transformed when the technologies transport knowledge and meaning. The move from policy to practice consequently involves a tangle of mediations and transformations that create local versions of active ageing.

Active ageing in the EU and the WHO – a brief background

In the late 1990s the EU and the WHO established active ageing as the basis for their ageing policies. Through occasions such as the United Nations (UN) naming 1999 the 'International Year of Older Persons', its 2002 'Second World Assembly on Aging: Building a Society for All Ages' and the EU's declaration of 2012 as the 'European Year for Active Ageing and Solidarity between Generations', both organisations have promoted active ageing as the solution to the challenges of ageing populations.

Active ageing policies draw on findings and theories from a wide range of disciplines that together generate the idea that various forms of activity

possess rejuvenating qualities. The image of older people as passive, dependent and frail is becoming obsolete, considered a mistake inherent to the provisions of twentieth-century welfare states. As social gerontologist Alan Walker, one of the scholarly contributors to EU active ageing policies, has stated about the link between older people and the welfare state:

[I]t raised their living standards substantially in most Western European countries, but on the other hand, it contributed to their social construction as dependent in economic terms and encouraged popular ageist stereotypes of old age as a period of both poverty and frailty (Walker, 1980; Townsend, 1981, 1986; Binstock, 1991).

(Walker, 2009, p. 77)

In this regard, active ageing in the EU can be seen as a policy response to the social construction of old age, and a detachment from the fatalistic view of demography as destiny (Nordheim, 2000). In the EU, active ageing is being developed as a new mindset on ageing to make people realise the advantages of a longer working life. Changing cultural expectations of ageing and prolonging working lives go hand in hand. Mandatory retirement and early retirement patterns are products of twentieth-century industrial society and welfare states. Working conditions have changed and people are living longer. Currently people in most EU member states live 20 to 24 years after retirement (EU 2012, p. 14). The EU's vision of active ageing connects the potential of future sustainable economies to a higher quality of life for older people, who have until now been victims of pacifying and disempowering mandatory retirement. Walker states that this is a rare occasion for policy that is both morally correct and economically sound (Walker, 2002, p. 1). This policy is leading to pension reforms, healthcare reforms, labour market reforms, age management strategies and local initiatives to support more active later lives.

In the WHO, active ageing is based on the connection between activity and functional capacity (WHO, 1999). Until the 1990s opinions differed on the benefits of physical activity in old age, but when an increasing body of research built consensus on the benefits of physical activity, the WHO assembled a range of scholars to establish the 'Heidelberg Guidelines for Promoting Physical Activity among Older Persons' (WHO, 1996). This growing consensus moreover coincided with a drastic decline in global fertility and mortality rates over the latter half of the twentieth century. This made it even more necessary to foster population health over the entire life course, and lifestyle interventions had to be developed to ensure a high quality of life in the years continuously being added to lifespans. It was time to 'explode the myths of ageing' (WHO, 1999) and show how a healthy lifestyle could lead to a good and long later life, during which new interests could be pursued and participation in society could continue. Active ageing thus gained ground internationally as the best possible solution to challenges arising

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from ageing populations. In 2002, the WHO launched a policy framework on active ageing that explicitly aimed to influence ageing policies globally (WHO, 2002).

In 2007, the WHO used its active ageing policies as a springboard for its Age-Friendly Cities initiative (WHO, 2007). It was intended to disseminate some of active ageing's conceptions of older people as resources and the need for urban infrastructure and community-building to include health intervention, security and participation for lifelong quality of life. The idea was that activity and enablement could be facilitated through the proper community and urban assets. Focus groups were formed to develop a checklist of essential features for an age-friendly city. This checklist was and is used in a wide range of cities worldwide to join the network of age-friendly cities. With the move from lifestyle interventions to infrastructure, the WHO widened its focus to include other aspects of life quality, such as social participation, transportation, civic participation and employment (WHO, 2007). The WHO 2002 policy framework was recently reviewed and updated, with a new focus on lifelong resilience, 'defined as having access to the reserves needed to adapt to, endure, or grow from, the challenges encountered in life' (International Longevity Centre, Brazil, 2015, p. 40). Such thinking holds that the active person is resilient, and active ageing policies should support this resilience through, for example, cultural safety (p. 51), better sleep (p. 57), the physical environment (p. 61), the social environment (p. 63) and inter-sectorial action (p. 80). Active ageing is thus positioned as a collective goal to which civil society, the media, academia, the private sector, individuals and governments should all contribute. Furthermore, the focus on resilience means that the updated active ageing policy framework represents an even clearer departure from twentieth-century ageing policies that tended to focus on individual and societal adaptation to old age. The introduction of resilience negates the decline to which society and individuals would have to adapt.

The concept of technology

The three case studies developed in this chapter - PPIP, senior centres and billiards tables - are different in many respects. In a Foucauldian reading, the billiards table could be defined as *techne* - a form of 'practical rationality governed by a conscious goal' (Foucault, 1984, p. 255), whereas the other two are more abstract condensations of knowledge. These could be seen as institutions and regulatory decisions forming part of an apparatus (*dispositif*) that strategically responds to an urgent need (Foucault, 1977), i.e. the need to discipline the growing ranks of older people in order to create active older citizens. But in this chapter I use the concept of technology to refer to *techne*, institutions, and regulatory decisions that shape old age in a specific way. In so doing, I use a conception of technology inspired by the field of STS.

STS has explored how technologies are socially constructed (Bijker *et al.*, 1987) and the ways in which the social is co-produced by a variety of actors, which shed light on the material, technological, and scientific composition of the social (Latour, 1987). Technologies are not passive objects, but mediate and intervene in the practices in which they participate (e.g. Latour, 1991; Oudshoorn & Pinch, 2003). The active ageing technologies in this chapter are thus material and immaterial strategic devices that mediate between active ageing policies and everyday practices, shaping old age in a specific way.

Active ageing technologies combine old age and technologies differently than they are usually paired. Technology is often framed as a possible solution to the predicament of ageing populations, through new and innovative ways of providing care and accessibility. Aged people themselves are often considered to be passive recipients of these assistive technologies imposed on them. Several scholars have argued against this passive approach to technologies (e.g. Peine *et al.*, 2014). In this chapter, ageing people are regarded as co-producers of technologies, because they negotiate and transform them in their practices. Blaschke *et al.* describe how the EU considers information and communication technologies (ICTs) to be economically necessary to maintaining a satisfactory level of care for aging members of the population but as yet there is little certainty as to whether this is actually so, or which kinds of ICTs are best suited (2009). Technologies have been proposed to solve the ageing challenge by assisting ageing people who are frail (see Dorsten *et al.*, 2009) and prolonging people's ability to age in place (see Cook, 2006).

As described earlier, political and normative regimes of activity are another way of meeting the challenges that ageing populations present to welfare states. Activity and technology thus represent different proposed solutions to the same problem. Activities predominantly foster prevention; technologies predominantly provide assistance. Each solution shapes a different vision of 'good old age'. In general terms, older people either become passive recipients of care and technologies or active and empowered citizens. While this empowerment is indeed a way to facilitate a more positive and optimistic view of old age, it can also become a forced form of empowerment that leaves little room for those who do not wish to be empowered. In this regard, disempowerment and dependence become forms of disobedience and dissent.

I introduce the concept of active ageing technologies to argue that this distinction between pacifying assistive technologies and empowering regimes of activity is not congruent with how many older people appropriate technologies into their everyday practices. The technologies at hand activate ageing people, instead of catering to their increasing care needs. In this regard, technologies are strategic material and non-material condensations of knowledge that contain ideals of 'the good life' that are transformed through everyday practices. Consequently, the active ageing technologies

described in this chapter are not necessarily tangible objects with an enduring presence. The PPIP is only present temporarily during workshops, but its very specific conception of 'good old age' transcends these timeframes. Senior centres have a physical presence, but they are first and foremost hubs gathering and organising various kinds of activity. The billiards table is a tangible object, but one that is connected to a range of practices, traditions and inherited forms of knowledge. All three technologies are characterised by the fact that they are all embedded with the knowledge that a 'good old age' is an active old age.

The case of a Danish public-private innovation partnership

Lev Vel (Live Well) was a PPIP that aimed to develop technologies facilitating more active later lives.¹ With my colleagues Julie Bønnelycke and Lene Otto, I have previously described how the partnership developed active ageing technologies (Lassen *et al.*, 2015). I wish to focus here on how the partnership itself can be seen as an active ageing technology. It is a non-tangible technology that forms a specific 'old age' through the development of new objects. This foundation for an ideal old age is a strategic technology, due to how it distributes and translates condensed knowledge across sectors and practices.

Lev Vel was the initiative of a diverse partnership of universities, private companies, and public organisations with the support of The Capital Region and The Danish Council for Technology and Innovation for a 3-year period starting in 2010. Initially, *Lev Vel* was divided into three 18-month sub-projects. Some of these were extended, and new sub-projects were also initiated after the completion of the initial projects. As part of my doctoral work, I participated in the sub-project called *Mødestedet* (The Meeting Place), whose goal was to develop technologies that would promote physical, mental and social fitness among older people.

The private partners in *Mødestedet* were a medical device business incubator, a fitness centre, a robotics manufacturer and an insurance company. In addition, three municipalities, three private organisations, five universities/university colleges and a municipal senior centre participated. As an ethnologist, I was part of the project in order to provide background knowledge about older people and old age and to conduct ethnographic fieldwork intended to provide insight in the user-driven innovation process.

Lev Vel aimed for a type of 'good old age' that was a form of active ageing mediated by technology. We therefore had to look among prospective users for kinds of practices and problems that could somehow be solved with technology. We disseminated knowledge of the needs of active ageing at levels from the political to the vernacular, by, as the research proposal put it, 'developing innovative solutions, which enable independent older people to maintain their desired life space and functional capacity for as long as possible'.

We then tried to reverse the flow of knowledge, by developing the insights provided by the ethnographic study of everyday practices and using them in the innovation partnership to create prototypes. In so doing, the PPIP functioned as a mediating technology between the centrally established goals for innovation and the targets of the intervention, who were given a voice by the project's user-centred approach. What is important here is the distribution and transfer of knowledge between different practices: from research policy to innovation partnership to everyday practices and back. It is this knowledge transferral that consolidates the partnership as a strategic technology. It attempts to fix active ageing into everyday practices, but also aims to adapt active ageing by taking account of the everyday practices in which it intervenes.

As described above, active ageing transforms many of the meanings associated with old age and reshapes the ideal of what 'good old age' is. Independence is a key notion in this reconceptualisation. Its opposite, dependency, was closely tied to the meaning of old age throughout the twentieth century (e.g. Townsend, 1981), but the dependency of old age is now cast as being part of an out-dated conception of the life course. The ageing people of today are often described as increasingly independent, and are said to be able to maintain this independence into very old age through an active lifestyle (e.g. WHO, 1999). The objective of active ageing then becomes facilitating this lifestyle by promoting good health and societal reorganisation, accomplished through a range of strategies including pension reform, healthcare reform, and, in this case, PPIPs. The PPIP is an active ageing technology in how it attempts to instil the ideal of active ageing into older people, by assembling a variety of different organisations and people and facilitating a synergetic knowledge transfer between them that leads to new technology-mediated behaviours. PPIP's aim was to shape a specific, independent and active old age, and it tried to reach that goal in a variety of ways.

First, the PPIP was intended to develop innovations through mutually beneficial strategic cooperation between public and private partners. Improved efficiency, quality and coercion were key words in the framing of the project. This should align the diverse sectors to facilitate independent living. The partners would participate in the creation of 'living laboratories' in hospitals and municipalities with the aim of forming consensus on the applicability of specific innovations to everyday practices – both those of older people and those of staff handling the innovations. The goal was to synchronise the public sector and private companies with an ageing society, and to adjust their services to a new life course. Second, this reorganisation of specific institutions catering to an ageing society would be based on insights on aged people generated through ethnography and co-design. As such, the PPIP attempted to create a user-driven innovation process that would ideally improve services and benefit everyone involved, supporting older people in various ways of living independently. Third, the specific prototypes

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developed in *Mødestedet* would all facilitate particular activity types that would support older people in an active lifestyle, thereby ideally improving their functional capacities and independent living. The prototypes emerging from *Mødestedet* were an online exercise-oriented senior community, interactive modular tiles used for rehabilitation after a fall, an interactive yoga mat and interactive Nordic walking sticks. The PPIP thus supported independent living by bringing institutions into alignment on this view of old age, based on user-driven insights and the development of prototypes that ageing people could use to extend their independence later into old age.

Two Danish senior centres

As part of my doctoral research, I conducted participant-observation at two senior centres in the Copenhagen area. Both centres were associated with the PPIP through programme participants. One, *Wiedergården*, was a partner in the PPIP, and the other, *The Cordial Club* was in a PPIP partner municipality. Senior centres in Denmark are local centres where retirees from the municipality can attend various activities during the week. They are often located in nursing home facilities and are used by residents and non-residents alike, although this was not the case for the two senior centres I studied, which, instead of being connected to nursing homes, are independent organisations that are largely organised and run by the users themselves. Regardless, the diversity of senior centre types all represent variations of an active ageing technology that is increasingly widespread in Denmark: local centres for organising activities. They offer a wide range of pursuits and provide a place for older people to participate in the community, arrange their own activities, and spend time during the day chitchatting, participating in activities, and simply hanging out.

Wiedergården is located in an affluent part of the capital area. Most users are well off and have a high level of education. In early 2011, there were 1100 weekly users. The centre was 20 years old and was created after the municipality called a public meeting to ask older citizens to express their wishes. The municipality agreed to create the centre on condition that the citizens organise it themselves and establish user councils. The only paid staff at the centre is the day manager and cafeteria employees (only the manager was employed by the municipality, as the cafeteria was a private company). The municipality funds the centre, but the town council was discussing a monthly user-fee of approximately 100 dkr. (about 15 euros) at the time of fieldwork. The offered activities ranged from classic diversions for older people such as billiards, decoupage, bridge and weaving to physical activities often associated with younger people such as ping-pong, Zumba, a fitness centre and Pilates. I followed a Pilates class, the fitness centre, a computing class and the metalworking shop. I usually participated in the activity and then hung around to talk afterwards, which meant that I also talked to users attending other activities.

The Cordial Club has a different socio-economic profile than Wiedergården. The Cordial Club has 110 members who are primarily from working-class backgrounds. The members pay an annual fee of 115 kroner (app. 17 euros), which covers club expenses: memberships in various senior advocacy organisations, basic equipment, and backup when excursions and parties run over budget. They have free use of the facilities from 10:00 to 16:00, 4 days a week, so long as the club is run as an association with a member list, board, chairman and treasurer. The club started as a billiards club for the workers at a local telephone factory. When many of the members retired, they organised as an association for retirees, and expanded club offerings in order to include their wives. The members run the club themselves, and organise activities such as a billiards tournament, a darts tournament, weekly dice and card games, bingo, parties and excursions. A group of around 20 people run the club and go there all 4 days a week. Most of them play billiards, but others play cards and dice, make lunch to sell to members, or just hang around and talk. I mainly participated in billiards, but also in dice, cards, bingo and darts, and I often hung around and chit-chatted, drank coffee or had lunch.

While the two centres differ in many ways, they are both active ageing technologies because they facilitate active ageing among the users and shape a specific old age enabled by the regulation of local authorities. The senior centres structure the everyday lives of its users around activities and facilitate an active old age, while also allowing for the older people's own interpretations of what constitutes a good activity (billiards, darts, etc.). Municipalities' decision to fund senior centres determine the general conditions for a specific kind of old age, but it is largely up to older users to decide how to use the centres and the kinds of activities they will organise. This kind of active ageing technology thus does not stress the kind of activity older people should engage in, but seeks to empower them to choose their activities for themselves. This leads to a negotiation and transformation of active ageing by the aged users of the centres, who adapt active ageing to their existing practices, and thereby appropriate active ageing.

One example of such a negotiation and adjustment is how a group of older men at Wiedergården created a metalworking shop, which I followed for 2 months. They collected a multitude of machines and tools from former workplaces and contacts into an outbuilding, where they meet twice a week to repair and build various accessories for their gardens, boats or houses. They share the space with a group of woodworkers, who use the facilities the other two days of the week. While few of the users had actually worked as woodworkers or metalworkers, many had been labourers in related occupations, and they identify as metalworkers or woodworkers and differentiate sharply between the two. They spend much of their time in the workshop drinking beer or coffee and talking, often about their working lives, hobby projects, politics and women. The metalworking group also talks a lot about how they differ from the woodworkers, who are not seen as real labourers, as

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well as how they differ from the health- and fitness-oriented users of Wiedergården. One day, the woodworkers' organiser, Hans, came into the workshop to arrange the pick-up of a bag of cement with Bent, a metalworker:

BENT: I want a case of beer for it, and you're picking it up yourself. And why are you woodworkers not cleaning up after yourselves? It's two cases of beer now.

HANS: Ok, ok. By the way, why are none of you sorry old guys joining the line dance group?

BENT: Why on earth would we do that?

OVE [ANOTHER METALWORKER]: I thought you claimed to be a labourer.

HANS: You guys don't know what you're missing. Your wife is there, Bent [drawing her figure sensually in the air], she's really swinging it. You are missing out on 43 lovely old birds, swinging ...

BENT: Are you calling my wife an old bird? Why are you standing there jerking off? You should watch out for your heart, old man. Next time we might not find you in time [referring to a time when Hans had a heart attack and was found on the pavement between the main building and the outbuilding]. And why the hell would you lie down on the pavement? Please lie down inside, in the heat, next time. I won't stand there freezing, next time. I'll let you lie there.

HANS: Aahhh, they sewed me up real good and gave me a new vein from my leg. I'm good as new. You guys should keep better watch over your wives. Us woodworkers are known to be ladies' men, and while you stand here with your ten thumbs and useless metal, we might just steal them.

There are many such conversations in the workshop. After Hans left, they spent the next hour slandering the woodworkers, in the same tough but joking tone as in the conversation above. Despite the joking, there is a subtle conflict over the proper use of the room and metalworkers form themselves as a group with the woodworkers as their opposite. Furthermore, Ove's remark implying Hans is not a real labourer reveals another demarcation in the group. The metalworkers find all the focus on health and physical activity to be excessive and feminine. They often say that disease is part of growing old, and find that the demand for active ageing is a hopeless and irrational battle. At the same time, they all state that it is important for them to keep going and engage in activities, and they see the workshop as a way to maintain their skills, continue their interests, engage in their community and fill their day with a meaningful pastime. In this regard, they negotiate and adapt active ageing, by embracing the parts of it that highlight community engagement, participation and contribution, and by denouncing its health-oriented aspects. In a previous article I have described how a group of billiards players negotiate and recompose active ageing in a similar manner (Lassen, 2014b). The senior centres are active ageing technologies that

older users can customise while embracing different aspects of active ageing. Active ageing is often negotiated and adapted in local versions, and the user-managed senior centres seem to be a technology that allows for this type of adjustment.

The billiards table

In previous work I have analysed how a billiards group at The Cordial Club engages in a culturally specific form of practice that reconstitutes active ageing (Lassen, 2014b). Billiards is a popular and widespread activity at many Danish senior centres, and can be seen as an alternative active ageing activity. At The Cordial Club, billiards facilitates togetherness and mild physical activity for a group of men who would be neither able nor willing to engage in other types of activity. Some of them play for 6 hours a day, 4 days a week, and are only able to do so due to the rhythm of billiards, where breaks and conversation are intrinsic to the game. This active ageing activity plays out according to the previously outlined premises of The Cordial Club. As described earlier, the senior centres are active ageing technologies in that they allow users to adjust active ageing to their practices; in the process users negotiate and stretch the meaning of active ageing. The billiards table will be the next to be described as an active ageing technology, although darts and dice also seem to possess many of the same qualities.

Most of the billiards players at The Cordial Club have played billiards their whole lives and take great pride in it. Family histories, a working-class affiliation and male togetherness are embedded in the table. In this regard, the billiards table is not just a table. Many of the players tell their life story through the table, by focusing on different periods of their lives and how play frequency, locations and company have changed over the life course. The billiards table is thus an active ageing technology that allows players to connect the current phase of their lives to their life courses. Players adopt different strategies in order to keep playing into very old age, such as taking more breaks and changing their play strategy. One example is more frequent use of a bridge,² a support for the cue allowing players to take otherwise nearly impossible shots if their arms are not long enough or they cannot make the necessary stretch. Players often tease others using a bridge, but at the same time it is a widely accepted tool allowing players to make difficult shots despite the stiff limbs that often come with old age.

As an active ageing technology, the billiards table permits players to adapt active ageing to their pre-existing practices. Many players stress that they play because of their personal histories and fondness for the game. They emphasise the beauty of the game, their group and how they look out for each other. Like the metalworkers, many of the billiards players denounce what they call the 'health regime', to which they feel subjected. However, at the same time they inscribe billiards into active ageing by stating that the game keeps them going, the community is good for them, the social aspects of the

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game are themselves healthy, it is not good to just sit at home, and all these attributes postpone old age, dependency and death. Many say that they would be in their graves already if it were not for the game and the group. But it is a form of active ageing that apparently pays no heed to health advice, physical activity or possible contributions to society: they say they just like to play billiards and enjoy the company. But they play on the premises of a senior centre, and they seem to incorporate many of the ideas behind active ageing despite explicitly disavowing it. The billiards table is an active ageing technology in how it allows players to engage in an activity of their own choosing that they enjoy, but that is subsequently inscribed into active ageing in various ways. The billiards table is ambiguously both associating the players with, and dissociating them from, active ageing.

While billiards is perhaps not an ideal active ageing activity it still involves some movement, which is often described by the players as an asset of the game. They sometimes experience exhaustion and soreness after 6 hours of playing, and one of the women, Lissie, declares that 'as long as I can stand I won't sit there and play cards'. This is why billiards is perceived as a physical activity and accepted as such by many of the players, although this is not why they play. Nonetheless, billiards is not immune to the discourse of active ageing and is constantly associated with it and in negotiation with it. The table facilitates active lives, and is a condensation of knowledge about how to live actively as an old person. The condensed knowledge here is manifest in the players' knowledge, playing skills, functional capacities, life histories, and even craftsmanship that went into creating the game and the table (which one of the players actually helped build in his youth). This knowledge is in negotiation with the ideal of active ageing, however, when they describe billiards as something that helps them keep going and is a form of physical activity adapted to aged players' capacities.

While active ageing is a powerful idealisation of old age, it is mixed with a range of other discourses about and conceptions of old age, such as the right to freely enjoy retirement after a long working life or that old age is a period of natural decline and disengagement. Everyday life is not the object of a single external ideology that intrudes and intervenes. Rather, it is constantly entangled with and penetrated by numerous, diverse, and often contradictory discourses and ideals. Everyday practices are neither pure associations with nor dissociations from active ageing, but are in constant, messy negotiation with contradictory ideals of old age. The billiards players declare that active ageing is not for them, but with the next breath connect billiards to active ageing. They describe how billiards was better accepted as a good activity in the good old days, but then go on to praise the municipality that provides them with facilities. Hoards of older people are playing billiards at a time when people their age are expected to use Stairmasters instead of Zimmer frames (walkers), and are expected to engage in their communities and society instead of being passively served by the public sector. Defence of the billiards table negotiates and twists active ageing, but is not enough to escape it.

It nevertheless does generate new versions of active ageing and 'good old age' that might prove to be more robust and widely accepted by ageing people than narrower, ready-made strategic technologies for active ageing.

Concluding remarks

As the case studies have shown, everyday practices are not simply absorbing technologies developed elsewhere. Everyday practices generate their own active ageing technologies – such as billiards tables – and change the ones that are offered to them, such as PPIPs and senior centres. Treating such phenomena as technologies implies that they can act as bridges between various practices involving these phenomena and carry intention and meaning from one practice to another. It also implies, by extension, that policies do affect everyday practices through technologies, but that everyday practices also affect policies through technologies in return. Technologies are not just passive messengers that carry an ideal of active ageing through from policy to practice; rather, the technologies mediate between the practices and shape them in relation to each other. There is a form of mutual synchronisation work taking place, wherein the political and everyday practice continuously negotiate what 'good old age' is through technology. As such, the technologies participate in forming the world – both as carriers of specific ideals of 'good old age' and as entities that can contain ambiguous and contrasting ideologies – that then tinkers and fiddles with active ageing so that it can be integrated into everyday life. The senior centres and the billiards table are examples of such technologies that allow older people to negotiate and appropriate active ageing when everyday life is penetrated by so many expectations of just how one should go about ageing actively.

While the WHO and the EU continuously engage in shaping old age through policies for active ageing, more qualitative and ethnographic research is needed on how these policies are transformed locally. While active ageing has to some extent been scrutinised discursively (e.g. Katz, 2001; Moulaert & Biggs, 2013), the ways local municipalities employ active ageing and the ways older people practice active ageing have been understudied. In Denmark, the active ageing framework has led to initiatives such as rehabilitation programmes (attempting to regain functional capacity to forestall homecare) and co-creation projects (bridging the divide between municipalities and civil society by engaging NGOs and volunteers in the development and implementation of local policies), which are currently being studied by ethnographers researching the intersections between local forms of governance and older persons. While this will shed light on the local versions of active ageing in Denmark, there is need for more worldwide scrutiny of the different ways in which active ageing is locally situated and shapes old age to provide greater understanding of the complex ways that old age is being transformed, defined, and experienced in the first decades of the twenty-first century.

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- 1 Website: <http://lvvl.dk/forside/0/2> (in Danish), accessed 31 January 2017.
- 2 In Danish, a bridge is informally called a 'bedstemorkø', which translates literally to 'grandma-cue'.

References

- Bijker Wiebe, Hughes Thomas & Pinch Trevor (eds.) (1987), *The social construction of technological systems: New directions in the sociology and history of technology*. Cambridge MA/London, UK, MIT Press.
- Blaschke Christina, Freddolino Paul & Erin Mullen (2009), 'Ageing and technology: A review of the research literature', *British Journal of Social Work*, Vol. 39, pp. 641–656.
- Boudiny Kim & Dimitri Mortelmans (2011), 'A critical perspective: Towards a broader perspective of "active ageing"', *Electronic Journal of Applied Psychology*, Vol. 7, no. 1, pp. 8–14.
- Clarke Amanda & Lorna Warren (2007), 'Hopes, fears and expectations about the future: What do older people's stories tell us about active ageing?', *Ageing & Society*, Vol. 27, pp. 465–488.
- Cook Diane (2006), 'Health monitoring and assistance to support aging in place', *Journal of Universal Computer Science*, Vol. 12, no. 1, pp. 15–29.
- Dorsten Aimee-Marie, Sifford Susan, Bharucha Ashok, Mecca Laurel Person & Howard Wactlar (2009), 'Ethical perspectives on emerging assistive technologies: Insights from focus groups with stakeholders in long-term care facilities', *Journal of Empirical Research on Human Research Ethics*, Vol. 4, pp. 25–36.
- European Centre Vienna (2012), *Active ageing index 2012 for 27 EU Member States*. Vienna, European Centre for Social Welfare Policy and Research.
- European Commission (1999), *Towards a Europe for all ages. Promoting prosperity and intergenerational solidarity*. Brussels, European Commission.
- European Union (2012), *Pension adequacy in the European Union 2010–2050*. Brussels, European Commission.
- Foucault Michel (1977), 'The confession of the flesh'. In Gordon Colin (ed.), *Power/knowledge: Selected interviews and other writings, 1972–1977 by Michel Foucault*. New York, Pantheon Books, pp. 194–228 [1977].
- Foucault Michel (1984), 'Space, knowledge and power'. In Rabinow Paul, *The Foucault Reader*. New York, Pantheon Books, pp. 239–256.
- International Longevity Centre Brazil (2015), *Active ageing: A policy framework in response to the longevity revolution*. Rio de Janeiro, International Longevity Centre Brazil.
- Katz Stephen (2001), 'Busy bodies: Activity, aging, and the management of everyday life', *Journal of Aging Studies*, Vol. 14, no. 2, pp. 135–152.
- Lassen Aske Juul (2014a), *Active ageing and the unmaking of old age – The Knowledge productions, everyday practices and policies of the good late life*, PhD diss., University of Copenhagen.
- Lassen Aske Juul (2014b), 'Billiards, rhythms, collectives – billiards at a Danish activity centre as a culturally specific form of active ageing', *Ethnologia Europaea*, Vol. 44, no. 1, pp. 57–74.
- Lassen Aske Juul (2015), 'Keeping disease at arm's length: How older Danish people distance disease through active ageing', *Ageing & Society*, Vol. 35, no. 7, pp. 1364–1383.

- Lassen Aske Juul, Bønnelycke Julie & Lene Otto (2015), 'Innovating for "active ageing" in a public-private innovation partnership: Creating doable problems and alignment', *Technological Forecasting & Social Change*, Vol. 93, pp. 10–18.
- Lassen Aske Juul & Tiago Moreira (2014), 'Unmaking old age – political and cognitive formats of active ageing', *Journal of Aging Studies*, Vol. 30, no. 1, pp. 33–46.
- Latour Bruno (1987), *Science in action: How to follow scientists and engineers through society*. Cambridge MA, Harvard University Press.
- Latour Bruno (1991), 'Technology is society made durable'. In John Law (edLo.), *A sociology of monsters: Essays on power, technology and domination*. London and New York, Routledge, pp. 103–131.
- Moulaert Thibault & Simon Biggs (2013), 'International and European policy on work and retirement: Reinventing critical perspectives on active ageing and mature subjectivity', *Human Relations*, Vol. 66, no. 1, pp. 23–43.
- Moulaert Thibault & Mario Paris (2013), 'Social policy on ageing: The case of "active ageing" as a theatrical metaphor', *International Journal of Social Science Studies*, Vol. 1, no. 2, pp. 113–123.
- Nordheim Fritz von (2000), 'Active ageing: Facing the challenges of demographic change', *Eurohealth*, Vol. 6, no. 3, pp. 1–2.
- Oudshoorn Nelly & Trevor Pinch (eds.) (2005), *How users matter: The co-construction of users and technology*. Cambridge MA, London, MIT Press.
- Peine Alexander, Rollwagen Ingo & Louis Neven (2014), 'The rise of the "innovator" – rethinking older technology users', *Technological Forecasting & Social Change*, Vol. 82, pp. 199–214.
- Townsend Peter (1981), 'The structured dependency of the elderly: A creation of social policy in the twentieth century', *Ageing & Society*, Vol. 1, no. 1, pp. 5–28.
- Venn Susan & Arber Sara (2010), 'Day-time sleep and active ageing in later life', *Ageing & Society*, Vol. 31, no. 2, pp. 197–216.
- Walker Alan (2002), 'A strategy for active ageing', *International Social Security Review*, Vol. 55, no. 1, pp. 121–139.
- Walker Alan (2009), 'Commentary: The emergence and application of active aging in Europe', *Journal of Aging & Social Policy*, Vol. 21, no. 1, pp. 75–93.
- World Health Organization (1996), *The Heidelberg Guidelines for promoting physical activity among older persons*. Geneva, World Health Organization.
- World Health Organization (1999), *Ageing Exploding the Myths*. Geneva, World Health Organization.
- World Health Organization (2002), *Active ageing: A policy framework*. Geneva, World Health Organization.
- World Health Organization (2007), *Global age-friendly cities: A guide*. Geneva, World Health Organization.

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