Guest editorial

Andreas Sagner

Reflections on the construction and study of elderliness

Reflecting the predominance of modernization theory models and narratives in African gerontology (Ferreira, 1999), the institutional approach with its focus on the roles and the socio-economic status of elderly people still prevails in African research on ageing. To be sure, this perspective is not without value, at least if we take it beyond the confines of orthodox modernization theory. Nevertheless, if we want to save older Africans from macro-sociological extinction in general and from structural-functionalist elimination in particular, we need to pay closer attention to the multiplexity of their everyday lives and to their subjective experiences, without, of course, thereby neglecting the institutional structure of society.

The fruitfulness of such an integrated approach may clearly be seen in the study of "elderliness," the theme of this special issue. In a preliminary manner, elderliness may be defined as the meaning of being old, both at the social and the personal level. As elderliness is a rather undeveloped field of research in African gerontology, the papers collected in this special issue do not (and cannot) claim to be purveyors of such an integrated perspective; rather, they portray some approaches to elderliness beyond modernization theory. Before introducing the papers in this number, I sketch some issues which may help to illuminate the territory ahead. First, I set out a few key dimensions of Western and African constructions of elderliness. Second, I address some aspects of the inextricable relationship between lived experience, discursive praxis and institutional politics in the context of the study of elderliness. Finally, drawing these two threads together, a few suggestions are made for an African research agenda on elderliness.

Constructions of elderliness

Dimensions of Western elderliness

In a recent article, Hareven (1995) argued that the emergence of old age as a distinct period of life in American society is a fairly recent phenomenon and is embedded in the larger historical process of industrialization with its attending social, cultural and demographic repercussions. This is not to deny the existence of specific cultural discourses on old age in pre-industrial America. In fact, there have always been multifarious images of late life in all Western cultures. Rather, it is to stress that in pre-industrial America (and in pre-industrial Europe alike) the life course tended to be homogeneous, i.e. "adulthood flowed into old age without institutionalized disruptions" (Hareven, 1995: 126). The establishment of mandatory retirement in the late 19th and early 20th centuries was, arguably, a (if not the) major factor which led to the institutionalization of old age within Western societies. Though retirement was principally a feature of the standard-

ized male life course, the bureaucratically set chronological age of sixty or sixty-five soon informed the cultural definition of old age in general. As Katz (1996: 64) says, pensions "institutionalized the last stage of the life-course regime by temporalizing old age and making superannuation an age-specific category." At the risk of oversimplifying a complex social process, it may be argued that the triumphant advance of retirement affected Western old-age identity in two central, albeit somewhat contradictory ways.

On the one hand it laid the basis for the reconstruction of old-age identity around the "rights of citizenship associated with the institutions of the welfare state" (Phillipson, 1998: 32). Despite the persistent low levels of state retirement pensions in many Western societies and the inherent tendency of state welfare policies to delegate older persons to a dependent social position, there is little doubt that the triumph of retirement and the growth of the welfare state heightened older persons' sense of ontological security – not the least by increasing their moral and existential space. What Phillipson (1998: 126) posits as older people's "welfare state self" and "retirement self" is based on this development. (Ironically, this feeling of security has been deflated in recent post-modern culture as traditional routines and institutions (e.g. the standardized life course) are dissolved (Phillipson, 1998).) On the other hand the emergence of state retirement policies did reinforce time-honoured associations of old age with disengagement, decline and obsolescence as older persons (i.e. mostly men) lost income and function. The chronological age of sixty or sixty-five came to define the upper boundary "of participation in the adult world – as well as the cultural definition of full humanity" (Cole, 1997: 4).

Given the reign of scientific practice in Western culture, it is little wonder that the emerging image of the natural problematicity of old age – buttressed by the rise of mass retirement – has been culturally construed as a technical problem open to scientific intervention. (The emergence of gerontology itself may be directly placed within this historical development (cf. Achenbaum, 1995).) Medicine, as an institutional system of practice and knowledge, has played a decisive role in this regard. In fact, researchers such as Estes and Binney (1989) have argued that medicine constitutes today's primary framework for giving meaning to ageing and understanding the problem of old age in Western industrialized societies ("biomedicalization of ageing"). Biological changes are culturally construed as the fundamental reality of ageing. Cole (1997: xxii) even contends that medicine (and positivistic science at large) has replaced religion as the dominating meaning system "that help[s] people orient themselves toward the intractable limits of human existence."

Evidently the discourse of "biomedicine" has further promoted the centrality of the (ageing) body in social constructions of old age, as have other institutional changes associated with capitalist industrialization, such as older persons' forced separation from the formal labour market and the devaluation of accumulated life experience (Featherstone & Wernick, 1995: 7). The almost complete grounding of social old-age identity in bodily condition also reflects the clear-cut separation of the ageing process "from earlier religious, cosmological, and iconographic moorings" (Cole, 1997: 192), which has made ageing devoid of any inherent social meaning. To be sure, postmodernity has brought positive images of ageing to the fore. Yet, the negative construction of bodily ageing has not changed as positive ageing stipulates that one has to remain "forever youthful [...] in bodily posture" (Featherstone, 1995: 227) – the ageist tradition in new disguise. The paradox of "the" Western discursive construction of old age is, thus, that while taking the body to centre stage it cannot accommodate the simple facts of decline and death. Consequently, there is a strong tendency to "disembody" the ageing body. In material terms, this cultural aim of "disembodiment" may be discerned in the (sometimes) "extreme use of medical services" (Harper, 1997: 169).

Dimensions of African elderliness

When one is contemplating elderliness and discourses on old age in African contexts, one is struck by the diversity of respective notions and constructions. Given the variety of cultural orders, socio-economic systems and the varying degrees of local societies' participation in the national state and its formal economy, the notion of "African elderliness" is, admittedly, a rather naive abstraction, if not an unwarranted reification. (Of course, this caveat applies likewise to the construction of something like "Western elderliness.") Nevertheless, as space rules out a more fine-grained analysis, we have to accept this predicament. Having said this, let me sketch some key differences between "Western" and "African" elderliness.

Mainly reflecting the social organization of work and the relatively low levels of state penetration in most African societies/communities, social roles are generally not structured by normative (chronological) timetables as they are in Western societies (cf. Keith *et al.*, 1994: 189-197). In most parts of Africa, age does (still) not refer to individual lifetime but to diversely constructed stages of human life. For the majority of Africans, there is, arguably, no clearly defined "on"/"off" time, neither for work, domestic nor public roles. (Even so-called age-class societies with their alleged rigidly timed and normatively defined life-course transitions tended to structure only parts of persons' role repertoires (cf. Bernardi, 1985).) Though the notion of retirement – as the culturally-founded expectation that virtuous people should be able to "sit back" when they have reached a certain age – is not alien to African cultures (e.g. Cattell, 1990), there is, as a rule, no transition into a status of being retired, marked by the exit from "adult" economic roles and other institutionalized role changes. So far, only a very small number of Africans benefit from public or private pension schemes. But even in South Africa, one of two countries in Africa with a comprehensive social old-age pension system, there still is no biographical or chronological standardization of the transition from wage labour to (formal) non-work (i.e. among black South Africans). Put in general terms, though in South Africa pensionable age has become a chronological milestone that marks the life-course (albeit it does not denote economic "inactivity"), chronology and normative role changes are still no major factors in the construction of black South African old-age iden-

tity and elderliness. In fact, the latter are rather defined by performance-related criteria (cf. Sagner & Mtati, 1999). This performative character of age identities is one reason why the self-identity (and, in part, the social identity) of older black South Africans has never been dominated by anything like a "retirement self," despite the economic and social importance of the pension institution. Of course, as the state pensions have always been low in terms of real income, older black South Africans have always been forced to draw upon moral resources to overcome ontological and institutional insecurity (cf. Sagner & Mtati, 1999). Looking at African societies at large, I would argue that African old-age identity has always been primarily grounded in earlier life events (i.e. life-course achievements) and in the day-to-day interactions in families and communities, mediated by culture and gender specific norms and values.

In Africa, as in Western societies, old age is associated with a decline in physical capacities and capabilities. (Given the centrality of the body in social interaction and social experience, it seems fair to assume that in all cultures old age is, at least partly, represented through the (ageing) body.) However, despite the utmost importance of physical fitness as an economic resource in many African societies, the issues of health and functionality tend to be of far lesser significance in African old-age constructions than in Western discourse (cf. Keith *et al.* 1994: 172-173). Though seemingly paradoxical, this may be taken as a combined result of the hegemony of the biomedical discourse in Western societies and the simple material fact that in Africa with its longstanding poverty and under-developed service infrastructure, poor health is not uniquely linked with old age. (The AIDS pandemic will further loosen any association between old age and ill health, particularly in Africa with its high HIV prevalence rates.) However, this is only part of the story. Recent research suggests that the discursive construction of the ageing body and of its social significance is intimately related to culturally-variable notions of personhood. Hockey and James (1993), for example, have argued that the centrality of the body in Western old-age constructions is (also) rooted in a discourse which ties full personhood to personal autonomy and thus to physical (and mental) functionality. As is evidenced in the resilience of the ethos of *ubuntu* (Cattell, 1997), African societies still stress the relational character of selfhood. Hence, it is not surprising that physical changes accompanying ageing are not (yet?) central in determining the social (and self-) identity of older persons – despite the gradual medicalization of parts of African society and the attendant advance of the biomedical discourse in Africa. In fact, given these different notions of personhood it seems fair to assume that African folk etiologies of bodily changes in old age put much more stress on social/relational factors than Western etiologies with their sole focus on biological processes in individuated bodies. In any case, the notion of the "ageing body" is not a stable term.

Though African cultures and societies also display discourses which denigrate ageing – in fact, one might even argue that modernization-theory inspired African gerontology has contributed to the upsurge of such discourses in recent years – African discourses on elderliness are (still?) not devoid of positive images which inscribe ageing and old age with intrinsic meaning. In premodern Africa, ageing implied the privilege of (discursive and non-discursive) knowledge, reflecting the embeddedness of ordinary social interaction in the particularities of locales and the centrality of orality as mode of communication. Despite the advance of literacy and widespread delocalization of social and economic forms in Africa – a hallmark of modernization itself

(Giddens, 1991) – this wisdom imagery still persists in many African folk discourses, at least in more remote and "traditional" rural areas (e.g. Kilbride & Kilbride, 1997: 211-212, 219).

Elderliness and experience

The relevance of experience

In her ethnographically-sensitive research, Kaufman (1986) has shown that older Americans challenge the prevailing constructions of elderliness insofar as the latter do not mould the people's subjective experience as older individuals. In fact, she claims that the "old Americans [she] studied do not perceive meaning in ageing itself; rather, they perceive meaning in being themselves in old age. [...] When old people talk about themselves, they express a sense of self that is ageless – an identity that maintains continuity despite the physical and social changes that come with old age" (Kaufman, 1986: 6). Though this experience of an "ageless self" may be interpreted as a reflection of the old Cartesian dualism between body and mind (Öberg, 1996), it is primarily a powerful defence mechanism against the negative image of old age in American culture. There is thus an inherent tension between objectifying discourses of elderliness on the one hand and older persons' subjective reality (and everyday practices) on the other hand – and certainly not only in Western society.

By taking into account the experience of older persons, we have a powerful corrective that helps us to overcome previous notions of (older) persons as passive culture members, straitjacketed in normative and discursive structures, and to see them instead as active agents in their respective worlds. It is important to note, however, that even if older persons contest dominant cultural discourses, their strategies and self-representations nevertheless emerge in interaction with them (e.g. Hockey & James, 1993). Methodologically, this means that the analysis of cultural representations of old age remains important to the gerontological endeavour to understand the experience of old age.

I would like to stress that attending to the subjective experience of old age is not just of academic concern. Indeed, emancipating ourselves from stereotyping images of old age can help us to adjust gerontology as a practice-oriented discipline better to the needs of older individuals. Hazan (1986), for example, in his case study of a London Day Care Centre, has shown that inasmuch as professional services were informed by impersonal and experience-distant representations of old age, they tended to be evaded. Thus, if one of the aims of gerontological research is to understand/predict the use of/demand for social services – and I think, it should be, then we have to explore the subjective experience and self-representations of older people. And what may be even more important, by looking into the daily experiences of older people we will find that old age is primarily "an experience to be lived meaningfully" (Cole, 1997), despite the dark side of the ageing process with its inherent bodily changes.

Accessing experience

If we subscribe to the centrality of subjective experience – comprising thought and feeling, as word and image (Bruner, 1986: 5) – in the gerontological enterprise, we have to come to terms with the fundamental fact that another person's experience is only incompletely accessible, namely through his/her verbal and non-verbal actions/acts (e.g. expressions) (cf. Bruner, 1986). Anthropological methods, most notably participant observation, seem thus particularly suited to bring experience near. It is therefore rather unfortunate that African anthropologists have so far not catered much for gerontologi-

cal topics. Apart from a few studies, authored by anthropologists but also by sociologists and linguists (see, for example, the articles by Apt, Cattell, Makoni, Møller and Van der Geest in *SAJG*), relatively little has been written about the subjective experience of being and growing old in African societies. However, despite its smallness, research in African contexts has pinpointed the multivocality of older people's experiences, as has research in Western societies. There is apparently no uniformity or homogeneity in old-age experience, as is implied by modernization theory's master narrative. (It is little wonder therefore that, insofar as modernization-theory inspired African gerontologists took older persons' voices into account, the latter tended to eschew the authors' own authoritative frameworks (e.g. Apt, 1996).) This is not to individualize experience, but rather to stress the multiplicity and indeterminacy of older people's lives which in turn reflect the inherent indeterminacy of social milieus themselves, whether allegedly "traditional" or "modern" ones.

In this context it is important to note that, as Geertz (1973: 405) has argued, experience is always "construed experience," mediated by interpretations based on the arsenals of enculturated/acculturated symbolic forms and, one may add, on any person's (bodily) "sedimented" previous experiences (experiential history). "Lived experience" is always "social experience." This stresses, once again, the necessity of grounding an understanding of subjective old-age experience, accessed through older persons' expressions, in a thorough multi-dimensional knowledge of the social milieu, in which older persons act (and, if possible, have acted), and thus of (anthropological) fieldwork as a research tool.

Even though experience is only partly expressible in the narrative mode, there is little doubt that we as gerontologists can learn a great deal about the meaning of being and growing old by intensively listening to older people. Narratives are a particularly valuable source to learn something about the meaning which older persons "find" in their everyday life. In short, I plead for a narrative turn in African gerontology. However, interpreting "stories" is a tricky business as they must be situated not only within the contexts of the social and symbolic order but also within the field encounter and the respective tellers' biographies. To put it in contemporary anthropological parlance, stories are self-representations which are never finished or "true" in any simple sense. Not being purveyors of any unmediated ("true") previous experience or account, the primary significance of stories lies in their being the very mediums through which (older) persons construct their lives as meaningful and integrated, explain (for themselves and others) continuities as well discontinuities. Their meaning is "always in the present, in the here-and-now" (Bruner, 1986: 11). Unsurprisingly then, life-review and reminiscence may have therapeutic value when used in intervention situations (cf. White & Epson, 1990).) Yet, stories are no mere fabrications. Most notably, they are part and parcel of particular social and cultural environments and the narrators' accumulated life-course materials (e.g. the layers of remembered events, people, etc.). The interpretative character of story-telling may be particularly evident in life history narratives (cf. Kenyon & Randall, 1997), but it is quite clearly not confined to this genre. In her analysis of the so-called "complaint discourse" among African and American older persons, Cattell (1999) has recently shown that complaints, although they may be totally "untrue," do reveal the existential and experienced reality of being and growing old. Complaints, she reminds us, are "not to be dismissed as 'just what all old people do,' their complaints are strategies for assuring their physical security and

reassuring themselves as persons in settings of rapid social and cultural change" and coming to terms with the fact that "physical or mental impairments make it difficult or impossible for them to do things they are accustomed to doing" (Cattell, 1999: 312-313).

But, once again, not all our experience (and knowledge) attains the level of discourse. In fact, part of our experience as human beings is incarnated in our bodies, most notably in the form of non-reflected practices and habits. As suggested by Bourdieu, it is "because subjects do not, strictly speaking, know what they are doing that what they do has more meaning than they know" (Bourdieu, 1977: 79). Furthermore, since we are corporeal beings, our experience – both as subjects and as professional fieldworkers/gerontologists – is not reducible to linguistic and visual derived knowledge/perceptions. Though we should be very wary of defining old persons in terms of some bodily state, we have to acknowledge that age differences are also bodily differences. As Harper (1997: 165), referring to the body politics of sexual difference, has pointed out, these differences are not immutable or biologically pre-ordained, but are experienced through the medium of the body and through socially-constructed interpretations. Though discursive knowledge and our own bodily experience of bodily failure may help us to imagine our informants' bodily experience, we can, quite naturally, never feel how it is to be living in/with an(other) ageing body. Even geriatric techniques like "instant ageing" – through wearing sight-limiting spectacles and movement-restricting bondages, etc. – will not do the job. They open up *our* feelings with regard to a certain set of bodily failures, but we (as normally young/middle-aged gerontologists) can never literally experience what it is like to be old in an ageing body, everyday of our life. In Kohn's words, we can imagine the experience but not really share it – at last, we can never be sure that we do share it. We are working "with second-hand experiences" (Kohn, 1994: 25). There is a "contextual specifity" to the meaning of bodily failure that makes it very difficult to understand the experiential dimensions of another person's bodily failure (French, 1994: 74).

Unfortunately, there is no space here to spell out any of the theoretical and methodological implications of these assumptions for a "gerontology of experience." Here it must suffice to stress that capturing our subjects' experience requires much more than merely translating their linguistic utterances/narratives, even though we have to acknowledge that the "totality of sensory experience cannot be conveyed (into words)" (Okely, 1994: 62), neither by our subjects nor by us. Compounded by the dynamic nature of the teller-listener-relationship and the existence of culture-specific templates of "good stories" and narrative styles, we should be very wary of identifying our subjects' experiences of and in old age directly with their respectively articulated views on the topic.

Besides, we can never hope to grasp the experiential and subjective experience of being old if we look at older persons just as representatives of *the* elderly. In fact, in small-scale communities/societies old age as an abstract categorical status tends to be irrelevant, if it is used at all (Keith *et al.*, 1994: 147-152, 189-191). The latter fact highlights, once again, the need to pay much closer attention to the constitution of "the" elderly as the subject of gerontological knowledge and to the situated nature of gerontological representations (cf. Katz, 1996). In any case, to understand older persons we need to understand them as (grand)parents, kinspeople, pensioners, economically and politically engaged (or disengaged) subjects, etc. – i.e. as actors in local and, particularly nowadays, supra-local contexts.

Elderliness, experience and gerontological discourses

Though the renunciation of modernization theory is to be applauded as a step in the right direction (Ferreira, 1999), the fact remains that all our authoritative accounts are discourses, grounded in our situated observations and conceptual and theoretical apparatuses. We have to acknowledge that even "biological facts" are socially constructed and inscribed with cultural meanings: "Aging and old age are certainly real, but they do not exist in some natural realm, independently of the ideals, images, and social practices that conceptualize and represent them" (Cole, 1997: xxii). In other words, bodies are simultaneously natural and cultural, real and constructed (cf. Harper, 1997). The experience of the ageing body is inextricably tied to the social constructions and inscriptions which are placed on the (changing) physical body. As suggested above, Western biomedicine constitutes a particularly powerful discursive (and material) structure which not only medicalizes and controls the (ageing) body through various techniques but which both constructs the very categories of normal and pathological ageing and defines their (changing) normative meaning (cf. Lyman, 1989). In this sense it tends to produce/define material and normative parameters of the experience of old age in Western societies. Obviously, African gerontology should not take the meaning of bodily states and processes as defined by Western biomedical concepts and measurement strategies for granted. The cultural construction of senility – Alzheimer's disease in pathophysiologic terms – is a case in point (cf. Cohen, 1998). (To avoid a possible misunderstanding, I do not deny the potential usefulness of biomedical practice. The point is rather that biomedical constructions of bodily events are contingent on specific causal models that tend to "bracket out" politico-economic changes and social practices, thereby easily rendering them (i.e. the constructions) irrelevant to the lived experience of many of our older subjects and their families. Besides, biomedical knowledge is, as is in fact every knowledge, paradigmatically organized.)

To acknowledge the constructed character of all our knowledge is not to denounce all gerontological authority; apart from being unnecessary, that would be suicidal for gerontology as praxis oriented discipline. Using James *et al.*'s (1997: 6) phrasage, our job involves "making a good-enough model of the world, one which serves its intended purposes as, for example, is the case when working alongside medical specialists." And despite the non-consciousness of part of our experience as human beings, we can (and indeed should) always check our gerontological representations with the subjects of our writing. Nevertheless, the fact remains that the rendering of an older person's experience in gerontological discursive terms is always an act of reinterpretation. Kleinman and Kleinman (1991: 276), for example, have convincingly pointed out that concepts such as "social role, social strategy, or social symbol" are as distant from our subjects' experience as respective biomedical terms.

We have to acknowledge that there is a complex interplay between (Western) representations of ageing and old age on the one hand and (Western) gerontological models and concepts on the other hand. That is, the latter do embody culture-specific representations of elderliness as do, in fact, Western service models (Neysmith & Edwardth, 1984: 39). This interplay is particularly evident in the once influential but now somewhat discredited disengagement and activity theories of ageing. Though the two theories called for contradictory strategies to the road of "successful ageing," both drew on a set of historically and culturally particular notions of old age: old age as a definite and inevitable break in social existence which must be negotiated with care by the older

person to avoid subjective unhappiness. Similarly, the long-standing dismissal of the notion of ageing as a "lived experience" may be traced to the dominant Western construction of old age as a life stage of "natural" problematicity. In any case, turning to the experience of old age may help us to overcome the undue dependence of African gerontology on Western models.

Elderliness: aspects of an African research agenda

Research on ageing in Africa needs greater sensitivity to the discursive constructions of old age. Three dimensions seem particularly worthwhile to attend to. First, the historical reconstruction of the emergence of new discourses on old age in the wake of colonialism, Christianization/Islamization, and increasing state penetration of local communities and the analysis of the interplay of these new forms with older cultural representations of later life. Second, and connected therewith, we should begin to deconstruct today's public and professional discourses on old age in Africa, including the prevailing gerontological discourses themselves. It would be very desirable, for example, to systematically analyse the institutional structures and the ideological and political processes which have given rise to the predominance of modernization-theory inspired narratives in African gerontology. Without intending to make any *a priori* generalizations, there is, for example, little doubt that "opting" for the pessimistic modernization-theory narrative helped African gerontology to legitimize itself as an emerging discipline and to substantiate its plea for public funding. Evidently such a deconstruction of modernization theory would benefit from detailed historical case studies documenting change. Third, we need to know much more about how contemporary local notions and images of old age are rooted in social processes and cultural dynamics. This would, *inter alia*, entail the analysis of the interplay of current representations of old age with prevailing notions of personhood, religious beliefs and life-course trajectories, but also with changing role repertoires and the macro-social context at large. For example, it would be tempting to know to what extent the growing importance of African grandparents as childcare and economic providers (Kilbride & Kilbride, 1997) has already impacted, or will impact on old-age imageries.

As sketched above, a gerontology of elderliness must not only turn to analysis of discursive practice but also to the analysis of individual experience. In fact, we do need ethnographically-sensitive studies that show how individuals contest or appropriate various discourses.

Methodologically, such a research agenda not only calls for qualitative case studies and ethnographically-sensitive research. To get a sense of the meaning of old age, both in its cultural and its experiential dimension, we also have to make use of hitherto neglected sources such as national laws/policies, professional discourses/practices and literary/artistic forms. And under conditions of modernity with its inherent delocalizing tendencies, the study of old age experience must not be confined to the particularities of local contexts.

Special issue

The papers included in this special issue highlight some of the issues of elderliness and old age in Africa outlined above. Using different disciplinary approaches, the papers should appeal to age-old researchers in varied fields.

In a discussion of old age and ageing in pre-industrial Africa, **Sagner** moves away from the rather simplistic images of old age which still beset many African gerontologists. Drawing on the Xhosa-speaking peoples in the 19th century he argues that the experience of later life was shaped by gender, kinship and "class" differences as well as by biographical factors, making for a variety of later-life experiences. He points out that old age was not a clear-cut period of life with unique demographic, economic or social characteristics/conditions, set apart from earlier life phases. However, he notes that (deep) old age was firmly tied to religious and metaphysical beliefs. He argues that loss of bodily functions in (deep) old age was hardly stigmatizing as the loss was socially constructed as a sign of increasing other-worldliness. By linking old age with superhuman agency, the ideological hegemony of old age remained unbroken, despite bodily decline, even though the latter could herald loss of this-worldly status and, finally, abandonment in the bush.

Møller and **Sotshangaye** discuss contemporary relations between Zulu grandmothers and grandchildren in South Africa's KwaZulu-Natal province. Though the grandmothers whom the two authors interviewed expressed deep concern about losing the respect of their grandchildren, in the eyes of the latter old age is, surprisingly, not denigrated as a possible source of moral guidance. Møller and Sotshangaye point out that strains in the grandmothers-grandchildren relationship are located in the rapidly changing social context which easily tends to outdate the elders' teaching, rather than in the intergenerational politics of the family per se. Paradoxically, however, macro-social changes have also led to a re-strengthening of the grandmothers' moral authority. The paper also shows that successful ageing – in the sense of one's personal happiness in old age – is, at least partly, relational defined.

Moving northwards up the subcontinent to Mozambique, **da Silva** records the results of a case study on the situation of older people who had to cope with several long-standing wars and natural disasters in their lifetimes. She analyses the repercussions which endured displacements, forced migrations and other war-related life-course experiences had on the lives of today's elderly, both at the personal and social level. In detailing social policy propositions she reminds us that there is a fundamental divergence between how older people are represented in some authoritative discourses and the social reality of old age. To overcome the prevailing negative representations of old age is of utmost practical importance, as the problematicity image encourages non-participatory government approaches and hinders thus the empowerment of the elderly.

Turning to a methodological plane, **Mommersteeg** details some of the problems – and advantages – which the use of interpreters in qualitative research settings entail. In keeping with a hermeneutic approach, he shows that the interpreter is in fact a culture broker, rather than a mere provider of a linguistically correct translation. Mommersteeg's paper illustrates very well that interviews which are mediated through interpreters are not dialogically but triologically constituted, as are their "products" – the storied voices of the interviewees.

In her article, **Coetzee** reports on exploratory field research in an old-age centre outside Bloemfontein in South Africa's Free State province. Based on participant observation and in-depth interviews she finds that elderly residents experience old age negatively. Though this subjective reality partly reflects the residents' difficulties in adjusting to their ageing bodies, it is mainly grounded in her subjects' difficulties to construct a framework within which their present position in the world could be instilled with personal/social meaning. Coetzee's paper stresses both the relevance of a life course

perspective and a gender-sensitive approach to the study of old-age experience.

Andreas Sagner
Institute of Ethnology and African Studies
Ludwig Maximilians University, Munich
Oettingenstr. 67
80538 Munich
Germany
E-mail: asagner@compuserve.com

Honorary Research Associate
HSRC/UCT Centre for Gerontology
Faculty of Health Sciences
University of Cape Town
Observatory 7925
South Africa

References

Achenbaum, A. 1995. *Crossing frontiers: gerontology emerges as a science.* Cambridge: Cambridge University Press.

Apt, N.A. 1996. *Coping with old age in a changing Africa.* Aldershot: Avebury.

Bernardi, b. 1985. *Age class systems: social institutions and politics based on age.* Cambridge: Cambridge University Press.

Bourdieu, P. 1977. *Outline of a theory of practice.* Cambridge: Cambridge University Press.

Bruner, E.M. 1986. Experience and its expressions. In: Turner, V.M. & Bruner, E.M. (Eds) *The anthropology of experience.* Urbana/Chicago: University of Illinois Press, pp. 3-30.

Cattell. M.G. 1990. Models of old age among the Samia of Kenya: family support of the elderly. *Journal of Cross-Cultural Gerontology,* 5: 375-394.

Cattell, MG. 1997. Ubuntu, African elderly and the African family crisis. *Southern African Journal of Gerontology,* 6(2): 37-39.

Cattell, M.G. 1999. Elders' complaints: discourses on old age and social change in rural Kenya and urban Philadelphia. In: Hamilton, H.E. (Ed.) *Language and communication in old age: multidisciplinary perspectives.* New York/London: Garland, pp. 295-317.

Cohen, L. 1998. *No aging in India: Alzheimer's, the bad family, and other modern things.* Berkeley, CA: University of California Press.

Cole, T.R. 1997 [1992]. *The journey of life: a cultural history of aging in America.* Cambridge: Cambridge University Press.

Estes, C.L. & Binney, E.A. 1989. The biomedicalization of aging: dangers and dilemmas. *The Gerontologist,* 29: 587-597.

Featherstone, M. 1995. Post-bodies, aging and virtual reality. In: Featherstone, M. & Werneck, A. (Eds) *Images of aging: cultural representations of later life.* London/New York: Routledge, pp. 227-244.

Featherstone, M. & Wernick, A. 1995. Introduction. In: Featherstone, M. & Werneck, A. (Eds) *Images of aging: cultural representations of later life.* London/New York: Routledge, pp. 1-15.

Ferreira, M. 1999. Building and advancing African gerontology. Editorial *Southern African Journal of Gerontology,* 8(1): 1-3.

French, L. 1994. The political economy of injury and compassion: amputees on the Thai-Cambodia border. In: Csordas, T.J. (Ed.) *Embodiment and experience: the existential ground of culture and self.* Cambridge: Cambridge University Press, pp. 69-99.

Geertz, C. 1973. *The interpretation of cultures.* London: Hutchinson.

Giddens, A. 1991. *The consequences of modernity.* Cambridge, UK: Polity.

Hareven, T.K. 1995. Changing images of aging and the social construction of the life course. In: Featherstone, M. & Werneck, A. (Eds) *Images of aging: cultural representations of later life.* London/New York: Routledge, pp. 119-134.

Harper, S. 1997. Constructing later life/constructing the body: some thoughts from feminist theory. In: Jamieson, A., Harper, S. & Victor, C. (Eds) *Critical approaches to ageing and later life.* Buckingham: Open University Press, pp. 160-172.

Hazan, H. 1986. Body image and temporality among the aged: a case study of an ambivalent symbol. *Studies in Symbolic Interaction,* 7(1): 305-329.

Hockey, J. & James, A. 1993. *Growing up and growing old: ageing and dependency in the life course.* London: Sage.

James, A., Hockey, J. & Dawson, A. 1997. Introduction: the road from Santa Fe. In: James, A., Hockey, J. & Dawson, A. (Eds) *After writing culture: epistemology and praxis in contemporary anthropology.* London/New York: Routledge, pp. 1-15.

Katz, S. 1996. *Disciplining old age: the formation of gerontological knowledge.* Charlottesville/London: University Press of Virginia.

Kaufman, S. 1986. *The ageless self: sources of meaning in later life.* Madison, WI: University of Wisconsin Press.

Keith, J. *et al.* 1994. *The aging experience: diversity and commonality across cultures.* Thousand Oaks: Sage.

Kenyon, G.M. & Randall, W.L. 1997. *Restorying our lives: personal growth through autobiographical reflection.* Westport: Praeger.

Kilbride, P.L. & Kilbride, J.C. 1997. Stigma, role overload, and delocalization among contemporary Kenyan women. In: Weisner, T.S., Bradley, C. & Kilbride, P.L. (Eds) *African families and the crisis of social change.* Westport/London: Bergin & Garvey, pp. 208-223.

Kleinman, A. & Kleinman, J. 1991. Suffering and its professional transformation: toward an ethnography of interpersonal experience. *Culture, Medicine and Psychiatry,* 15(3): 275-301.

Kohn, T. 1994. Incomers and fieldworkers: a comparative study of social experience. In: Hastrup, K. & Hervik, P. (Eds) *Social experience and anthropological knowledge.* London/New York: Routledge, pp. 13-27.

Lyman, K.A. 1989. Bringing the social back in: a critique of the biomedicalization of dementia. *The Gerontologist,* 29(5): 597-605.

Neysmith, S.M. & Edwardth, J. 1984. Economic dependency in the 1980s: its impact on Third World elderly. *Ageing and Society,* 4(1): 21-44.

Öberg, P. 1996. The absent body — a social gerontological paradox. *Ageing and Society,* 16: 701-719.

Okely, J. 1994. Vicarious and sensory knowledge of chronology and change: ageing in rural France. In: Hastrup, K. & Hervik, P. (Eds) *Social experience and anthropological knowledge.* London/New York: Routledge, pp. 45-64.

Phillipson, C. 1998. *Reconstructing old age: new agendas in social theory and practice.* London. Sage.

Sagner, A. & Mtati, R.Z. 1999. Politics of pension sharing in urban South Africa. *Ageing and Society,* 19(4): 393-416.

White, M. & Epston, D. 1990. *Narrative means to therapeutic ends.* New York: Norton.