

Policy Concepts and Their Shadows: Active Ageing, Cold Care, Lazy Care, and Coffee-Talk Care

Marie Ertner

IT-University of Copenhagen, Denmark, saramarie@itu.dk

Brit Ross Winthereik

IT-University of Copenhagen, Denmark, brwi@itu.dk

Abstract

In this article, we explore the form of care known as ‘active ageing’ by attending to its expression in care policies and within a Danish care home. We argue that active ageing policies gain their efficacy through reference to ‘the good life,’ which is something the policies frame as ensuing if the elderly take on an active lifestyle. In the care home, the concept of active ageing gains its efficacy through its relation to other concepts of care, such as ‘lazy care.’ The importance of the article lies in its demonstrating the dependence of policy concepts on other concepts (established or emerging), which lie in its shadow yet do important political work. Attending to shadow concepts is useful if trying to understand the inner mechanics of popular concepts in care policy, as well as the norms and resistance to which they give rise.

Keywords: care policy, practice, active ageing, shadow concepts, politics of ageing

The sound of ceramics and metal clinking in the dining room signals that lunch is near. As always, Ellen, the resident from room 20 B, is there well before lunch, setting the table with plates and cutlery for everyone. Since she moved into the care home, setting the table for the daily communal lunch has been part of her everyday routine, because, as she says, she likes to be active and help. The care personnel are pleased with her initiative, and make sure to acknowledge her work by thanking her for setting the table in front of everyone else. The other residents in the lunchroom watch Ellen’s active buzzing around and when asked to take part in the celebration of her selfinvented routine, Finn exclaims in obvious frustration and despair ..., “I can’t even take care of

myself sometimes; I’m not like super-Ellen!” (Excerpt from fieldnotes, Ertner, 2012)

Introduction

‘Active ageing’ is a core concept in policies in Denmark and many other countries in the western part of the world as both an ideal and a goal in establishing good elderly care. It is also a key concept for international policy bodies such as the EU and the WHO. In Denmark, active ageing remains a central value in care programs targeting ageing and/or vulnerable citizens. Activation, development of personal potential, and individual responsibility are central to the concept and clearly



This work is licensed under
a Creative Commons Attribution 4.0
International License

articulated in the Danish Social Service Law,ⁱ which is the legal basis for all Danish elderly care policies. But how has the concept of active ageing been implemented? And can it in fact be expected to become omnipresent in public care organisations and infrastructures? Within academia, the concept has been heavily critiqued by scholars who have raised concerns about the implications of the blanket application of active ageing policies at the expense of more differentiated ideals and understandings of ageing and activity (Katz, 2000; Lassen, 2014; Venn and Arber, 2011). In this article we build on this research to explore further what the policy of active ageing considers ‘good’ care, to leverage a more general discussion of how policy concepts gain their efficacy.

To do so, we dive into research within STS, where relations between policy and care practices are key objects of study, and care is understood as a situated practice that is social, political, and material, negotiated in a complex interplay with policy and institutional routines. This framework has also pushed for other forms of engagement with care work, and critique thereof, than the approach presented by much ageing research. Rather than treating policy as singular and detached from care work, and as a potential wrong-doer in the face of ‘local practices’, STS researchers seek to develop approaches that keep both policy and practice present in the analysis. This involves considering policy and care work as interconnected. In the following we take this interconnection as our point of departure to gain a better understanding of the activities and agencies to which the concept gives rise.

Theoretically, we combine work from within STS on policy and care practices with anthropological research on concepts as both abstractions and practices. This framework allows us to attend to policy as more than a political ideal aiming to discipline and prescribe, but, rather, as a lively entity that gains its efficacy through relations with social and material entities in ‘concept complexes’. Critique, in this view, becomes less about deconstructing a singular policy idea to posit a criticism of its application, and more about exploring concepts ‘at work’. This way we hope to inform an understanding of policy development that reflects policy concepts as lively and work against the

‘hardening’ of dominating and taken-for-granted concepts.

Contemporary discussions within STS and anthropology have emphasised the potential of ethnography to intervene in the worlds studied (Ballesterio and Winthereik, 2021; Zuiderent-Jerak and Jensen, 2007). Jespersen et al. (2012) argue that it may do so by inciting a ‘loosening’ or ‘releasing’ of everyday categories through attending to the micro-processes of everyday life where categories are contested. According to Winthereik and Verran (2012), such loosening of categories is exactly the aim of what they term ‘good faith’ analyses. Constructing ethnographies in good faith is a matter of embodying an irresolvable tension between different versions of reality, which is needed when things present a multiplicity (Mol, 2002; Mol and Law, 2004) rather than adding up to a consistent whole (Law and Mol, 2002). The analysis presented here consists of empirical vignettes that engage with the micro-processes of everyday life in a Danish care home for the very elderly, where conceptions of ageing, activity and care are enacted, contested and negotiated. The vignettes are constructed to convey the multiplicity of care options in the context of active ageing policies, to loosen up (rather than doing away with) the concept of active ageing and unsettle its certainty when pronouncing certain people and practices ‘good’ or ‘bad’. During ethnographic fieldwork in the care home, we became aware not only of the different ways in which ‘active ageing’ was being enacted, but also, more specifically, how it formed relations with other concepts of care, something which seemed important when trying to understand ‘the politics of policy practices’ (Gill et al., 2017) within the realm under observation. This article explores the implementation of a specific care policy, namely active ageing, through attention to its relations with other concepts of care in everyday practices within a care home – the shadow concepts of care.

We begin by situating the concept of active ageing, then present our theoretical and methodological framework, methods and ethical considerations. Through empirical vignettes, we illustrate interchanges between different concepts of care, and their implications for social and affective relations within the care home. We then discuss

our proposition that ‘policy contains its Others within’, and the implications of this insight for policy implementation.

Situating active ageing

As a country with universal welfare for its citizens, Denmark has one of the world’s largest public sectors in relation to its population, with the state providing free access to healthcare via taxation (Andersen, 2008; Evans et al., 2018). Healthcare is the largest single area of national expenditure (Walker, 2008) and, with the number of retirees growing, birth rates falling, and years of economic regression taking their toll on national budgets, healthcare has been under pressure. Active ageing has been a prominent concept in Danish policy on ageing and elderly care for more than two decades, and has also become the key strategy in international and global policy in the field (Walker, 2008). Yet, despite its being a central concept for several international policy bodies, including the WHO and the EU, there is no single definition of the concept (Lassen and Moreira, 2014; 2020).

It is worth noting that active ageing policies have been heavily critiqued within ageing researchⁱⁱ, with one point of contention being the associated tendency of problematising older adults as unproductive consumers of welfare resources (Foster and Walker, 2015; Lassen and Jespersen, 2015). For example, Evans et al. describe how general healthcare policies emphasise the imperative that older people remain ‘free’ of public services, drawing, in a neo-liberal fashion, on an entrepreneurial-economic rhetoric which encourages them to make self-directed, ‘responsible’ choices that ensure they avoid the consumption of scarce public resources (Evans et al., 2018: 5). Some have pointed to the tendency of such policies to responsibilise older people in terms of their own health, promoting successful, positive, healthy, active paradigms (Evans et al., 2018; Katz and Calasanti, 2015), and introducing a productivist focus to care (Walker, 2008). Yet scholars of ageing have also argued that such policies overlook intersecting issues such as social inequality, health disparities, and age relations (Katz and Calasanti, 2015), and generate social exclusion and stigma (Lassen and

Moreira, 2014). Others have shown how the active ageing discourse works to produce inappropriate recommendations for physical activity, which do not always meet the needs of the ageing population, and has a subsequent effect of assigning ‘folk devil status’ to the elderly population as a burden on society (Pike, 2011: 222). In a similar vein, active ageing policies have been shown to neglect the actual bodies of older people (Holstein and Minkler, 2007: 16) and interfere with ‘healthy’ bodily needs such as napping (Venn and Arber, 2011), creating ‘busy bodies’ and people struggling to ‘reclaim their bodies, subjectivities and everyday lives from their management by activity’ (Katz, 2000: 148). At the heart of these critiques is an understanding of active ageing as a policy concept with certain negative effects in practice.

The Copenhagen care reform, *Active and safe all life through*,ⁱⁱⁱ was the dominant local policy reform framing elderly care during the time of our studies in the care home and has provided the foundation for elderly care policy in the municipality since then. The tendencies pointed out by scholars of ageing, such as the construction of ageing around the dichotomy of active and passive elderly, can be identified in the reform. Moreover, a neo-liberal logic can be seen as a pervasive in the way ageing is rendered a biomedical object for improvement and intervention through, for example, a focus on the physical rehabilitation and enhancement of the individual’s functional capacity, autonomy, and self-care. However well-intended, the program provides few opportunities to reflect what Vicky Singleton (2005) has identified as ‘promises’ and ‘vulnerabilities’. Singleton (2005) uses these notions to characterise policy that entails contradictions and tensions and transgresses traditional boundaries. She argues that vulnerable policies are promising in the sense that they are open to difference and ambiguity, and thus avoid the hardening of everyday categories (Singleton, 2005: 771). This gives rise to the question of how to think about vulnerability in context of the Copenhagen care reform.

The reform extends the notion of ‘being active’ from the locus of functionality and mastering everyday duties such as cleaning and shopping, to include attention to loneliness and inclusion in social activities and communitiesⁱⁱⁱ. In this light,

care is both a matter of tending to basic physical requirements for living and of quality of life. Care is thereby not merely an effect of elderly people taking it upon themselves to be active but is distributed across different actors, such as the municipality, care personnel, families, and friends, and as related to different situations such as leisurely activities and daily meals.

According to the critique by researchers on ageing, policies that equate good care with activating care encourage the opposite of good care by promoting ageist, stigmatising, and excluding narratives (e.g. Lassen and Moreira, 2014; Katz, 2000; Venn and Arber, 2011). The policy paradigm, according to critics, has little relation to care. We are sympathetic with the points of critique and the problematisation of active ageing policies, but also see promising contradictions and ambiguities in the specific local reform program, which appears to be less singular than it is framed in critical ageing research. Seeing ageing policy as multifarious, and regarding the concept of active ageing as a way of unpacking the policy's promises and vulnerabilities, became an important point of departure for our analysis of the active ageing policy in practice.

Fieldwork

During 2012, the first author carried out ethnographic fieldwork in a care home on the outskirts of Copenhagen, the capital of Denmark, over a period spanning June to September in 2012. During these months between two and five visits were paid to the care home per week, from around 9am to 3pm, covering lunch, physiotherapy, coffee breaks and so on.

The first author had a personal relationship with people in the home through her own family. The personal ties between the ethnographer and one of the residents in particular infiltrates the ethnography in the sense that observations are partly an outsider's views of the inside, and partly an insider's view. Rather than seeing this situation as a bias to be reduced, we see this double connection to the care home as a condition of what McGranahan describes as 'the ethnographic': a culturally grounded way of being in and seeing the world (McGranahan, 2018: 2),

and an embodied, intellectual, and moral positionality (Ortner, 2006: 42) which interweaves research and personal life. More than that, as the fieldwork commenced while the first author was visiting the care home as a relative, it is also an instance of what Muncey (2010: 2) describes as auto-ethnography: a narrative that "emerges out of the iterative process of doing research, while engaging in the process of living a life". More specifically, in our case this narrative emerged from the experiences of frequent visits to the care home described by the first author to her supervisor, the second author, when conducting doctoral research on IT-design in a community of elderly people elsewhere in Copenhagen (Ertner, 2015).

Emerging from our conversations was an interest in the notion, very popular at the time, of active ageing: how it was enacted and with what implications for the care of people in the last years of their lives. Clearly, the concept was applicable to the elderly people in the case featuring in my doctoral research on an innovation and design project seeking to develop digital meeting places for so-called socially and physically active older people. But how did it fare in a care home for dying elderly people?

To attend to active ageing as something that is part of care practices as both actor and as shaping the situation, we turned to Annemarie Mol's (2002) notion of praxiography, introduced in her book *The Body Multiple*: a detailed and complex, practice-oriented ethnography of atherosclerosis focusing on the co-performance of things and knowledge of them:

Because as long as the practicalities of *doing* disease are part of the story, it is a story about practices. A praxiography. The "disease" that ethnographers talk about is never alone. It does not stand by itself. It depends on everything and everyone that is active while it is being practiced. This disease is *being done*. (Mol, 2002: 31)

Comparably, our praxiographic approach studies the practicalities of doing, or enacting active ageing within a care home. As such, we do not attend to active ageing as a 'single thing', isolated and detached from other things and events. We are interested in active ageing as something that may

take various forms when it is done in various ways in practices that summon a range of different objects, persons, places, concepts, and actions. As such, we do not seek to develop a coherent argument about the essence of active ageing, but to inquire into variations and differences between and among concepts of care across care work and in policy documents. Fieldwork involved the first author's visiting the residents in their private accommodation in the care home, but more importantly it involved being present in communal areas and taking part in the mundane activities of everyday life. In fact, most of the time spent in the field involved participating in care work such as cleaning, escorting residents to various activities within the care home, helping at the daily lunch gatherings, serving food, and sitting in with the residents over lunch. Taking part in practical activities gave the first author a better sense of the daily routines in the care home and helped her become part of them, sometimes offering informal encounters and conversations with residents about topics meaningful to them. Besides ethnographic observation, she also interviewed the director of the care home and talked to care personnel. Because of the intensity of her presence, and the intimate situations in which she often found herself, it was not possible to make recordings. So, at the end of the day, she noted down her observations in fieldnotes, which comprise the empirical basis of this paper. The study has not received ethical clearance from a research ethics committee, since this is not required for ethnographic research projects in Denmark. Ethical considerations and reflections have been part of the research process in different ways. As Muncey reminds us, the ethics of narrative and storytelling involves considerations of respect for stories, in this case, close attention to the question of who can be harmed by the auto-ethnographic vignette (Muncey, 2010: 106). We fully acknowledge our narrative privilege and the inaccessibility of an academic writing style to the people whose life in the care home we are representing.

Theoretical framework: Policy, care, and concept complexes

Within STS and Critical Policy Studies, both policy and care are seen as open-ended, socio-material processes, with policy being negotiated and constantly undergoing change as it is implemented. Indeed, David Mosse (2004), as part of his work on development cooperation, offers a perspective on policy that suggests it is nothing more than a starting point that is always translated in practice. In Mosse's (2004) view, any criticism of faulty policy implementation must take its departure from this understanding, which opens up a more nuanced approach to what counts as success and failure in policy implementation (Jensen and Winthereik, 2013). In the context of care for older people, this implies studying the situated, material, and social practices of policy: the infrastructure of care, which includes attending to how policy is enacted both by care providers and ageing persons. Yet, for researchers studying policy in practice, its concepts can be quite hard to 'get into view' (Jensen, 2004; Jensen, 2010), something that can be ascribed to the many different translations of it that happen in practice, and to the multiple ways there are of 'knowing governance' (Voß and Freeman, 2016). Those who make policies, implement them, or are their recipients, 'arrive at' governance quite differently; if a policy is a shared resource for action it may be due more to its qualities as a boundary object than because different groups of people interpret it in exactly the same way.

Care has been defined as an affectively charged and selective mode of attention (Martin et al., 2015), and 'an affective state, a material vital doing, and an ethico-political obligation' (Puig de la Bellacasa, 2011). Maria Puig de la Bellacasa's (2011, 2017) work on matters of care in technoscience is of special importance to us. She discusses the potential of viewing socio-technical assemblages as matters of care, rather than as matters of fact or matters of concern, as proposed by Latour (2012). This, she argues, directs attention to, and raises awareness of, the ethico-political and ontological dimensions of care. Engaging with a 'thing' such as a policy concept, as a matter of care, is not a matter of critically deconstructing that policy concept (here active ageing); rather it

involves visions of ‘cutting’ the shape of it differently. Instead of doing away with the policy concept, this move enriches and affirms its reality by adding further articulations, recognising its ‘liveliness’, and generating ‘more interest’ (Puig de la Bellacasa, 2017).

Cultivating sensitivity towards the contrasting and ethico-political implications of different versions and practices of care allows care to be seen as having various effects. Depending on how they are assembled and done, caring practices can bring harm and hurt, just as much as they can nurture and heal. Care can also be found in the most unlikely places (Law, 2015). Feminist technoscience scholars have argued that studying care in practice requires that critical attention be paid to ‘the dark sides’ of care in order not to take for granted its seeming innocence; rather, both harmful and nurturing aspects should be open to exploration (Gill et al., 2017). In a similar vein, policy has been described as representing ‘technologies of legitimation’ (Harrison and Mort, 1998). Both policy and care are characterised as political practices, with opposing dynamics, that distribute relations of power and generate categories of difference (Gill et al., 2017). Thus, a central aim of research is to attend to and engage in the politics of policy practices, meanwhile addressing how to “think with the tension between the scales of policy and situated care practices and imagine methods that may hold these scales in tension or allow them to go-on-together in difference” (Gill et al., 2017:14; see also Verran). These studies, and the notion that policy can be understood and studied as practice, frame our own approach to understanding enactments of active ageing.

We juxtapose readings of policy documents with ethnographic vignettes to attend to affects, relations, materials, and unsettling constituents of active ageing that are otherwise hidden, neglected, or marginalised by formal policy notions (Singleton and Mee, 2017:131). Importantly, this juxtaposition shows that both policy and care are contested. They are practical achievements that can be explored symmetrically, which means that policy is not ‘above’ care; rather, it is interwoven with care as an intricate part of everyday life.

To understand how this interweaving works, we needed a framework that would allow concepts to be seen as practical achievements. Marilyn Strathern’s (2011) notion of ‘concept complexes’ helped us incorporate the idea that both policy concepts and care, and the relations between them, are formed conceptually and practically, through their relations to other things. Strathern (2011) argues for a concept of concepts that recognises the relations they have with other entities in the world. Such relations are never stable, and if we see concepts as explanatory models, as theories that are somehow outside that which they describe, it will hinder our understanding of unfamiliar practices. So, because there is a limit to how much new understanding a concept can afford, we need to see concepts as themselves malleable and dynamic (but not infinitely flexible) and related to other concepts in practice.

Using ethnographic description, Strathern (2011) takes us through the conceptual architecture of the concept of ‘borrowing’ by describing its relations to two other concepts: ‘stealing’ and ‘sharing’. The purpose is to demonstrate the limitation of all concepts and the value of reaching their limits. Her analytical practice is one of “playing off different conceptual worlds against one another” (Strathern, 2011: 14), suggesting that the creative potential of working with concepts and their limits is that it allows us to work with conceptual complexes. As she quotes, “a visible institution or practice is never simply identical with itself but always carries with it its invisible double or shadow, which can turn back upon it so that one crosses over and becomes the other” (Jiménez and Willerslev, 2007: 528-529, cited in Strathern, 2009: 12). According to Strathern (2011: 12) concepts and shadows always ‘journey together’, but their relation must be established anew every time through ethnographic description. Thus, her analysis demonstrates continuity between concepts that may seem foreign to each other. She demonstrates that, in a sense, they ‘happen’ simultaneously.

What we take (borrow) from Strathern (2011) is firstly that the relations between policy and care do not have to be oppositional. Not only is policy translated as it is implemented; it is also part of a complex, meaning that policy concepts are

related to many other things and contained and expressed in mundane practices such as table-setting and bed-making. This helps us understand how mundane practices and articulations that are otherwise not obviously connected to policy paint a picture in which a policy concept and the practice form some sort of alliance. The hands and policies that care for the elderly thus also bring about new relationships between policy and care. In the following section we introduce three ethnographic vignettes to describe how such relationships take shape.

Cold care – erasing actions of self-care

“This is the coldest place I’ve ever been”, says Frida, a female resident of 93, who recently moved from her own home to the care home. I have visited Frida nearly every morning over the last month. Most mornings she greets me with a smile, but not today. Her dark mood contrasts with the bright sunshine that pours in through the big windows, casting its light on the sofa-chair where she is sitting. An incident that morning has put Frida in a bad mood, I quickly learn. She tells me that a member of staff had come into her room with her breakfast and morning pills. When she discovered that Frida’s bed was not made, she reprimanded her. “Why have you not made your bed, Frida? You are to make your own bed, you know.” (Frida mimics the carer with an angry expression on her face). She looks at me with piercing eyes and reflects upon the incident. “Her having to say that to me made me so sad. You see, I felt like I had lost my mind. I always like to keep my quilt turned back for a while to air it, you know, I think it is more hygienic. But I began to think that maybe I had become like some of the others in here who have nothing more inside their heads, since she had to talk to me like that, like I was a child. I must be like them now, I thought. This really is the coldest place I have ever been.”

As in the opening vignette, we see how the notion of active ageing incorporates specific expectations of residents with respect to being active. Following the policy concept, the care worker is dispensing good care as she encourages the resident, who has not made her bed, to be actively engaged in the maintenance of her own home.

For a carer looking for indications of an active person, the unmade bed serves as a sign of a lack of active agency. Just as in Finn’s sitting and waiting for someone to set the table and the food to arrive, a passive attitude towards caring for one’s own bed and keeping a tidy home is undesirable. Yet the rather specific notion that an unmade bed indicates lack of agency on the resident’s part is contested by the resident herself, Frida, who later explains that turning back her bed is part of her morning routine. Seeing the situation through Frida’s eyes, we come to learn that not making the bed is part of an active, intentional strategy of self-care performed through first airing the bed and then later making it.

It may seem a banal incident; however, the carer’s activating comment does a lot in terms of judging Frida’s actions and distributing authority and agency between the two of them. The carer’s comment implies a judgement of the unmade bed as a case of neglect of self-care. Resident Frida thus becomes a person who neglects to care for herself, a passive older person who needs to be activated to take responsibility for her own bed-making, not someone who may negotiate the meaning of ‘active’. The situation does not just revolve around the bed; at stake is also Frida’s possible disinclination to take responsibility for matters of personal hygiene and cleanliness more generally. In consequence, Frida is rendered a passive, untidy, and irresponsible person. She articulates that the comment resulted in strong emotional reactions and the feeling of having ‘lost her mind’, which makes sense given the different specificities of the context. In a care home, loss of abilities, sanity, and thereby authority is something that happens very visibly – sometimes gradually, other times rapidly – on an everyday basis to many of the residents. Many of the residents found it difficult to live so closely with this fact, which instigated speculations and doubt concerning their own status. Will I become like that, too? When? Is it me already?

In this light, the specific comment by the carer has consequences that reach further than the mere question of bed-making routines. According to Frida, it removes her sense of agency and authority, rendering the carer the authority in the home, with the mandate to take charge of things and act upon the unsatisfactory situation. Having

her agency erased by the carer's comment makes Frida doubt her own mental state and sanity, and simultaneously describe the care home as a cold place, and the care she receives as cold.

Seen from this perspective, an outsider's view might shift judgement, positioning the carer as not doing a good job, but this is not our point. The episode must be understood in a context where continuous demands for efficiency, budget costs, and austerity policies require care-home workers to do more in less time. Time is a limited resource, and the policy value of active ageing has become a central value in care work. The carer is acting in accordance with the pervasive policy of active ageing by seeking to perform activating care. In that sense, her care is good, and there may be many situations where such an approach would have a more positive impact. Yet Frida's story highlights that there are situations where the policy's idea of a clear split between active and passive older people sometimes leads to 'cold' encounters between carers and residents in the care home: cold in the sense that activation leads to judgements rather than mutual understanding and a recognition of the resident's actual agencies and meaningful actions.

The vignette shows a situation at the limit of what counts as active ageing; active ageing is a made bed, not bedclothes left to air. The situation tells us something about one shadow of active ageing, which emerges through Frida's reference to some of the other residents, namely those who "have nothing inside their head ... like a child". This is a state of which she is clearly fearful. When active care involves practices of deleting agency and translating active practices into neglect and passivity, other concepts of ageing emerge, which in this case feed on notions of mental disability or even death, loss of mind, and insanity. These notions work as shadows that give meaning, often implicitly and in unspoken ways, to activating practices.

Lazy care – neglecting responsibilities to care

In the previous vignette, a resident experienced a carer's activating care as an accusation of lack of self-care. In other situations, accusations are made

by the residents against the care workers, whom they complain are lazy. As one care home director told me:

The recent message from the municipality is that we must motivate instead of serving. That means that we need to keep our hands behind our backs in order not to help the residents do things they can do themselves. And it's true. Take Ellen, for instance. When she moved in here, I went into her room and automatically started to make her bed. Then she said, "Excuse me, I actually do that myself". And it really improves her quality of life to do things for herself. Others complain and ask, "Have the personnel become lazy?" But the fact is, they are perfectly capable of doing it themselves.

Here, the care home director is talking about how staff members seek to implement active ageing in their routines. She explains that it is not an easy thing to do, that in fact she must consciously prevent herself from automatically dispensing care in 'the old way' by carrying out tasks for the residents, such as making their beds. She explains that the staff do this by using strategies of 'holding their hands behind their backs' to allow residents to play an active role in caring for themselves and their home environment, since this ultimately provides a better quality of life. Yet the residents do not always appreciate these efforts, and indeed complain about them, she says.

Residents respond by noting that the personnel "have become lazy". Accusations of laziness suggest that the care personnel are neglecting to perform actions that are part of their work. The director does not take such comments too seriously, however, since, as she says, the residents are perfectly capable of doing many things themselves. In that sense, the complaints would appear to be evidence of laziness on the residents' part. Indeed, the judgement of laziness is projected back and forth between residents and personnel, changing the meaning of care. The personnel, guided by municipal policy on active ageing, see care as the commitment to help older people to do things themselves, to motivate and encourage them to care for themselves. On the other hand, residents experiencing personnel 'keeping their hands behind their backs' see this new approach to care as a lack of care, as lazy care. So how

may we understand the projection of opposing notions onto the same action? Is one expression, one version of care, more correct than the other?

In the words of the director, what counts is the fact that residents can do things themselves, which makes their accusations of laziness on the part of the staff not something to worry about too much. The residents' complaints seem to hinge on something other than capabilities, rather coming from an experience of not feeling 'cared for'. The accusation of 'lazy care' thus changes the premises of the situation by drawing attention to how care is experienced by residents, instead of their competences and capabilities as assessed by the personnel. In that sense, the complaint of 'lazy care' by some residents may be understood as a response to a situation in which new notions and practices of care have been introduced in the care home. Through the notion of lazy care, residents actively challenge and negotiate the meaning of care and the authority to make judgments about who should be more active or not. Indeed, the query, "Have the personnel become lazy?" does much more than merely articulate a complaint about staff, it shifts the very infrastructure of responsibility to render care and the agency to make judgements about inactivity. Calling the personnel lazy in response to activating forms of care can be seen as an act of regaining power, and *actively* participating, this time not in bed-making, but in defining the meaning of the concept of care. Care in this sense, would be the opposite of hands being held behind the back to stimulate self-care; it would be hands-on, active involvement in care, and creating the experience in residents of being cared for.

Active ageing is depicted as a relationship between care personnel and older people where care is provided in the form of activating, encouraging, motivating gestures. Here elderly people are at the receiving end, following instructions, and growing in their independence and selfcare: a positive relationship conditioned by the older person's willingness to accept the care responsibility as theirs. When active ageing is reformulated as lazy care, other types of relations between personnel and residents emerge, and the relationship can be characterised as more like a battle, with the battling around of judgements

of laziness, and contestation over what counts as care and who is responsible for its provision. This quote from the care home director clearly illustrates the thesis outlined above: that active ageing strategies sometimes journey with the shadow concept of 'lazy care'. In these situations, active ageing is not simply a positive and generative relationship, but a mode of relating that also encompasses implicit, sometimes explicit, judgements of laziness, neglect, or lack of responsibility for care. Thus, the notion of lazy care transpires in relations where opposition and contestation over what counts as care are at play, but not directly and mutually explored, voiced, and negotiated.

Coffee-talk care – caring for quality of life

A central concept within the Copenhagen active ageing policy reform is that of social activity, which was also a central concern of both care personnel and residents in the care home; however, it was not a straightforward matter. What it meant and required to be social was contested, and relations between social activity and care were continually being shuffled and negotiated, with different outcomes in terms of forms of care. While active ageing policies stipulate that social activity is very important for health and overall quality of life, municipal policy presents a sharp contrast between coffee talk and care: "Coffee talk, friendship and good neighborhood has never and will never be a responsibility of the municipality."^{iv} Although social activity is a central aspect of the policy paradigm, the central actors in social situations are figured to be the older people themselves, and various mechanisms work to exclude care workers from engaging in social activities with care home residents. For instance, as the allocation of time and resources is based merely on measurements of residents' capabilities, no time is set aside for care workers to socialise with them. Similarly, eating from the lunch menu provided by the care home is prohibited for employees, and the enforcement of this rule has resulted in the care-workers and residents eating separately, since care-workers bring their own lunches which they eat in the office during their break.

For the care-workers, socialising is a central aspect of their professional work, and in their view, it is a central factor in the residents' quality of life. Given the limited or non-existent time for carers to facilitate social activities, they have sought to create communal activities among the residents. Thus, to implement social activities in the daily routines, a common lunch has become mandatory. However, it is not easy to make social activity happen in the way envisioned, and both personnel and residents are frustrated that the atmosphere in the lunchroom is far from presenting a vision of social synergy and comradely encounters between the residents. As one care worker observed, "We feel it is important that they get out of their rooms and be a bit social. But they complain and say, "But nobody says anything." "Well, you don't say anything either", we say. When we are there, they talk; when we leave, they leave too."

Viewed from a policy perspective, the residents' resentment about, and resistance to, being socially active together could be seen as the opposite of active ageing – an example of withdrawal and passivity, an unhealthy attitude – hence something that should be counteracted with activity-inducing strategies. Indeed, the carers are often frustrated that the residents only engage socially when they are around. Lunches in the dining room are, therefore, often consumed in silence, and residents talk about the awkward atmosphere and tension. Other residents complain that they are not invited by the personnel for coffee.

Frida: The living room is always empty, it's weird. I thought that being in a care home meant sitting together and drinking coffee. But I have never been invited for coffee. In here you have to care for yourself.

Ethnographer: Can you not go to the living room and have coffee with some of the other residents?

Frida: Sometimes I try to talk to the others, but you can't. It just gets completely, "Good day, man, axe handle" (an old Scandinavian expression indicating that a conversation is so lacking in meaning that it borders on the absurd).

Being invited for coffee is something very different from 'being active', according to policy. Frida

had certain expectations of life in a care home which have not been fulfilled: sitting together and drinking coffee and being invited for coffee were among them. For many of the residents, the care workers must be part of social activities for them to be acknowledged as valuable social relations. Having someone there who is able to facilitate meaningful conversations, ask questions, and keep the dialogue going is important. While the policy makes a sharp distinction between coffee talk and care, for most residents being socially active with others is only possible when a care-worker is present to enable communication. When care-workers are taken out of that equation, but the ideal of socially active care home residents remains, it results in awkward, uncomfortable moments for residents that hamper any sense of being socially capable individuals, and of the care home as a social community. This serves as a reminder that coffee-talk is an important aspect of care seen from the perspective of residents.

Discussion: Shadow concepts as loosening agents

Current care policies present activation as care but ageing research has shown how active ageing policies sometimes come into conflict with care locally. Taking a departure point in the Copenhagen care reform, we find that the policy contains a hard dichotomy between active and passive ageing, as its critics have argued. However, we have seen that there are also promising contradictions, transgressions, and resistances to the concept, not least in the implementation of it. In our analysis of fieldwork material in the care home we saw attempts at loosening up the otherwise hard dichotomy of active and passive forms of ageing. We have identified shadow concepts as such loosening agents as they seem to contest the hardness of the concept of active ageing. Our empirical vignettes gave concrete examples of what such loosening work looks like in practice, when a resident reflects on how she prefers to make her bed in particular ways and at particular times, or another resident contests the required acknowledgement of somebody who is able to set tables for communal lunch. Like the UK health policies described by Singleton, practices of active

ageing sometimes create active citizens, but as we have shown they also generate notions of inadequacy, incompetence, laziness, and passivity.

We see the emergence of shadow concepts as potential openings for developing situated forms of policy implementation. If policy is recognised as thoroughly vulnerable and uncertain, as Vicky Singleton (2005) suggests, such moments of contestation could be treated as opportunities for collectively exploring, voicing, and negotiating different concepts of care. This would require personal, analytical, creative, and social resources, as well as training and time, but might lead to a form of 'activation' that would be beneficial for differentiated care practices that encourage the growth of social relations between people like 'Super-Ellen' and her fellow residents. More generally, policy development and its implementation require more than 'the right policy concept'. We, therefore, do not so much seek to critique and deconstruct the concept of active ageing, as we wish to point to the lack of recognition of the many ways in which it sprouts new concepts in use. Such multiplication is not necessarily a problem for the efficacy of a policy concept; rather, it should be considered an opportunity for decision makers to develop a better understanding of a policy's unplanned and unintended ontological effects that are, nevertheless, part of policy practices. What, then, would more careful policy and care practices be? Our proposition is that they would exhibit recognition of this 'liveliness' of policy concepts and their shadows in practice. Acknowledging and dealing with this aspect of policy concepts would emphasise the need for practical, material, and pedagogical resources to allow care workers to revisit ideals and develop practices that are sensitive to keeping the boundaries between different concepts open, negotiable, and ambiguous to allow for inclusion and differentiation.

Drawing on Marilyn Strathern's (2011) notion of concept complexes, we were able to extend the insight that active ageing policy is translated in practice by showing that it is not only dynamically and materially implemented, but also part of a conceptual complex that contains active ageing and various 'shadows' in practice. Analysing the shadow concepts of active ageing in practice

alerted us to the ways in which notions of active ageing are related to other concepts. Tuning in on the enactments of these shadow concepts, as we have done, has showed us some of the darker sides of active ageing policy in practice. We find that thinking about relations between policy concepts and their Others in practice is highly relevant to grasping the relations between policy and care. If we are to understand how policy works in care practices, we cannot focus only on the policy concepts in themselves but need to attend to the nexus of other concepts, or shadows, through which policy is made to work in practice.

Researchers studying policy and care relations have called for ways to "think with the tensions between the scales of policy and situated care practices and imagine methods that may hold these scales in tension or allow them to go-on-together in difference" (Gill et al., 2017: 14). By tracing shadow concepts of active ageing policies in practice, our analysis seeks to connect mundane practices and things in the care home – bed-making, communal lunch arrangements, and coffee-drinking – with care policy, in order to examine the relations that develop as a result. Exploring policy and care relations by tracing concepts and shadow concepts can be one way of giving voice to otherwise marginalised and neglected experiences with care in the field (Puig de la Bellacasa, 2011), and a way to produce more 'careful' policies of ageing and care practices.

Conclusion

Based on auto-ethnography and the notion of concepts as practice, this article finds that as ageing policy is practiced, the concept of active ageing multiplies into various other concepts. In our analysis we have considered these other emerging concepts as shadow concepts: companions to a dominant concept that loosen up this concept in practice. The shadow concepts we found were 'cold care', 'lazy care', and 'coffee-talk as care'. Attention to policy concepts as working through complexes of concepts in practice, and therefore as 'lively', enables recognition and further exploration of how formal policy is implemented and received by 'users' in practice, for example, how a policy is resisted. This can help decision makers in

their adjustments of policies in ways that consider social and material translations, which can make space for autonomy and agency in the places where policy is meant to take effect.

A note on ethics in the study

Ethics in relation to both participation and consent were central concerns in this study. How should ethics be secured in relation to research when most of the participants are not able to process descriptions, oral or verbal, of a research project, even less to comprehend the purpose and implications of giving consent? As the American Association of Anthropology puts it, "Given the open-ended and often long-term nature of fieldwork, ethical decision making has to be undertaken repeatedly throughout the research and in response to specific circumstances" (ASA, 2011: 2). In contrast to what can be termed 'check-list ethics' concerned with rules and standards, our ethical commitment pertains more to ethics approaches that underscore the importance of situated reflection and negotiation of ethics with research participants. Such approaches, referred to as empirical, situated, or relational ethics, are concerned with acting in responsible, accountable, and reflexive ways throughout the course of fieldwork and research (Zigon, 2020; Willems and Pols, 2010).

In Denmark, people usually move to care homes towards the very end of their lives. This means that only the most frail and vulnerable of older people live in these institutions. Within a care home there are, therefore, many residents who suffer from different things such as cognitive or physical conditions or fatigue, which affect their ability to engage in conversations. Most residents were 80+ and many of them experienced reduced hearing, neurodegenerative diseases such as dementia, and other age-related frailties. This poses several problems in relation to following commonly prescribed formats of consent and developing 'patient perspectives' (Pols, 2005). Some residents were unable to understand our purpose in being in the care home, engage in longer dialogues, or verbally convey their perspectives and views in ways that were comprehensible to others. However, avoiding talking about

active ageing policies in practice did not seem an ethical or 'good' solution. As Pols (2005, 210) points out, "analysing talk as an act of representation ignores the various performative aspects of talking that link the talking to a specific situation". As we did not want to exclude 'silent residents' from inquiries and representation, taking part in practical activities and communal situations in the care home became a core method for developing insights into how 'active ageing' was enacted in various situations, which meant that we chose to direct our research gaze as much at situations and everyday practices, as at individual residents and our conversations with them.

Oral consent was negotiated with research participants on an ongoing basis whenever possible. In other situations, it was not even possible or ethically viable to engage in conversations about consent. In these cases, and in general, ethics was pursued through situated and relational reflection over the sensitising awareness expressed by Jarrett Zigon:

[E]thics as ongoing attunement is not about adhering to pre-established criteria or grammar, and neither is it about finding the slot of shared meaning. Rather, to the extent that language is a modality of ethical attunement, it is that call, that demand, that pull, that allows the possibility to dwell once again with others in the world between us. (Zigon, 2020: 1009).

Following this ethos of research goes far beyond consent forms, as it requires acknowledging that responsibility for the other is a commitment that stretches across time and space in our being relational (Zigon, 2020: 1010). Both care workers and residents who were formally interviewed and directly involved as informants were informed about the research. We considered how to balance the criteria of informed consent with sensitivity towards the often difficult mental and cognitive conditions of our informants. We wanted to avoid overburdening them with technical terms and loads of information that they could perceive as personally irrelevant, but at the same time not underestimate their need and capacity to understand the purpose of the project and our use of their data. In order to adapt this information to each informant, the ethnographer had

one-on-one conversations with them, adapting the choice of words and degree of detail to the mental and cognitive conditions of the particular informant. The conversations were highly dialogical and steered by the questions and concerns of the informants. We generally chose to use as few technical terms as possible, to avoid confusion.

To secure the confidentiality of the informants, all information has been kept safely stored and only shared between the authors of this paper. All names are pseudonyms, and to secure the anonymity of the informants, the name and location of the care home have been kept confidential, and empirical descriptions that could reveal their identities have been avoided.

Acknowledgements

Several colleagues have commented on previous versions of this paper, and we are very grateful to all of them. In particular, we would like to thank Marisol de la Cadena, Astrid Pernille Jespersen, Aske Juul Lassen, the anonymous reviewers and the editors. We owe great thanks to residents and employees at the care home, for letting us be a part of their everyday.

References

- Andersen HT (2008) The emerging danish government reform—centralised decentralisation. *Urban Research and Practice* 1(1): 3–17. DOI: 10.1080/17535060701795298.
- Association of Social Anthropologists of the UK and the Commonwealth (2011) *ASA ethical guidelines*. www.theasa.org
- Ballestero A and Winthereik BR (2021) *Experimenting with Ethnography: A Companion to Analysis*. Durham & London: Duke University Press.
- Ertner SM (2015) *Infrastructuring Design: An Ethnographic Study of Welfare Technologies and Design in a Public-Private and User Driven Innovation Project*. PhD Thesis, IT University of Copenhagen, software and systems section.
- Evans AB, Nistrup A and Pfister G (2018) Active ageing in Denmark; shifting institutional landscapes and the intersection of national and local priorities. *Journal of Aging Studies* 46: 1–9. DOI: 10.1016/j.jaging.2018.05.001.
- Foster L and Walker A (2015) Active and Successful Aging: A European Policy Perspective. *The Gerontologist* 55(1): 83–90. DOI: 10.1093/geront/gnu028.
- Gill N, Singleton V and Waterton C (eds) (2017) *Care and Policy Practices*. London: Sage. Sociological Review Monographs Series 65: 2.
- Harrison S and Mort M (1998) Which Champions, Which People? Public and User Involvement in Health Care as a Technology of Legitimation. *Social Policy & Administration* 32(1): 60–70. DOI: 10.1111/1467-9515.00086.
- Holstein MB and Minkler M (2007) Critical gerontology: reflections for the 21st century. In: Bernard M and Scarf T (eds) *Critical Perspectives on Ageing Societies*. Bristol: The Policy Press, pp. 13–27.
- Jensen CB (2004) Researching partially existing objects: What is an electronic patient record? Where do you find it? How do you study it? *The Centre for STS Studies, Aarhus*.
- Jensen CB (2010) *Ontologies for Developing Things: Making Health Care Futures Through Technology*. Leiden: Sense Publishers.
- Jensen CB and Winthereik BR (2013) *Monitoring Movements in Development Aid: Recursive Partnerships and Infrastructures*. Cambridge, MA: The MIT Press.
- Jespersen AP, Petersen MK, Ren C and Sandberg M. (2012) Guest Editorial: Cultural Analysis as Intervention. *Science Studies* 25(1): 3–12.
- Jiménez AC and Willerslev R (2007) An anthropological concept of the concept?: reversibility among the Siberian Yukaghirs. *Journal of the Royal Anthropological Institute* 13(3): 527–544. DOI: 10.1111/j.1467-9655.2007.00441.x.
- Katz S (2000) Busy Bodies: Activity, aging, and the management of everyday life. *Journal of Aging Studies* 14(2): 135–152. DOI: 10.1016/S0890-4065(00)80008-0.
- Katz S and Calasanti T (2015) Critical Perspectives on Successful Aging: Does It “Appeal More Than It Illuminates”? *The Gerontologist* 55(1): 26–33. DOI: 10.1093/geront/gnu027.
- Lassen AJ (2014) Billiards, Rythms, Collectives, Billiards at a Danish Activity Centre as a Culturally Specific Form of Active Ageing. *Ethnologia Europaea: Journal of European Ethnology* 44(1): 57–74.
- Lassen AJ and Jespersen AP (2015) Ældres hverdagspraksisser og aldringspolitik. Om synkroniseringsarbejdet imellem hverdag og politik. *Kulturstudier* 6(1): 79. DOI: 10.7146/ks.v6i1.21242.
- Lassen AJ and Moreira T (2014) Unmaking old age: Political and cognitive formats of active ageing. *Journal of Aging Studies* 30: 33–46. DOI: 10.1016/j.jaging.2014.03.004.

- Latour B (2012) Why Has Critique Run out of Steam? From Matters of Fact to Matters of Concern. *Critical Inquiry* 30(2): 225–248.
- Law J (2015) Care and killing Tensions in veterinary practice. In: Mol A, Moser I, and Pols J (eds) *Care in Practice: On Tinkering in Clinics, Homes and Farms*. Bielefeld: transcript Verlag, pp. 57–72. DOI: 10.14361/transcript.9783839414477.57.
- Law J and Mol A (2002) *Complexities: Social Studies of Knowledge Practices*. Durham: Duke University Press.
- Martin A, Myers N and Viseu A (2015) The politics of care in technoscience. *Social Studies of Science* 45(5): 625–641. DOI: 10.1177/0306312715602073.
- McGranahan C (2018) Ethnography Beyond Method: The Importance of an Ethnographic Sensibility. *Sites: A Journal of Social Anthropology & Cultural Studies* 15(1): 1–10. DOI: 10.11157/sites-id373.
- Mol A (2002) *The Body Multiple: Ontology in Medical Practice*. Durham & London: Duke University Press.
- Mol A and Law J (2004) Embodied Action, Enacted Bodies: the Example of Hypoglycaemia. *Body & Society* 10(2–3): 43–62. DOI: 10.1177/1357034X04042932.
- Mosse D (2004) Is Good Policy Unimplementable? Reflections on the Ethnography of Aid Policy and Practice. *Development and Change* 35(4): 639–671. DOI: 10.1111/j.0012-155X.2004.00374.x.
- Muncey T (2010) *Creating Autoethnographies*. LA, London, New Delhi: SAGE. DOI: 10.4135/9781446268339.
- Ortner SB (2006) *Anthropology and Social Theory: Culture, Power, and the Acting Subject*. Durham: Duke University Press.
- Pike ECJ (2011) The Active Aging Agenda, Old Folk Devils and a New Moral Panic. *Sociology of Sport Journal* 28(2): 209–225. DOI: 10.1123/ssj.28.2.209.
- Pols J (2005) Enacting Appreciations: Beyond the Patient Perspective. *Health Care Analysis* 13(3): 203–21. DOI: 10.1007/s10728-005-6448-6.
- Puig de la Bellacasa M (2011) Matters of care in technoscience: Assembling neglected things. *Social Studies of Science* 41(1): 85–106. DOI: 10.1177/0306312710380301.
- Puig de la Bellacasa M (2017) *Matters of Care: Speculative Ethics in More than Human Worlds*. Minneapolis & London: University of Minnesota Press.
- Singleton V (2005) The Promise of Public Health: Vulnerable Policy and Lazy Citizens. *Environment and Planning D: Society and Space* 23(5): 771–786. DOI: 10.1068/d355t.
- Singleton V and Mee S (2017) Critical compassion: Affect, discretion and policy-care relations. *The Sociological Review* 65 (1).
- Strathern M (2011) Sharing, Stealing and Borrowing simultaneously. In: Strang V and Busse M (eds) *Ownership and Appropriation*. Oxford: Berg Publishers, pp. 23–41.
- Venn S and Arber S (2011) Day-time sleep and active ageing in later life. *Ageing & Society* 31: 197–216. DOI: 10.1017/S0144686X10000954.
- Verran H (2013) Engagements between disparate knowledge traditions: Toward doing difference generatively and in good faith. In: Green L (ed) *Contested Ecologies*. Cape Town: HSRC Press, pp. 141–162.
- Voß J-P and Freeman R (eds) (2016) *Knowing Governance: The Epistemic Construction of Political Order*. Palgrave Studies in Science, Knowledge and Policy. Basingstoke: Palgrave. DOI: 10.1057/9781137514509.
- Walker A (2008) Commentary: The Emergence and Application of Active Aging in Europe. *Journal of Aging & Social Policy* 21(1): 75–93. DOI: 10.1080/08959420802529986.
- Willems D and Pols J (2010) Goodness! The empirical turn in health care ethics. *MEDISCHE ANTROPOLOGI* 22(1): 161.

Winthereik BR and Verran H (2012) Ethnographic Stories as Generalizations that Intervene *Science & Technology Studies* 25(1): 37-51.

Zigon J (2020) *Morality: An Anthropological Perspective*. New York: Routledge.

Zuiderent-Jerak T and Jensen CB (2007) Editorial Introduction: Unpacking 'Intervention' in Science and Technology Studies. *Science as Culture* 16(3): 227–235. DOI: 10.1080/09505430701568552.

Notes

- i Ministry of Social Affairs and the Interior, Denmark, 2019, §1)
- ii We use the term 'ageing research' to cover a wide body of research in age and ageing, such as gerontology, and cultural gerontology
- iii Copenhagen municipality reform program *Aktiv og tryk hele livet* (2011) [Active and safe all life through]. This policy was referred to as a reform program because of the explicit transition to an active ageing paradigm. The reform program can be found here (in Danish) <https://www.kk.dk/sites/default/files/agenda/a1bdf595b507bede1e0569d2fe75121690dd4448/7-bilag-3.PDF>. Since then, other policies have followed under the same banner of active ageing; 2015-2018 *Live strong all life through*, 2019-2022 *Keep up all life through*.
- iv Copenhagen municipality reform program *Aktiv og tryk hele livet* (2011:8) [Active and safe all life through].