Ageing Bodies, Rural Places, Precarious Times: A Qualitative Investigation of Successful Ageing in Country New South Wales

Gilbert Knaggs

Faculty of Arts and Social Sciences, University of Sydney

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Statement of Originality

This is to certify that the content of this thesis is my own work. This thesis has not been submitted for any other degree or purpose. All assistance received in preparing this thesis and sources have been acknowledged.

Use of Artificial Intelligence

Voice-to-text transcription software (Microsoft built-in voice-to-text tool for Word, Otter.ai) assisted with interview audio transcription. No other AI software was used during the preparation of this thesis.

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Abstract

Since the late 1990s successive Australian governments have drawn on the successful ageing model, first developed by John Rowe and Robert Kahn, to refigure population ageing as a dilemma hinging on the choices of responsible, proactive, risk-aware citizens. Drawing on data gathered from interviews conducted with rurally-based adults aged between 61 and 98 years old, this thesis examines how personal responsibility for the ageing body is enacted by those living in under-serviced communities in rural New South Wales.

Personalised responsibility for the ageing body emerged in relation to the spectre of the 'fourth age' or, more simply 'old age'. Following successful ageing discourses, participants in this study often discussed 'old age' as a future event wherein one becomes 'old', 'burdensome', and corporeally 'leaky', which may be delayed or avoided through 'healthy' and 'active' lifestyles. However, many also encountered the fourth age during routine uses of the body in terms of frustrating, life-limiting, and alarming 'feelings' (aches, pains, weakness, etc.) which signalled becoming or being old.

This thesis engages the works of Michel Foucault and Maurice Merleau-Ponty to explore these ideas. Foucault's concept of 'apparatus' is used to conceptualise successful ageing – and descents into the fourth age – in terms of principles and problematisations which have become commonplace to the ways different social actors, ranging from policy makers, medical professionals, marketers, and participants in this study, perceive, discuss, and engage with ageing. Merleau-Ponty's account of the lived-body as an 'inter-corporeal' medium of experience is additionally drawn on to conceptualise successful ageing imperatives as consequential for persons who are uniquely 'attached' to rural places, communities, and ways of life. Ultimately, this thesis argues that successful ageing rationalities, which position the fourth age/old age as a problem of prevention, unwittingly produce a 'sacrificial ethics' in the fourth age characterised by a logic of corporeal 'containment'. This argument substantiated by

participant accounts of ‘social isolation’ and ‘euthanasia’ as strategies of fourth age containment.

List of Abbreviations

AAG	Australian Association of Gerontology
ACT	Australian Capital Territory
AIFS	Australian Institute of Family Studies
ARC	Australian Research Council
ASGCF	Australian Standard Geographical Classification System
CDC	Consumer Directed Care
CHSP	Commonwealth Home Support Programme
HCP	Home Care Package
HRLTS	House of Representatives Standing Committee for Long Term Strategies
LGA	Local Government Area
LLLB	Living Longer. Living Better
MMM	Modified Monash Model
NCA	National Committee of Audit
NHMRC	National Health and Medical Research Council
NSAA	National Strategy for an Ageing Australia
NSW	New South Wales
OECD	Organisation for Economic Co-operation and Development
PICF	Participant Information and Consent Form
PMSEIC	Prime Minister's Science, Engineering and Innovation Council
RACF	Residential Aged Care Facility
SA2	Statistical Area Level 2
SEIFA	Socio Economic Indexes For Areas
THAWG	Towards Healthy Ageing Working Group
U3A	University of the Third Age
VAD	Voluntary Assisted Dying
WHO	World Health Organization

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Prologue

This work concerns experiences of human ageing in rural spaces across New South Wales (NSW), Australia. The words 'rural' and 'ageing' are both imprecise and often construed in terms of what they are not. 'Rural' describes geographic and economic areas which exist beyond metropolitan ones. 'Ageing' is most often understood as a process of cumulative decline which reverses the achievements of growth and development. This prologue does not offer further definitions or seek to locate these terms sociologically – that task is left to Chapter 1. Instead, it answers the question 'what is this analysis about' by describing the places and the participants who, through their generosity, candour, and hospitality, made this thesis possible. This prologue also serves as a 'character list' for later reference.

Places

Research for this thesis was conducted across the lands of southeast NSW. Some of these lands were dry and sparsely populated. Other regions were temperate and home to bustling country towns. Below, I provide a sketch of these different lands, their features, and the kinds of communities which they support. Following participants, colonial place names are used throughout this thesis.

The Riverina

The Riverina is an inland farming region distinguished by expansive flatlands, winding snow-fed rivers, and high soil fertility. The largest township in the region is Wagga Wagga, an inland rural hub which has seen significant population growth in recent years. As of 2025, Wagga Wagga is home to some 68,000 people, roughly 42 per cent of the region's overall population. Of the five participants from this region, four lived within a 50km radius of Wagga Wagga.

Southern Tablelands

Four Participants lived in the Southern Tablelands; another inland farming region located around Canberra and NSW's South Coast region, which sits between 600 and 1,200 meters above sea level. The Tablelands are an expansive pastoral region of rolling hills, farmlands, natural grasslands, and several small towns, three of which have populations above 10,000: Goulbourn, Queanbeyan, and Yass. Two of the participants who lived in this region were within 50km from the town ship of Yass. Another two lived in small rural towns with populations of less than 10,000.

The South Coast

Six Participants hailed from small beach-side communities along the South Coast, a 400km long coastal belt which spans from Shoalhaven down to the south-eastern most corner of NSW. The South Coast is home to several small inland rural hubs, the largest being Bega. Farmlands, large sections of bushland, and bushy mountain ranges are found along the western reaches of the South Coast. One participant had recently relocated from the South Coast to Canberra (Australia's inland National Capital).

Cooma

One participant lived in the town of Cooma, a small town in the Monaro region of southern NSW. Though founded as a municipality in 1823, much of the town was developed between the 1940s and 1960s to accommodate some 65,000 labourers and other workers involved in the Snowy Hydro-electric Scheme, a water management and hydraulic power generation project. Between 1974 (the year the Snowy Hydro was completed) and 2016, Cooma's population size was in steady decline. Since 2016, Cooma's population has grown, from roughly 6,300 to over 7,500 people.

People

In the second year of this study, 17 strangers invited me into their homes to talk about growing older in NSW's rural places. Provided below are my impressions of these remarkable people.

Darren – Riverina – 72

Darren lives on a medium sized farm. I meet him at the front door of the brick house he built in the early 1980s. He shakes my hand and invites me in. He is tall, lean, cordial, and softly spoken. He strikes me as kind and direct. He wears jeans, a flannel shirt, and boots. We have tea and biscuits and talk about the history of the place. Darren bought the land in the late 1970s and has been raising sheep, cattle, and growing crop on it for some 45 years. The inside of the house is beautiful. The walls are exposed brick, and wooden beams cross the high vaulted ceiling. Darren enjoys the farming lifestyle, the rhythm of the seasons, and the cool climate of the region. He knows he will have to give it up soon, though he doesn't want to.

Glen – Riverina – 87

Glen lives in the house he and his late wife bought in the early 2000s. He comes out to meet me as I pull up. I see a tall, lively, convivial man. Glen was born in Holland just as the Second World War was starting. After the War, when Glen was a young man, the family emigrated to Australia and settled in the area. The family purchased a small plot of farmland where they raised livestock. Glen and his brothers also found work as platelayers on the expanding rail system. After meeting his late wife in the 1960s, Glen found success in the tourism sector, working mainly as a travel agent. Glen is a well-known and, I imagine, well-liked member of the local community. A devout Catholic, Glen attends Mass twice a week and belongs to a bible group which periodically meets in his house. Time flies as we talk for nearly three hours.

Gretchen – Riverina – 98

Gretchen lives alone in the farmhouse her husband built some 70 years earlier in the 1950s. The house sits atop a rise about five metres above and 15 metres from the old country road. As I pull into the long drive, I make a mental note: No neighbours in sight. Gretchen meets me at the door and lets me in. She uses a walker to move around the home. We have tea and biscuits and begin talking about the house. Gretchen strikes me as warm, kind, and pragmatic. She is quick to laugh. She tells me she has lived in the house since the 1950s and plans to die here. The living rooms walls are decorated with old and new photos of family members and Catholic iconography. Gretchen attends Mass every Sunday and performs the Rosary every morning and night. Though living remotely and unable to leave the house on her own, Gretchen is not socially isolated. Rather, she is supported by an impressive network of family, friends, members of the local Parish, and neighbours.

Levi – Riverina – 93

Levi lives alone in a small community in the Riverina region. He is a tall, lean man who greets me at the door with an address: 'Gilbert'. We shake hands briefly and go inside. At 93 years of age, Levi walks easily with long strides. He strikes me as forthright, stalwart, and strong. Levi began his career as a farm hand and later found success as a farming equipment retailer. He describes himself as religious, conservative, and concerned about social and political issues. He attends church regularly and reads the bible daily. Despite some initial awkwardness between us, our conversation soon becomes easy and gratifying. I tell Levi he reminds me of Clint Eastwood before saying goodbye.

Nathaniel – Wagga Wagga – 83

Nathaniel lives alone in a retirement village in Wagga Wagga. The man who greets me at the door is short, welcoming, and speaks with a hearty Australian accent. We shake hands and he ushers me in. The unit is small but not cramped. He has lived here for less than a year. The front door and windows, which look out into a leafy interior courtyard, are left open to let

the autumn breeze in. Nathaniel strikes me as earnest, kind, and melancholic. He walks with a walking stick and uses an electric scooter to travel between his flat and the local shops. As a young man, Nathaniel enjoyed a successful though short-lived career as a jockey. Over the course of his life, he has run several small businesses, driven a school bus, and most recently worked as a cleaner in an abattoir. Nathaniel sees his family much less than he would like, although he has made close friends of his new neighbours.

Mia – Southern Tablelands – 83

Mia lives with her husband on a small hobby farm in the Southern Tablelands. The house is located at the highest crest of the property, overlooking paddocks and the bordering bushland. Mia has suntanned skin and wears several large bangles. She is legally deaf. After seeing me in and sitting me down at the large dining room table, she sardonically tells her husband to go for a walk, which he does. Mia strikes me as intelligent, shrewd, and cheerful. While Mia prefers the farming life over office work, much of her career has been spent in the Public Service in Canberra. Since retiring, Mia has made a point of visiting as many different places as possible; she can't stand to stay in one place. She is looking at purchasing a caravan and doing 'The Big Lap' – a tour of the entire Australian mainland.

Dustin – Riverina – 73

Dustin lives with his wife in a small town in the Riverina region. He meets me at the front door and invites me in. We walk through the house and out to an impressive woodworking shed in the backyard. The Shed has a small kitchenette and dining area in the far corner. Dustin sets us up with a pot of coffee and we begin talking. This man comes across as intelligent, discerning, and sympathetic, the kind of person you might call in a crisis. He has lived in the area since birth and intends to remain in the area until he dies. As a young man Dustin worked white collar jobs before switching to farming work in his forties. He remains close with many old associates and neighbours. He shows me his calendar, which is full up with social engagements, errands, and volunteer work commitments.

Chas – South Coast – 61

Chas, a First Nations Yuin man, lives alone in a small coastal community on the South Coast. He greets me at the door and invites me to sit on the couch while he gets coffee and biscuits. Chas comes across as gregarious, generous, and intellectual. Chas grew up with extended family in Sydney and saw much of Australia in his young adulthood. Though an avid traveller, connection to Country (an area in The South Coast region) has always affected an irresistible pull. In his later life, Chas's spiritual connection to place has become increasingly strong. He is deeply involved in local Indigenous issues and is a recognised Elder in his community. His views on ageing are unlike most others I come across; with age comes heightened status, relevance, and happiness.

Tammy – South Coast/Canberra – 84

Tammy lives alone in a semi-independent living facility in Canberra. The woman who meets me at the door is small in stature and elegantly dressed. Her flat is roomy and appears to have been built or renovated recently. The air smells of new paint, or maybe new carpet. She makes us tea and brings out a freshly baked pound cake. Tammy spent most of her life running small-scale farms with her late husband. She strikes me as kind by default, intelligent, and thoughtful. When she speaks about her late husband, her family, and the South Coast where she spent most of her life, her voice sometimes falters and cracks. Tammy is thinking of getting a dog but isn't sure whether the apartment would be a suitable place for an animal.

Sean – South Coast – 61

Sean lives with his wife in a beachside community on the South Coast. Unlike many of his neighbours, Sean has lived in the area since he was a young man. His house and garden are gorgeous. We spend some time walking around the large garden and local bushland before we formally begin the interview. Words I would use to describe Sean are contemplative, spiritual, and quiet. He describes the early years of his life as a personally and spiritually dissatisfying pursuit for belonging. A masseuse by trade, Sean has become increasingly interested in

alternative therapies and applications of massage in palliative care settings. Sean recommends that I read *The Tibetan Book of the Dead* before I die.

Gloria – South Coast – 63

Gloria lives with her husband in a small seaside community on the South Coast. Gloria has been living in the area for some 30 years and jokingly distinguishes herself from the 'blow-in oldies'. When we meet, Gloria is in a Zoom meeting at work. She lets me in, explains the situation, and disappears into the study. Ten minutes later, she finds me setting up at the dining room table. We make tea in the kitchen and chat animatedly. I would describe Gloria as gregarious, easy-going, and waggish, a person who laughs and swears easily. Gloria speaks of her love for The South Coast region, the ocean, her friends, and her family. She enjoys work but has never been overly focused on her career. She is hoping her eldest child will give her a grandchild.

Jannette – Southern Tablelands – 61

Jannette lives alone in a small Southern Tablelands community in a beautiful colonial-era home. She greets me at the door on crutches in a state of visible discomfort. She stands on one leg and holds the crutches under her arms while she works the flyscreen lock. Jannette explains that she has recently fallen and broken several bones in her ankle. As a healthcare professional, this has left her unable to work or drive. Janette is personable, easy to talk with, and is knowledgeable about the local area and issues facing older Australians. We talk for more than three hours. Words that come to mind when I think of Janette are intelligent, formidable, and persuasive.

Aretha – Cooma – 80

Aretha lives with her husband in the small town of Cooma. The couple had until recently lived in a major city but discovered Cooma more amenable to their lifestyles and financial situation. Aretha comes out to the front door to greet me as I pull into the gravel driveway. The house is a simple two-bedroom dwelling with a small backyard. Aretha has

worked many different jobs in her life and is enjoying her retirement. Unfortunately, a recent fall has left her less able to enjoy her daily life with ease and confidence. Aretha speaks quickly and brightly. She comes across as warm, agreeable, and mercurial.

Oscar – Riverina – 86

Oscar lives with his wife on a small hobby farm in the Riverina area. Our interview takes place mostly outside as we move slowly around the large property. Oscar gets around on a mobility scooter. His land is flat, and the house, which he designed, is wheelchair accessible. Oscar strikes me as an accomplished, competent, and practical man. The garden near the house boasts an impressive collection of fruit trees. I learn that Oscar's working life started on fruit farms and later developed into a career in fruit packing and delivery. At the conclusion of our interview, Oscar loads my boot up with a choice selection of his produce.

Ennis – Southern Tablelands – 69

Ennis lives alone on his spacious rural property on the outskirts of a small Southern Tablelands community. He stocky, strong looking, and has short grey hair. Ennis describes himself as a traditionalist and a recluse. This latter characterisation is curious, as I find him a terrific conversationalist. He talks with a terrifically dark, deadpan sense of humour. Ennis spent most his working life in the ambulatory care sector and has been enjoying his retirement. Though born and raised in the region, he tells me that decades of adulthood spent elsewhere have earnt him the distinction of 'blow in' by some of the established families in the region. Ennis ends the interview with some wisdom, or maybe a warning: 'Old age and treachery win out against youth and enthusiasm nine times out of ten.'

Norreen – South Coast – 65

Norreen lives with her husband in her beautiful South Coast home. She is tall and stylish. Inside I meet her panting husband who has just recently completed a long-distance run. It's a cool summer afternoon, so we decide to talk in the backyard. After a successful career in the financial sector in Sydney, Norreen moved to the South Coast with her husband in search

of a slower and easier lifestyle. Since the move some ten years ago, Norreen has found rewarding work in the community and aged care sectors. Norreen comes across as principled, sociable, and perspicacious.

Joss – South Coast – 70

Joss lives alone in her stilted 'Queenslander' home which sits roughly centre above her garden. The view of the ocean and headland from the elevated front entrance are breathtaking. Joss lets me in. She makes coffee, and we sit down to talk at the dining room table. Joss, like Norreen, spent most of her life working in the financial industry in Sydney. She recounts her working life as financially rewarding and personally draining. She describes her home and the local environment as 'a paradise', and I agree. Joss values independence and solitude highly. She strikes me as accomplished, self-reliant, and introverted. She tells me she is not looking forward to old age.

Like the regions I visited, the people who supported this research were diverse. What they shared however was a generosity and forthrightness in sharing the stories of their remarkable lives with me.

Introduction

Australia, like many nations, has an ageing population. In the last 50 years, the proportion of Australians aged 65 years and over has more than doubled, from 8.3 per cent in 1975 to 17.0 per cent in 2025 (Australian Institute of Health and Welfare, 2024). Alongside these demographic changes, the ways Australians understand and enact their later lives have also shifted. These shifts can, on the one hand, be linked to the emergence of new anxieties and alarmist discourses about the economic implications of a 'top-heavy' ageing population (Betts, 2014; Johnstone & Kanitsaki, 2009; Katz, 1992). In 1994, The World Bank named population ageing 'a looming old age crisis' which 'threatens not only the old but also their children and grandchildren, who must shoulder, directly or indirectly, much of the increasingly heavy burden of providing for the aged' (The World Bank, 1994, p. viii). Demographers and popular media outlets have used phrases like 'silver tsunami' (Das, 2015; Delafuente, 2009) and 'grey wave' (Milne, 2010) to evoke futures where the productive young are overwhelmed by masses of hapless, helpless, entitled seniors.

Yet, amid this alarm, later life has also been recalibrated by profoundly optimistic models and discourses about ageing. Rather than emphasising later life as a time of decrepitude, dependency, and collective cost, there are now 'successful' (Rowe & Kahn, 1987), 'positive' (Bowling, 1993; Deshpande, Kochar, & Singh, 1986), 'active' (Walker, 2002), 'productive' (Bass, 2000; Kaye, Butler, & Webster, 2003), and 'third age' (Laslett, 1987) ageing discourses and identities that emphasise new possibilities for health, independence, productivity, and social relevance in later life.

Chief among these re-framings has been John Rowe and Robert Kahn's behavioural model of 'successful aging' (1987), which is notable for popularising the 'problem' of human ageing as one of everyday behaviours and choices which are extrinsically linked to health outcomes later down the track. Australian sociologists have noted the significant influence of

successful ageing (and similar) discourses on government responses to population ageing, particularly those which have deployed neoliberal strategies of deregulation, privatization, and marketization (Aberdeen & Bye, 2013; Asquith, 2009; Cardona, 2008b; Davis & Bartlett, 2008; Gibb, 2018; Higgins & Stehlik, 1999; Ranzijn, 2010). In this thesis, I trace how successful ageing principles have been co-opted by neoliberal strategies of governance, with a specific focus on rural communities, where opportunities for performing successful ageing imperatives are often limited. This introduction serves to outline the central research questions of this study; the social, historical, and geographic contexts in which these questions are asked; the theoretical approach which is deployed; and the contributions which this thesis makes to the field of sociology.

The central question this thesis asks is: How is human ageing rationalised and embodied by older adults living in underserviced communities in rural New South Wales (NSW)? Contained within this overarching research question are the following sub-questions:

> To what extent do local accounts of human ageing in rural NSW correspond with recent regulatory conceptualisations of human ageing as a problem of individual behaviours, choices, and responsibilities?
>
> What constitutes a 'good' later life and how is such a life cultivated?
>
> How do rural conditions of existence intersect with local understandings of human ageing and pursuits of a 'good' later life?

My interest in successful ageing specifically in rural places stems from three overlapping factors. Firstly, the successful ageing model, today often promoted by 'active' and 'positive' ageing policies, remains central to how NSW state and local governments, as well as health and aged care providers, understand and work to manage the 'problems' of human ageing in rural communities (Davis & Bartlett, 2008; Local Government NSW & NSW Government, 2023; O'Brien, 2017). Secondly, communities in rural NSW (and rural Australia

more broadly) frequently lack the resources and infrastructures (e.g., public transport systems, gyms and other health industries, community aged care services, opportunities for local social engagement, and 'age friendly' neighbourhoods) which can support 'successful', 'positive', and 'active' ageing lifestyles and outcomes (Davis & Bartlett, 2008; Zheng, Walsh, & Sutarsa, 2023). And thirdly, while statistical evidence makes it clear that rural Australians face unique and disproportionate challenges when it comes to cultivating successful ageing futures (Kamil, Kruger, Turlach, & Tennant, 2023), with some notable exceptions (e.g., Byles, Rahman, Princehorn, Holliday, Leigh, Loxton, Beard, Kowal, & Jagger, 2019; Ranzijn, 2010; Wettasinghe, Allan, Garvey, Timbery, Hoskins, Veinovic, Daylight, Mack, Minogue, & Donovan, 2020), little is known about how successful ageing rationalities and imperatives are embodied in rural spaces.

This project seeks to fill this gap in knowledge. Importantly, as indicated by the above research questions, I am interested in more than 'if' successful ageing rationalities extend into rural NSW communities. Given the ubiquity of successful ageing principles and logics across Australia, I want to know *how* successful ways of ageing, thinking, seeing, and acting unfold in these spaces.

In investigating this issue, I draw on archival and interview data. The former were gathered primarily from publicly available collections of digital and print media, political proceedings and commentaries, and legislation. Interview data were generated from conversations held between me and seventeen older Australians who volunteered to participate in this research. To investigate and map relationships between the two kinds of data gathered for this research, Adele Clarke's *Situational Analysis* approach was adopted. Interviews, which were semi-structured and iteratively developed, were further organised around James Holstein and Jaber Gubrium's (1995) *Active Interview* methodology. Both approaches emphasise the social and political contexts in which forms of common sense, social interaction, and embodied

activity emerge. Together, these methodologies helped me to consider relationships between a) local, everyday accounts of human ageing and b) those broader discursive, regulatory, historical, and economic realities which shape how local experiences and understandings of ageing unfold.

To conceptualise how experiences of human ageing emerged between local and extra-local social realities, this thesis draws from the works of two French philosophers in particular: Michel Foucault and Maurice Merlea-Ponty. Together, these theorists enabled me to think about how experiences of human ageing are animated by historical, political, social, and other extra-local conditions of everyday existence; and how the visceral and corporeal are socially situated. Foucault's concept of 'apparatus' and Merleau-Ponty's account of the body as 'inter-corporeal' have proved indispensable in this regard. Drawing on these concepts, this thesis investigates how embodied experiences of human ageing in rural NSW are configured around what I call the 'apparatus of successful ageing'.

One of the central contributions of this thesis is to develop an account of successful ageing as an apparatus. What is an apparatus? While different thinkers have rhetorically asked and provided intriguing answers to this question (e.g., Agamben, 2009; Deleuze, 2006), my use of this term draws primarily from Foucault's account (1980). For Foucault, an apparatus refers to an assembly of technologies, policies, knowledges, persons, and other entities which become mobilised around some specific pertinent problem. Analogous to the ways that complex machines can be described in terms of composite components and in terms of practical functions, Foucault's notion of apparatus describes complex relations between heterogeneous actors, institutions, technologies, knowledge's etc., and specific, historically contingent problems around which heterogeneous elements become organised and mobilised. In this way, apparatuses make certain social problems apparent to thought, speech, worry, political intervention, observation, evaluation, punishment, praise, etc. Many of Foucault's most famous

works can be read as identifying both aspects of apparatuses throughout history. *The History of Sexuality Volume 1: An Introduction* (1978/1990), for instance, traces the emergence of sexuality as a problem of thought by exploring how various institutions, policies, practices, knowledges, professions, treatments, etc. became concerned with regulating desire and reproduction in liberal societies, and how such regularity efforts gave rise to new ways of seeing, worrying about, and ultimately embodying sexuality.

Foucault's investigations of apparatuses and the problems which they engage help us to appreciate the historical origins of parts of our modern selves we might otherwise feel to be innate. While certainly common to bodies, drawing on Foucault, I want to consider how the ways bodies age and what it means to become older are shaped by historical conditions of existence. One of my central claims in this thesis is that Rowe and Kanh's account of human ageing has, in recent decades, become important for new ways of seeing, aspiring, working against, and governing human ageing for a huge variety of different social actors in Australian society.

While one of my central claims is that Rowe and Kahn's ideas have become widespread in Australia, as I mentioned earlier, I am particularly concerned with underserviced rural spaces and places. To grapple with how successful ageing principles and imperatives intersect with other ageing discourses and the complexities of everyday life in rural spaces, Merleau-Ponty's concept of 'inter-corporeality' is additionally drawn on. Before introducing this concept, it will be useful to very briefly describe Merleau-Ponty's understanding of experience as embodied.

Merleau-Ponty's phenomenological works are concerned with developing an ontology of the lived body (Evans & Lawlor, 2000). The term 'embodiment' essentially describes what Merleau-Ponty thinks human consciousness is – enacted and grounded in the living body (Merleau-Ponty, 1945/2012). Sociological studies that are interested in embodiment thus tend to focus on how certain aspects of experience and sociality emerge through bodily practices

(Shilling, 2001, 2007, 2012). In the context of this thesis, I am interested in how 'good' and 'successful' later lives are shaped, pursued, and undermined by bodily techniques, routines, aspirations, and pressures which emerge in everyday rural life.

Merleau-Ponty came to understand embodiment as an 'inter-corporeal' affair (Merleau-Ponty, 1968, p. 143). This concept recognises the perceiving body and the perceived world as 'intertwining' and inter-penetrating each other (Merleau-Ponty, 1968, p. 138). While the lived body remains a central and inescapable fact of existence, what we are as embodied beings is indissoluble from the specific circumstances of our everyday, embodied existence. A consequence of this understanding for Merleau-Ponty is that a phenomenology concerned with what is fundamentally human becomes philosophically unworkable (Merleau-Ponty, 1968, p. 274). Embodied being is instead 'ambiguous' (Merleau-Ponty, 1968, p. 214). This is because the 'flesh' of the body (its organs, appearance, perceptual capacities, acquired skills, habits, desires, fears, thoughts, self-awareness, etc.) is shaped by and, in turn, shapes the 'flesh' of the world (environment, social standards, encountered others, standards of beauty, economic realities, etc.) (Merleau-Ponty, 1968, pp. 248-251).

The concepts of apparatus and inter-corporeality are complex and are described in more detail in Chapters 1 and 2. Here, it is worth noting two advantages which these concepts bring to this study and, I think, can bring to other sociological investigations of human ageing. These advantages are methodological and theoretical. Firstly, the concept of inter-corporeality provides a model for investigating the complex and varied ways different and at time competing apparatuses (i.e., systems of power and knowledge) govern (and often fail to govern) human beings in their complex everydayness. Rather than theorising apparatuses as totalising systems which engage the basically docile and impressionable flesh of the body, from an inter-corporeal perspective, apparatuses of power/knowledges can be appreciated as affecting different bodies in different ways, as engaging complex and varied inter-corporeal anatomies.

A second advantage of these concepts is that, together, they circumvent theoretical difficulties which have historically stalled sociological investigations of human ageing. With notable exceptions (e.g., Cumming & Henry, 1961; De Beauvoir, 1970/1996), sociological interest in human ageing has coincided with what has been called the 'somatic' (Turner, 2012) or 'corporeal turn' (Witz, 2000) in sociology, which took place in the mid-1980s. An enduring point of interest which emerged from this turn is the body's social construction (Turner, 1984), with post-structural and postmodern accounts of social construction being highly influential in this regard (Frank, 1991; Ortega, 2013). According to these theoretical perspectives, the body is not a 'natural' or 'biological' entity which resides in society; rather sociality extends into the materiality of bodies and, in doing so, iteratively shapes and reconstructs them. What a body *is* is what a society makes or enables it to be.

The sociological status of the body which has emerged from these theoretical developments has been explicitly and implicitly premised around the theoretical position that bodies, like other aspects of 'the social', are mutable and constructed, as opposed to fixed and fundamental (Coole, 2010; Frost & Coole, 2010; Hughes & Witz, 1997). Strangely however, this standard of corporeal mutability has often worked to exclude certain aspects of embodiment which have seemed beyond the reach of social constructionism from sociological consideration (Coole, 2010; Frost & Coole, 2010; Ortega, 2013). At the very least, asking questions about the social construction of phenomena like extreme suffering, war, and the body in very old age, have appeared controversial, awkward, and unnecessarily heady (Gilleard, 2025; Hacking, 1999; Weinberg, 2014).

In recent decades, the viability of the socially constructed body has required silences concerning its aspects which recall the biological and the immutable (Gilleard & Higgs, 2010, 2011; Howson & Inglis, 2001; Ortega, 2013; Shildrick, 2001). Francisco Ortega has pointed out that 'radical versions of social constructionism… which transforms the body in the

discursive entity of social constructionism, requires abjection, the impossible carnal rejection of corporeality' such that the 'socially constructed' body of sociology is devoid of 'flesh, blood, secretions, faeces, urine, sweat, saliva, vomit and other bodily fluids' (Ortega, 2013, p. x). The lack of fit between the visceral and social body has ultimately created unsatisfactory ultimatums for sociologists interested in human ageing.

The standards under which the body's social and sociological status has been theoretically conferred has suggested that certain conditions of corporeality are somehow less social and less sociological than others. As in later life the body tends to be less susceptible to performative reconfiguration, older bodies have appeared, from certain theoretical perspectives, as sociologically obsolete (Öberg, 1996). To combat this, some sociologists have sought to reveal older adults as more than their bodies by excavating 'deep' social identities which remain *despite* the body becoming old (Featherstone & Hepworth, 1991; Öberg, 1996). This has led to an equally unsatisfactory situation in which sociological investigations of ageing are unable or reluctant to engage the corporeal dimensions of later life, despite these being obviously significant (Öberg, 1996).

Approaching human ageing as a phenomenon which is both historically mediated and inter-corporeally experienced helps to overcome this theoretical impasse. The question which an inter-corporeal approach to the ageing body asks is not how or to what extent are human ageing and oldness socially constructed. Rather, the question is, what does human ageing mean within inter-corporal structures of embodied being? By recognising ageing bodies and social conditions of existence as continuous, confounding questions about 'how much' of human ageing is constructed from the 'outside' and how much is innate and fixed from 'within' can be avoided. Indeed, the questions which this thesis asks are ultimately concerned with what ageing and oldness mean within specific inter-corporeal contexts – the epistemological status of ageing as *either* socially constructed or bodily is not a pressing one.

To reiterate, this thesis is concerned with how the apparatus of successful ageing intersects with ageing bodies which are inter-corporeally grounded in various rural NSW communities. In Chapter 1, I provide a detailed genealogical history of successful ageing ideas and imperatives in Australia. In tracing the huge and lasting influence of Rowe and Kahn's model on regulatory policies and other fields of governance, I propose that we can understand successful ageing as an example of what Foucault calls an apparatus – an assembly of technologies, policies, knowledges, persons, and other entities which become mobilised around some specific and pertinent 'ways of seeing' a given problem. I develop this concept alongside Foucault's concept of biopower, a contemporary form of political power in liberal and neoliberal societies which seeks to optimise the productive possibilities of human life. With these concepts in hand, the chapter shows how successful ageing rhetoric and policies have been adapted to suit neoliberal policy agendas which, since the late 1990s, have sought to maximise the productive capacities of older Australians. Specifically, I show how Rowe and Kahn's account of human ageing as a problem of individual choices and behaviours has been leveraged by Australian policy makers to create new forms and degrees of personal responsibility for governing the lived body in later life. The later section of this chapter provides a statistical overview of how successful ageing and other neoliberal reforms have shaped courses of human ageing in underserviced rural spaces in NSW in recent decades.

Chapter 2 is concerned with the methodological strategies used to develop and interpret the interview data gathered for this research. The chapter, however, begins with a discussion of epistemology. Here, I continue my discussion of how Merleau-Ponty's model of inter-corporeality and Foucault's notion of apparatus can be paired in mutually beneficial ways. This section concludes with an account of what this pairing of concepts means in practical and methodological terms for this thesis.

Chapter 3 investigates the inter-corporeal significance of successful ageing imperatives on participant attachments to rural places. It begins by tracing degrees of commensurability between the basic tenets and problematics of successful ageing rationalities and participant accounts about the meaning, nature, and implications of human ageing. The chapter goes on to trace the inter-corporeal significance of homes and communities for participants who aligned with successful ageing rationalities, this being a majority of those who participated in this research. I elaborate a tension between the successful ageing imperative for inter-corporeal independence, a state which participants contrasted with becoming a 'burden' for/on others, and limited opportunities to practically pursue successful ageing outcomes and lifestyles in the rural places which participants called home.

Chapter 4 investigates how imperatives for late life independence and austere conditions for pursuing independence (e.g., limited access to home care services, public transport, medical facilities, etc) influenced participant experiences of time. Two temporal registers are examined: futurity and duration. Taken together, this chapter considers how imperatives for ongoing independence through time are generative of certain aspirational (and certain feared) visions of the future, and everyday techniques for moving toward (and away from) such future scenarios. Three main techniques for spending time 'correctly' are identified, these being staying active, planning ahead, and keeping busy. These uses of time are found to be morally consequential, with failures to spend time 'correctly' often producing negative emotions of shame, guilt, and self-admonishment.

Chapter 5 is concerned with how successful ageing 'ways of seeing' contribute to negative self-relations towards the ageing and increasingly 'old' body. The central finding of this chapter is that ethical aspirations to remain corporeally independent in later life often bleed into ethical projects concerned with keeping 'abject' parts of the old self independent *from* others. My claim is that successful ageing imperatives (in conjunction with the rural places

where these materialised) contributes to a 'sacrificial ethics of containment' regarding the 'problem' of old age. This claim is substantiated by participant accounts of 'social isolation' and 'euthanasia' as techniques which may be deployed to prevent the ageing body from becoming a 'burden' on family members, taxpayers, and the future.

This thesis concludes by considering what is at stake for a society which has increasingly come to recognise ageing as a problem of personal choices and responsibilities, which engages 'old age' as a stage of life to be mitigated, and which distributes resources required to engage anti-ageing sentiments in unequal ways. In asking these questions, I offer an ethics of fourth age 'contentment' as an alternative to the ethics of fourth age 'containment'.

Chapter 1: Successful Ageing as an Apparatus

Ageing has long been considered a 'great equalizer'. Many people grow old and everyone, one way or another, wears out. Yet it is clear that different bodies age at different rates and in different ways. The sociology of ageing has emerged as a field of inquiry which seeks to understand how processes outside the body – material, symbolic, relational, political, and economic – affect experiences and forms of later life. This thesis contributes to this burgeoning field of inquiry by exploring how embodied experiences of human ageing are shaped by conditions of existence in economically disadvantaged rural communities in New South Wales (NSW), Australia.[1] Drawing on Michel Foucault's genealogical method of historical analysis and his insights about the mechanics of power in liberal and neoliberal societies, this chapter outlines important discursive, economic, technological, and moral conditions which animate how bodies age in these rural places. A central claim of this chapter is that successful ageing discourses, policies, and lifestyles which emerged in the late 1990s continue to inform how the 'problem' of human ageing is understood and approached in Australia today. I am specifically interested in how discourses, policies, technologies, and opportunities to age 'successfully' have materialised unevenly across Australia. I show that while successful ageing concepts, discourses, and policies have animated experiences of later life in rural NSW since the 1990s, those resources required for a successful later life have become increasingly concentrated in metropolitan areas.

In tracing the huge but uneven influence of successful ageing ideas and imperatives on contemporary ageing experiences, successful ageing is theorised as an example of what Michel Foucault calls a 'dispositif' or 'apparatus' (Foucault, 1980). I go onto argue that what I call the

[1] In this study economic disadvantage refers to geographic areas that fall within the bottom two quintiles of national average yearly household incomes as recorded by Socio-Economic Indexes for Areas (SEIFA) data from 2021. Following the Australian Standard Geographical Classification System (ASGCS), the term 'rural' is used broadly to refer to areas outside metropolitan areas.

'apparatus of successful ageing' fulfills imperatives of contemporary 'neoliberal biopolitics' and, more broadly, 'neoliberal biopower'. At first glance, the claim that contemporary conditions of ageing are in significant ways structured by the apparatus of successful ageing and the broader imperatives of neoliberal biopower is an obscure one. To clarify this argument, the terms 'apparatus' and 'neoliberal biopower' will be examined below. Firstly though, I will introduce the term 'successful ageing'.

Successful ageing (or successful aging in American English) is a behavioural model of ageing which was made popular by gerontologists John Rowe and Robert Kahn, who introduced the concept in their 1987 article 'Human Aging: Usual Vs Successful'.[2] The central argument of this text is that the role of intrinsic biological mechanisms in human ageing (i.e., apoptosis) has been historically 'overstated' by gerontologists and the human sciences at the expense of extrinsic and modifiable causes of human ageing (1987, p. 143). This claim was supported by findings from their recent McArthur Foundation study which, in the late 1980s, revealed that certain behaviours and lifestyle factors in the middle years of life can have a significant impact on health and wellbeing outcomes in later life. Drawing on these findings, Rowe and Kahn's new model of ageing, 'successful ageing', argued heterogeneous ageing outcomes, rather than expressing natural biological variation, were in fact indicative of different behavioural histories. 'Usual' and 'negative' ageing outcomes, rather than reflecting intrinsic biological mechanisms, in fact reflected histories of poor diet, limited exercise, employment, and conduct more broadly.

[2] The phrase 'successful ageing' has in fact been used in Australia since the 1960s. Cultural historian Cecily Hunter (2008) has traced this term to presentations delivered by Herbert Bower and G.V. Davies, geriatric psychiatrists working for the Victorian Mental Hygiene Authority, who used this concept to describe preferable psychological adaptations to physical and social declines in retirement (Hunter, 2008). Contemporary uses of the phrase 'successful ageing' derive from Rowe and Kahn's (1987) behavioural model of ageing.

From the outset, Rowe and Kahn's behavioural explanation of heterogeneous ageing outcomes proved controversial (Bülow & Söderqvist, 2014; Timonen, 2016). While their longitudinal evidence was certainly novel and important, the claim that extrinsic ageing mechanisms are under the control of individuals was seen as sociologically naïve by critical gerontologists who emphasised the ways human ageing, as well as health choices and behaviours relevant to ageing outcomes, are mediated by social and economic conditions and inequalities (Bowling & Dieppe, 2005; Katz, 2000, 2001; Martinson & Berridge, 2015; Rozanova, 2010). Nevertheless, within a decade, the idea that human ageing was a dynamic phenomenon which could be pre-emptively managed by individuals was widely accepted in the gerontological community.

By the 2000s, the successful ageing model had evolved into a gerontological paradigm (Holstein & Minkler, 2003), and had fundamentally transformed the ways governments, societies, and individuals were perceiving and engaging with ageing as a problem of existence (Bülow & Söderqvist, 2014; Katz & Marshall, 2004; Lamb, Robbins-Ruszkowski, Corwin, Calasanti, & King, 2017). More than just a biological phenomenon which occurs to individuals and populations, the successful ageing paradigm was helping to re-cast ageing as a problem of personal choices, responsibilities, and efforts. Today, the principles of successful ageing underpin the model's various offshoot concepts such as 'active', 'healthy', 'productive', and 'positive' ageing, as well as everyday understandings about the relationship between choices, personal responsibility, late life health, and what it means and takes to 'age well' (Timonen, 2016; Waddell, Van Doorn, Power, & Statham, 2025).

Crucially, tracing the history and influence of the successful ageing model involves looking beyond gerontology (Bülow & Söderqvist, 2014). It requires examining how the model has explicitly and implicitly shaped political, economic, and everyday understandings of ageing (Ehlers & Krupar, 2019). To support this endeavour, I will draw on Foucault's theoretical

concepts of apparatus and biopower. These concepts will be brought together through a discussion of neoliberal biopower – this later concept being based on reformulations of Foucault's conceptualisations in the wake of neoliberal reforms which have been ongoing in the decades since Foucault's death (Cooper, 2011; Ehlers & Krupar, 2019; Fleming, 2014). Taken together, I propose that successful ageing can be theorised as an apparatus which functions in the broader contexts of neoliberal biopower.

Part 1: Theoretical Concepts for Approaching Successful Ageing as an Apparatus

Apparatus and Technology

What then is an apparatus and how do apparatuses relate to neoliberal biopower? The term apparatus is used by Foucault in both an analytical sense and in an historical sense (Dreyfus & Rabinow, 1982, pp. 120-121). Foucault's historical works can be read as attempts to identify and document the formation of 'concrete' apparatuses which have existed throughout history (Deleuze, 2007, p. 338). The term apparatus is a translation of the French term 'dispositif'. In French, a 'dispositif' is a blueprint or schematic depicting the relationship between different components of a machine. Keeping with this schematic imagery, Herbert Dreyfus and Paul Rabinow read Foucault's apparatus as a 'grid of intelligibility' which enables different actors, institutions, and technologies to become organised around a specific discursive problem (Dreyfus & Rabinow, 1982, p. 122). Similarly, Gilles Deleuze reads Foucault's notion of apparatus as an assemblage of persons, groups, institutions, and professionals, which are made to 'see and talk' about a specific (though historically relative) problem or element of reality (Deleuze, 2007, p. 339).

Apparatuses can be understood as complex and multifaceted assemblages of technologies and techniques which work to direct the energies of living beings toward certain ends. They emerge in specific historical periods when different technologies, operating in

different places and on different scales, become mobilised and concerted around some pressing goal, problem, or danger (Foucault, 1980, pp. 194-196). That is, an apparatus can be understood as a complex but concerted political technology, comprised of various other technologies.

Foucault uses the term 'technology' to describe devices, techniques, and mechanisms which may be used in the following ways:

1. To guide, discipline, and shape the conduct and thoughts of others or oneself.
2. To codify and document the objective qualities of living beings (i.e., their sex, location, movement, sexuality, age, race, life expectancy, crimes, search history, etc.) (Foucault, 1994b, p. 255).

As Foucault's various works demonstrate, technologies, whether concerned with controlling conduct, producing knowledge, or both, have historically been organised around pertinent 'truth discourses' through which certain problems become thinkable and can be submitted to techniques of governance (Rabinow & Rose, 2006). Sexuality, criminality, racial hygiene, madness, and population ageing are pertinent examples of historical truth discourses which technologies have become assembled around. The organisation of technologies into apparatuses thus coincides with articulations of pertinent problems requiring surveillance, investigation, correction, and management.

An apparatus, then, is an example of heterogeneous technologies of power becoming mobilised around some 'urgent' problem purported to be facing society (Foucault, 1980, p. 194). As Foucault explains, in contrast to specific technologies of power, such as 'discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral, and philanthropic propositions' an 'apparatus itself' refers to 'the network [or logic] that can be established between these elements' (Foucault, 1980, p. 194). The emergence of new apparatuses thus typically amounts to knowledges and techniques

relating to the governance of human beings becoming standardised and systematised (Dreyfus & Rabinow, 1982, p. 192).

Biopower

Foucault's most fruitful development of this analytic took place during the same years he developed his concept of 'biopower'. Foucault deploys the term biopower to conceptualise the material interface of a mode of government which has been deployed in liberal nation states roughly since the eighteenth century (Foucault, 1975-1976/2020). Foucault uses the term 'government' to account for the various ways human conduct is directed (Foucault, 1982). Unlike more familiar depictions of governance as a repressive force which restricts freedom, biopower is a mode/system of governance which directs the agencies and vital energies of liberal subjects (Foucault, 1975-1976/2020; Rose, 1999).

Materially, biopower is comprised of apparatuses and technologies which are responsible for monitoring, codifying, and directing human life. Later scholars have suggested the term 'bio' serves two functions in Foucault's formulation. Firstly, bio recalls the Greek term 'bios', which roughly translates to political and social personhood (i.e., to citizenship) (Agamben, 1998). Bio has also been understood as a shorthand for 'biological' (Rabinow & Rose, 2006). Taken together, biopower may be understood as a system of governance comprised of technologies and apparatuses which monitor and intervene upon the life (biology) of citizens (bios) who, as a collective, comprise the capacities, vulnerabilities, prevalences of disease, ages, psychological states, etc., of the body politic (Dean, 2010; Rabinow & Rose, 2006). Crucially apparatuses of biopower are never totalising and should be understood as aspects of multifaceted social and political realities.

The model of biopower which Foucault depicts is complex. Unlike earlier sovereign systems of governance where ultimate power is embodied by a supreme leader, biopower consist of multiple and heterogeneous technologies and sites of governance: policy makers,

laws, bureaucrats, gyms, school systems, police officers, even stop signs. Nevertheless, Foucault insists that systems of biopower, despite their complexity, have historically succeeded in generating productive and orderly forms of life for liberal societies and economies.

According to Foucault, apparatuses of biopower involve relations or relays between two technological scales or poles (Foucault, 1978/1990, 1975-1976/2020). At the macro pole, biopower is comprised of regulatory technologies and strategies. These govern by organising large groups of human beings into populations, and by intervening on the demographic and epidemiological characteristics of these collectives. Foucault labels this kind of regulatory power 'biopolitics' (Foucault, 1975-1976/2020, p. 243). The modus operandi of biopolitics is to maximise the productive capacities of the population.

On a more local level, biopower is comprised of various 'disciplinary' technologies (Foucault, 1975-1976/2020, p. 147). Disciplinary technologies govern bodies directly, targeting them for training, correction, punishment, and encouragement. Doctors, police officers, prisons, parents, and stop signs are examples of this kind of technology. Biopower involves lines of 'orthogonal' communication between biopolitical and disciplinary technologies (Foucault, 1975-1976/2020, p. 253). Biopower, in other words, involves channels of communication and influence between:

a) Abstract, regulatory techniques and policies which are concerned with the population (its epidemiological vulnerabilities, its economic potentials, etc.) which Foucault calls 'biopolitics', which fund, monitor, accredit, regulate, and receive advice and data from
b) disciplinary technologies that target individual bodies (e.g., psychological, medical, educational, and welfare services, family units, workplaces) for training, correction, modification etc., in relation to regulatory standards, imperatives, and funding arrangements.

Foucault insists that the parallel emergence of economic liberalism, bureaucratic forms of governments, and the formation of biopower in the eighteenth century is not coincidental. Under the logic of economic liberalism, the characteristics of populations (e.g., distribution and patterns of age, reproduction, employment, capacity, retirement, and mortality) – came to represent a regulatable yet intrinsically vital economy of creative forces, analogous to and productive for monetary economies (Foucault, 1975-1976/2020). Biopower thus came to work to ensure the good health, psychological wellbeing, education, safety, and free mobility of national populations – the reason being that healthy, secure, well-educated, and mobile populations are better able to engage with capitalist economies.

In its early and contemporary forms, biopower seeks to maximise the capacities and good functioning of the biological basis of social and economic prosperity. In Foucault's words, biopower seeks to 'make live' (Foucault, 1975-1976/2020, p. 241). Standards of vitality, however, necessarily form a 'field of visibility' distinguishing between vital and non-vital forms of existence (Foucault, 1975-1976/2020, pp. 242, 254). Biopower is therefore comprised of apparatuses and technologies concerned with identifying, controlling and, if possible, ameliorating problematic populations and individuals (e.g., criminals, sexual deviants, inferior races, the insane, 'illegal aliens', the infectious, and other forms of life which (appear to) threaten the good functioning of populations and liberal economies) (Foucault, 1977-78/2007, pp. 1-11). In this way, apparatuses of biopower work to distinguish vital from non-vital forms of life and to protect the later from the former (Foucault, 1975-1976/2020, pp. 254-256). Thus, Foucault argues, apparatuses intended to make populations live in vital ways have always involved forms of 'killing' (Foucault, 1975-1976/2020, p. 256). Killing in Foucault's formulation, refers to 'every form of indirect murder' enacted by technologies (or their absence) which 'disallows' a problematic form of life from living (Foucault, 1975-1976/2020, p. 256). As such, killing refers to mechanisms, disciplinary interventions, and living conditions

which do not immediately cause biological death as well as more unambiguous acts of killing, like execution.

Disallowing

As Foucault and various scholars who have developed his work point out, biopower's killing functions often take place in spaces designed to provide care and security to 'abnormal' and 'pathological' forms of life (Agamben, 1998; Dillon, 2005; Ehlers & Krupar, 2019). For example, Foucault describes the apparatus of 'madness' as 'a normative system built on a whole technical, administrative, juridical, and medical apparatus, whose purpose it was to isolate and take custody of the insane' (Foucault, 1994b, p. 202). This kind of care has also been used to manage the lives of older adults 'who, because of their age, fall out of the field of capacity, of activity' (Foucault, 1975-1976/2020, p. 244).[3] According to Nadine Ehlers and Shiloh Krupar,

[3] Although writing about the European contexts, Foucault's characterisation of how liberal states have managed older adults through exclusionary forms of care is also a characteristic of Australian history. In pre-federation Australia, public care for the elderly was sparsely provided under the so-called 'barrack system'. Drawing inspiration from the English 'Poor Laws' system, the barrack system was often justified in the name of public order and hygiene, and more specifically to redress late life pauperism and vagrancy (Dickey, 1983; Fletcher, 2021). A letter penned by Lachlan Macquarie (the fifth Governor General of NSW) to the English Crown in 1822 provides an insight into the role of the barrack system in ensuring colonial order: 'The great number of Paupers, aged, infirm, and old men and women, many of whom are both lame and blind and without any permanent provision, unavoidably entailed in Government a very heavy expense in victualling the greater part of them from the King's Store; but being homeless as well as pennyless, they still went about begging and often sleeping out at nights in the open air. I was therefore induced to have a comfortable House and offices erected at the expense of the Government' (Macquarie, 1822/1916, as cited in Dickey, 1983, p. 248). Crucially though, while early forms of welfare for the aged in Australia can be linked to the biopolitical problematics of colonial order and public hygiene (Fletcher, 2021), it would be incorrect to characterise the development of systems of support for older Australians as pursuing these biopolitical imperatives alone. The development of public care policies and institutions for older Australians reflects a plurality of political agendas, social movements, and ethical concerns, including from early proponents of the Australian labour movement who opposed the barrack system (Murphy, 2008). The circumstances which brought about Australia's first old age pension in 1908, though drafted and introduced by Alfred Deakin's Liberal party, exemplify this complexity. Throughout the 1800s, Australian liberals had generally opposed introducing universal age pensions as part of a broader opposition towards 'pauperism', endorsing instead the 'barrack system' of support for unemployed homeless older adults (Dickey, 1983). By the

today, liberal institutions of care for older adults can be characterised as spaces of 'deadly care' (2019, pp. 119-124), wherein care which supports biological existene also functions to disallow older adults from particiapting in the public sphere. In such spaces, the ageing body is effectively striped of its bios, becoming a 'bare' biological problem to be managed (Agamben, 1998; Jenkins, Chechel, & Jenkins, 2023).

In addition to forms of restrictive care and control, biopower also disallows or 'kills' through strategies of abandonment. Foucault refers to this kind of killing as 'letting die' or 'let die' (Foucault, 1975-1976/2020, p. 241). 'Let die' is a strategy which applies to those who fall outside of biopower's affirmative purview. As a biopolitical strategy, letting die involves denying or the austere provision of life-supporting resources and technologies to certain groups, particularly those whose existence is construed as dangerous or costly to the majority. Letting die involves the creation of what Elizabeth Povinelli describes as 'zones' and 'economies of abandonment' (2011, pp. 9, 30) which make certain styles and ways of existing difficult or impossible to maintain. Deliberately meagre welfare benefit systems intended to discourage prolonged unemployment can be interpreted as examples of this kind of killing (Povinelli, 2011, pp. 9, 25). Under such circumstances, persons who are unable or unwilling to engage in systems of neoliberal capitalism are exposed to what Povinelli calls 'slow death' where the everyday 'becomes a drift toward death' (2011, p. 145). Slow death conditions

1900s however, the case for a universal old age pension had gained popular momentum (Treasury of Australia, 2001). The labour movement which had long advocated for a rights-based pension model was highly influential in generating this support (Murphy, 2008). In the lead up to the federal election of 1903, the newly formed Federal Labour Party campaigned with a policy platform of old age pensions for older white Australians, just as various proponents of the labour movement had done at the state level in previous decades (Federal Labor Party, 1903). In 1905, George Reid's (Free Trade) minority government collapsed. Andrew Fisher's Labour Party agreed to support Charles Deakin's Liberal/Protectionist party in forming a minority government on the condition that a national old age pension scheme be immediately introduced (Murphy, 2008). Legislation for the policy was passed three years later, on June 10, 1908. Both parties have since claimed the introduction of old age pensions as a major achievement (Murphy, 2008).

prevent non-normative and socially and economically problematic forms of life from flourishing and becoming viable alternatives to capitalist modes of survival. Additionally, un-liveable conditions are disciplinary. Zones and economies of abandonment produce existential imperatives for bodies to acquire new skills and capacities required by markets (Brown, 2015).

'How' Foucault asks, 'can a power like this kill, if it is true that its basic function is to improve life?' (Foucault, 1975-1976/2020, p. 254). According to Foucault, the cold utilitarianism of biopower is supported by forms of 'biological racism' which 'creates a break' between life within biopower's affirmative jurisdiction and life which falls outside of it (Foucault, 1975-1976/2020, pp. 261, 254). When apparatuses distinguish between vital and pathological types of subjects and work to secure the former from the later, then pathological and dangerous 'sub-types' of people are constituted as such in the social body. Such problematic persons and groups are construed as lacking the proper qualities, behaviours, and ethics of those 'normal' citizens which biopower seeks to support (Foucault, 1975-1976/2020, p. 255). By distinguishing life in this way, the life of populations is divided into two groups; biological citizens (bios) who are to be protected and various other internal pathologies who lack the qualities of normal citizens. These latter non-citizens (including criminals, refugees, the insane, and, as I will argue, the 'really old') can rightfully be excluded from public spaces and allowed to die by virtue of their unlikeness from those forms of life which constitute what is good, normal, useful, and recognisable (Foucault, 1975-1976/2020, p. 254).

Neoliberalism

Foucault developed his concept of biopower through his analysis of welfare liberalism, a logic of governance which emerged following The Great Depression of the 1930s. Welfare liberalism was joined to a type of biopower which produced subjects who were 'docile', being dependent on state authority and support, but also enjoined to be self-responsible and to practice free and rational choice in capitalist markets (Cisney & Morar, 2020). Today, by

contrast, biopower's mechanisms and technologies are organised by the principles of neoliberalism (Cooper, 2011; Ehlers & Krupar, 2019; Fleming, 2014; Mavelli, 2017). Neoliberal biopower (or what Cooper has called 'neoliberal biopolitics') governs life in ways that nudge individuals to be active, self-responsible, economically productive, and cultivate lifestyles and families which contribute to (and indeed are constitutive of) indefinite economic growth (Cooper, 2011). This brings us to another concept which needs definition: neoliberalism.

Neoliberalism is a political-economic theory associated with the works of Milton Friedman and Frederick Hayek, which continues to influence strategies of government in contemporary capitalist societies like The United States of America and Australia (Brown, 2015, 2019). A basic belief of neoliberal thinkers is that many of the problems facing human beings are, in one way or another, economic ones, and that free market capitalism is the most rational and democratic system we have for producing and distributing economic resources which human beings need to live and flourish (Hayek, 1944/2008). As moral and cultural creatures, the needs of human beings are multifaceted and subject to change. As such, proponents of neoliberalism argue that any attempt by a centralised authority to regulate and administer forces of production and distribution will necessarily fail to account for the variety of demands circulating in a given collective (Cooper, 2004; Harvey, 2007; Mendes, 2003; Redden, 2019). Rather than the state, it is the unregulated market which best ensures the possibility of a decent human life (Brown, 2015, 2019). Capitalist markets, in contrast to the regulatory state, are self-regulating systems, meaning that goods and services are produced, improved upon, and priced according to principles of cost and demand (Hayek, 1944/2008).

Neoliberal Biopower

As a mode of governance, neoliberalism involves expanding the reach and influence of capitalist markets across the social body (Brown, 2015, 2019; Cooper, 2006, 2011). The

principal mechanisms of neoliberal reform are de-regulation, privatization, reduced trade protections, union busting, the elimination of price controls, divestment in public services, and the introduction of austerity measures (Harvey, 2007). These regulatory mechanisms are supported by demographic, epidemiological, and actuarial technologies that are capable of disaggregating lifetimes into economic periods, functions, capacities, potentials, and market opportunities (Kenny, 2015). These later knowledge-producing technologies establish 'life itself' as a composite of bio-economic units and functions relevant to various revenue streams of capitalism (Rose, 2009). Rather than being framed as the biological basis which states and economies rely on, neoliberal biopower renders 'life itself' and its biological structure, capacities, vulnerabilities, and improvability as a biomaterial dimension for speculative market economies (Cooper, 2006, 2011).

Under neoliberalism, biopower is transformed. Rather than seeking to support life, neoliberal biopower works to re-establish state-dependent biological life of the welfare state into new consumer-market inter-dependencies. Neoliberal biopower supports forms of life wherein human flourishing emerges exclusively from the consumption of goods and services in free market contexts. With the production of goods and services becoming increasingly privatised (e.g., the privatisation of healthcare), supporting life becomes profitable for private interests rather than just costly for states (Clarke, Shim, Mamo, Fosket, & Fishman, 2010). As such, accompanying the economic restructuring of societies has been the growth of new 'health' and 'life' industries (Clarke et al., 2010) as well as new forms of consumer competence and entrepreneurial understandings of the self, health, and later life (Rose, 2009). For instance, as I explore later in Chapter 3, aged-related vulnerabilities and associated risks have recently been realised as forms of consumer demand for emerging home care markets.

The commercialisation of 'make-live' logics and resources has significantly altered biopower's killing functions. Where apparatuses have traditionally distinguished forms of life

according to supposed innate biological characteristics of bodies (e.g. their race, sexuality, madness), now under neoliberalism, apparatuses of biopower distinguish between those who live smoothly through consumption from those who cannot or do not thrive under market conditions (Brown, 2015). Rather than populations being distinguished as biologically normal and abnormal on the basis of race, sexuality, criminality, insanity, disability, age, etc., normal and abnormal subjectivity becomes more about economic rationality and capacity, or lacks thereof (Donzelot, 1991; Gordon, 1991; Rose, 2009). More than in the past, the ire and complacency of the social body is directed at those who cannot or will not lead economically rational lives. It is the economically burdensome rather than biologically abnormal whose slow death becomes tolerable. Wendy Brown explains this point well when she writes that under neoliberal reason and governance:

> Both persons and states are expected to comport themselves in ways that maximize their capital value in the present and enhance their future value, and both persons and states do so through practices of entrepreneurialism, self-investment, and/or attracting investors... any individual who veers into other pursuits risks impoverishment and a loss of esteem and creditworthiness at the least, survival at the extreme (2017, p. 22).

Brown's reference to survival at the extreme is telling of the significance of 'letting die' and 'slow-death' under neoliberal biopower. While usually more tempered than American neoliberalism, neoliberal reforms in Australia have seen state assets and obligations to facilitate life sold off to private enterprises (Connell, 2010). Examples include the introduction of university tuition fees in 1989, the introduction of compulsory super-annuation in 1992, the privatisation of the Australian Telecommunications Commission in 1997, and the marketization of community aged care in 2015. Indeed, from a strictly neoliberal perspective, public welfare and safety-net infrastructure for citizens are damaging to free markets which, by definition, should be allowed to self-regulate (Brown, 2015). The provision of financial and in-kind

support to in-need citizens not only undercuts the viability of private industries to cater to life's biological needs; this kind of support for the few is recognised as being corrosive to marketplaces which support the many (Buckmaster & Klapdor, 2016). Importantly, retracting guarantees of public support for the (unproductive) few is not only tolerable; austerity is also imagined to be productive for economies *and* new forms of self-reliance (e.g., Abbott, 2000). Abandoning citizens to market conditions is (imagined to have) a life-affirming, disciplinary effect on the individual (Brown, 2015). As we shall see in a moment however, when it comes to strategies intended to propagate new market conditions and consumer mindsets amongst ageing Australians who need care, results have at best been patchy.

Part 2: A History of Successful Ageing in Australia

Having outlined these various theoretical and analytic concepts, we are now ready to return to the earlier claim concerning the status of successful ageing as an apparatus. The reason why significant time was spent with the theoretical concepts of apparatus, biopower, and neoliberal biopower is that they have become central to my understanding of how the tenets and principles of successful ageing function in Australia. My claim is that the 'field of visibility' (Foucault, 1975-1976/2020, pp. 242, 254) or 'grid of intelligibility' (Dreyfus & Rabinow, 1982, p. 122) which Rowe and Kahn's successful ageing model has helped to establish has become central to not only how ageing life is governed, but to how and when ageing life is understood to threaten others and may therefore be justifiably disallowed in certain ways. To substantiate this claim, I trace how the emergence of successful ageing rationalities in Australia coincided with decisive shifts toward neoliberal responses to population ageing, particularly during the late 1990s and early 2000s.

Ageing as Apoptosis

The successful ageing model was and remains a response to what has been called the 'deficit' paradigm of human ageing. In their bestselling book, *Successful Ageing* (1998), Rowe

and Kahn situate the following tension between the deficit-based approach and their own 'positive' approach:

> The progress of gerontology began to stall in the mid-1980s. Lacking was the conceptual foundation required to understand aging in all its aspects — biological, psychological, and social. There was a persistent preoccupation with disability, disease, and chronological age, rather than with the positive aspects of aging. This negative perspective was coupled with a serious underestimation of the effects of lifestyle and other psychosocial factors on the well-being of older persons (p. xi).

Evidently, successful ageing emerged in response to what was perceived to be an outdated and biomedically impotent ageing model. To appreciate the significance and impact of Rowe and Kahn's reformulation of human ageing, the logic of the deficit model will need to be outlined; not only because it will be useful to understand the kind of gerontology which successful ageing contests, but also, because the deficit model continues to play an important role in defining how ageing is understood and engaged biomedically, culturally, and politically. As I will show in Chapter 5, although in many respects successful ageing logics remain at odds with the deficit model, these frameworks also work in tandem to establish senses of responsibility for those 'inevitable' aspects of ageing which cannot be resisted by anti-ageing efforts.

Before the 1980s, a dominant assumption amongst gerontologists internationally was that 'intrinsic' biological mechanisms were responsible for a 'normal' ageing trajectory, as noted earlier. Gerontologists largely recognised their role as *describing* those inevitable and 'natural' aspects of human ageing; geriatrics was, in contrast, concerned with pathological aspects of ageing. Gerontological literature from this period reflects a basic concern of mapping expected and 'normal' chronologies of decline, not only in the ageing body and mind, but also in terms of social and economic roles in liberal society (Katz, 1996).

The notion of a chronologically predictable and natural course of aged-related decline ending in death predates scientific discoveries which lent legitimacy to this way of conceptualising senescence in the 1960s. In western societies the human life course has long been represented in terms of a geometric arc of natural stages, with equal stages of development and decline, and with 50 years of age representing the crest of life, although this crest was often considered to come about earlier for women (see **Figure 1**).

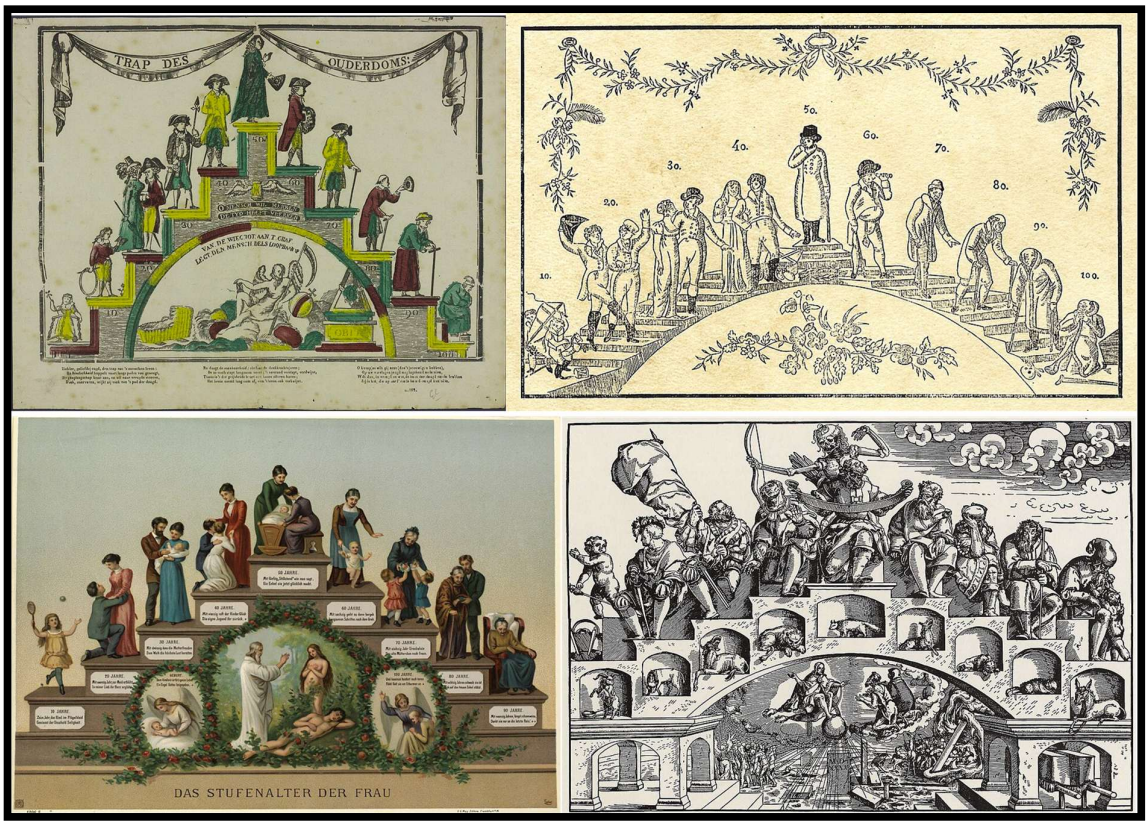

Figure 1: *Representations of Life Stages Throughout History*

Note: top left: De trap des Ouderdoms, Hand-Coloured woodcut, Belgum, Anonymous, 1856-1900; top right: Steps of life (Ages of man), woodcut, Finland 1831; V. E. Clausen Collection, Copenhague; bottom left: Das Stufenalter der Frau, Chromolithographie, Germany, Entwurf: F. Leiber, 1900; bottom right: Die Lebensalter des Mannes, woodcut, Germany, Jörg Breu the Younger, 1540.

The image of the 'natural' arc can be found in early gerontological debates about intrinsic vs extrinsic causes of human ageing (Hirshbein, 2001). As one commentator explained in 1950:

> If in the mind's eye one bends the arc depicting life so that the segments representing youth and age are parallel, the slopes, though going in opposite directions, will be found similar in contour, and should be kept so (Wolman, 1950, as cited in Hirshbein, 2000, p. 342).

In 1961, the notion of a natural senescence received significant scientific support. Two years prior, molecular biologist Leonard Hayflick successfully developed the first inverted microscope capable of observing in-vitro human cell cultures. After some initial difficulty, Hayflick, along with his colleague Paul Moorhead, found a journal willing to publish their remarkable findings (Hayflick & Moorhead, 1961). Refuting earlier research which suggested human cell lines might be capable of infinite division and that cellular senescence is principally a necrotic process, Hayflick and Moorehead's observations of living human cell cultures revealed senescence (cellular ageing) as being governed by intrinsic mechanisms of 'apoptosis'. Multiple observations of isolated human cell cultures showed that rates of cellular division slowed at standard, reproducible frequencies to the point of zero. Harkening earlier stair-step imagery, Hayflick and Moorhead's organised their findings into three cellular life phases: 1) sample collection, 2) exponential replication, and 3) senescence and death (see **Figure 2**). The 'Hayflick limit' came to stand for the principle that human lifespans are governed by mathematically predictable rates of cellular growth and apoptosis.

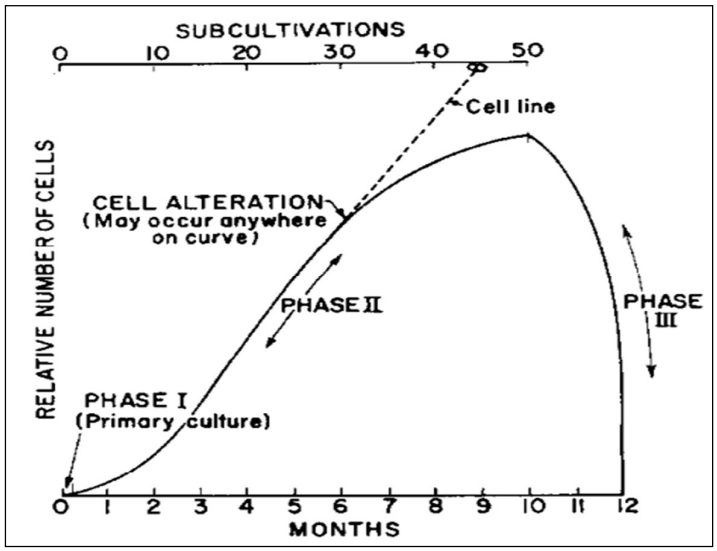

Figure 2: *Diagrammatic Representation of the History of Cell Strains.*

Note: from Hayflick, L., & Moorhead, P. S. (1961). The serial cultivation of human diploid cell strains, *Experimental cell research*, 25(3), 585-621.

Hayflick and Moorhead's research demonstrated that senescence and death are programmed into life itself at the cellular level. Moreover, the principle of apoptosis indicated that human ageing was, at a fundamental level, one-directional, and biologically normal. As Cooper (2006) has suggested, the Hayflick limit likely reinforced the belief that with age, citizens naturally require and deserve welfare benefits given the fundamental limits of productive biological lifetimes and, by extension, of economic growth and productivity. The biopolitical logic of this limit is depicted in **Figure 3**, which shows how chronological age operated as a basis for calculating post-work processes of biological degeneration, increasing welfare dependency, and increasing public costs.

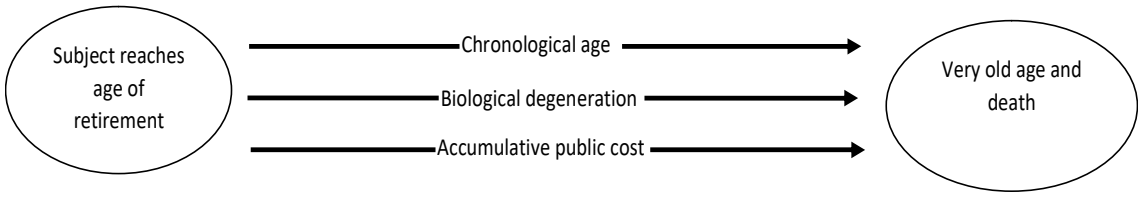

Figure 3*: Actuarial Model of Apoptosis Used by Welfare State*

Challenges to the Apoptotic Model

In the early 1960s, Hayflick's one-directional and degenerative picture of senescence lent significant scientific legitimacy to the apoptotic principle (Cooper, 2006). However, by the mid-1980s, many gerontologists had become doubtful of the usefulness of apoptotic and other deficit models which tied chronological age to a 'normal' and one-directional process of decline (Rattan, 1985). Such doubts were supported by observations of and experiments with human cell cultures which complicated the law-like picture of apoptosis which Hayflick and Moorhead's findings had apparently established (Rubin, 2002).

Challenges to the apoptotic model since the 1960s have not only been academic. They have also come from shifting generational cultures (Higgs and Gilleard, 2014). The 1980s saw Baby Boomers – an age cohort which had come to recognise itself as experimental, rebellious, and culturally distinct from the conformity of the 1950s – entering life's middle stages. As teenagers and young adults of the 1960s, the body had opened up as a space for demonstrating individuality and difference – for differentiating the young self not only from others but, more crucially, from those others who had come before, namely parents.[4] By the 1970s, experimental, individualistic, and hedonistic uses of the body had become more normalised and widespread, as consumer industries moved to galvanise counter-cultural appetites (Higgs and Gilleard, 2014). By the 1980s and 1990s however, rather than merely reflecting what the body was not, Baby Boomers were coming to appreciate the coming of age as an imminent threat to youthful performativities and identities (Gilleard & Higgs, 2000, 2014). Many began to wonder if, how, and to what extent the somatic bases of youthful selfhood could be retained.

Just as they had turned towards the lived body to radically redefine what it meant to be young in the 1960s, in the 1980s, Baby Boomers began to subject embodied ageing to new forms of somatic experimentation (Gilleard & Higgs, 2007, 2014). New forms and styles of ageing which emerged during this period sought to confound essentialising ageing-as-decline narratives (Gilleard & Higgs, 2014); they often held to the claim that age is just a number, promoting the idea of an 'ageless' inner self (Gilleard & Higgs, 2014); and they become

[4] In 1984, the sociologist Bryan Turner argued that liberal citizens had become members of what he called 'somatic societies' – consumer societies wherein 'major political and personal problems are both problematized in the body and expressed through it' (Turner, 1984, p. 1). In somatic societies, rather than functioning as a limiting biological structure which essentially determines social status, bodies are recognised and treated as sights for self-exploration, positive social differentiation, political struggle, and individualisation. While a diverse range of somatic identities emerged between 1960s and 1980s (e.g., free love, anti-war, feminist, civil rights, reproductive rights movements), in common these celebrated youthfulness and advocated for the right of the individual to decide how the lived body may be used, pleasured, dressed, and shared (Gilleard & Higgs, 2014).

increasingly invested in the promise of (future) biomedical liberations from corporeal oldness (Everts-Mykytyn, 2010; Petersen & Seear, 2009).

Investments in anti-ageing medicines reflect the fact that 'new' ways of ageing challenged more than the symbolic and representational meaning of ageing. Throughout the 1980s, established apoptotic understandings of human ageing began being challenged at the material level by evolving human-biomedical relations, a shift which Adele Clark and co-authors refer to as life's 'biomedicalization' (Clarke, 2014; Clarke & Shim, 2010; Clarke, Shim, Mamo, Fosket, & Fishman, 2003; Clarke et al., 2010).

From around the mid-1980s, biomedical jurisdictions over life began to expand dramatically, with previously non-medical problems such as frailty, impotency, inactive lifestyles, and apoptosis itself becoming refigured as pathological problems requiring innovative biomedical research and treatments (Clarke 2014; Clarke et al., 2003, 2010). This expansion of biomedicine into new dimensions of life was instigated and subsequently fostered by neoliberal reforms, particularly those which saw biomedical production becoming privatised and deregulated (Clarke et al., 2003; Kaufman, Shim, & Russ, 2004; Vertinsky, 1991). This re-elaboration of human-medical-economic relations fundamentally altered not only the conditions under which biomedicines were being produced and accessed, but also, practical 'conditions of possibility' for hoping for and pursuing new forms and styles of ageing (Clarke, 2014, p. 1).

As an ongoing historical period and process, biomedicalization can be recognised as helping to establish a new form of speculative capitalism which profits from vulnerabilities, risks, and health aspirations of human beings. By the mid-1980s, the re-elaboration of health as a changeable state which must be secured against future risks and improved upon was proving financially lucrative for the human sciences (Clarke et al., 2003). In the sub-field of

'experimental gerontology', ancient questions about the possibility of extending life and reversing cellular ageing were re-emerging (Everts-Mykytyn, 2010; Medvedev, 1989). However, it would be the work of Rowe and Kahn and their behavioural model of senescence which would enable in gerontology to become aligned with the trends and opportunities of biomedicalization, along with cultural shifts which were taking place within an ageing consumer youth culture.

From Apoptosis to Successful Ageing

In the 1990s, Rowe and Kahn's successful ageing model brought the biomedical constructs of risk and optimisation to the forefront of gerontological thought and practice. Rowe and Kahn's claims about the modifiability of human life and the possibility of a successful later life were supported by compelling evidence: a 10-year, $10 million longitudinal research project funded by the Macarthur Foundation, examining correlations between heterogeneous ageing outcomes and extrinsic behavioural variables such as diet and physical activity. The evidence this study yielded demonstrated significant relationships between these variables. With this evidence in hand, Rowe and Kahn called for the wider gerontological community to take part in a paradigm shift toward a 'new gerontology' based on their successful ageing model (Holstein & Minkler, 2003; Rowe, 1997; Rowe & Kahn, 1987, 2015).

Many of the premises of the new gerontology have become widespread in contemporary gerontological thought and practice (Rowe & Kahn, 2015). Where the deficit-based apoptotic view of senescence supported the conflation of 'usual' and 'normal' symptoms of ageing, the new gerontology which emerged during the 1990s contended that typical expressions of ageing are not necessarily 'natural' and 'somehow beyond purposeful modification' (Rowe & Kahn, 1987, p. 143). Rather, from a successful ageing perspective, 'usual' symptoms are significantly correlated with usual (but typically sub-optimal) health

behaviours throughout the life course. Instead of engaging with human ageing in terms of biological mechanisms in need of description, the new gerontology emphasised the need for research to support understandings of what kinds of behaviours and choices in early and middle years of life can help delay or even prevent negative ageing outcomes later down the track.

An important concept introduced by the new gerontology is the 'health span' (Rowe & Kahn, 1987, p. 149). Health spans, unlike the 'natural' lifetimes of mid-century gerontology, can be optimised to indefinite degrees (Franklin & Tate, 2009). Unlike the arc trajectory of step-stair pictorials (see **Figure 1**) a successful health span is 'squared' (see **Figure 4**). The figure of the squared life course also emerges in Peter Laslett's *The Emergence of the Third Age: A Fresh Map of Life* (1987), a text which I shall return to in a moment, where the 'emergence of the Third Age' is linked to 'the possibility of final sickness being short and the survival curve becoming rectangular' (p. 74).

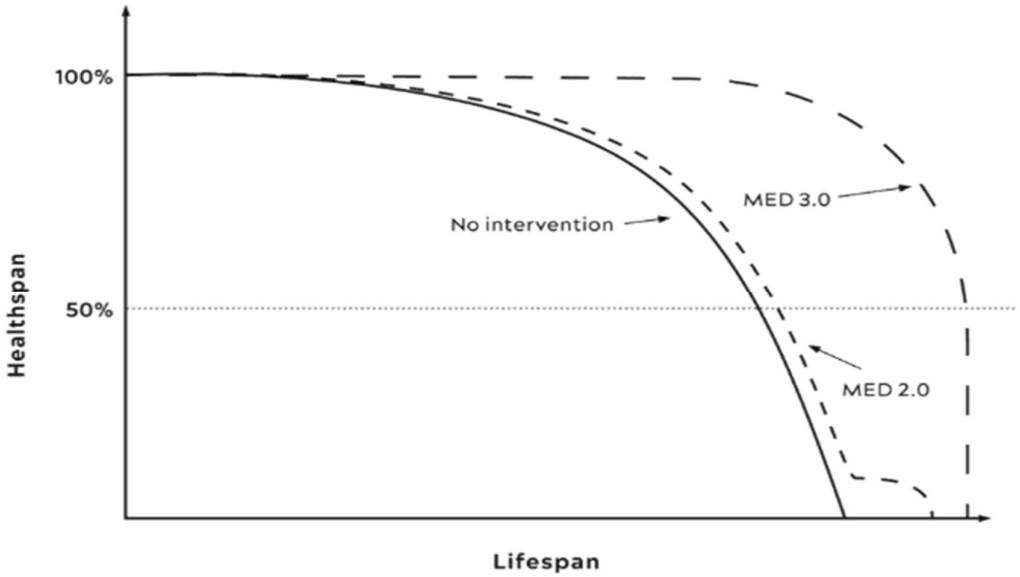

Figure 4: *Lifespan vs Healthspan in Medicine 2.0 vs 3.0.*

Note: From Attia P. (2023), *Outlive: The science and art of longevity* 2023, Harmony Books, p.39.

The relationship between behaviours and the ideal squared successful ageing trajectory provided gerontologists and governments with a new lens for understanding the relationships between preferable courses of ageing and what might be called a successful ageing mindset.

Indeed, the term successful stresses the contingency of aspects of personal character and personality such as self-efficacy and personal responsibility on desirable ageing outcomes. As, Rowe and Kahn write:

> To succeed in something requires more than falling into it; it means having desired it, planned it, worked for it…which, even in this era of human genetics, we regard as mainly under the control of the individual. In short, successful ageing is dependent on individual choices and behaviours. It can be attained through personal choice and effort (1998, p. 37).

The contingency of an optimistic, hardworking mindset and a successful later life is also a central theme of Laslett's highly influential treatise on the third age, which I mentioned a moment ago (1987). Though not initially directly associated with the successful ageing movement, Laslett's ideas about the personal and social obligations of older adults to cultivate a healthy and productive later life have become closely linked and intermingled with successful ageing discourses, inside and outside gerontology (e.g., Steverink, Pachana, & Laidlaw, 2014; Swindell, 1993; Swindell, Vassella, Morgan, & Sayer, 2011).

Writing in in 1987, Laslett argued that the retirement years of life, which have historically been recognised as the beginning of an unhappy, final period of decline in industrialised societies, could in fact be divided into two distinct periods: an active, productive, and happy 'third age' period; and a dependent, decrepit, and socially meaningless 'fourth age' period. Drawing on James Fries (1983) research on morbidity compressions in modern liberal societies (i.e., the possibility for life-limiting morbidities to be compressed into the farther stages of the average human lifespan), Laslett recognised the third age as a relatively recent life stage possibility, and one which challenged entrenched beliefs that 'old age' begins in the sixth or seventh decade of life. Like Rowe and Kahn (1987), Laslett emphasised the role of personal efforts in achieving morbidity compressions. While recognising advances in public health and social infrastructure as central to new possibilities for third age lief periods, the third

age is ultimately framed as a kind of personal achievement, a testament to the hard work of ageing individuals who have planned ahead, committed to personal health regimes, continued to engage in socially and economically useful behaviours post-retirement, and who have resisted entrenched ageing-as-decline narratives.

Pursuing the third age is further elaborated as a positive gesture towards societal others, and for this reason is expounded as a deeply moral form of self-investment. Given a) emerging opportunities for middle-aged people to cultivate health and wellness in later life and b) the rising public costs of population ageing, the third age is, for Laslett, a matter of 'responsible citizenship' (1987, p. 255). As a starting point, Laslett identifies the moral imperative for ageing citizens to pay for their own ageing trajectories:

> Paying for your own Third Age would add to our assets as a society in many directions. It would certainly considerably enhance the notion of the Third Age itself, if only by removing the dependence on direct doles of public money as an essential source of income during that phase of life (p. 251).

As we shall see, this moral obligation would go to become an important hallmark of a successful later life from a regulatory perspective in Australia.

The impact of Rowe and Kahn's initially radical and highly visible[5] ideas, in conjunction with Laslett's treatise on third age citizenship, on many of the now familiar ways older Australians think and act has been enormous. As other commentators have observed, since the mid-2000s, many of the core tenets of the successful ageing model had become taken-for-granted by gerontologists, health professionals, and policy makers, to the extent that the claims and arguments of successful ageing often appear today as self-evidently true (Aberdeen

[5] In Australia, two out of the nine annual conferences hosted by the Australian Association of Gerontology (AAG) in the 1990s were organised around the title theme 'successful ageing'.

& Bye, 2013; Asquith, 2009; Bülow & Söderqvist, 2014; Lamb, 2014). While close affinities between successful ageing discourses and Australian policy reforms and agendas have been acknowledged, robust investigations of this influence have been limited (Aberdeen & Bye, 2013; Asquith, 2009). In the following section, I show how the successful ageing model has been adopted and adapted within the wider regulatory contexts of Australian neoliberalism.

Successful Ageing and Australian Neoliberalism

Rowe and Kahn's successful ageing model has proved amenable to Australian neoliberals since John Howard's Liberal Government (1996-2007). Adoptions of successful ageing principles by the Howard Government followed international policy directions, published by the Organization for Economic Cooperation and Development (OECD) (1998), The World Health Organisation (WHO) (2002), and The World Bank (1994), which identified successful ageing lifestyles and mentalities in societies as critical for averting disastrous ageing population scenarios. The OECD's *Maintaining Prosperity in an Ageing Society* (1998) paper drew on the successful ageing paradigm (which it refers to as the 'active ageing' model) to conceptualise population ageing as an impending disaster requiring a new 'implicit contract' between governments and older adults (p. 13). This new contract, which is conceived as a government/citizen 'partnership empowering people to exert greater control over their lives, i.e. active ageing', is framed as perhaps the only viable alternative to earlier welfare based social contracts (p. 93). The authors warn that such a contract must be 'implemented with enough warning to allow people time to adjust to the new "contract" [of] how to begin to anticipate problems only likely to arise two or three decades down the road' (p. 13).

The Australian Productivity Commission's *Policy Implications of the Ageing of Australia's Population* (1999) heeds this warning, and recommends current and forthcoming Governments reconsider the 'social contract' (p. 233-234) binding older Australians and their

democratically elected leaders. To ease the pressure of public spending on aged care services, the authors explain that:

> Government and individuals [should] have a role in minimising dependency by ensuring that older people can age actively and healthily. The contribution of governments lies in educating older people about healthy lifestyles, which will contain or delay their care (p. 306).

In 2001, the Productivity Commission's recommendations were translated into specific policy targets in *The National Strategy for an Ageing Australia* (NSAA), led by then Minister for Ageing Kevin Andrews.[6] In order to elevate Australia into a 'successful ageing nation' and to ensure the 'healthy ageing' of populations (2001, pp. X, 42), the NSAA proposes three basic policy objectives:

> Goal 1: All Australians have the opportunity to maximise their physical, social and mental health throughout life. Goal 2: Population health strategies promote and support healthy ageing across the lifespan. Goal 3: Information, research and health care infrastructure is available.

Achieving these policy mandates is framed as needing a shift in obligations and responsibilities which customarily have connected older adults, welfare state governments, and taxpayers. What the NSAA ultimately outlines is a policy framework for maximising personal responsibility and economic contributions of ageing consumer citizens. As former Prime Minister John Howard explains in the preface to this text:

> Our health reforms have enabled millions more Australians to take responsibility for their health and medical care and eased the growing pressure on the public system. While governments should play a leadership role in preparing the country for an older population, the responsibility

[6] The NSAA is informed by six discussion papers which were produced for the strategy in 1999 and 2000: the *Healthy Ageing Discussion Paper* (October 1999); the *Independence and Self Provision Discussion Paper* (November 1999); the *Employment for Mature Age Workers Issues Paper* (November 1999); the *World Class Care Discussion Paper* (April 2000); and the *Attitude, Lifestyle and Community Support Discussion Paper* (September 2000).

> for putting policies into action is of necessity broader. Businesses, community organisations and individuals must all play a part. Their choices regarding employment, retirement planning, attitudes, lifestyles and participation will all help mould the future shape of our society (Howard, p. v, in Andrews, 2001, my emphasis).

The publication of the NSAA solidified successful ageing as a foremost regulatory 'grid of intelligibility' for understanding the problems and possible solutions regarding Australia's ageing population. As John Howard's words illuminate, as a neoliberal and biopolitical problematic, the successful ageing perspective brings into view new kinds of relationships between successful ageing conduct ('their choices'), productive later lives (their 'ongoing participation'), and the economic sustainability of the nation ('our future society'). This new rationality is represented in **Figure 5**, which depicts how, at a regulatory level, the successful ageing framework ties together ageing persons, their choices, and economic growth.

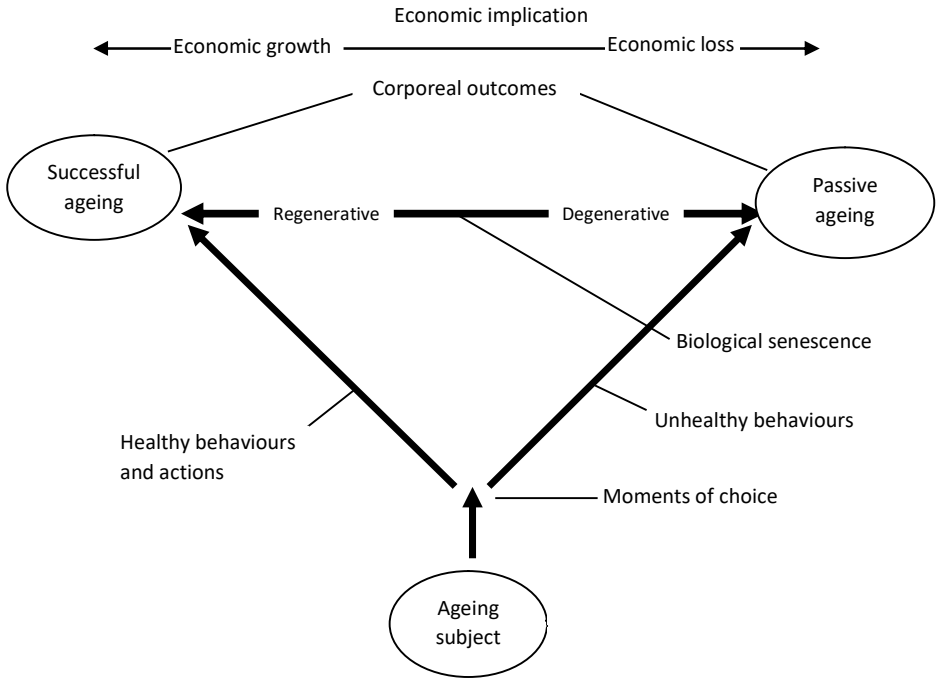

Figure 5: *Successful Ageing as a Grid of Intelligibility*

Figure 5 further represents how personal choices and efforts to age well have been construed on a biopolitical level *following* the publication of the NSAA. In the years immediately following its publication, Federal investment in the NSAA's vision of a successful ageing nation was substantial. As Hal Kendig (2016) has traced, the NSAA's vision of a successful, healthy, and active ageing Australian populous generated new funding opportunities for gerontological and other forms of biomedical research and development. For instance, in 2003, through the Prime Minister's Science, Engineering and Innovation Council (PMSEIC), John Howard established the *Towards Healthy Ageing Working Group* (THAWG*),* the main project of which was to develop a strategy for capturing:

> an additional 10 years of healthy and productive life expectancy by 2050… to enable people to live longer in good health, staying mentally and physically active and able to participate and enjoy life until they die at an advanced old age (PMSEIC Independent Working Group, 2003, p. 2).

One of the THAWG's chief recommendations (which was adopted a year later in 2004) was that National Health and Medical Research Council (NHMRC) and Australian Research Council (ARC) develop a new *Ageing Well, Ageing Productively* research funding stream (see: Kendig, 2016, pp. 13-14). The above use of the term 'ageing well' is indicative of a broader rebranding during this period. In the mid-2000s, academic criticism of the term 'successful' was beginning to be recognised by Australian policy makers, who become concerned about the optics of implicating sub-optimal agers as 'unsuccessful'. Hence, the entry of successful ageing principles into national and state policy strategies and NHMRC and ARC funding arrangements coincides with the displacement of 'successful ageing' policies and goals with 'positive' and 'active' ageing goals, as well as 'ageing well' strategies.[7] Indeed, my point in tying these

[7] For instance, a policy discussion paper published by The Australia Institute in 2004 titled *The Benefits of Population Ageing* notes that 'public policy pronouncements now seek to counter negative stereotypes [of ageing

various sub-concepts like positive ageing and ageing well back to Rowe and Kahn's successful ageing model is to highlight their tight continuity.

The influence of successful ageing logics remains pervasive, and continues to inform not only Federal, but also state and local government policies having to do with population ageing (Gibb, 2018; O'Brien, 2017). In NSW, policies intended to encourage senior citizens to engage in active ageing and ageing well remain a staple (e.g., Local Government NSW & NSW Government, 2023; NSW Government, 2017). Recently, the interrelations between ageing well, personal responsibility, and the kinds of social obligations outlined by third age discourses have been elaborated by NSW's *Aging Strategy.* Since 2016, this initiative has awarded annual funds to 'community-led' projects which 'help [older adults] to take responsibility for their futures by empowering them to plan ahead for the lives they want to lead as they grow older' (NSW Government, 2017, p. 2). More recently, the *Ageing well in NSW Action Plan 2023-2024* has elaborated the social and civic dimensions of looking ahead and staying healthy and active in later life:

> The single most precious commodity we have in our lives is time. We are never guaranteed how long we all have, but we are all tasked with doing the very best we can to make the world a better place not just for ourselves, but for future generations as well. Accordingly, we can never waste a single day, week, month or year… Seniors right across NSW understand this deeply (NSW Government, 2023, p. 1).

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individuals and populations] by using terms such as "successful", "productive", "healthy" and "positive" ageing. Since the term "successful ageing" appears to imply some fault on the part of those ageing "unsuccessfully", a Victorian parliamentary enquiry preferred the term "positive ageing" (Family and Community Development Committee Parliament of Victoria 1997, p. 15). This positive approach is the theme of current Australian government policy and thus the National Strategy for an Ageing Australia (Minister for Ageing 2002) emphasises healthy and successful ageing. Further, the country's research effort will now focus on this topic since of the four current national research priorities, the second is "promoting and maintaining good health, with a sub-theme of "ageing well, ageing productively"' (Healy, 2004, p. 4).

At a local government level, active ageing, healthy ageing, positive ageing, and ageing well represent important concepts and gaols.[8] I will return to these local government strategies in later chapters.

The moral implications of ageing successfully, positively, actively and, well and failures to age in these preferred ways are often implied rather than explicitly outlined at the regulatory level. As noted earlier, this is partly because Australian policy makers have felt obliged to walk a tightrope between articulating successful ageing as an important civic responsibility while ensuring that older adults who are chronically unwell and/or disabled are not explicitly demonised as 'unsuccessful' and 'irresponsible' (e.g., Healy, 2004). What is implicit at the regulatory scale is often more explicitly stated at the disciplinary level, where regularly imperatives of successful ageing intersect with complex social arenas. Several years ago, when I was first becoming interested in the sociology of ageing, I purchased several ageing focused self-help books from my local bookstore in Sydney. In different ways, these texts reiterated Laslett's account of the fourth age (i.e., old age) as a moral problem for ageing people. Consider for example the way Australian gerontologist Timothy Sharp links 'positive ageing', the biopolitical problem of population ageing, and the moral character of different types of ageing persons in his text *Live Happy, Live Longer, Your Guide to Positive Ageing* (2014). Early on in this text, Sharpe distinguishes between a 'sick and sorry' ageing population and a 'happy and healthy' one:

> A sick and sorry elderly population (as opposed to healthy and happy one) will, to put it bluntly, be an expensive burden on the whole of society, which could – and should – be a positive contributor (36).

[8] The importance of these concepts is outlined in the current *Age-friendly Toolkit for NSW Local Government* (Local Government NSW & NSW Government, 2023), which sets out recommendations and standards for local government policies relating to the health and welfare of senior citizens living in NSW.

At the level of the individual, the difference between a sickly and sorry later life, and a happy and healthy one, is one of moral 'character' and more generally, alignment with what is 'wrong' and what is 'right':

> Rather than just stepping back and enjoying a life of decadence or even quiet and relaxation (which he certainly could have afforded to do) . . . what he wanted to do was 'the right thing' and for him the 'right thing' was to give back to society in some way. This is 'character' and is a central pillar of living a good life (100).

Retail self-help books like Sharp's represent an important dimension of the apparatus of successful ageing, a dimension which I will return to throughout this thesis. Indeed, transforming once costly health and care needs of older adults into new forms of consumer demand in emergent markets is a basic aim of successful ageing policies.[9] Examples of these emergent 'silver economies' and 'grey economies' include the anti-ageing pharmaceutical industry which is presently worth around $12.5 billion AUD and has a healthy compound annual growth of around 8.4 per cent. Another example is the for-profit aged care sector which, prior to the *Aged Care Act* 1997 (which paved the way for the for-profit aged care industry) was virtually non-existent, which today represents a lucrative though undoubtedly challenging business. However, as I will show in the coming section, new consumer possibilities for governing the ageing self through forms of consumption are anything but uniform.

Promoting Successful Ageing in Rural NSW

At a biopolitical level, the neoliberal imperative to recover profits from ageing populations while maximizing later life health outcomes has been pursued through three related

[9] As Alan Peterson explains: 'The perspectives of governments and business converged as it began to be recognised that ageing populations could provide a new basis for generating profits and growth, through the development of technologies and initiatives that may "assist" citizens to become more self-reliant and economically productive. The period [the 1990s and early 2000s] corresponded to a growing emphasis in policy on "productive ageing", "active ageing", "healthy ageing" and "successful ageing"'' (2018, p. 196).

regulatory strategies: Dismantling public services and resources which have traditionally been allocated to support Australians past the age of retirement; enabling and facilitating the growth of 'grey markets' to replace old systems of publicly funded support (e.g., consumer directed aged care); and educating and encouraging older adults to pursue successful, active, and healthy later lives by engaging with grey markets and taking responsibility for their ageing more generally. This combination of strategies has yielded patchy results. In the 15 years following the publication of the NSAA (2001), health and wealth disparities between older Australians have become more pronounced, including those which separate the health and wealth outcomes of rural versus urban older adults (Aljassim & Ostini, 2020; Davis & Bartlett, 2008; Higgins & Stehlik, 1999; Joseph & Cloutier-Fisher, 2004).

A central factor contributing to disparities in successful ageing outcomes in rural populations is the limited availability of health and aged care services in these areas. A useful starting point for understanding present accessibility issues is 1996, the year John Howard's Liberal Government formed. To be sure, austerity, divestment, decentralisation, and other neoliberal policies intended to boost the financial 'independence' of rural communities were pursued by previous Labor Governments.[10] However, Howard's Liberal Government pursued these policies more aggressively and decisively, particularly with regards to policies of austerity and decentralisation. In its first year in power, following advice provided by the

[10] Reforms to enhance self-management and 'resilience' in rural NSW and wider Australia pre-date the introduction of successful ageing policies into rural development strategies in the 1990s. In the lead up to the 1996 election increasingly disenfranchised regional NSW communities frustrated with 'pro-market' rhetoric and policies represented a large voter base which Paul Keating's Labour government had to take into account (Tonts & Haslam-McKenzie, 2005). In an attempt to supplicate rural voters, in 1995, 56 'Area Consultative Committees' were established to act as conduits between rural community interests and the federal government (Parliment of Australia, 2007). Moreover, more hard-line 'survival-of-the-fittest' neoliberal policies were tempered (Tonts & Jones, 1997).

National Committee of Audit (NCA)[11] the Coalition Government disbanded its regional programme funding commitments, noting that rural investment was principally a state responsibility and should be devolved accordingly. The 150 or so federal staff working on regional development in 1995 were reduced to just eight by 1996 (Tonts & Haslam-McKenzie, 2005).

Today, responsibility for development and planning of rural and regional NSW communities remains a state and local government responsibility. Since 1996, state government investment in social and health services in rural and regional NSW (relative to local population sizes) has declined considerably faster than in metropolitan Sydney.[12] One result of this is that health services in rural communities and regional hubs are limited, chronically underfunded, and are often unable to effectively service communities. Indeed, even after controlling for population density, distance from Sydney is correlated with poorer health service availability. For instance, the City of Sydney Local Government Area (LGA) is home to 10 per cent of all health services in NSW and 4.5 per cent of the Sydney region population. Blacktown, an inner-regional LGA on the outer border of the Sydney region, hosts 4.1 per cent of all health services and 7.5 per cent of the population (Taylor & Pettit, 2020). While the centralisation of specialised care services in major cities is often necessary to support patients with complex care needs and is therefore to be expected (Ramsay, Ramsay, Tomini, Tomini, Gandhi, Fulop,

[11] In a section on 'Regional Development, Urban Management and Local Government' The Commission observed that 'the Commonwealth provides substantial (around $1 billion) general revenue grants to local government (through the States), as well as providing assistance under a number of other programs, including the Regional Development Program, the Urban Flood Mitigation Program, the Better Cities Program and the Local Government Development Program.' The Commission goes on to argue that 'specific purpose programs involve overlap with State and local government responsibilities and that there is no clear rationale or constitutional basis for Commonwealth involvement in these activities' (National Committee of Audit, 1996, p. 76).

[12] Taking per-capita public sector employment rate as a rough indicator of public sector industry growth, relative to rates of population growth and decline in rural versus urban areas, public sector job opportunities have become increasingly concentrated in major cities (Angus, 2020; NSW Government, 2021).

Fulop, & Morris, 2025), people living in rural NSW communities additionally face significant barriers when it comes to accessing primary care services, such as general practitioners (Royal Australian College of General Practitioners, 2025). Looking at NSW's Statistical Area Level 2's (SA2s) (loosely contained communities that interact together socially and economically with an average population size of 10,000[13]), those SA2s in the two bottom quintiles of service density per-capita (40 per cent of all SA2s in NSW) host just 5 per cent of total NSW health services (Taylor & Pettit, 2020). Regarding residential aged care facility density per capita, SA2s in the bottom quintile of population density are home to no residential care services (Taylor & Pettit, 2020).

Another factor contributing to poor late life health and wealth outcomes in NSW's rural communities has to do with the decline and corporatisation of traditional rural industries under neoliberal policies of privatisation and marketisation. As mentioned earlier, these strategies reflect a form of what Foucault calls 'let die' *and* disciplinary strategies that are designed to increase economic self-reliance. Divestment and privatisation not only intend to disallow traditional pensioner-welfare relations. These strategies are also rationalised as a means to facilitate new employment possibilities, consumer-market relations, and consumer/worker subjectivities (Cheshire & Lawrence, 2005; Lockie, Lawrence, & Cheshire, 2006). In many rural areas in NSW, however, exposure to competitive global market conditions has failed to support local market growth and economic opportunity (Cheshire & Lawrence, 2005). Employment opportunities in rural industries like agriculture which have traditionally employed older Australians have shrunk significantly since the 1990s (Cheshire & Lawrence, 2005). More recently, employment opportunities in the Public Service, which has emerged as

[13] Statistical Areas Level 2s (SA2s) are medium-sized area-based population groups. They are comprised of smaller subsets of Statistical Areas Level 1 (SA1s). SA2s represent relatively unified communities (e.g., suburbs, small towns). The average population size of an SA2 is about 10,000 people.

major employer in regional and rural NSW residents, have been constrained. Between 2011 and 2016, of the 20 LGAs in NSW with the highest rates of public sector job loss, 18 were rurally based (Henderson, 2018). In the same five-year period, around 80 per cent of new Public Service jobs were created in the Sydney region (Henderson, 2018). These historical declines have contributed to high levels of youth out-migration from rural communities which, in turn, has reduced informal opportunities for Australians hoping to age in place in rural communities (Anderson, Larkins, Beaney, & Ray, 2018; Winterton & Warburton, 2011).

These statistics tell a narrative. Neoliberal strategies of 'letting die' have failed to facilitate employment and market growth in many rural spaces in NSW, resulting in lesser possibilities for healthy, financially independent, community based later lives or, more simply, for successful ageing outcomes. Lower levels of population density and higher rates of economic hardship often disincentivise for-profit services and infrastructures which can support successful ageing (e.g., for-profit aged care services, gyms, private hospitals) from expanding into rural places (Bennie, Thornton, van Uffelen, Banting, & Biddle, 2016; Savy, Warburton, & Hodgkin, 2017). Underserviced rural spaces are as a result devoid of both the public *and* private resources, technologies, and infrastructure required to support ageing life, let alone moral performances of self-responsible, successful ageing. Despite this, successful ageing rhetorics and logics remain dominant in rural communities in NSW (Gibb, 2018; O'Brien, 2017).

Economically disenfranchised and under-serviced rural spaces may be understood as materially 'empty' spaces within the apparatus successful ageing. They are territories caught within the field of vision of successful ageing regulatory agendas but are outside those metropolitan spaces where economies and infrastructures which can best support successful ageing are concentrated. The apparatus of successful ageing in this way captures older adults living in underprivileged rural areas as morally culpable, neoliberal consumer citizens while

also being guided by incentives and mechanisms which prevent resources which can support successful ageing from extending into rural spaces. The risk here is that successful ageing policies expose rurally based older adults to exhaustive conditions of existence, while framing individuals as personally culpable for this exhaustion. The everyday implications of this tension are explored further in Chapter 3.

Conclusion to Chapter 1

Foucault's notion of apparatus and his account of biopower offer powerful analytics for theorising how successful ageing rationalities target ageing life. Having said this, new research is needed to bring attention to the *embodied* effects of the apparatus of successful ageing and neoliberal biopower more broadly. Many popular qualitative methodologies have proven ill-suited to this task. The epistemological frameworks of constructionism, for reasons which I explained in the introduction to this thesis, have proved awkward for researchers interested in relations between human ageing, corporeality, and biopower. As Diana Coole and Samantha Frost explain 'the dominant constructivist orientation of social analysis is inadequate for thinking about matter, materiality, and politics in ways that do justice to the contemporary context of biopolitics' (2010, p. 6). What Frost and Coole detect in social constructionism is a certain 'allergy to "the real"' (2010, p. 6).

The latter stages of human ageing, as many of the participants of this research will tell you, is corporeally lived. Even participants who declared themselves 'not old' acknowledged the corporeal intensities of later life. To approach the fraught relationship which I am suggesting exists between the apparatus of successful ageing, rural spaces, and local experiences of ageing in these spaces, Merleau-Ponty's notion of 'inter-corporeality' is brought into the fold.

Chapter 2: Epistemology, Methodology, and Method

This chapter describes the epistemological and methodological frameworks which are used in this thesis to understand the relationship between the 'apparatus of successful ageing', rural spaces, inter-corporeality, and human ageing. To begin, the epistemological framework which guides my thinking about these relations is outlined. I show how Merleau-Ponty's notions of 'inter-corporeality' and 'reversibility' are useful tools for theorising connections that run between embodied experiences and the political, economic, and discursive circumstances which confront and intertwine with bodies in their everyday life.

Having outlined the epistemological scope of the thesis, the methodological strategies which I used in this study are presented, these being the *active interview* approach developed by James Holsten and Jaber Gubrium (2003) and Adele Clarke's *situational analysis* (2003, 2009) approach. The active interview technique informed how interviews were planned, conducted, and how data were interpreted. Interviews were conceived as dialogic, performative, and 'artful' interactions between social actors. Interviews were further recognised as structured around established social conventions, pressures, and codes which govern what should be said and left unsaid. Situational Analysis was used to plan interview questions, organise interview data, and interpret findings, and informed how interview schedules were iteratively adjusted. Clarke's 'situational mapping' techniques were also drawn on to generate what I call 'inter-corporeal maps' – maps depicting how embodied habits, actions, inabilities, orientations, and concerns are structured by situational conditions of existence; by 'situational conditions of existence' I mean places, persons, responsibilities, discourses, standards of truth, senses of time, biomedicines, the built environment, successful ageing imperatives, and many other dimensions of social life which explicitly, implicitly, and at times antagonistically, defined embodied situations.

In the final section of the chapter, I recount how the research unfolded and describe some changes to my research strategy which were implemented during the interview stage of this study. I reflect on how interviews were influenced by the social positions of myself and interviewees. Most notably, I provide my interpretation of how age-based social relations influenced what was said and what was left unsaid. I further recount how interviews were conducted and evolved over time through an iterative process of data analysis and interview question modification and provide some examples of how data were analysed and organised into 'inter-corporeal maps'. Finally, I provide an overview of participant details.

Part 1: Epistemology

I have argued that successful ageing can be understood as an apparatus which ultimately extends into what ageing bodies do, think, and feel with regards to their ageing. What remains unclear is how this kind of extension might be appreciated in its everydayness, and how qualitative interviews might shed light on this relationship. My understanding of both issues begins with Maurice Merleau-Ponty's conception of 'inter-corporeality'.

Inter-corporeality

While Merleau-Ponty's work largely avoids the subject of later life, in recent years, his account of being as embodied and ambiguous have become increasingly important amongst sociologists concerned with how later lives unfold (Gilleard, 2022b; Gilleard & Higgs, 2014, 2018; Pickard, 2018, 2024; Pickard & Rogers, 2012). The specific relevance of Merleau-Ponty's concept of inter-corporeality (a concept which is sometimes translated as 'intercorporeity'), while sometimes being used to theorise relations of care between people living with dementia and their carers, has not been widely used to describe and theorise other aspects of human ageing. In this section, I would like to introduce this concept as a valuable lens for thinking about the *variety* of ways human bodies age. I will ultimately use the concept

of inter-corporeality to investigate various ways in which successful ageing rationalities and rural conditions of existence come together in the lived body in later life.

Merleau-Ponty's notion of inter-corporeality is difficult to describe succinctly. This is partly because Merleau-Ponty died before he was able to fully flesh out this concept in his final, posthumously published book, *The Visible and the Invisible* (1968). While this has led to confusion and debate about the concept, including what it might offer to sociological research (Evans & Lawlor, 2000), its ambiguity also gives it a theoretical flexibility.[14]

The concept of inter-corporeality, as well as Merleau-Ponty's closely related concepts of 'flesh', 'chiasm', and 'intertwining' have been adapted to suit different philosophical, sociological, and political projects (Crossley, 1995; Hatley, 2006; Salamon, 2006; Stoller, 2010). Indeed, this thesis draws from re-workings of the concept which are only hinted at, or not taken up at all, by Merleau-Ponty. My understanding of inter-corporeality is additionally informed by post-structural (Butler, 2020b, 2022; Crossley, 1996; Grosz, 1987, 2005, 2018; Stawarska, 2006; Stoller, 2010) and feminist (Ahmed, 2006; Paterson & Hughes, 1999; Salamon, 2022; Weiss, Salamon, & Murphy, 2019; Young, 1980) readings. I was inspired by the ways these later thinkers have drawn on Merleau-Ponty to describe how living and feeling bodies intertwine with the kinds of regulatory and disciplinary relations of power which interested Michel Foucault.

Merleau-Ponty uses the terms 'inter-corporeal' and 'inter-corporeality' sparingly in his final published work, *The Visible and the Invisible* (1964/1968) to envision continuities running between the animate 'flesh of the body' and the 'flesh of world' (p. 248). Merleau-Ponty's use

[14] There is also some debate about the extent to which Merleau-Ponty's final text represents a continuation or break with his earlier texts. Following Merleau-Ponty scholar Ted Toadvine (2016), in this thesis I read *The Visible and Invisible* (1968) as a clarification and development of ideas presented in earlier texts, namely *Phenomenology of Perception* (1945/2012).

of the word ‘flesh’ to describe both the body and embodied experiences of the world reflects his general project in *The Visible and the Invisible* (1964/1968), which is to create a framework and language for recognising body and world as a continuous ontological structure. As a totality, ‘flesh’ is described as a ‘substance’ or ‘element’ (1968 p, 139), comprised of ‘bonds’ (p, 149), ‘synergies’ (p, 141) and ‘circuits’ (p, 269) which enjoin the motile and perceptual body and the perceived, engageable, and affective world into unified experiential gestalts (i.e., meaningful structures of experience). Though common to lived bodies and perceived worlds, Merleau-Ponty’s model seeks to provide a grounds for thinking about being through a ‘plurality of relationships and what has been called ambiguity’ (Merleau-Ponty, 1968, p. 94).

For Merleau-Ponty the perceiving body and the apprehended world ‘encroach’ into one and other in a ‘reversible’ fashion (Merleau-Ponty, 1968, pp. 117-118). Crucially though, Merleau-Ponty does not suggest that there are no distinctions between the lived body and the perceived world. While it is true that through repetition, bodies and worlds coalesce into meaningful gestalts of perception and activity, it is only in very rare and extreme circumstances that the lived body and the perceived world become indistinguishable. Even when I am engrossed in a spectacle of perception or activity in the world, I generally remain aware of where my body ends and my world begins. Even as the lived body and the perceived world coalesce into ‘complete’ fields of inter-corporeal significance, ‘they do not [fully] merge into one’ (p, 141). In other words, while body and world inter-penetrate one and other and can coalesce into unified gestalts, the world is also always experienced in terms of *relations* between parts, chief among these being a relationship between the perceived world and the lived body. To account for the simultaneity of unity and distinction through which bodies belong to worlds and vice versa, Merleau-Ponty develops a ‘chiasmic’ model of inter-corporeality.

The term 'chiasm' has two contemporary meanings, both of which help us to understand the embodied nature of inter-corporeality:

1. A point or location of overlap between otherwise distinguishable biological structures, particularly regarding the intertwining optic nerves (see **Figure 6**). More broadly, an ambiguous space where otherwise discrete organs intersect and coalesce.

2. A reversible literacy device which repeats when read from left to right and right to left (e.g., ABBA).

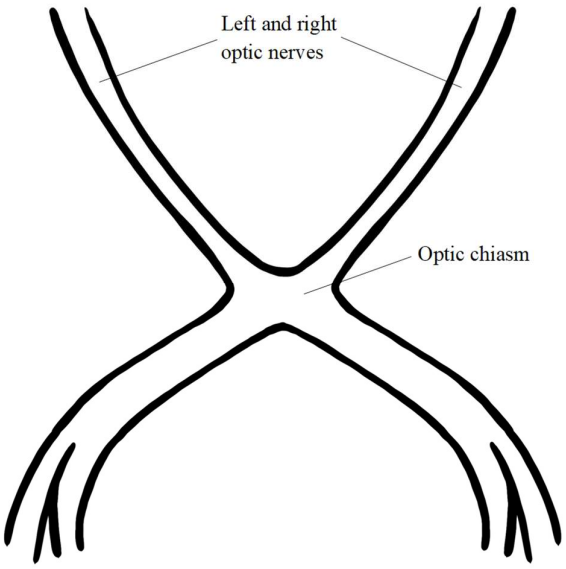

Figure 6: *Sketch of Optic Chiasm*

If I asked you to describe **Figure 6**, there are several tacts you might take: An 'X' symbol; criss-crossing lines; perhaps inverted overlapping curves. There is also ambiguity concerning where the region labelled 'optic chiasm' begins and ends – no hard and fast borders delineate when and where the fibres of the 'optic nerve' become fibres of the 'optic chiasm'. While we *can* certainly delineate between these regions, these regions also extend into one and other in ways that undermine the possibility for clear-cut boundaries. For Merleau-Ponty, it is precisely this ambiguity which makes the figure of the chiasm useful for describing human

experience, particularly the nature of the relationship connecting the lived body and the perceived world.[15]

Merleau-Ponty identifies several different chiasmic 'levels' through which bodies become enmeshed in conditions of existence (Merleau-Ponty, 1968, p. 114). In delineating four of these levels, the first part of this chapter will outline how an inter-corporeal approach to the body can show how embodied life emerges *between* the body and geographic, political, economic, and discursive conditions of bodily existence. This account of inter-corporeality will ultimately serve as a grounding for later analysis of how the apparatus of successful ageing is generative of certain embodied modes and 'feelings' in later life.

Touching and Being Touched

Merleau-Ponty centres his account of inter-corporeality ('flesh') around the phenomenological structure of touch. Anatomies of touch involve senses of both 'I' the toucher and 'it' the touched. When I access an 'it' or 'other' through touch, I am also in a sense *being touched* by it or them. Consequently, in the same moment that I register the tactility of things/others, things/others additionally render me as touchable. Indeed, this is why touch is meaningful. If touch did not involve this reversibility, we would not be able to register something as sharp, heavy, pleasurable, hot, etc. – at least not in ways which matter to our corporeal existentiality. A philosophical consequence of this for Merleau-Ponty is that the ontological structure of being extends beyond the surface of the body and into complex situations which bodies perceive and engage.

[15] The figure of the chiasm also allows Merleau-Ponty to move past being/matter and subject/object dualisms (distinctions which Merleau-Ponty feels contribute to scepticism about the perceived world) without falling into a form philosophical monism which ignores the phenomenological differences between the lived body and the engaged/felt world.

Touching and the Visible

According to Merleau-Ponty, the chiasmic reversibility which fuses (but does not obliterate the difference between) the haptic, vulnerable flesh of the body with the flesh of the world is characteristic of other modes of perception, as well as relationships between different perceptual modes. Sight for instance involves both a 'seeing of' objects/others and a tacit 'being seen' by objects and others. Again, this traversing of sight, touch, and other senses is what makes visual content existentially and situationally meaningful.

Jean-Paul Sarte's account of the voyeur-come-pervert provides a well-known example of how this traversing back and forth occurs for the social body. Sarte asks us to imagine how the structure of a voyeur's perception who, when spying through a keyhole into another room and then happened upon by another, transforms (Sartre, 1943/2018, pp. 355-356). Where the motor-sensory body, in the private act of spying, exists as a 'non-thetic' (i.e., background, unthematized) dimension of perception which is utterly engrossed in the scene unfolding in the other room, when happened upon, one's perception of the world and one's perception of oneself in the world becomes painfully intertwined (p. 355). 'To be looked at' writes Sarte 'is to grasp oneself' (p. 363).

While Sarte's figure of the shamed person offers an acute example of ocular reversibility, Merleau-Ponty argues that perceptions of mundane objects (and for that matter, the perceptions of hidden voyeurs) are also characterised by reversibility, albeit a more tacit kind. For instance, when I gaze at a point in the distance, my sense of its being far or near involves a calibration of its and my location in traversable space. Perceptions of the world, for Merleau-Ponty, are thus ultimately *always* 'doubled with a counter-perception' of the situational lived body (Merleau-Ponty, 1968, p. 264).

Reversible sight, touch, and other modes of perception which 'fuse' the lived body to the world, additionally intertwine with one and other. What a body sees, for instance, is

overlayed by tacit and reversible tactile significances – for instance, we will generally 'see' a blade as sharp. The motor-sensory body is thus for Merleau-Ponty a chiasmic orchestra of otherwise discrete functions, perceptions, histories, and intentions. In first-person experience, these coalesce into meaningful vistas of significance. This intertwining of the senses ultimately means that perception discloses the corporeality and existentiality of the lived body at every turn. Touch for instance constantly engenders vision (a medium which has traditionally been tied to the immateriality of the mind) with corporeal and existential significances.[16] Again, consider the fact that we 'see' the sharpness of things and, with it, aspects of our own fleshy vulnerability.

Visibility and Movement

Perception, through which the corporeality and existentiality of the body intertwines with the encountered world, is organised by repetitions of movement. Here, the term 'movement' encapsulates behaviours bodies perform in space and over time *and* dynamic conditions of existence which over time shape 'corporeal schema[s]' (Merleau-Ponty, 1968, pp. 190-192), or, what are more commonly referred as 'body schemas' (i.e., what bodies habitually do, see, feel, think, etc). Perception is in this sense an extension of patterns of movement – we come to see for instance a certain person as kind or cruel, and certain places as homely or hostile, based on past experiences and exchanges.

[16] Other interoceptions which alert being to its corporeal, animal being – hunger, pain, fatigue, nausea – additionally shape perceptual encounters with things, spaces, times, others, and the lived body. Again, such intertwinings are governed by a chiasmic principle. The coincidence of vision and touch for instance is never total. Though involved in one and another, seeing a knife, a table, another, etc., and physically touching these entities are qualitatively distinct kinds of experience. Furthermore, there remains a stratum of things we can see but not touch (such as colour, stars, etc.) and feel but not see (breezes, the back of our heads etc.). Consequently, Merleau-Ponty writes, while 'every vision takes place somewhere in the tactile space' such that 'there is a double and crossed situating the visible in the tangible and of the tangible in the visible', sight and touch never completely 'merge into one' (Merleau-Ponty, 1968, p. 134).

This close relationship between movements and perceptions is most evident when we consider how bodies become acquainted with technologies. For instance, I reflexively perceive the door handle as a technology with reference to the daily activity of leaving and coming home.[17] Perception thus evokes for Merleau-Ponty 'a certain gearing of my body to the world' (Merleau-Ponty, 1945/2014, p. 250). Phenomenologically, when the body's habitually acquired capacities are well aligned with familiar conditions of existence, embodied perception takes on a positive and confident qualitative meaning, which Merleau-Ponty characterises as an implicit sense of 'I can',[18] a concept which I will return to in a moment.

Body and History

For Merleau-Ponty, inter-corporeal conditions of existence involve historically relative systems of economy, culture, language, and morality. The body not only acquires habits and customs accrued over a life course, but also social tendencies and traits which characterise a body's 'historical milieu' (Merleau-Ponty, 1968, p. 95). Variations of embodied experience thus ultimately reflect historical rather than natural variation.[19] This leads Merleau-Ponty to take an anti-humanist stance to being:

> Man is an historical idea, not a natural species. All that we are, we are on the basis of a de facto situation that we make our own and that we ceaselessly transform through a sort of escape that

[17] Brian Massumi articulates this principle well when he writes, experience 'is comprised of repetitions of habit... by which factorings of experience prolong themselves in such a way as to become "important" … [or] "sustained"' (Massumi, 2002/2021, p. 150).

[18] As Merleau-Ponty explains, mundane perceptions of cars and roads express what we do with cars and roads in everyday life. In 'normal' circumstances, cars and roads are organised around acquired capacities which are deployed when a body drives, gives way, stops at red signals, etc.: 'If I possess the habit of driving a car, then I enter into a lane and see that "I can pass" without comparing the width of the lane to that of the fender, just as I go through a door without comparing the width of the door to that of my body' (Merleau-Ponty, 1945/2012, p. 144).

[19] Pre-empting post-structural accounts of history and the human, Merleau-Ponty argues that understandings of history as a 'natural' and 'singular' flow of time as in fact one particular, historically relative way of relating the past to the present (Merleau-Ponty, 1992, p. 127).

> is never an unconditioned freedom… History is not, as in classical science, a closed cycle of objective phenomena, but rather a confrontation between productive forces and forms of production (Merleau-Ponty, 1945/2012, pp. 198-199).

The 'forces and forms of production' which Merleau-Ponty has in mind include economic systems, as well as systems of knowledge, morality, and political organisation. These systems and the forces which they generate do not merely condition and constrain possibilities of being. Rather, they reversibly extend into and out of bodies which are themselves productive. Elizabeth Grosz describes this perspective well when she writes:

> [T]he body, [is] not as… organism or entity in itself, but… a system, or series of open-ended systems, functioning within other huge systems it cannot control, through which it can access and acquire its abilities and capacities (2020, p. 3).

Merleau-Ponty's historicism distinguishes his phenomenological approach from the transcendental phenomenology of Edmund Husserl, which engages consciousness as a generative structure unto itself, and from analytic and scientific philosophical approaches which understand perception (and therefor access to evidence about the world) as biologically fixed and general (e.g., empiricism, logical positivism). Against a-historical styles of philosophy which work to uncover what are ontologically and epistemologically certain and uncertain, Merleau-Ponty associates his historically grounded, descriptive, constantly evolving project with what he calls 'non-philosophy' (Merleau-Ponty, 1997).

Compared with his descriptively rich accounts of the body's intimate and existential enmeshment with things, places, others, and itself, overall, Merleau-Ponty's account of 'non-philosophy' and the body's inter-penetration by historical, economic, and political conditions of existence are limited and general. Below, I will show how these under-developed aspects can be enhanced through pairings with Foucault's genealogical approach to history – a pairing which also helps to correct Foucault's self-acknowledged neglect of 'experience' (Foucault,

1984/2019, p. 4). Firstly though, I outline what an historically minded inter-corporeal approach has to offer the study of human ageing and this case study of ageing in rural NSW.

Inter-corporeality, Limitation, and Senescence

When bodies encounter objects, places, and persons which are familiar and well matched with the body's acquired habits and dispositions, the lived body and perceived world enjoin as if a 'system of equivalence' (Merleau-Ponty, 1945/2012, p. 191). These harmonious pairings have been linked to certain inter-corporeal moods and atmospheres which disclose the lived body as an 'I can' agent in the world (Merleau-Ponty, 1945/2012, p. 139). For instance, when the intimacies of a space, customary behaviours, and habits become closely intertwined and interdependent, bodies are liable to experience atmospheres of place, belonging, trust, home, and ease (Leder, 1990; Young, 1980). Additionally, however, the inter-corporeal basis of being also exposes bodies, some much more than others, to profoundly negative, painful, and unhappy enmeshments. The critical race theorist Franz Fanon characterises the black body in white space as 'surrounded by an atmosphere of certain uncertainty' (1952/1986, p. 110) and as 'a third-person consciousness' (p. 12). Fanon elaborates, switching to a first-person description of third-person detachment:

> I cannot go to a film without seeing myself… The people in the theatre are watching me, examining me, waiting for me… I wanted to rise, but the disembowelled silence fell back upon me, its wings paralysed. Without responsibility, straddling Nothingness and Infinity, I began to weep (p. 140).

Like Fanon and contra Merleau-Ponty, other phenomenologists have identified 'I cannot' awarenesses as commonplace amongst bodies and body schemas which are situationally incongruent with (or perhaps offensive to) corporeal norms and ideals (Ahmed, 2006, p. 155; Leder, 1990, pp. 48-49; Young, 1980, p. 146). Crucially, while 'I cannot' limitations often highlight apparent issues and errors of the body, perhaps excluding circumstances where the

body is comatose, corporeal limitation is, from an inter-corporeal perspective, always an aspect of an 'interworld' – the circumstantial space *between* a lived body and an encountered world (Coole, 2001, p. 25). This includes experiences of the 'I cannot' which at first glance appear to be fixed firmly and exclusively in the lived body, such as pain, debility, and conditions of very old age.[20] What the body cannot do and the phenomenological significance of such inabilities are always contextual to what a lived body intends to do, aspires to do, feels it must do, and/or is expected to do by others. In the case of late human ageing, anthropological literature demonstrates that forms and degrees of corporeal decline which in certain cultural contexts represent the end of worthwhile life are, in other cultural contexts, experienced as normal and unremarkable aspects of the life course, or even as indicators of heightened status (Grøn & Meinert, 2025; Lamb, 2014; Lamb et al., 2017; Ranzijn, 2010).

Merleau-Ponty's inter-corporeal model provides a basis for thinking about aspects of human ageing, including physically limiting and distressing aspects, as at once corporeally real *and* inter-corporeally realised. This affordance is significant given that constructivist epistemologies used in qualitative research have historically struggled to deal with corporeal aspects of human ageing.[21] In this project, I ultimately use Merleau-Ponty's model of inter-corporeality to investigate how age-related corporeal changes take on significance within what I am calling the apparatus of successful ageing and underserviced rural communities across NSW. In other words, the apparatus of successful ageing can be theorised as a collection of regulatory and disciplinary conditions, united by the idea that human ageing is a problem of

[20] Pain and disease for instance do merely undo the 'the body', but rather usual routines and modes of existence which have become established through routines and habits which typically link bodies and everyday lifeworlds together. As the phenomenologist Drew Leder (1990) argues, even experiences of extreme pain are experienced in relation to usual forms of life which are disabled by the here and now of pain.

[21] While 'new materialism' has been identified as a theoretical arena equipped to deal sociologically with human ageing (Höppner & Urban, 2018), theoretically robust perspectives on the embodied fourth age remain scarce (Amrhein, 2025; Gilleard & Higgs, 2014).

personal responsibility, which extends into how bodies engage, experience, worry about, and 'feel' corporeal ageing.

Merleau-Ponty and Foucault

My interest in the intertwining of the body and the apparatus of successful ageing requires an intertwining of Merleau-Ponty and Foucault's theoretical approaches. Together, Merleau-Ponty and Foucault offer a more expanded picture of the body's imbrication in historical conditions of existence than these thinkers can in isolation. Specifically, Merleau-Ponty's scholarship provides a rich set of terms, concepts, and tools for describing embodied 'experience' – a dimension of history and power/knowledge which Foucault turned to towards the end of his life, but which remained underdeveloped at the time of his death. Indeed, even when dealing with bodies in their historical specificity, Foucault's writing generally does not describe or imagine their emotionality, existentiality, or lived corporeality. As Ortega writes:

> Disciplined bodies seem to feel no fear, frustration, pain, shame, humiliation, unhappiness or anxiety… For the French philosopher [Michel Foucault], as for other constructionists, the body is above all a symbolic construct whose history is consubstantial to that of its representations. When the subjective experience of the body is thus minimised, the body seems to be an indefinitely plastic and available entity (2013, p. 8).

Drawing on Merleau-Ponty's account of the lived body, it becomes possible to theorise apparatuses of power as doing much more than putting the material-agency of the body to work in practice and thought. From an inter-corporeal perspective, historical conditions of power/knowledge intersect with the intimacies of the everyday. For instance, later in this thesis, I trace how the apparatus of successful ageing intersects with long held concerns and love for adult children.

The benefits of pairing Foucault and Merleau-Ponty are reversible. To Merleau-Ponty, Foucault has at least two things to offer. Firstly, Foucault is attuned in ways which Merleau-

Ponty is not to violent, discordant, and alienating forms of existence. Even though (or perhaps because) he fought and was injured in World War Two, Merleau-Ponty preferred to describe how the body connects, belongs with, and adapts to its conditions of existence, through friendship, empathy, and belonging. Foucault's historical analysis, in contrast, brings into view the ways bodies are violently pathologized, isolated from social collectives, are rendered killable, and emerge in states of tension and conflict.

Secondly and relatedly, Foucault offers a more extended picture of inter-corporeal structures. As I have mentioned, while Merleau-Ponty argues that conditions of existence which confront bodies are in turn conditioned by larger, often obscure 'productive forces' of history, he rarely describes these complex conditions and forces in empirical detail. Consequently, he is generally not able to comment on political and economic functions which ordinary phenomenological experiences are shaped by and contribute to. The vision of the body as caught up in the world which Merleau-Ponty provides us is ultimately very localised. Read alongside Foucault however, we might ask questions about how political, economic, and historical factors shape and are shaped by mundane inter-corporeal bindings of experience. Through Foucault, we are thus much better able to understand and ask critical questions about the inter-corporeal forms we find ourselves embodying. Before moving onto the methodology section of this chapter where I show how such questions were specifically applied to this case study, it is necessary to address several possible objections regarding my pairing of Foucault and Merleau-Ponty, the most significant of these being that Merleau-Ponty and Foucault represent opposing and incommensurable sociological approaches: the body as lived and the body as inscribed.[22]

[22] Writing in 1996, Nick Crossley observed how a 'division is forming in the social theory of the body… we are being asked to choose. Should we study 'the body' as 'lived' and active or acted upon, as historically 'inscribed' from without' (p. 99). From Crossley's perspective, this division had begun to implicate and to drive a theoretical

The belief that Merleau-Ponty and Foucault's account of the body are incompatible at first glance seems to reflect Foucault's own position on this issue. Foucault is clear that his approach to the body and history are basically incongruent with phenomenology, the philosophical school to which Merleau-Ponty belongs. For instance, in *The Order of Things*, Foucault states:

> If there is one approach that I do reject, however, it is that (one might call it, broadly speaking, the phenomenological approach) which gives absolute priority to the observing subject, which attributes a constituent role to an act, which places its own point of view at the origin of all historicity (1966/1994, p. xiv).

Despite the apparent incommensurability Foucault identifies between himself and 'phenomenology', understanding Foucault as rejecting all phenomenological approaches is misleading and unhelpful. For one, such an understanding ignores Foucault's late interest in histories of embodied experience (Crossley, 1995, 1996; May, 2005). Indeed, the later Foucault suggests that we read the early and middle Foucault with a critical grain of salt:

> Perhaps I've insisted too much on the technology of domination and power. I am more and more interested in the interaction between oneself and others and… the technologies of individual domination (1994c, p. 19).

It is important to note that the phenomenological approaches which Foucault criticises are those which give 'absolute priority to the observing subject' – here Foucault has Edmund Husserl's transcendental phenomenology in mind.[23] This phenomenological approach postulates and

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wedge between the works of 'Maurice Merleau-Ponty (1908-61) [who] is taken as a representative of the lived and Michel Focualt (1926-84) [who] is taken as a representative of the inscription approach' (p.99).

[23] For some of Foucault's early teachers, transcendental and hermeneutical phenomenology represented promising avenues for generating a more humanist form of Marxism. For these philosophers, these phenomenological approaches suggested the possibility of 'returning' to a-priori structures of human being which had been made obscure by modernist impulses; namely, the scientific reduction of human being/consciousness into apparently

seeks to uncover deep, hidden, and essential ontological structures which are universal and, in this sense, a-historical.[24] With these points in mind, Foucault scholars have proposed his later works, particularly volumes 2, 3 and 4 of *The History of Sexuality* series are concerned with phenomenological themes which occupied the young Foucault (Connolly, 2010; Dreyfus & Rabinow, 1982; Lupton, 2002; May, 2005). Ultimately, Foucault rejects phenomenological accounts of human being as a self-contained historical constant. He does, however, return to phenomenological problematic of first-person experiences of historical subjectivities. We can thus agree with Todd May's summation that 'in the end, Foucault leaves phenomenology, but the spirit of phenomenology does not leave him' (2005, p. 308).

Part 2: Methodology

In this section I explain the methodological strategy which was used to investigate the research questions of this thesis. Here, I also explain how the methodological approach fits within the epistemological perspective outlined above. The methodological strategy revolves around two qualitative research methodologies: The *active interview* technique developed by Holsten and Gubrium (1995) and *situational analysis* developed by Adele Clark (2003). Together, these approaches are used to explore how knowledges, imperatives, and technologies which

objective components (May, 2005). Foucault's early publications take up this line of reasoning. Foucault's first publication (an introduction to Ludwig Binswanger's *Dreams and Existence* (1954/1986) takes insights from hermeneutical phenomenology to argue against psychoanalytic interpretations of dream experiences. Dreams, according to the young Foucault, exemplify the subjective genesis of experience: 'The dream is free genesis, self-accomplishment, [the] emergence of what is most individual in the individual' (1954/1986, p. 54).

[24] In *The Order of Things*: *An Archaeology of the Human Sciences* (1966/1994) Foucault argues that Freudian psychiatry *and* the phenomenology of Edmund Husserl and Martin Heidegger reflect 'eschatological' impulses of modernism (Foucault, 1966/, p. 350). Both Marxism and Phenomenology try to uncover essential conditions of human consciousness. For Foucault, the historically situated nature of knowledge means such excursions are doomed to fail. This is truth claims, while initially appearing as 'stable and definitive', are in fact historically situated (Foucault, 1966/1994, p. 350).

characterise the apparatus of successful ageing intersect with various embodied experiences of human ageing in rural places in NSW.

The Active Interview

Interviews conducted for this research were designed and carried out following the active interviewing technique, developed by Holstein and Gubrium (1995). A central premise of the active interview technique is that interviews are never just *about* social realities and personal identities – they are themselves interactional social episodes where selves are presented and discursive stocks of knowledge are deployed and negotiated.[25] That is, interviews are taken to illuminate social styles of self-presentation and socially acceptable (or not) games of truth. This understanding of interviews informs how data are interpreted. Interview data are conceived as having been produced by: a) artful practitioners who generate and negotiate a local account about given topics, whose talk is conditioned by b) substantive interactional resources (e.g., discourses about certain social problems, standards of right and wrong) which circulate within broader social realities. Another feature of Holstein and Gubrium's approach is that it advocates an 'active' or dialogic understanding of interview scenarios. Interviewers are given methodological permission to engage in open-ended discussions and (respectfully) ask challenging follow up-questions about why such and such is true, right, etc. (Gubrium & Holstein, 2012). In other words, permission is granted to interviewers to ask the kinds of questions and express degrees of disagreement which might, in other interactional circumstances, fall within the remit of mutually respectful conversation. For instance, in this research, I sometimes challenged participant accounts of what was self-evidently the case with

[25] This active approach contrasts with 'conventional' interviewing methodologies cast interviewees as passive 'vessels of answers' who come to interviews prepacked with answers (Holstein & Gubrium, 1995, p. 38). The role of interviewers from this perspective is to correctly coax out the 'truth', which may be guarded behind walls of mistrust and suspicion, without contaminating answers with interviewer biases.

counterexamples of 'common-sense'. This helped to reveal logics and rationalities of thought and belief which might otherwise have remained implicit or assumed.

Holstein and Gubrium suggest interviewers engage not only with 'what' kinds of substantive discourses emerge during interviews (i.e., forms of common sense, standards of truth, appeals to right and wrong) but also 'how' interview participants work with or against substantive knowledges and truth games in everyday life (Holstein & Gubrium, 1995, p. 16). Moving between 'hows' and 'whats' involves a form of 'analytic bracketing' (Holstein, Gubrium, Denzin, & Lincoln, 2013). When exploring the 'hows' of interaction, 'the researcher may be indifferent to the structures of everyday life in order to document their production through discursive [bodily] practice' (Holstein et al., 2013, p. 347). When investigating the 'whats' of interactional episodes, however, 'she brackets discursive practice in order to assess the local availability, distribution, and/or regulation of resources for reality construction' (Holstein et al., 2013, p. 347). Interpreted with regards to the inter-corporeal approach to meaning which I have adopted, the active interview approach encouraged me to attend to what was substantively true, real, reasonable, right, *and* the apparent significance of such substantives in embodied everyday life – to investigate how what counts as true, real, and right emerges and functions in routines, performances, and experiences of the ageing body in everyday rural places.

Situational Analysis

Adele Clark's situational analysis (2003) was drawn on to code, organise, and interpret data. Situational analysis is a methodological strategy which has developed out of the grounded theory tradition. It employs the grounded theory strategy of iteratively refining components of research design to take into account ongoing data collection and interpretation.[26] Starting with

[26] Grounded theory research is one of the most well-known methodologies for doing qualitative research (Charmaz, 2008). The approach was first described by Barney Glaser and Aslan Straus in their book *Awareness*

more general research questions and open-ended interview questions, these are periodically refined in light of new findings which emerge during data collection and analysis. The iterative development of methodological strategies allows researchers to:

a) test and explain the generalisability of concepts and hypotheses as these apply to individuals and groups;

b) identify and address explanatory theories as new data and concepts emerge during data collection and interpretation, and;

c) continually refine the relevance of research interview questions and other aspects of research design given a) and b).

Figure 7 depicts the strategy of theory development through iterative discovery used in this thesis.

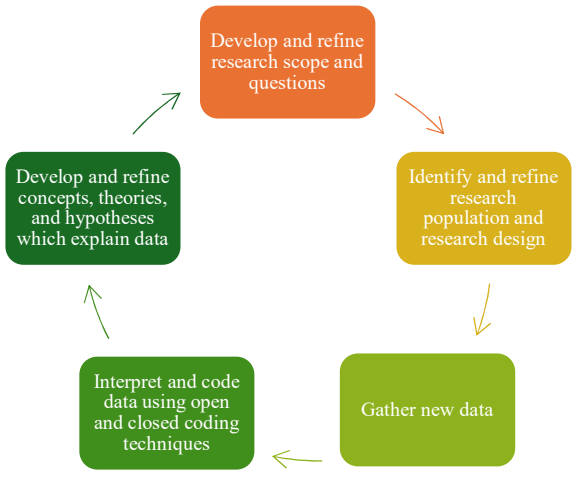

Figure 7: *Iterative Discovery/Constant Comparative Method*

of Dying (1979). Combining theoretical interests in symbolic interactionism with the methodological principles of inductive positivism, grounded theory research attempts to identify, through iterative hypothesis development and field testing, the social structures governing local social realities (Charmaz, 2014; Charmaz & Belgrave, 2012; Glaser, 2007). Concepts and theories supporting hypotheses about local social realities are continually refined and re-tested as new data is collected (Charmaz, 2008).

Where grounded theory generally recognises and seeks to contextualise social actors as participants in local social structures and routines, situational analysis additionally recognises the agency of 'nonhuman' situational elements (Clarke, 2021, p. 201). Nonhuman actants are things, policies, problems, technologies, phones, buildings – anything nonhuman which influences a situation being investigated. Clarke extends the nonhuman of the situation to include things and forces which influence situations, but which may not be explicitly present for those directly involved in situations. This could include factors such as market conditions and regulatory policies (Clarke, 2003).

While all situations have an empirical reality which may be documented, the parameters of a situation will depend on the aims and epistemological contexts which researchers bring to their investigations. Clarke provides several mapping strategies which researchers can use to represent situations and relative situational dimensions being investigated. In this thesis, two of these techniques were drawn on: 'Abstract situational maps' and 'social worlds/arenas maps'. Abstract maps are used for iteratively developing, refining, and organising analytic dimensions of situations which become apparent over the course of research (Clarke, 2003). This kind of mapping was used to keep track of various dimensions of 'inter-corporeality' which I was interested in. Where abstract maps are used to keep track and develop the pertinent dimensions of situations, social world/arena maps seek to represent the ways dimensions, elements, and actants operate and affect situations being investigated. In mapping how different actants and dimensions interact and affect one and other, social world/arena maps can be used to represent relations and processes of affect, movement, and possibility within a given situation. This kind of mapping was used to tease out relations and linkages between participants and the specific conditions of their everyday lives.

Inter-corporeal Situations

Drawing on Merleau-Ponty's concept of inter-corporeality and Foucault's understanding of the body as organised around salient apparatuses, I adopted Clarke's social worlds/arena mapping technique to depict inter-corporeal enmeshments between bodies and conditions of embodied existence. As I mentioned earlier, Merleau-Ponty conceives of relations between corporeal schemas and conditions of existence as animated by embodied senses of 'I can'. I also showed how later critical phenomenologists (Ahmed, 2006; Fanon, 1952/1986; Leder, 1990; Young, 1980) theorise the 'I can' as an ideal, normatively aligned kind of embodiment which, for certain non-aligned others, discloses what is abnormal, wrong, different, or limited about the lived body. Reading the works of these critical phenomenologists, Fanon in particular, it became apparent that embodied forms which emerge between what the lived body 'can', 'cannot', 'ought', and 'ought not' do are bound up with (and productive of) intensities of feeling and emotion. In the course of my research, such emotional dimensions of inter-corporeal anatomies became increasingly central.

The inter-corporeal maps which I ended up developing were used to trace how anatomies and intersections between can/cannot and ought/ought not to emerge in rural locations with respect to successful ageing imperatives and affective states. Below I have included a clean version of an inter-corporeal map which examines the inter-relations between corporeal possibilities of activity (in this case calling an adult son for support), embodied senses of 'ought' (not being a burden), and relevant emotional and affective states (stress, guilt, stoic acceptance).

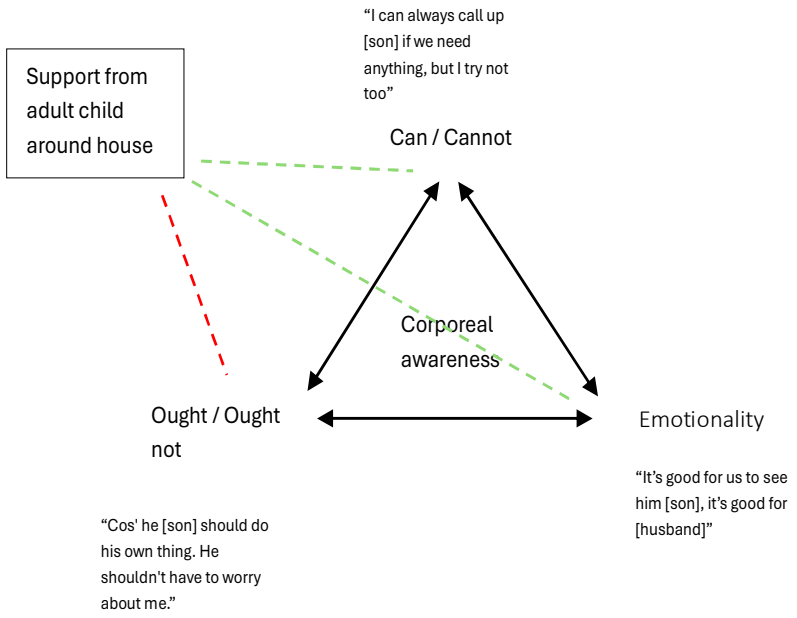

Figure 8: *Clean Inter-Corporeal Map*

Inter-corporeal maps were used to understand states of concordance between the lived body and conditions of existence, as well as states of body-world tension, contradiction, and dissonance. Drawing on Holstein and Gubrium's distinction between 'hows' and 'whats', inter-corporeal maps provided a starting point for representing a) what was salient in inter-corporeal situations for participants, particularly with regards to embodiments and relationalities of ageing and b) how significant situational elements were engaged, rationalised, positioned, , worried about, or otherwise taken up by participants. I will return to how inter-corporeal maps were deployed in further detail in following section on methods.

The Inter-corporeal Reality of the Researcher

In this research, I interviewed participants about the nature and their experiences of human ageing – a phenomenon which, as we saw in the previous chapter, has been construed as a threat to the sustainability of societies and economies. This framing and other factors which inform how younger and older adults recognise and engage each other, I felt, animated how

interviews unfolded.[27] Or, stated otherwise, the role of age differences in the inter-corporeal contexts of interviews conducted for this research were suggestive of wider intergenerational relations and tensions present in Australian society.

Conventionally, social positionalities of researchers have been equated with 'risks' to research integrity which must be managed (Holstein & Gubrium, 1995; Roulston & Shelton, 2015). Indeed, social distinctions which are apparent in an interviewer's tone, dress, gender, and ethnicity have been shown to significantly influence what interviewees are willing and liable to share or not. For instance, age and gender dynamics have a significant effect on what topics may be considered 'off limits' during an interview encounter (Benney, Riesman, & Star, 1956). Having said this, it has also become apparent that social differences between speakers cannot (and should not for that matter) be excluded from research encounters. Indeed, as was often the case in this research, age differences between myself and participants seemed to play productive, if at times antagonistic, roles in bringing socially pervasive intergenerational relations into the social contexts of interviews.

When I started this research, I had in my mind that I was going to be talking to 'older adults'. While I was aware that equations between years lived and 'old age' had been deconstructed and undermined in recent decades (I was well into my literature review), without really realising it, I nonetheless imagined would-be participants as being like my 'elderly' grandparents. When I finally started the interviewing stage, participants either detected or expected this kind of reductive thinking and often challenged me to reconsider my assumptions. This tension was awkward and eye opening. In addition to making me rethink some of the phrasings of my interview questions (and the way I treat others), it also revealed clues about

[27] Age difference was just one of many factors which animated how interviews unfolded. As has been well documented, class, education levels, race, gender, and other markers of social difference extend into interview scenarios.

what ‘oldness’ and being hailed as ‘old’ might mean in everyday situations. At the very least, it was clear from the get-go that ‘old age’ was a profoundly negative status.

A second role which age differences between myself and participants played in the interview, had to do with the status of ageing populations being perceived as ‘risky’ for Australian society. Many participants in this research – often before interviews had begun – explained that they were aware of the challenges which population ageing presented for younger adults. Such acknowledgements were often paired with accounts of what participants aimed to and had already done to minimise the negative effects of their own ageing on younger others, known and unknown. Here, the apparent necessity many participants felt to acknowledge population ageing as a problem, and to favourably align themselves as against this problem, seemed to suggest something significant about the way biopolitical problematics are encountered and managed through embodied practices. This connection between embodied practices and moral status become a central theme of my research.

Part 3: Methods

In this final section, I report on how the research process unfolded. I describe how participants were contacted and recruited, how consent was obtained, and comment on how interview questions were iteratively developed according to Clarke’s situational analysis methodology. I also provide a summary of participant demographics.

Recruitment Procedure

Invitations, Participant Information and Consent Forms (PICFs), and researcher contact information were shared via email with friends, family members and colleagues, who passed on invitations/information to relevant acquaintances who met the inclusion criteria of this study (see Appendices 1 and 2). These primary contacts were not invited to participate in interview research. All participants who contacted me did so by email. All participants who expressed interest in participating were contacted by telephone to confirm their suitability for

involvement. I also took the opportunity of initial contact to check whether participants had read and understood the research project as outlined in the PICF, and the voluntary nature of participation.

Target Population

Older adults (60 years and older) living in rural and semi-rural areas of socio-economic disadvantage in NSW were targeted for inclusion in this study. Socio-economic disadvantage was determined using The Australian Bureau of Statistics Index of Relative Socio-economic Advantage and Disadvantage (IRSAD). Other inclusion and exclusion criteria are summarised in **Table 1**. Older adults living in residential aged care facilities (RACF) were excluded from this study. This decision was made due to the significant difference between everyday life experiences of RACF residents and adults living in the community.

Table 1. *Inclusion and Exclusion Criteria for Interview Participants*

Inclusion Criteria	*Exclusion Criteria*
Adults aged 60 years and over	Adults aged 59 years and younger
Lives in NSW, Australia	Lives outside of NSW Australia
Resides outside of major metropolitan cities	Resides in metropolitical and central business district areas
Lives in the community	Predominately resides in an institutional setting (RACF, palliative care, hospital setting)
Able to provide written or verbal consent	Unable to provide written or verbal consent
Not in significant pain	Experiencing significant pain or discomfort
Able to independently understand the nature, risks and requirements of this research as described in the PICFs	Unable to independently understand the content of the PICF

Theoretical Sampling and Snowballing Procedure

Recruitment was achieved using a snowballing or 'word of mouth' strategy. Historically, rurality and older age have negatively impacted recruitment rates when purposeful sampling techniques are used (Ibrahim & Sidani, 2014). Furthermore, snowballing has also proved useful for gaining access and forming trust amongst hard-to-reach older and rural populations (Dibartolo & McCrone, 2003; Penrod, Preston, Cain, & Starks, 2003). A theoretical

sampling strategy was additionally used to ensure the snowballing strategy reached prospective participants relevant to emerging research interests and themes. Theoretical sampling describes processes where target populations are refined over the course of the data collection period, in reference to evolving concepts and findings which emerge during preliminary data analysis.

Consent Procedure

Where possible, participants were provided PICFs before in-person contact was established. When this was not possible, prospective participants were called via phone and reminded that participation was entirely voluntary. All participants were given the opportunity to read and reflect on the PICF in private.

Interview Strategy

Interview questions were developed with aim of prompting discussion around themes of human aging, rural places, and a 'good' later life. Many of the questions which I asked participants were intentionally broad to invite open ended discussion. There were two reasons for this. Firstly, asking open-ended questions can often function as invitations for participants to put forward what they, and what they believe an interviewer understands to be, reasonable, true, obvious, and normal (Rapley, 2001). Themes which emerged from open questions were often the inspiration for various 'probing questions', some of which challenged participants to explain their reasoning for certain answers or to explain why something was obviously the case. For instance, in the course of explaining what 'ageing' and 'old age' mean, some participants distanced themselves from the later, stating that they were ageing but 'not old'. In response to this statement, I often asked questions like 'why is it important to be "not old"'. Such questions helped to ensure that taken for granted dimensions of conversations (e.g., that 'old age' is 'bad') were explained in more explicit terms (e.g., 'old age is "bad" because…').

Data Collection

Interviews were recorded and transcribed. Interviews were also timed, and notes were taken and time stamped. Interview notes typically added contexts about emotional and embodied dimensions of recorded conversations. In this way, participant responses were interpreted alongside non-verbal expressions and forms of communication. Data were transcribed using Microsoft word. Raw data (e.g., recordings, de-identified transcripts, and re-identification keys) were stored securely on a university-supported data storage platform.

Iterative Interview Development

Interviews were carried out between March and December 2023. The interview schedule can be found in Appendix 3. After the first four interviews had been completed, interviews were transcribed and coded using open and thematic coding techniques. Interview data were also organised into inter-corporeal maps – representations concordant and conflicting relations between embodied senses of ought and can. Several concepts and themes of interest requiring more detailed investigation emerged. These themes often touched on forms of inter-corporeal discordance. For example, I found that 'maintaining independence' was an important impeded aspiration for three of the four participants. Given one of my general epistemological claims is that the body is an 'inter-corporeal' medium, I wondered what 'inter-corporeal independence' might mean and developed interview questions with this idea in mind.

Data Analysis

Data analysis was ongoing throughout the interviewing period. Interview questions were iteratively updated in response to emerging data and interpretation. Data were coded and mapped using NVivo software. Inter-corporeal maps formed the basis of the data analysis process. These were used to sketch the embodied significances of situational elements (e.g., homes, persons, places) pertinent to the everyday lives and aspirations of participants, as reported in interviews. Of particular interest were inter-corporeal anatomies which aligned with

or contradicted the basic tenets and concepts of the apparatus of successful ageing. For example, for several participants, gyms were significant in relation to perceived moral obligations to remain independent for as long as possible. Inter-corporeal anatomies were additionally organised into harmonious and discordant forms. Harmonious forms of orientation involved alignments between bodily capacities, desires, and moral aspirations. Discordant forms of orientation were those in which bodily capacity, desire, and moral feeling created ambiguous or contradictory orientation toward things, others, and spaces. A more detailed account of how inter-corporeal maps were utilised can be found in Appendix 4

Participants

17 participants were included in this study, nine males and eight females. Participants were aged between 61 and 98 years old with the average age being 76. Interviews conducted for this research typically lasted around 120 minutes. Participants hailed from farming regions in southern NSW, Australia. Seven participants lived in the Riverina Area, an inland farming region home to NSW's largest inland rural city, Wagga Wagga. Four participants lived in the Southern Tablelands. The Southern Tablelands are home to three regional towns with populations above 10,000, Goulburn, Yass, and Queanbeyan. Another six participants lived on the South Coast of NSW, a coastal belt in the southernmost region of NSW spanning about 400 kilometres. The South Coast is home to several small inland rural hubs, the largest being Bega, and dozens of small coastal towns. One participant had recently moved from a small coastal community on The South Coast into a retirement village in Canberra. Finally, one Participant lived in Cooma, a rural town located in the Snowy Mountains region.

13 participants lived in their own homes, seven of these with a long-term spouse. Seven of the 17 (41.1 per cent) participants were employed or semi-employed, a rate well above the national average of workforce participation amongst over 60s which sits at 15 per cent (Australian Institute of Health Welfare, 2023). 14 of the seventeen participants lived in areas

indexed as socio-economically disadvantage by the Australian Bureau of Statistics in the most recent census (Australian Bureau of Statistics, 2021). Other demographic details are summarised in **Table 2**. Certain characteristics which were captured, such as race and ethnicity provided important context for this research, but were not the central focus of interview questions or indeed this thesis and are therefore not elaborated in detail the coming chapters.

Table 2. *Participant Demographic Summary*

Participant	Interview Time	Location	Gender	Age	Nationality	Retirement status	Occupations	SA1 IRSAD deprivation*	Children	Relationship status	Rurality†	Living Situation
Noreen	1:30:43	South Coast	Female	65	White Australian	Semi	Finance and banking, aged care	2	2	Married	Township	Homeowner
Joss	1:27:00	South Coast	Female	70	White Australian	Semi	Finance and banking, real estate	2	0	Single	Township	Homeowner
Darren	1:54:10	Riverina	Male	72	White Australian	Employed	Farmer	4	4	Married	Rural	Onsite - Farm
Glen	2:41:50	Riverina	Male	87	Dutch - Australian	Retired	Labourer, farmer, bus driver, travel agent	2	3	Widowed	Rural Hub	Homeowner
Gretchen	0:34:14	Riverina	Female	98	White Australian	Retired	Housewife	5	5	Widowed	Rural	Homeowner
Nathaniel	1:56:21	Riverina	Male	83	White Australian	Retired	Jockey, small business owner, bus driver, abattoir cleaner	2	2	Widowed	Rural Hub	Retirement village
Dustin	1:17:14	Riverina	Male	73	White Australian	Retired	Farmer, truck driver	2	3	Married	Rural-Hub	Homeowner
Levi	2:15:00	Riverina	Male	93	White Australian	Retired	Farmer, harvest	2	0	Widowed	Rural Hub	Homeowner

							machine operator, small business owner, bus driver, truck driver					
Chas	1:41:09	South Coast	Male	62	First Nations	Employed	Public servant, aged care worker	1	0	Single	Township	Homeowner
Sean	1:05:40	South Coast	Male	61	Malaysian Australian	Employed	Chinese medicine, masseuse	2	3	Married	Township	Homeowner
Mia	2:15:01	Southern Tablelands	Female	83	White Australian	Retired	Famer, aged care worker, public servant	4	5	Married	Rural	Homeowner
Gloria	1:05:59	South Coast	Female	63	White Australian	Employed	Public servant, not-for-profit	2	2	Married	Township	Homeowner
Jannette	3:00:53	Southern Tablelands	Female	61	White Australian	Employed	Geriatric nurse	2	3	Single	Township	Homeowner
Aretha	2:58:00	Southern Tablelands	Female	80	White Australian	Retired	Teacher	1	2	Married	Rural Hub	Renting

Oscar	2:58:01	South Coast	Male	86	Italian Australian	Retired	Business owner, truck driver	2	3	Married	Township	Homeowner
Ennis	2:13:04	Southern Tablelands	Male	69	White Australian	Retired	Military, ambulance officer	2	2	In relationship	Rural Hub	Homeowner
Tammy	2:02:18	ACT	Female	84	White Australian	Retired	Farmer, Town planer	2	4	Widowed	Capital City	Retirement village
Averages and Totals	32:56:37	-	M = 9 F = 8	75.9	-	-	-	L1 = 2 L2 = 12 L3 = 0 L4 = 2 L5 = 1	2.3	Married = 7 Widowed = 5 Other = 3	Township = 7 Rural Hub = 6 Rural = 3 Capital City = 1	Homeowner =14; retirement village = 2; renting = 1

* The Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) summarises information about the economic and social conditions of people and households within an area. This index includes both relative advantage and disadvantage measures. Areas in lowest quintile of advantage are numbered 1, while the most advantaged areas are numbered 5. Statistical Areas Level 1 (SA1s) are small-sized area-based population groups in the Australian Statistical Geography Standard (ASGS) Main Structure. SA1s represent a relatively unified communities of people who interact together socially and economically. The average population size of an SA1 is between 200 - 800 people who live in a contained geographical area.

† There are many ways of calculating rurality. Participants living in 'rural' areas lived in areas with less than 500 per square kilometre; Participants living in rural hubs lived in areas with areas with population densities between 500 and 2000 people per square kilometre; Participants living in townships lived in areas with population densities higher than 500 who lived close to basic services such as shopping centres and medical facilities.

Conclusion to Chapter 2

This chapter has described the epistemological framework, the methodological strategy, and the methods I used to investigate the problems which this thesis asks, namely, how is human ageing rationalised and embodied by older adults living in underserviced communities in rural NSW? In Chapter 1, I drew on the works of Foucault to show how we can think about successful ageing as a 'way of seeing' which has bound together a huge variety of regulatory and disciplinary responses to the problem of human and population ageing. At the beginning of this chapter, I showed how Merleau-Ponty's notion of inter-corporeality provides a useful framework for thinking about how successful ageing ideas, imperatives, and technologies may or may not 'get under the skin' of ageing bodies in everyday life. In the second part of this chapter, I introduced two methodological strategies which were used to investigate inter-corporeal anatomies in underserviced rural NSW communities: Holsten and Gubrium's (2003) active interview approach and Clarke's situational analysis (2003) technique. Interviews were conceived as dialogic and performative exchanges wherein social conventions, standards of truth, and discursive resources are exchanged and negotiated. I also introduced my analytic of 'inter-corporeal maps' which I used to represent states of embodied alignment and discordance with regards to successful ageing imperatives. I also recounted how the research unfolded and what changes to my methodological strategy were implemented over time. In the final section, I reported on the methods which were used to generate and interpret interview data. I ended this section with an overview of the participants who participated in this study, of which there were 17 in total. I now turn to consider what participants had to say about growing older in rural places.

Chapter 3: Successful Ageing in Rural Spaces

Across rural areas of New South Wales (NSW) and Australia more broadly, the paradigm of successful ageing has played an important role in encouraging older adults to take personal responsibility for their ageing futures (Aberdeen & Bye, 2013; Asquith, 2009; Davis & Bartlett, 2008; Gibb, 2018; O'Brien, 2017; Ranzijn, 2010). Policy initiatives intended to support older adults in rural NSW continue to position ageing individuals as desiring and capable of growing older in self-sufficient, socially active, and happy ways (Davis & Bartlett, 2008; Higgins & Stehlik, 1999; Joseph & Cloutier-Fisher, 2004; Tonts & Jones, 1997; Winterton & Warbuton, 2015). Successful ageing initiatives have, however, typically failed to translate into meaningful investments in infrastructures known to support successful ageing outcomes, or at least not to the extent than in metropolitan areas (Davis & Bartlett, 2008; Gibb, 2018; O'Brien, 2017). This begs the following sociological question: to what extent and to what effect does the apparatus of successful ageing extend into rural spaces, mindsets, and bodies?

This chapter considers this question in two parts. Part 1 is concerned with the theme of extension – namely, the extension of the apparatus of successful ageing into rural spaces and bodies. Two kinds of extension are considered: 'ways of seeing' and 'infrastructures'. Ways of seeing here refers to understandings and perceptions of human ageing which have been promoted by successful ageing policies, discourses, and markets; infrastructures refers to those material resources, technologies, and practical means which can support successful ageing behaviours and outcomes in later life. Comparing these different forms of extension, my basic argument is that ways of seeing promoted by the apparatus of successful ageing do indeed extend into rural spaces and bodies, but often in the absence of meaningful infrastructure and material resources which can support successful ageing lifestyles and outcomes. This was particularly evident when it came to participants' often conflicting aspirations to 'remain independent' and 'age in place'.

The second part of this chapter investigates participant's aspirations to age successfully in place in more detail. In line with recent framings of home care as central to older adults' 'independence', participants in this study generally agreed that home care services were needed to satisfactorily age in place. Ageing in place which relied on informal care was generally understood in opposition to preferred states of independence, and as a type of 'dependency'. Because of the relative absence of home care services in the rural places which I visited, however, I found that adherence to successful ageing in place standards to be fraught and sometimes impossible to accomplish. Moreover, participant attachments to place were often experienced as putting others, namely would-be or actual informal carers, at risk. With regards to this later anxiety, participants worried about becoming a 'burden'. The chapter concludes with a discussion of the unique challenges facing adults ageing in Australia's underserviced rural areas which are generated when 'ways of seeing' promoted by the apparatus of successful ageing, particularly regarding personal responsibility for the ageing self, emerge in the absence of successful aging possibilities.

Part 1: Distributions of Successful Ageing Logics

In Chapter 1, I retraced the history of John Rowe and Robert Kahn's visionary model of successful ageing. I showed how this vision emerged as a dominant 'grid of intelligibility' (Dreyfus & Rabinow, 1982) for perceiving and responding to the existential, social, and economic challenges of human ageing internationally, with a particular focus on Australia. While the phrase 'successful ageing' has been largely replaced with auxiliary terms, namely 'positive ageing' and 'ageing well', the basic principles of this approach today underpin many of the familiar ways Australians perceive and engage in their ageing (Hui Chian Teh, Brown, & Bryant, 2020; Tan, Ward, & Ziaian, 2010). Given this later point, I have proposed that we think about successful ageing as an apparatus – an array of discourses, texts, regulatory policies, disciplinary strategies, forms of expertise, biomedical technologies, self-help texts,

and ultimately forms of embodied 'common sense' united by a shared understanding of human ageing as a problem of extrinsic engageable risk factors, personal responsibilities, and civic obligations.

Drawing on statistical data and available literature, I have begun to trace how this apparatus extends across geographical spaces (and into ageing bodies) in an irregular fashion. In Chapter 1, I showed how this irregularity has resulted from neoliberal regulatory agendas of rural decentralisation and divestment, which have seen responsibilities for rural planning and development being pushed out to under-funded local governments, and to rural citizens themselves. In this chapter, I will show how irregularities regarding extensions and distributions of successful ageing principles, responsibilities, and possibilities are additionally shaped by the unpredictable asymmetry of those markets and quasi-markets (i.e., markets which are created and regulated by governments) which were developed precisely to support older adult's successful ageing and health more broadly. As I will outline in more detail, for-profit and not-for-profit community care services struggle to operate and meet consumer demands in economically disadvantaged rural and regional communities, including those which were visited for this research; other identified enablers of successful ageing, such as accessible public transport, access to preventative health services, access to green spaces, and opportunities to engage in health and wellness industries (e.g., gyms) were similarly sparse. This begs the question: does Rowe and Kahn's vision of a 'good' and 'responsible' later life extend into rural space?

To ascertain degrees of alignment between successful ageing principles[28] and local understandings of ageing and older age, one of the first questions I asked participants was 'what

[28] In Australia, hallmark themes, tenets, and problematics of successful ageing are often promoted under the headings of 'positive ageing', 'ageing well', and 'active ageing' (Asquith, 2009; Waddell et al., 2025)

does ageing mean to you?' Ageing is of course multifaceted and irreducible to simple definitions. Unsurprisingly, participants often began their responses with thoughtful or bemused silences. Yet this open-ended question also proved to be a powerful one. Initial responses, bemused or otherwise, revealed what was 'obvious' about human ageing. While participant responses varied, together they revealed an overarching 'way of seeing' senescence, which was characterised by a particular combination of 'aspects'. These aspects, which had to do with the mechanisms, contexts, and ideal types of ageing, broadly aligned with the principles and logics of successful ageing. Three aspects which stood out can be summarised as follows: a) courses of human ageing are significantly affected by personal choices and behaviours throughout the life course; b) population ageing is a significant risk to systems which support life in Australia; and c), given a) and b), ageing adults have a social responsibility to 'age well'.

Mechanisms of Senescence

When asked to define ageing, participants in this research described ageing as a course of decline contingent on the choices, behaviours, and attitudes of ageing adults. To describe this relationship, some participants stated that 'staying active' was necessary for securing health, mobility, and cognitive functions later down the track. The following accounts are typical in this regard:

> Darren (72 years of age): It's [ageing] physical and mental, and I think, yeah, I think you can work on both of them, yeah. Keep yourself active and keep interested in stuff.
>
> Tammy (84 years of age): You're told that you have to keep moving, keep your brain active.
>
> Dustin (73 years of age): Well, a lot of it they say, you got to keep your mind active – and also exercise… if you don't keep going, your health's gonna suffer.

Most participants who emphasised the role of extrinsic ageing mechanisms expressed this relationship as being personally significant. As might be expected, causal relations understood

to link behaviours in the present and ageing outcomes later on were not merely apparent but also crucial to the kinds of later lives participants hoped to secure. Consider for example, the active orientations toward future health and wellbeing described by Noren, Gloria, and Aretha (80 years of age):

> Aretha (80 years of age): I think I'm aware of it [old age] and I certainly think that's why – the exercises I've been doing – is for that reason, to stay fit.
>
> Noreen (65 years of age): I will be one of those people that subscribes to everything about healthy ageing. I'll – I'm starting to, you know – I will try very hard to age well, and age in a healthy manner.
>
> Gloria (63 years of age): You want to age well, you want to kind of be healthy, so you start doing things.

Practices which constituted 'healthy ageing' and 'ageing well' for participants included regular exercise, staying active, 'mental exertion', high levels of social engagement, frequent travel, positive outlooks and views towards the future, and a healthy diet. These practises aligned with individual predicators of successful ageing outcomes described in the academic literature, and also with lay definitions of 'healthy', 'active', 'successful' ageing lifestyles which have previously been described by ageing adults in Australia (Hui Chian Teh et al., 2020; Irving, 2025; Tan et al., 2010) and elsewhere (Depp & Jeste, 2006; Teater & Chonody, 2020). At the same time, other lay accounts of successful ageing which have been reported internationally, such as receiving informal care and accepting limitations (Badache, Hachem, & Mäki-Torkko, 2023), did not prominently feature in participant accounts of a 'good' later life in this study.

Population Ageing

A second commonly recognised aspect which my question about ageing yielded related to the demographic reality of 'population ageing'. For a few participants, population ageing was framed as a global problem. As Noreen at one point exclaimed, 'we have a population

problem on the planet!' More often, population ageing was discussed as a challenge facing Australian society, as well as different systems and infrastructures upon which Australians commonly rely. Participants expressed particular concern about the impact of population ageing on the sustainability of public health systems and national economies:

> Tammy (84 years of age): It's a worry. But how, how are we going to have enough, ah, enough people to look after the old people.

> Janette (61 years of age): I would prefer taxpayers' money to go to younger people and younger people with physical or mental disabilities rather than me being kept alive for years and years and years which costs a fortune. Don't get me wrong, I don't have an issue with these people up at the hospital. But there's not enough money in health go to people, you know, for mental health, and children with disabilities. And yeah, you know, funding for medications and stuff like that.

As Jannette's account exemplifies, accounts of human ageing as a) behaviourally modifiable and b) socially and economically dangerous were closely related. Just as participants recognised behavioural mechanisms of human ageing as not merely true but as personally significant, so too did participants position population ageing as a consideration which bore on their choices, sentiments, and moral commitments. Put into other words, behavioural and demographic realities of human ageing were not merely 'the case' but weighed on how participants engaged and more broadly embodied their own ageing.

Successful Ways of Seeing and the Ageing Body

One of the most striking aspects of participant accounts of ageing were claims that working against negative ageing outcomes constituted the self as 'not-old'. Commitments to 'healthy' and 'active' lifestyles were cited as evidence for such claims. The capacity to 'move' and 'do things' was understood in opposition to being 'old'. For instance, at 93 years of age,

Levi made the following distinction between his own ‘not-old’ status and ‘old’ age-peers who had ‘done nothing’ in their retirement:

> Levi (93 years of age): I've seen farmers sell up and move to town. Not many years later they're dead. They've done nothing. That wasn't my idea. My idea was moving on and doing something, and that's what I've done. And to this day, I don't consider myself old.

The distinction made between active ageing lifestyles and a final, negative period of ‘old age’, or what has been called the ‘fourth age’, is among the most appealing and far-reaching contributions of successful ageing and third age discourses. This principle remains a motif in popular successful ageing (and similar) self-help literature (Andrews, 1999; Katz, 2001; Lamb, 2017, 2019; Rozanova, 2010). For instance, in *The End of Old Age: Living a Longer, More Purposeful Life* by the American gerontologist Mark Agronin (2018), ‘old age’ refers to a terminal, futureless, period of life which ageing adults are, in increasing numbers, transcending. Hence, active and controlled forms of ageing represent the ‘solution’ to the ‘problem’ of old age (p. 1). Like Agronin, participants delineated between preferable states, dispositions, and orientations toward the future and terminal states of futureless old age. Chase and Mia for instance distinguished proactive and future-centric orientations in time from unplanned, passive, and arrested ageing trajectories to describe the difference between not-old and old ways of living.

> Chas (62 years of age): If you're green, you're growing. If you're ripe, you're rotting. So, you always try and keep yourself green, so that you can take the next step, you know, you know, the next step doesn't necessarily mean it's a coffin. It could be a whole new adventure.

> Mia (83 years of age): I think you get old if you stop thinking… or you stop learning. I think when I stop being curious then I'm old, or when I'm happy to sit there and watch TV all day.

The meaning and stakes of remaining not old and working toward positive, active, and healthy ageing futures was further contextualised around population ageing, a phenomenon

which some participants positioned their ageing as being a part of. Again, participant articulations of these inter-relations between corporeal ageing, behavioural interventions upon ageing, the not-old status of the self, and broader demographic contexts of human ageing, echoed successful ageing rationalities which have been promoted by the OECD (OECD, 1998, 2000; Taylor, 2011; Tepe & Vanhuysse, 2009), the WHO (2001), and by government institutions in Australia (Andrews, 2001; Australian Productivity Commission, 1999; NSW Government, 2017; Productivity Commission, 2005; The House of Representitives Standing Committee for Long Term Stratergies, 1992). Participants recognised the difference between active, healthy, not-old states on the one hand, and old, burdensome states on the other, as differences between responsible and irresponsible kinds of later citizenship. This perspective was clearly articulated by an exasperated Joss (70 years of age):

> Joss (70 years of age): There's a moral responsibility, yeah, to health. You've got a responsibility to keep yourself healthy!
>
> Gilbert (27 years of age): If someone allowed themselves to become unhealthy, do you think that – would that strike you as immoral?
>
> Joss (70 years of age): It's immoral! I, I always wanted to be the trolley policewoman at the supermarket. I thought, I wanna take that stuff out of their trolley, the coke and frozen pies because I see a lot of older people and that's what they're buying.

Joss's reference to the moral meanings of different kinds of late lifestyles reflects how pursuits for healthy, active, and happy later life emerged in relation towards others, known and unknown. The meaning of a preferable later life was largely about the kinds of inter-corporeal relations which such lives reflected. Securing a good later age by working against the terminal onset of an old one was as much a civic project as was a private and existential one. However, as I will elaborate in Part 2 of this chapter and again in Chapter 5, keeping negative aspects of ageing at bay and by extension, securing moral relations with others, was complicated by the

difficult and sparse conditions of existence typical of the places and communities participants called home.

Successful Inter-corporealities

Successful ageing 'ways of seeing' were comprised of reversible relations. Abstract knowledge about senescence, how it unfolds and what it implies for individuals and societies, informed the ways participants talked about their own ageing. Encounters with ageing and the ways participants imagined their own ageing futures were contextualised alongside the demographic problem of an ageing Australia. The difference between a 'good' and a 'bad' later life ultimately referred to opposing inter-corporeal relations with social others. The two contrasting terms used by participants to distinguish a good from a bad later life illustrate this relational dimension. A good, worthwhile, and morally aligned (or at least morally unproblematic) later life was an 'independent' one. The kind of old life which participants worked to avoid was, in contrast 'dependent' and a 'burden' for others.[29]

Elaborating the inter-corporeal differences between independent and dependent life is a central concern of this thesis. In this chapter, I am more concerned with the inter-corporeal structures of independence than I am with anatomies of dependency, which are explored in Chapter 5. However, given that meanings of independence emerged in opposition to the boundaries of inter-corporeal dependence, it will be useful to briefly outline what participants took this later to term mean.

The term 'dependence' was often equated with the term 'old', while the term 'independence' with being 'not old'. While other features were certainly recognised as markers of oldness, for most, old age had to do with becoming reliant on and a problem for others.

[29] Etymologically, the word 'dependent' means to rely on something external to oneself. The term 'independent' refers to an oppositional state of self-reliance. The etymology of the term 'burden', deriving from the Old English term *byrðen*, refers to a load or weight, and to children (as in one's dependents).

Consider for example how Norreen responded to my question ‘What do you think “old age” is?’

> Norreen: Well, I don't think it's a number. Yeah, I think to me old age is lack of independence. To me old is mixed up with no longer or lesser independence.

Another term which participants often used to characterise dependency and old age was ‘burden’. For Noreen, not becoming a burden on others was essentially what ‘healthy ageing’ and ‘ageing well’ were all about, as she at one point stated in no uncertain terms: ‘I'm responsible for not being a burden as much as I'm in control of it.’ The moral and social implications the participants attributed to burdensome states were realised in relation to what participants believed old age threatened and undermined. Noreen for instance recognised old age as a threshold where individuals are no longer able to ‘give back’ to younger adults, economies, health systems, and natural environments.

> Noreen (65 years of age): I don't wanna be a burden. I don't wanna take up space… compost me and I leave the oxygen for the next person…. You can't just take everything all your life and take it until you’re 90 and then leave you lot with a with a damaged environment and no real estate!

While Noreen was almost unique in her account of old age as an existence which haplessly strains natural environments, her rationalisation of oldness as a negative relation towards markets, public health system, and younger others aligned with statements made by others:

> Joss (70 years of age): [If] you not looking after your health, you're gonna, cost the health system a lot of money down the track.’

> Tammy (84 years of age): yes, it's a worry. But how, how are we going to have enough, ah, enough people to look after the old people.

> Sean (61 years of age): Back in the hunter gatherer days or whatever, if someone couldn't walk, they were left to die, you know, if you couldn't walk you weren't allowed – there was no point living… And then they didn't have resources to have someone look after you and feed you and it would take too much out of the group resources to care for you. And it's a similar thing today.

In addition to these life supporting systems, old age, along with efforts and hopes to remain independent, were elaborated with reference to known others, particularly adult children, who participants did not want to become a burden for. For example, Ennis explained that he had next to no anxieties about the future. The prospect of death and dying didn't bother him, nor did the prospect of suffering during the end of life. What bothered him was the thought of becoming a burden on his children.

> Ennis (69 years of age): The thing I look at with my children, I wouldn't want a burden… I've seen people that have been a burden on their family.

A common refrain in the case against familial dependency, particularly when this related to adult children, was that family members/others had their 'own lives' to worry about. Indeed, as I will further explore in Chapter 5, the meaning of independence emerged in opposition to the spectre of an intruding, 'leaky' old age. Where dependency demanded work and care from other bodies, being independent implied that one was able to support oneself through forms of self-care. As such, self-understandings of independence were realised through forms of conduct which demonstrated self-sustainability and, by extension, a capacity to exist outside the efforts and concerns of others. Inter-corporeal independence was, in other words, performative in nature. In the forthcoming section, I explore how independent performances and inter-corporeal states were elaborated in the rural places visited for this research. However, it is worth first briefly noting that not all participants embodied successful ageing ways of seeing.

Inter-corporeal Deviations

Gretchen, a 98-year-old woman, who lived alone in the farmhouse she and her late husband built in the 1950s, was the fifth person I interviewed. In prior and later interviews, old age was described as a terminal state and in opposition to the self. Gretchen was the first person I interviewed who self-identified as 'old'. Where most other participants positioned old age as a problem for thought, conduct, and the future, Gretchen appeared unfazed by an apparently background awareness of old age. When I asked Gretchen if she ever thought about this facet of embodiment, she responded in the following way:

> Gretchen (98 years of age): As far as aging goes, umm no, I don't find it a great problem. I suppose it's such a gradual process. No, I don't think a lot about it.

Nathaniel, an 84-year-old man living in a retirement village in Wagga Wagga, also identified himself as 'old'. Like Gretchen, old age was not obviously a problem for thought and preventative work in the way that it was for most others. Becoming old was rather described as a sudden, unanticipated event:

> Gilbert (27 years of age): Did you ever think about getting older?
>
> Nathaniel (83 years of age): No, no. Just went along.
>
> Gilbert (27 years of age): So, do you remember – was there a time when you first started recognising yourself as older?
>
> Nathaniel (83 years of age): Yeah, you get to that stage, when you wake up one morning and you're saying shit. I used to do that bloody easily, now I'm struggling like hell. It just hits you like that [snaps fingers] you wake up one day, and you're in a place like this, you've got an electric scooter, you've got bloody walkers. You don't even think, you can't even dream of it.

Gretchen and Nathaniel's rationalisations of ageing and old age evidently differed from accounts offered by most other participants. Such accounts highlight how the apparatus of

successful ageing produces heterogeneous results. Indeed, Gretchen and Nathaniel's understanding of ageing as inevitable and not obviously related to anti-ageing work was much more aligned with what I described in Chapter 1 as the 'apoptotic paradigm' of ageing which emphasises the inevitability of senescence. I will return to alternative accounts of ageing in the conclusion of this thesis, where I develop an alternative way of seeing the problems of human ageing.

Part 2: Successful Possibilities

In the above section of this chapter, I drew comparisons between local ways of seeing the mechanisms and problems of human ageing, and the much broader grid of intelligibility forwarded by the apparatus of successful ageing. In line with successful ageing discourses, participants recognised behavioural interventions on courses of ageing as constitutive of 'not-old' self-identities. Additionally, participants recognised old age and efforts to mitigate this condition in relational terms; efforts to 'push back' old age were as much about caring for the self as they were about protecting others. In this section, I further unpack what it means in practical and everyday terms to age according to the ideal of independence. In mapping what independence means with regards to its performativity and inter-corporeality, particular attention is paid to rural homes, which participants identified as important for elaborating independence. Atmospheres of independence ultimately sat and mixed with various other atmospheres which homes provided. Given the phenomenological orientation of this work, my interest here is to investigate how the moral statuses of independence intertwined and emerged within inter-corporeal senses of home.

Homes

The domestic homes, communities, and landscapes where participants lived can be understood as places within a wider discursive and material space. Following Martina Löw (2016), space refers to geographic distributions and configurations of social goods and

materials, including discourses, economies, houses, and people. Places in contrast refer to the idiosyncratic ways bodies become enmeshed and attached to areas of geographic space in and through time. Homes, here understood as territories in space, are places where habits, capacities, and tendencies of the body become intimacy intertwined with a space over time (Ahmed, 2006; Rubinstein & de Medeiros, 2005). Homes are territories which 'keep' embodied styles, routines, habits, histories, and identities (Latimer & Munro, 2009).

This function of homes in 'keeping' important aspects of the embodied self in place was evident in participant descriptions of home places. In a moment, I will show how the apparatus of successful ageing at once seeks to support body-home enmeshments through 'ageing in place' policies, yet, at the same time, contributes to conditions which disable rurally based people from ageing in place. To make clear what is at stake for rural adults at risk of this displacement, I begin this section by describing what homes meant for participants.

'Being-at-home' describes a state of being which is securely grounded in deeply familiar places and routines (Jacobson, 2009). Being-at-home was a crucial requisite for a 'good' and 'happy' later life for most participants. When I asked participants about their priorities and hopes for the future, ageing and dying in place was a common response. For some, home territories and senses of being-at-home were restricted to domestic dwellings which contrasted with 'outside' spaces. This was the case for Tammy who had become 'over-anxious' about leaving her flat, and for Nathaniel, who described 'outside' as a basically uncaring space:

> Nathaniel (83 years of age): You go outside you got nothing have you? You've got nothing. People don't care about you outside.

For others, territories for being-at-home extended beyond domestic structures and into proximate environments. While Chas felt the presence of Country in his own house, the broader

landscapes of home provided much more tangible senses of belonging to place, culture, and time. With age, being on Country had become increasingly important; Chas reported that being away from home for long periods, whether for work, travel, or to visit family, was becoming increasingly difficult.

> Chas (62 years of age): Well, it's Country, it's home, all my elders, laying to rest in the [redacted] cemetery. All up and down this coast. You know? It's, it's Country. So, it's very important to me to be living here. Connection to Country can't be undervalued. I think that in itself is a way of keeping people alive of keeping them – Aboriginal people – you know, keeping us alive keeping us you know, going. I know I've only got a look at them[redacted] mountains and I feel something… I went out to [redacted] Island. And you look back at the coast. And you can see our song line. You can see the song line. And, because I knew what I was looking at, you know, I could see it. And it's, it just lifted me, you know?

Sean also described his sense of home through descriptions of surrounding landscapes and environments which skirted the small South Coast community where he lived. Like Chas, Sean's attachment to place contrasted with unhomely encounters with various other towns and cities where he had lived previously and visited:

> Sean (61 years of age): I just love the geography of it, the river in the mountains and the beaches and I just think, what a great place to end up, you know, even if I if I die here tomorrow, I'll be happy because, I kind of – this is where I wanted to be. I never really felt at home in [other towns and cities] […] that would be death to me, living in the suburbs.

Typically, connections to place are grounded in what is particular to home places. This is because features of place often 'keep' histories of what one has done and where one has come from (Latimer & Munro, 2009). Consider for example Gloria's account of home as an encounter with the past:

> Gloria (63 years of age): [Ageing in place is] really important. Because like, I walk around this little town and I just think 'wow', like, I've just got this very strong sense of identity, like, memories about – 'this is where the kids went to school, this is where they went to high school, this is where I worked, I worked here, and then I worked there, and I worked here [points to different imagined geographic locations]… it's all here… I have a tiny inkling of how Aboriginal people feel, about connection to Country.

Phenomenological literature further suggests that with age, home places become increasingly crucial to positive self-understandings (de Jonge, Jones, Phillips, & Chung, 2011; Gillsjö, Schwartz-Barcott, & von Post, 2011). This claim was supported by Darren's account of home. For Darren, being-at-home meant being in proximity to past achievements and projects, while the prospect of moving away from home meant distance from important markers of identity and achievement:

> Darren (72 years of age): I sort of designed, build it myself, but a lot of, lot of it was hand done. You know, every tile, everything I've done [looks around the room] … Sweat equity... That's the thing, but I'm only just realising you know – you don't want to give up.

Nathaniel, Chas, Darren, and Sean used 'life and death' metaphors to contrast the significance of home places with the costs of being away from home. Such metaphors speak to the inter-corporeal nature of home places, as well as the visceral damage which an absence of home can leave. As Lars Frers (2013) has observed, people who lose their homes often describe feelings of disorientation, dissociation, bereavement, and timelessness. Bodies which are away from or without stable senses of home are liable to lose their established grip on extending space, time, and selfhood (Gillsjö et al., 2011). As we shall see, the fear of losing one's home was wrapped up in fears of losing oneself and one's established reasons for living.

Successful Dwelling

Being-at-home is not just a matter of proximity; it is also a matter of work. It is through uses of the body (and/or other bodies) that homes are made and bodies can 'feel' at home. This behavioural principle of the home is evoked by Martin Heidegger's concept of 'dwelling' (1971), which refers to the work bodies do to render and maintain existentially meaningful relations with spaces. While dwelling represents a basic kind of behaviour through which human beings carve out intimate territories for living, modes and forms of dwelling have also long maintained a regulatory significance (Nadesan, 2010).

Homes, as I have mentioned, are places within larger spaces. Social goods, discursive constructs, patterns of power, economic conditions, and games of truth flow in and out of homes and in and out of the personal lives which they support (Ahmed, 2006; Massumi, 2002/2021; Wise, 2000; Young, 2005). Biopolitical problems, disciplinary technologies and channels, also enter homes. Foucault traces this kind of relationship in *The History of Sexuality Volume 1: An Introduction* (1990). Foucault describes how biopolitical problems relating to sexuality, the reproduction of populations, and hygiene entered the dynamics of 'the family, or rather the household, with parents, children, and in some instances, servants' by way of doctors, educators, town planners, and a host of other disciplinary mediaries who worked to ensure:

> The separation of grown-ups and children, the polarity established between the parents' bedroom and that of the children (it became routine in the course of the century when working-class housing construction was undertaken), the relative segregation of boys and girls, the strict instructions as to the care of nursing infants (maternal breast-feeding, hygiene), the attention focused on infantile sexuality, the supposed dangers of masturbation, the importance attached to puberty, the methods of surveillance suggested to parents (Foucault, 1978/1990, p. 46).

Like the body itself, boundaries of the home form a chiasm between 'outside' and 'inside'. While bodies may enjoy a degree of privacy and sense of security in home places, economic

pressures, frustrations at work, misogynistic partners, traumatic memories, cultural taboos, and as I will elaborate, the regulatory strategies of successful ageing, seep into homes and into intimate anatomies of homely belonging.

Traces left by biopolitical responses to population ageing in Australia were evident in the ways participants spoke about homes and the pressures which undermined being-at-home attachments. The ideal of inter-corporeal independence played a central role in this regard. The meaning of home was closely intertwined with the senses of independence which homes facilitated. As Gretchen explained: 'I don't want to leave my home. I can do what I like here, anytime of the day!' Additionally, however, inter-corporeal independence was also a precondition for (not merely an affect of) 'feeling' at home. Dwelling at home in ways which placed undue burdens on others was for many an uncomfortable prospect. For some, this kind of dependency was impermissible. These tension between ageing in place and remaining relationally independent were expressed by Mia, when she explained that:

> Mia (83 years of age): I have to be careful that by being independent, I'm not making more work…. I just worry that by trying to stay independent, you know, am I being selfish?

For Mia, being independent and ageing in place risked becoming a form of relational dependency when these projects implicated the time and energy of others, namely adult children. In contrast to informal care, which participants often saw as problematic with regards to independence, formal home care was not generally described as a problem for independent aspirations and statuses. In fact, the opposite was usually true. For some, adequate home care was essential to the maintenance of independence, or at least for keeping dependency at bay. For instance, Joss told me that she would rather die than become a 'burden'. However, she further explained that:

> Joss (70 years of age): I would be happy to keep living to 100 as long as I'm getting good care, I'm in a good home. But if the government can't afford it, then don't waste your time… people here, they're not getting the services they need… there's not enough people to work for the service providers.

What is significant here is that Joss does not recognise formal home care as problematic with regards to her stated concerns about becoming a 'burden'. What this suggests is that inter-corporeal independence does not necessarily preclude certain forms of care and reliance on others. In fact, this way of seeing reflects rationalisations of home care which have been forwarded by the Australian Government in recent decades.

A useful starting point for considering the relationships between home care services and statuses of late life 'independence' is the Productivity Commission's *Caring for Older Australians* (2011). In this report, two arguments forwarded are a) that the capacity of older adults to remain independent from public support systems will be imperative for national economic sustainability moving forward and b) that a consumer directed care (CDC) model of home care will support this kind of independence.[30] Since 2015, following the Commissions roadmap, home care has been provided on a CDC basis. Rather than providing funds to care services, community care funds are provided to eligible 'consumers' who then purchase care services directly from certified providers. This follows a similar model first introduced in the United Kingdom. The two main programmes which connect ageing adults to home care, the Commonwealth Home Support Programme (CHSP) and the Home Care Package (HCP)

[30] The Productivity Commission's *Caring for Older Australians* (2011) which provided a central impetus for CDC aged care in Australia states that '[t]here is strong empirical evidence that consumer choice improves wellbeing, including higher life satisfaction, greater life expectancy, independence and better continuity of care' and that 'encouraging people to access services that promote independence and avoid dependence which in turn would improve the sustainability of the aged care system' (2011, p. xxv, 75). The marketisation of aged care, it is ultimately argued, will help 'overcome current financial pressure points and create scope for individual providers to grow within an emerging competitive market' (2011: LI).

programme,[31] continue to be elaborated as mechanisms for facilitating, recording, and maximising the ageing body's functional and relational 'independence' during home visits.[32] Participants in this research generally accepted this line of reasoning; home care support was understood as a form of care which propped up independent states, lifestyles, and relations. Such services were, however, often difficult to access. Indeed, worry about becoming a burden for known others was often underscored by the encountered or anticipated absence of local home care (and other) services.

Challenges to Successful Dwelling

In this research, formal home care generally took on a positive meaning in the contexts of pursuits of independence. Despite this, on balance, participants who needed support to remain in their homes relied on informal care more than they did on formal care. Occasionally this came down to personal preference, as was the case for Gretchen. Usually though, the lack of home care support and other forms of care amongst those who needed help had to do with its limited availability. Ultimately, nine participants, Noreen, Joss, Mia, Janette, Chas, Enniss, Nathaniel, Aretha, and Tammy, reported poor availability of home care and health services as

[31] HCPs are the main mechanism which government funds are distributed to aged care consumers and care providers. HCPs are distributed to care consumers in the form of public funds and spending entitlements/conditions which recipients may use to purchase a 'package' of services from a registered community care provider. The services and amount of funding a person may receive under the HCP program depends on the type/level of HCP they have been allocated. The HCP provides four types/levels of HCPs, with Level 1 packages providing funds and entitlements for basic non-clinical support (e.g., cleaning, gardening, personal care) and Level 4 packages providing funding/entitlements for older adults with complex care needs. HCPs are not provided in-cash. Instead, recipients are provided with a unique code which they then take to an approved care provider. Recipients and providers then negotiate how allocated funds will be spent. The HCP which a person receives is contingent on a) the services a HCP code entitles them and b) service 'bundles' offered by local providers.

[32] Care workers providing CHSP or HCP services must 'support individuals to exercise dignity of risk to achieve their goals and maintain independence' (Aged Care Quality Standards: Outcome 1.3, 2025). The CHSP more specifically functions to help older adults 'to regain confidence and independence so they can live at home safely for as long as possible without the need for ongoing care or a reduced need for care' (Department of Health, 2025).

a present or looming challenge for ageing in place projects. These reports reflect broader disparities in accessibility between rural and urban populations. As we will see, the patchy extension of home care services into rural spaces ultimately undermines much more than the health and wellbeing of rural adults. Also undermined are opportunities to align the ageing self with biopolitical standards which, with the rise of neoliberalism in Australia, have come to equate a morally and civically good later life with a capacity to age and dwell independently – to rely on markets, not entitlements.

The CDC model of home care has been described as introducing 'competition' to the community care sector, in a way which ensures 'fair' distributions of services, government funds, and access across social spaces.[33] In practice, the shift towards CDC has seen community care accessibility and quality becoming stratified along geographic lines, with metropolitan-based older adults receiving more comprehensive and timely care compared to their rural counterparts. While incentives have been established to help entice care providers to expand their services into rural areas, there is significant evidence which demonstrates that current market structures and logics of the sector dissuade providers from operating outside of metropolitan areas (Alston, 2007; Hodgkin, Savy, Clune, & Mahoney, 2020; Hodgkin, Warburton, Savy, & Moore, 2017; Longman, Singer, Gao, Barclay, Passey, Pirotta, Heathcote, Ewald, Saberi, & Corben, 2011; Marsh, Fuller, & Anderson, 2021). Aged care managers have reported being unable or reluctant to expand their operations into Australia's rural, remote, and very remote communities, where higher operating costs and less spatially compact distributions

[33] In 2012, the *Caring for Older Australians* (2011) report argued that a CDC model was needed to 'overcome current financial pressure points and create scope for individual providers to grow within an emerging competitive market' (p. LI). In 2012, CDC funding arrangements introduced by the *Living Longer. Living Better Aged Care Reform Package Bill* (LLLB) reiterated CDC mechanisms as being necessary to overcome present barriers to 'competition, choice for consumers and [economic] incentives for innovation and efficiency' (p. 10) while guaranteeing 'fairness and sustainability of… aged care financing arrangements' (p. 31).

of consumer need and demand often result in services operating at a financial loss (Hodgkin et al., 2020; Savy & Hodgkin, 2021; Savy et al., 2017). In addition to waning pools of consumer demand, per person costs associated with providing community care in outer regional towns (with populations lower than 15,000) are substantially higher than they are in inner regional and metropolitan areas (towns with populations higher than 50,000) (National Rural Health Alliance, 2022).

While rural places are not completely without support, home care services that extend into rural areas tend to be more basic and limited compared to those which are available in Australia's cities (see **Table 3**). Rurality is associated with a decreasing availability of more comprehensive and long-term home care options offered under the HCP programme, and an increasing reliance on entry level and short-term care services offered under the CHSP (Productivity Commission, 2023). As **Figure 9** shows, in outer regional and remote communities with local populations smaller than 15,000 people, older adults with complex health needs often must 'make do' with entry level services offered under the CHSP.[34] While from a social justice perspective, this absence of support can be considered inequitable, within the rationality of neoliberal biopower, the limited extension of markets in unprofitable rural spaces makes clear economic sense.

[34] This issue, while more pronounced in rural spaces, reflects broader issues with service availability and accessibility. There are a fixed number of HCPs available; historically, demand for HCP (queue size) has significantly exceeded HCP availability. This is particularly true for higher level care packages (i.e., level 3 and 4). While average wait times for Level 1 HCPs can fluctuate from 7 days to 6 months, a recent report from the Australian Institute of Health and Welfare (AIHW) found that in 2017-2018 period, the median wait time for receiving an approved HCP was 495 days (2023). Indeed, the recent Royal Commission into Aged Care quality and Safety found that "it is rarely the case that a person receives a Home Care Package at their assessed level within the timeframe advised" (2019, p. 142). In 2018 16,000 consumers died waiting in the National Priority Queue (NPQ) for their approved level of care (Royal Commission into Aged Care Quality and Safety, 2019).

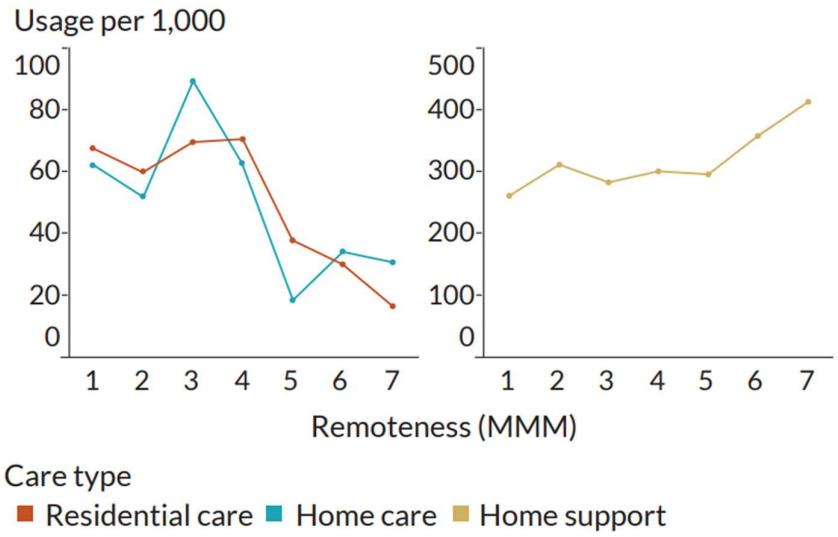

Figure 9: *Influence of Rurality on Aged Care Use in 2020*

Note: From Australian Institute of Health and Welfare analysis of Australian Bureau Survey of Disability, Ageing and Carers, 2018. URL: https://www.aihw.gov.au/reports/older-people/older-australians/contents/population-groups-of-interest/regional-remote-communities

Even when HCPs and CHSP are considered together (i.e., when we consider home care places in general), a strong negative association between rurality and successful ageing infrastructure can be observed. In 2021, in major cities (i.e., Sydney, Newcastle, and Wollongong) there were approximately 75 community care (HCPs and CHSPs) places for every 1000 adults aged 75 years and over. In inner and outer regional towns, this number dropped to 60 in 1000, and in remote and very remote communities to 42 in 1000. The negative association between rurality (conceived here as distance from metropolitan areas) and service availability and comprehensiveness is described in more detail in **Table 3** and **Figure 10**.

Table 3. *Distributions of Community Care Services by Rurality in 2021**

Modified Monash Model	MMM-1	MMM-2	MMM-3	MMM-4	MMM-5	MMM-6	MMM-7
CHPS	54%	10%	11%	8%	11%	3%	3%
HCP	61%	10%	13%	5%	6%	2%	2%
Transitional Care	53%	17%	22%	7%	0%	0%	0%
Short Term/Restorative Care	65%	12%	13%	3%	4%	1%	2%
Australian Population	70%	9.3%	6.7%	3.8%	7.9%	2.3%	
Older Australians	65.9%	22.9%			9.7%	1.5%	
Australian Statistical Standard Model	**Major Cities**	**Inner Regional**			**Outer Regional**	**Remote and Very Remote**	

*Note: Data retrieved from Productivity Commission's 'Report on Government Services' 2021', URL https://www.pc.gov.au/ongoing/report-on-government-services/2021/data-downloads/.

Figure 10: *Older Australians Receiving Support at Home by Remoteness*

Note: From *Australian Institute of Health and Welfare analysis of Australian Bureau Survey of Disability, Ageing and Carers, 2018*. URL: https://www.aihw.gov.au/reports/older-people/older-australians/contents/population-groups-of-interest/regional-remote-communities

As **Table 3** and **Figures 9** and **10** show, many older adults in rural areas continue to go without any form of formal or informal care. While we might expect the absence of formal care

options to be positively correlated with informal care alternatives, as was the case in this study, many rurally based older adults live without any forms of support. Of course, distance from formal *and* informal care options is a major factor which explains such absences (Winterton & Warburton, 2011). However, as I will continue to explore in later chapters, we also need to consider the influence of biopolitical and moral ideals of inter-corporeal independence on the choices and agencies of ageing adults. What became increasingly apparent to me during this research was that, for participants, the absence of formal care services created risks and difficulties other than those related to ageing safely and securely in place. For many, attachments to rural places and poor service availability were grounds for difficult 'choices' about how, when, and if, to implicate others in ageing in place projects. Some described in no uncertain terms that implicating known and 'busy' others in ageing in place projects was morally wrong. These participants told me they would rather forfeit feeling and being at home than becoming relational burdens on others.

Conclusion to Chapter 3

My conversations with ageing adults living across the Riverina, the Southern Tablelands, the Southern Highlands, and the South Coast began with open ended questions about human ageing – its causes, significance, and its implications. What emerged from these conversations was a pervasive way of seeing which framed participant understandings and relations toward ageing. The aspects of this way of seeing reflected a much broader 'grid of intelligibility' which has been advocated by successful ageing discourses and policies. Drawing on Merleau-Ponty's account of inter-corporeality and Foucault's notion of apparatus, I explored how successful ageing ways of seeing grounded the salience of opposing kinds of ageing-in-place, these being independent and dependent forms of dwelling. My central argument in this chapter was that the apparatus of successful ageing makes visible these opposing forms of dwelling but ultimately fails to adequately provide infrastructures that

engaging these preferred forms of ageing would require. Perversely, quasi- market conditions which have been established to support more independent ageing in place outcomes contributed to participant anxieties about becoming burdens for known others. In the forthcoming chapters, everyday strategies and sacrificial efforts to not become a 'burden' are explored.

Chapter 4: Successful Ageing Temporalities

In the previous chapter, I traced extensions running between the apparatus of successful ageing, rural spaces, and ageing bodies. For participants in this research, attachments to places and significant others were organised around the inter-corporeal standard of independence. Continuing this line of inquiry but shifting to the analytic of temporality, this chapter examines how imperatives for late life independence influenced participants everyday perceptions of late lifetime. Two temporal registers considered in this chapter are futurity and duration. Taken together, this chapter considers how imperatives for ongoing independence through time are generative of certain aspirational (and certain feared) visions of the future, as well as everyday techniques for moving toward (and away from) such future scenarios. Michel Foucault and Maurice Merleau-Ponty are, once more, central to my understanding of the complex relationships which link successful ageing imperatives and embodied realities. The chapter therefore begins by reviewing how these thinkers approach time.

Part 1: Approaching Lived Time in Later Life

In this first section, several theoretical concepts are introduced which have become central to the ways I think about lived time. The sociological significance of time is at once ambiguous and complex (Bergmann, 1992), meaning it is important to properly outline how time is understood and approached in this chapter. Two concepts which have become central to my understanding of lived time are Foucault's concept of 'anatomo-chronological' time and Elizabeth Freeman's notion of 'chrononormativity'. These concepts are organised under a general understanding of lived time as an inter-corporeal affair. Hence, this chapter begins by briefly reviewing Marleau-Ponty's inter-corporal approach to time.

Inter-corporeal Time

To properly appreciate what is unique about Merleau-Ponty's view of time it helps to first briefly describe how gerontologists have traditionally engaged with the theme of time.

Time is most often understood naturalistically; that is, as a natural, linear force unto itself which exists 'out there' in the universe (i.e., the 'arrow of time' view). Gerontologists have historically accepted this natural view of time (Seltzer & Hendricks, 1986). Building from Newtonian conceptions of time as constant and sequential, time is treated as an objective and universal phenomenon which does things to human beings, namely senescence (Seltzer & Hendricks, 1986). This naturalistic view of time is often paired with psychological theories of experience (Slife, 1995). Deriving from Kantian distinctions between the sensual and the supersensual, psychological models of time hold that cognitive processes must work to organise natural and objective time into meaningful subjective aspects (i.e., memories, anticipations, and narratives) (Baars, 2012). Both naturalistic and psychological models promote a-social and a-political understandings of temporal experience by reinforcing the idea that time, whether natural to an objective reality or a subjective mind, is universal and standard (Baars, 1997, 2012). What gets left out in this picture are critical questions about how different experiences and models of later life time (including naturalistic views of time and the life course) are produced under particular social and historical conditions and for certain political and economic reasons (Sivaramakrishnan, 2018).

Phenomenological theorists have challenged objectivist and psychological views of time inside and outside of gerontology, with Edmond Husserl's account of time being foundational (Grøn & Meinert, 2025). For Husserl, time is a fundamental dimension of consciousness as it is basically orientated in time. The unfolding present for Husserl is contextualised by senses of what has happened (past) and what will (probably) happen (future).[35] That is, we generally know what we are doing, why we are doing it, and where we

[35] One of Husserl's central contributions to the phenomenology of time consciousness has been to show that temporal awareness is tied to intentional orientation (Christensen, Welch, & Barr, 2017). For Husserl, human beings do not have a secondary psychological grasp of objective time; time is originally constituted through an

are in each moment because the now is always already contextualised by the past and future. Curiously, Husserl reaches this conclusion by 'bracketing' everyday temporal experiences (Kortooms, 2002). Bracketing, also known as phenomenological reduction, refers to Husserl's technique of suspending usual involvements and concerns of everyday life (in this case everyday experiences of time) to ascertain what deep and rudimentary structures of experience remain and which therefore must be fundamental in experience.

Husserl's work is a major source of inspiration for Merleau-Ponty's understanding of time. However, Merleau-Ponty ultimately finds his method of bracketing/reduction problematic. Merleau-Ponty accepts Husserl's insight that time is inseparable from embodied intentionality. However, he finds this position at odds with Husserl's own methodological strategy which presumes the possibility of separating external contexts from internal structures of consciousness. If anything, Husserl's claims that time expresses our intentional orientations in the world reveals that time cannot be reduced to a rudimentary inner consciousness. For Merleau-Ponty time is instead fundamentally relational, emerging *between* the lived body and the perceived world. Time is 'neither a real process [of consciousness] nor an actual succession [in space] that I could limit myself to recording. It is born of my relationship with things' (Merleau-Ponty, 1945/2012, p. 484). Put differently, time is always already inter-corporeal and chiasmic. The chiasmic nature of time is expressed in the ways that we relationally 'feel' time in the lived body and perceived time in the world in our everyday lives.

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active consciousness. Our perceptual awareness of a causally connected past, present, and future is, for Husserl, a result of intentional dispositions towards the world we engage. Things, spaces, and others have meaning insofar as they are significant within our projects which span through time. These may be mundane (picking up a cup) or more long-term and ambitious (writing a book). In any case, the relevance of what we see, hear, and touch is always already significant within broader arcs of intentional action. Husserl's most enduring accounts of time-consciousness emerged while he was developing is phenomenological methods of 'bracketing' and 'phenomenological reduction' (Kortooms, 2002).

For Merleau-Ponty, senses of time extend between the lived body and everyday contexts of activity. Time, sensed and felt in the body, emerges in relation to courses of time in the world and vice versa. For example, when we are running late and are stuck in traffic, we feel stress and panic in relation to standardised hours of work time which we have fallen out of. The feeling of running late is not reducible to an internal time consciousness which emerges outside of an embodied, world-oriented context; nor can the uncomfortable feeling of lateness be accurately described with reference to objective accounts of linear time. Rather, the time of lateness is better described as a connective tissue which expresses a relationship in time between the body and world.

Like Husserl, Merleau-Ponty argues that perception always involves a temporal dimension. This is because a given instant of perception is meaningful insofar as it fits within temporal arcs. Merleau-Ponty uses the term 'simultaneity' to describe the temporally enfolded nature of perception:

> What takes place would not be entirely real for us if we did not know at what time… the event would not be entirely itself if we did not situate it in the immense simultaneity of the world and within its undivided thrust (1968, p. 104).

Simultaneity here refers to the principle that every 'now' is pregnant with the lived past and the anticipated futures we move towards. When we see a chair, past histories of behaviour (e.g., of sitting) and possible futures of use (e.g., sitting down) converge. If we did not simultaneously see the past and future in things, places, and others, they would have no perceptual significance.

Temporal simultaneity (the intertwining of past, present, and future in embodied action and perception) is usually implicit and unremarkable. At other times, our being-in-time is disclosed through emotional intensities and fluctuations, what Merleau-Ponty calls time's 'affective vectors' (1968, p. 147). For instance, emotions like grief, panic, nostalgia, and

surprise express different orders of temporal simultaneity: grief tells us that something or someone who has been there in the past is missing in the present; panic occurs when the present is imminently threatened by the looming future; surprise happens when a future unlike the past arrives suddenly and unexpectedly in the now.

Time's affective vectors reflect Merleau-Ponty's basic claim concerning the embodied nature of perception. Perception, including our perception of time, is structured by what we do. We behaviourally respond to times and actively work to cultivate preferable temporal relations. Not only do we feel bored when past and the unfolding present are too alike; we actively respond to boredom by working to make the unfolding present and past distinct. What I am interested in in this chapter is how the apparatus of successful ageing and other rural conditions of existence give rise to certain kinds of time, as well as certain responses to and pursuits of time. To analyse how the apparatus of successful ageing engages the lived time of ageing bodies, it will be useful to touch on literature concerning how apparatuses of biopower work to govern lived time in neoliberal societies.

Governing Inter-corporeal Time

Time, from an inter-corporeal perspective, is relational and emotional. These dimensions of lived time are in part what makes bodies amenable to strategies of discipline and regulation (Hareli & Parkinson, 2008). For instance, disciplinarians have long sought to evoke shame amongst people who have previously failed to live according to social standards in the hopes of inspiring corrective behaviours in the present and future (Ahmed, 2013). In contrast to negative past-present relations, strategies of government also intervene upon what bodies do by encouraging positive present-future relations. For instance, the pursuit and cultivation of hope about the future has emerged as an important driver of consumer behaviours in contemporary market contexts, particularly with regards to forms of consumption which hope to secure the future health of the body (Adams, Murphy, & Clarke, 2009; Ehlers & Krupar,

2014; Petersen, 2015). Such links between senses of time, felt emotions, modes of conduct, and strategies of governance are captured by Michel Foucault's notion of 'anatomo-chronological schemas'.[36]

In *Discipline and Punish*: *The Birth of the Prison* (1975/2012), Foucault introduces his concept of anatomo-chronological time to explain how the time of bodies has historically been put to use by disciplinary technologies and apparatuses of power. According to Foucault, since the late eighteenth century, liberal societies have worked to bifurcate embodied durations into regular/irregular, normal/abnormal, productive/unproductive periods, according to closely monitored sequences of 'correct' conduct. Under such conditions, periods of duration become meaningful for bodies in relation to anatomo-chronologically correct sequences of movement and thought (Foucault, 1975/2012, p. 152).

The basic function of anatomo-chronological schemas is to demark duration in terms of a 'correct use of time' wherein 'each movement… is assigned a [correct] direction, an aptitude, a duration [whereby] their order of succession is prescribed' (Foucault, 1975/2012, p.

[36] Long standing assertions that Foucault deals with the body as an *object* of power (and not as an experiential site through which power relations are elaborated) has often led to sociologists interested in temporality to overlook his work (Portschy, 2020). In fact, several of Foucault's works deal directly with the temporality of bodies and, moreover, these are confluent with Merleau-Ponty's inter-corporeal view of time. Foucault's view of time is like Merleau-Ponty's in several regards. Foucault follows Merleau-Ponty in rejecting teleological views of time, instead recognising duration as an effect of bodily movements, relations, and habits (Diprose, 2009). However, unlike Merleau-Ponty, Foucault is concerned with political and economic causes of temporal relations and forms – with how regulatory, disciplinary, and moral conditions intercede with embodied temporalties (Crossley, 1995, 1996). So, while agreeing that temporal awareness is relationally produced through the embroilments between embodied practices and conditions of existence, unlike Merleau-Ponty, Foucault critically asks how and why ways of living and experiencing time are produced.

152). Timetables, punch-cards, marching protocols, calendars, traffic conductors, assembly lines, clocks, and other disciplinary technologies reduce time to periods which, through the body, may be elaborated correctly or not. Historically, Foucault contends, the bifurcation of durations into correct and incorrect uses of time have served liberal economic imperatives: 'disciplines, which analyse space, break up and rearrange activities, must also be understood as machinery for adding up and capitalizing time' (Foucault, 1975/2012, p. 157). Through discipline, in other words, embodied time (and the various 'affective vectors' through which we come to perceive ourselves in time) is organised around regular and irregular uses of the body in relation to standards of economically efficient time use.

The concept of anatomo-chronological time describes time uses which are ordered according to correct sequences of conduct. The concept calls to mind those highly regulated movements of institutionalised bodies in militaries, prisons, schools, factories, poor houses, and benevolent homes for the aged. In these settings, time (and affective atmospheres in which time is lived) is firmly fixed to the architecture, technologies, rules, surveillance, and authority of institutions. While institutional settings where time use is closely regulated can certainly be found in contemporary neoliberal societies (e.g., prisons, schools, residential care facilities), liberal and neoliberal apparatuses of power have become less concerned with the particularities of bodily movement and more and more invested in fostering productive and self-governing lifetimes (Foucault, 1978/1990, p. 176). In a similar way that biopower distinguishes forms of life which are to be supported from forms which are pathological and are to be disallowed (e.g., criminals, the insane, racial inferiors), apparatuses of biopower have come to distinguish between lifetimes which unfold in accordance with normal and productive life course stages and lives which stray from normative standards of growth, work, reproduction, decline, and death (Freeman, 2010; Neilson, 2012).

A useful concept which captures how embodied time is regulated in neoliberal societies can be found in Elizabeth Freeman's notion of 'chrononormativity'. Chrononormativity refers to the ways forms of personal freedom and choice in the present become organised around notions of a 'normal' and 'good' life course – with how the simultaneities of present and future are in neoliberal times organised around pursuits of a normative life. While neoliberal subjects are in new ways obliged to choose how time is used, at the same time, leading a good and 'worthwhile' life requires meeting normative and biopolitically productive temporal milestones, such as 'marriage, accumulation of health and wealth for the future, reproduction, childrearing' (Freeman, 2010, p. 5). Chrononormativity in this sense refers to ways biopolitical pressures and disciplinary strategies in neoliberal times work to govern how bodies pursue and organise their own being-in-time. A chrononormative life is produced when choices and energies of bodies follow the stages of a good life and, as we shall see, good late lifetimes and deathtimes.

In the forthcoming section of this chapter, Merleau-Ponty's account of time as comprised of 'affective' relationships towards past and future, Foucault's account of durations as governed by anatomo-chronological schemas of time well spent, and Freemans notion of lifetimes as tending towards (or at least unfolding in reference to) chrononormative milestones, will be used to think about how participants in this study worked in the present towards successful ageing futures.

Part 2: Successfully Ageing Through Time

As we saw in Chapter 1, by the late 1990s in Australia, a distinctly neoliberal form of biopower was in full flight. Old medico-welfarist models of human lifetimes, which equated a normal course natural ageing with normal institutionalised dependencies, were subject to gerontological critique and political reform. These critiques and reforms have ultimately ushered in new distinctions between 'successful', 'positive', 'productive', and 'independent'

post-retirement lives, and problematically burdensome and costly ones. In place of institutionally enforced movements towards state dependency, chrononormative late lifetimes are fantasised as being indefinitely independent to the point of death (Lamb, 2014; Lamb et al., 2017). In place of normative unemployed dependency, anatomo-chronologies of constant activity and speculative self-investment are promoted (Katz, 2000).

Accounts of time offered by participants reflected the presence (or what Merleau-Ponty would call the simultaneity of) successful ageing futures within embodied presents. Further, uses of time and visions of the future were affectively significant and emerged through relationships with others, with hope and fear respectively tethering participants to futures of continued independence and declines into dependency. Not only did hope and fear disclose aspirations to age in a successful independent manner. Pursuits of future independence produced positive affective states for the present. Staying active in this way worked to stay atmospheres of fear and panic about the future.

Successful Ageing Futures

In Chapter 3, I showed how inter-corporeal attachments to place were entangled with the imperatives of successful ageing, with the body's independence from informal care being a prerequisite for 'feeling at home' in place. When I asked participants about these requisites with regards to the future, perhaps predictably, hopeful sentiments were attached to imaginings of continued independence and bodily self-control. Fear was in contrast tethered to futures of oldness, frailty, homelessness, and dependency. Often, expressions of hope and fear were intermingled:

> Janette (61 years of age): Scares the crap out of me… the idea of not being able to be in my home, and having a social life, and being able to walk around. So when I can't do that, and if I have to be cared for by people, it's, you know, you're on a downhill slope, aren't you? And I don't want to – I don't want to be reliant on other people.

> Darren (72 years of age): I hope it'll be a while, but I don't – I'm not the sort of person that would wanna just prolong my life for that – I mean, I wanna be healthy. I wanna be healthy, I wanna get out, I wanna walk, you know. I don't wanna be in a wheelchair or in the hospital.

A number of sociologists have observed how anti-ageing industries and successful ageing discourses sell hopeful but ultimately fantastical visions of an ageless future (Andrews, 1999; Cardona, 2008a; Kleyman, 2017; Lamb, 2017). To the extent that time, as Merleau-Ponty argues, discloses the state of our relationships with things, others, and ourselves, successful ageing discourses promote the rationality that 'healthy' and 'independent' relations with others and the self can and should be maintained indefinitely. While we can recognise hopes for this kind of endurance through time in participant accounts, most participants also accepted that life comes apart and dies in time. Curiously, and as I will continue to explore in the next chapter, standards of inter-corporeal independence and, if not health then at least freedom from ill health, nonetheless informed how participants felt and worked towards such inevitable futures.

I found that hope was tethered not only to independent and healthy futures, but also, to a quick and in certain respects early death:

> Mia (83 years of age): I hate the idea of having bad health, I hope to do what my sister did and just drop dead out of the blue.

> Noreen (65 years of age): At that point when I can no longer [age well], I'll take the pill… that would be my plan.

As these quotes exemplify, participants were in general more worried about the prospect and implications of what has been called the 'fourth age' than they were about death itself.

Imagining and describing the ideal of an independent life followed by a quick, sudden death often brought visible relief to participants in the wake of conversations about the prospect of a 'bad', 'drawn out', and 'dependent' later life. This reflected the near complete lack of fit

between future hope and states of fourth age dependency for participants in this research. The fourth age was imagined as lacking the kinds of relationships with things, others, and self which make lived time good, worthwhile, or otherwise tolerable. Hence, hopeful projections tended to skip over old age.

Invocations of preferable ageing futures and relations were not the only way fears about fourth age futures were affectively relieved. Additionally, participants told me about habits and forms of work they engaged in to not only secure independent futures in rural-home places, but also, to cultivate senses of control and peace of mind in the unfolding present. These uses of time show how aspirations to age independently (or at least to not age into oldness) were pursued according to anatomo-chronological schemas of 'correct' time use which have been widely promoted by successful ageing discourses and policies in Australia. Three schemas of correct time use were articulated. The first two I want to consider, planning ahead and staying active, were closely aligned with successful ageing metrics of time well spent. Participants described these activities as being central to bringing about chrononormative futures which were both good for the self and for others. In this way, planning ahead and staying active were about securing preferable inter-corporeal relations through time.

That participants in this research valued planning ahead and staying active; that these uses of time were understood as bringing about preferable future states of independence; and that these modes of duration brought about positive affective feelings may appear to be sociologically unremarkable. These kinds of routines, it seems, are obviously required for what is self-evidently a preferable kind of later life. While it is true that such activities constitute common place and ordinary uses of time for many ageing adults, I would like to show how these activities also perform biopolitical and neoliberal imperatives. Indeed, the emergence of anticipatory stances toward the future have been central to the flourishing of anti-ageing (MacGregor, Petersen, & Parker, 2021; Petersen, 2015, 2018) and other biomedical markets

(Adams et al., 2009; Cooper, 2011; Kenny, 2015). In what follows, I will locate hopeful and feared futures, and everyday activities participants engaged in to realise or deter these futures, within Australia's recent biopolitical history, which has seen the rise of successful ageing strategies and discourses. To begin with, I return to a text which has played an instrumental role in establishing planning ahead and staying active as anatomo-chronological standards of time well spent in later life: Peter Lasslet's *The Emergence of the Third Age: A New Lease on Life* (1987).

Time Use Value in the Third Age

As I explained in Chapter 1, Laslett's treatise on the third age has played an important role in articulating various moral and civic dimensions of successful ageing lifestyles and futures. Published in the same year as Rowe and Kahn introduced their distinction between usual and successful ageing, Laslett's text and the distinction it makes between the so called 'third age' and 'fourth age' has had a lasting influence on policies and markets targeting older adults (Kinder, 2025; Marhánkova, 2011; Shimoni, 2018) and contemporary cultures of ageing (Gilleard & Higgs, 2010, 2011; Pickard, 2014; Rudman, 2015; Shimoni, 2018). This influence has been propelled by the co-option of third age concepts by successful ageing practitioners and vice-versa (e.g., Steverink et al., 2014; Swindell, 1993; Swindell et al., 2011). The third age concept links successful ageing processes with a tangible, indefinitely lasting, independent late life subjectivity, devoid of the most feared aspects of 'old age': frailty, dependency, unboundedness, and relational burdensomeness (Gilleard & Higgs, 2010, 2011; Pickard, 2014). According to third age discourses, a chrononormative life is devoid of many of these negative and unseemly aspects of old age – these leaky aspects of ageing are relegated to the so called 'fourth age', a sickly, undignified, socially redundant stage at the far ends of existence where useful and meaningful relations with others are completely extinguished (Bass, 2000; Gilleard & Higgs, 2007; Shimoni, 2018).

Laslett believed that widespread pursuits of the third age would provide unprecedented satisfaction and social recognition for ageing peoples. Moreover, Laslett claimed that emergent degrees of late life independence would be generationally contagious, increasing the independence of younger others, such as would-be careers and tax payers.[37] Indeed, for Laslett, happiness, economic independence, and personal worth are intrinsically linked – hence, Laslett's anti-welfarist stance on population ageing.[38] Anticipating emerging behavioural paradigms of senescence (i.e., successful ageing) and also embracing an emerging 'age is what you make it' mentality, Laslett argued that the fourth age could and must be 'put off for as long as possible by appropriate behaviour during the Third Age' (p. 195). Indeed, for Laslett, a failure to orientate and work towards preferable futures for the self and for others in later life is morally indefensible.

In direct contrast to earlier gerontological literature which equated 'normal' ageing with social disengagement and weakened senses of space and time, particularly with regards to the anticipated future (Cumming, Dean, Newell, & McCaffrey, 1960; Cumming, 1964; Hirshbein, 2000; Jalland, 2015), Laslett's legacy has been to outline the moral imperative for ageing citizens to adopt proactive and speculative dispositions towards their own ageing future and towards the collective future of society. 'Live in the presence of your future selves!' (1987, p.

[37] In Laslett's view, the third age is proceeded by a) a 'first age' of childhood and dependency; b) a 'second age' of adulthood, involving work and childrearing; and is proceeded by c), a 'fourth age' or 'old age' involving frailty, dependency on others, and other negative aspects which have traditionally been associated with old age (1987).

[38] Laslett links the moral status of third agers to specific ways of spending and using post-work time. One of the best uses of time in later life involves acquiring private funds to purchase private care in case of future dependency. As Laslett writes: 'It is not for an outsider to economic argument to pronounce on just how beneficial a radical increase in personal savings would be to our future prosperity, conceived of in conventional terms. But it would seem apparent that paying for your own Third Age would add to our assets as a society in many directions. It would certainly considerably enhance the notion of the Third Age itself, if only by removing the dependence on direct doles of public money as an essential source of income during that phase of life' (1987, p. 251).

9). This person future-tense perspective, (which would go on to become the slogan of subsequent *University of the Third Age* (U3A) organisations) expresses the kind of temporal rationality and moral stakes of thinking ahead. While living with regards to the future self is a hallmark feature of neoliberal subjectivity, the 'future selves' Laslett has in mind extend well beyond the future 'I'. Additionally in mind are future generations whose economic livelihood are contingent on forms of pre-emptive and active third age citizenship.

Planning ahead and staying active represent two of the most important uses of time Laslett identifies for bringing about the third age future he envisions. Again, these uses of time are not merely cast as good for ageing people; they are speculative activities which, given the pressures of population ageing, are socially and economically imperative. The relationship which Laslett sets up between these activities and third age futures, like Rowe and Kahn's model of successful ageing, has proved highly appealing to Australian policy makers. Indeed, elaborations of the third age and notions of third age 'time use' emerged as significant policy problems at least a decade before the publication of the National Strategy for an Ageing Australia (NSAA) in 2001, the publication which solidified successful ageing as central policy paradigm for the twenty first century (Aberdeen & Bye, 2013).

In the 1990s, forced retirement due to age was progressively outlawed in Australia, with Laslett's concept of third age playing a critical role in such reforms. In 1991, a report by the Australian Institute of Family Studies (AIFS) titled *Ageing: Everybody's Future* called for the 'outdated divisions between education for the young, employment for the middle-aged, retirement for the old, [to be] reconsidered as Australia moves towards the Third Age' (Edgar, 1991, p. 1). Taking up this call, a year later in 1992, the House of The Representatives Standing Committee for Long Term Strategies (HRLTS) released their *Expectations of Life: Increasing*

the Options for the 21st Century report, in which Laslett's ideas loom large.[39] The stated aim of the HRLTS report is to develop strategies for more 'productive use[s] of human resources for the nation' in the contexts of its ageing, chief among these being older adults 'time' (p. v). This includes considerations about how the economic sustainability of the nation might be secured by 'preparing people for the third age' (p. 134), and by generating 'new options which assist individuals to anticipate and plan for a more active and productive lifestyle in their later years' (p. 133). The basic problem and target which the report identifies is older adults 'time-use value' (p. v, 138). Time-use value refers to the economic value of everyday free time uses, inclusive of future economic returns. The unit of 'time-use value' is used to problematise welfare state era anatomo-chronological uses of late life time and, more broadly, to identify older adult's everyday time as an important political-economic problem requiring regulatory intervention. [40]

Several productive time-uses identified by the HRLTS are notable in that they are closely aligned with subsequent successful ageing policies, with Laslett's account of correct time use, and with participant accounts of correct time use. These include requiring greater individual responsibility for late life planning[41] and investing in infrastructures to ensure ageing populations stay 'active' so that retired bodies do not 'deteriorate with disuse' (p. 133). These

[39] As the authors conclude, 'the vital term to understand immediately is Third Age, an expression increasingly used in Australia for the active elderly' (1992. p. 153).

[40] As the authors argue, future policies will need to 'recognise and encourage the redefining of "time-use value" (i.e. validating non-work experience), given that increasing longevity will coincide with declining labour input' to ensure 'in the face of the changing population structure, the maintenance of the most productive use of human resources for the nation' (1992, p. v).

[41] According to the HRLTS, 'a positive focus for the preparation for retirement and a productive third age of life can be achieved by developing educational policies and strategies which emphasise the need to plan for all major life changes, including the passage to retirement, and the third age' (p. 133). Elsewhere, the authors note that 'enabling Australians to lead lives in which they are able to prepare themselves financially, educationally, in health, etc., for a successful old age' as an increasingly important role of state governments (p. 167).

time uses, if not contributing to productive outputs, can in the least help to ensure that older adults' uses of free time do not impede the productive activities of younger others. As the authors state, while:

> the pleasures and promise of retirement are greater than the problems, the latter are real and will be worsened by lack of planning… time formerly occupied by work can create emotional and family problems if not used constructively (p. 164).

As I will explore in later sections 'keeping busy' and 'staying entertained' were strategies deployed by some participants to mitigate this kind of emotional bleeding. Firstly, I turn to the contemporary relationships of 'planning ahead' behaviours and cultivations of hopeful (or at least less fearful and guilty) present-future relations.

Planning Ahead

Today, planning ahead continues to be elaborated as a use of time which can enable ageing populations not only to live happier and healthy lives, but also, remain socially useful, or at least not burdensome. For example, NSW's *Ageing Strategy* (2017) was established to 'help [older adults] to take responsibility for their futures by empowering them to plan ahead for the lives they want to lead as they grow older' (p. 11). This kind of responsibility is additionally attached to future social and economic conditions. In line with this kind of reasoning, participants in this study acknowledged the importance of planning ahead for bringing about preferable futures for themselves and also for others. Planning ahead was commonly directed toward extending periods of independence for as long as possible, particularly with regards to ageing in place strategies. Planning for the unexpected, for accidents, and for the worst was additionally talked about as a way of keeping inter-corporeal dependency at bay:

> Dustin (73 years of age): Think ahead, you know, make provisions or something. And if you haven't thought ahead, you can't say, you know, 'old Albo [Australian Prime Minster] will look after me', you can't say that.
>
> Joss (70 years of age): My perfect plan is I sell this house; prices go up, I've got enough money to get into [retirement village], which is a nice age care place, it's got a gym and a swimming pool and I can have a nice unit there. That would be my perfect plan.
>
> Ennis (69 years of age): The house here has got ramps on the back of it built when we built this place because I know the problem of getting in and out of houses with old people… I've got enough wood there to see me out to well past the day I die. It's all planned.

In addition to being framed as a means to ideal future ends, taking a speculative stance towards the future helped participants to manage anxiety and uncertainty about bodily and inter-corporeal futures. In this way, routinely planning for the future produced emotionally positive senses of present-future relations. Chas for example, cited different forms of future planning, including end of life planning, as important for overcoming angst about future uncertainties:

> Chas (62 years of age): But I'm not letting that panic [about the future] worry me. Because I have a plan, you know […] So, you know, so long as you plan and look after yourself, then, you know, life will be okay. […] So, it's a good idea for all Australians to, you know, hope for the best plan for the for the worst. And, you know, so I've got a will, I've got a power of attorney in place, if something happens to me… I know [despite] being an optimist, that bad things will happen, and that's why you must have a plan.

Following third age logics and arguments made by participants with regards to 'not-old' lifestyles (see Chapter 3), planning and thinking about the future were understood as securing the status of active and not old identities. Some participants who made such assertions reasoned that oldness meant in part an inability to orientate and move towards future time. So long as

the future was kept proactively in mind, so this logic went, old age would be kept at bay in the indefinite farther future:

> Levi (93 years of age): [My hobbies] keep me fit. And I'm a person that felt that in life, you've always need to be looking forward to something… always planning something.
>
> Mia (83 years of age): And I think that keeps you young, as long as you start looking for new things, new people, new ideas… I think you get old if you stop thinking… Or you stop learning.

As those quotes demonstrate, being old was not only about becoming 'stuck' in unhappy places, but also in terminal time.

Planning ahead was a morally significant activity, given the role of planning in managing future relations with others. This moral significance coloured the affective senses which planning ahead produced in the present. This was apparent when participants talked about their plans for the end of life. For instance, the sense of control which a planned death afforded to some participants touched on fears and moral angst about becoming a burden for others later down the track. Some plans which were discussed, if put into practice, would see participants avoiding what they considered the most severe and inter-corporally problematic enmeshments of old age. Jannette, for example, described an aspirational-though-unlikely plan to orchestrate her own death and funeral in a way which would significantly mitigate would-be caring duties and emotional distress for known others. This plan, inspired by a celebratory funeral organised by a close friend who had recently passed away, involved a euthanasia fantasy, which would take place at the borders between the third and fourth age:

> Janette (61 years of age): And, you know, I might have, you know, the people that want to be around me, like, you know, like, I might choose, you know, my kids, and a couple of my good friends. And then I'd get the, you know, the nurse gives me a syringe.

This and other 'containment strategies' will be explored in more detail in Chapter 5. In addition to self-elected death at the cusp of the fourth age, voluntary self-isolation in the home and pre-mature entry into residential age care are discussed.

Not all participants prioritised (or had prioritised) future planning as an important everyday activity, or recognised planning as an important anatomo-chronological schema in relation to chrononormative futures of independence. A few 'non-planners' were inter-war participants who recognised ageing as inevitable and therefore not obviously linked to personal responsibility. Other 'non-planners' recognised planning as a morally important activity but were unable or unwilling to think ahead in time. Aretha and Tammy had to varying degrees rescinded planning ahead efforts.

Aretha acknowledged that she needed to plan ahead but had given up this kind of time use. She and her husband were becoming increasingly frail and isolated, had no nearby family, and, given their rural location, lived a considerable distance from medical facilities. While acknowledging the necessity for moving closer to family and, eventually, into an aged care facility, financial hardship and attachment to place made practically organising the future daunting. Similarly, Tammy had also previously tried to plan ahead, but found this kind of activity an increasingly hopeless endeavour. Tammy described a recent 'bad year' when attempts to plan ahead were frustrated by the poor availability of community aged care services and retirement villages in her local community:

> Tammy (84 years of age): The message I was given the first time I asked, 'no our books are closed.' And I was not well, that winter, and trying to plan ahead, as I'd always really done; all these moves and things were all planned. You sort of thought you could plan ahead… [after that] I found it very hard, Because I couldn't find what I was looking for. I wanted somewhere with a bit more support. Got on the internet and looked at retirement villages. I spent a fair, a fair length of time… There was nothing, there was one nursing home [locally] but impossible

> to get into as far as I could see, unless you really wouldn't get into there until you were not able to get out of bed… So that really put me off looking for something on the coast.

After failing to secure adequate community services or placement in a retirement village, Tammy decided to enter a residential care unit in Canberra. The experience left her doubting the possibility for some people to meaningfully plan their old age:

> Tammy (84 years of age): I've always sort of tried to plan a few ahead. How do you plan for your own old age? Perhaps more thought should be given to that. But then how do you plan it? You don't know at what stage you're going to need different things, and value the things that are worth valuing… People spend a lot of time going round in circles over things that don't really matter.

Excluding these and a few other notable exceptions, participant accounts of planning ahead accorded with chrononormative visions and anatomo-chronological strategies which have been broadcast by third age and successful ageing discourses and, in turn, by Australian policy makers. In the next chapter, the theme of planning ahead is explored further, when I examine in greater detail participant plans (or perhaps fantasies) to disallow the problematic fourth age from the life course altogether.

Staying Active

A second important anatomo-chronological activity mentioned by participants was ‘staying active’. Like planning, staying active was a speculative activity which, in contrast to ‘inactive’ and ‘lazy’ ways of ageing and correctly using time involved persistent healthy movements. In common, constant movement, be these exercises in the home or frequent movement through social spaces, was recognised as a means for supporting degrees of mobility required for ongoing independence and ageing in place. Also, like planning, moral meanings which have been conferred onto ‘staying active’ in Australian regulatory and cultural contexts were expressed by several participants.

Before moving on, it is worth mentioning that physical and mental exercise has long been linked to late life health, and extended life spans (Katz, 2000). For example, ancient Greek doctors recommended continued (but not excessive) exercise for their ageing patients (Foucault, 1984/2019). However, it is only recently that older adult's activity or, more accurately, the issue of older adults' inactivity, has been engaged as a problem of and solution for neoliberal markets (Katz, 2000; Katz & Marshall, 2004). Indeed, drawing on Newtonian metaphors to theorise an intrinsic apoptosis within the human body, Western medicine had, prior to the mid-twentieth century, often recommended ageing persons preserve their vital energies by minimising physical activities (Vertinsky, 1991). Similarly, policies targeting the elderly up until the later twentieth century generally aimed to remove older adults from economically productive spheres of activity (Foucault, 1975-1976/2020, p. 244).

Under the paradigm of successful ageing, activity, like planning ahead, has become a recognisable anatomo-chronological standard of correct later life conduct, one which intends to hold in place preferable relations between independent ageing bodies and productive spheres of activity. Qualitative studies reveal that being an active person in later requires more than constant healthy movement; additionally requires being an active contributor to societies and economies (Buys, Aird, & Miller, 2012; Buys & Miller, 2006).

While the healthy ageing model, third age concept, and basically all other discourses and sub concepts I have identified which express the basic tenets of successful ageing promote the importance of constant activity, when it comes to promoting older adults' constant movement, the concept of 'active ageing' has been most widely deployed. Indeed, of the various derivative successful ageing models (e.g., positive ageing, productive ageing, etc.), in NSW, the active ageing framework remains the most popular amongst local government bodies in NSW (O'Brien, 2016). However, as one commentor suggests, although 'Australia's local government sector retains a restricted state support role for active ageing… limited services,

impoverished settings and structural constraints in a majority of NSW LGAs often impede active ageing' (O'Brien, 2017, p. 419).

Despite facing unique and significant difficulties when it comes to enacting successful ageing imperatives (see Chapter 3), rurally based older adults in NSW are frequently admonished to maintain active ageing lives. Consider, for example, the pamphlet *Choose Health: Be Active,* produced by the Department of Health and Ageing back in 2007, which continues to be distributed to rural Australians through various government and not-for-profit outlets. Difficulties which are commonly a barrier for active lifestyles (e.g., inadequate local infrastructure, limited transport option, and social isolation) are addressed under the subject heading 'excuses… and how to overcome them' (see **Figure 11**).

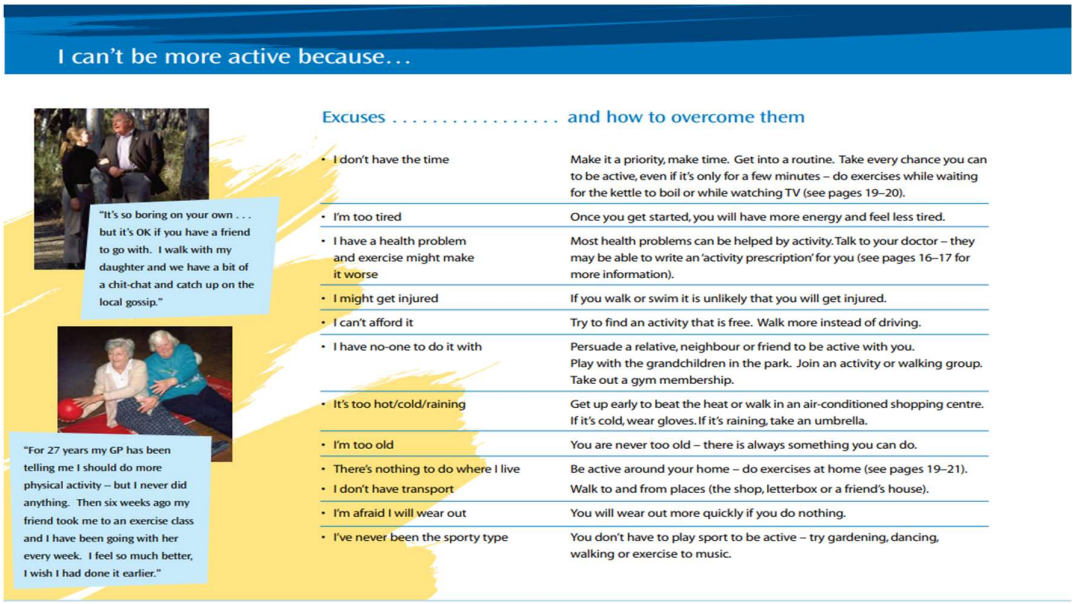

Figure 11: *Choose Health: Be Active: A Physical Activity Guide for Older Australians*

Note: from Australian Department of Health, Disability and Ageing, 2009, URL: https://www.health.gov.au/resources/publications/choose-health-be-active-a-physical-guide-for-older-australians?language=en

In line with the account of activity described in **Figure 11**, participants drew on the standard of constant and ceaseless activity to evaluate their own and other uses of time. Staying active

was recognised as an important behaviour for managing and minimising the negative effects of ageing and the arrival of old age in the lived body:

> Gilbert (27 years of age): What are priorities at the moment?
>
> Aretha (80 years of age): Keeping Fit. Keeping [Husband] fit… good eating and going to these exercises and reading, keeping my brain.
>
> Darren (72 years of age): Ageing is … physical mental and I think, yeah, I think he can work on both, yeah. Keep yourself active and keep interested in stuff.

Along with being independent and anticipating and planning for the future, being active was sometimes held up as evidence that the self was not old. For example, Chas explained that he 'was still too active' to be consider old.

Staying active was described by several participants as a way of allaying fears about the spectre of future fourth age states. The emotional effect which active behaviours had on fourth age fears was emphasised several times by Dustin (73 years of age):

> Dustin (73 years of age): That, you know, I'm at an age now where a few of my friends are dying, and a couple of add dementia, and to see them go from really fit buggers down to bloody nothing, that sort of works on your mind. You start saying, is that going to happen to me?
>
> Gilbert (27 years of age): Do you worry about that kind of stuff?
>
> Dustin (73 years of age): Yeah. Yeah… Well, a lot of it they say, you got to keep your mind active – and also exercise. Well, you know, with our walking and that, we only walk around in the suburbs.

The emotional function of active durations on these kinds of fears also derived from the moral significance of being inactive, lazy, or otherwise immobile in later life. Barring disabling physical and mental conditions which definitively prevented persons from keeping themselves active, the inactivity of some ageing others was described as a kind of personal failing. Whether

due to perceived laziness, poor health literacy, or because of age-related physical or cognitive disabilities, sedimentary lifestyles in the present were positioned as accelerating the onset of disastrous and unhappy futures:

> Noreen (65 years of age): Some people can't, you know – have reasons if they're like that [inactive], mental health and everything… other people are just fat and lazy and yeah. And then how hard is it to go for well, what – do we have to do 40 minutes a day? it's not, it's not hard to move!

As Noreen's statement indicates, being active and maintaining health in the third age was a performative use of time which, demonstrated one as responsible, motivated, and morally upright. Staying active was similarly recognised by others as a commitment which demonstrated membership in a broader community of socially responsible agers.

Staying active and planning ahead reveal the roles of productive and self-responsible anatomo-chronological schemas within everyday atmospheres and movements through time. Given the moral implications of becoming a burden for participants who rationalised ageing as contingent on correct conduct in the present, planning ahead and staying active were consequential for managing what have been called 'social emotions' – emotions which are most obviously linked to appraisals from real and/or imagined others, such as guilt, embarrassment, gratitude, shame etc. (Bassetti, Endres, Sander, Crean, Subramaniam, Carvalho, Di Liberto, Franco, Pijnenburg, Leonardi, & Boon, 2022; Hareli & Parkinson, 2008). Thus, staying active was linked to more than worries about corporeal vulnerability. Fears about the fourth age, and efforts to mitigate these through activity, were linked to anxieties about the loss (and the perceived failure to have maintained) corporeal attributes critical for independent inter-corporeal relations. However, the common hope for a sudden and/or 'accidental' death speaks to the recognised limitations of staying independent and active in time. In the remainder of this

chapter, everyday modes of passing time employed by participants who recognised themselves as old are discussed.

Keeping Busy

Active ageing is a concept which is, by and large, associated with the third age and so called young-old ageing populations. Given this, it was predictable that staying active was chiefly a preoccupation for participants who positioned old age as a future event to be managed in the present. Further, as successful ageing and third age discourses tend to equate the fourth age as a final and largely purposeless stage of an otherwise productive life (Gilleard & Higgs, 2010, 2011; Pickard, 2014), it was similarly predictable that the everyday routines of self-identifying old participants were less explicitly linked to preferable healthy and active futures. Nonetheless, old participants *did* emphasise the importance of ongoing activity in everyday life; as **Figure 11** reveals, being 'too old' and house-bound are not excuses for inactive time uses. The mode of conduct and the types of relationships which characterised rhythms of duration for self-identifying old participants in this research can best be described as 'keeping busy'. Like third age anatomo-chronological schemas of activity, the moral significance of time use beyond the third age was evaluated in relation to inter-corporeal standards of independence. In this case, however, keeping busy was rationalised as a means for keeping an increasingly present old age independent *from* known others.[42] Correct time use after the third age, where rhythms of independent life are undermined by the forces of corporeal ageing, thus continued to purse independence, albeit the independence of others.

It is at this point, that this thesis begins to shift. It begins to look at old age as not merely something which is anticipated and worked against, but a force which is present and felt in the

[42] In line with Laslett's notion of the fourth age, self-identifying 'old' participants not involved in their local communities, lived alone (all were widowed), and spent more time in their homes than they would have liked.

here and now body. As the thesis continues, this aspect of successful ageing will become increasingly central.

Within various inter-corporeal contexts described by participants, keeping busy was a practical strategy for managing negative emotional states, such as tedium and loneliness. Consider for example what Glen had to say about keeping busy:

> Glen (87 years of age): Then she was at home, but then unfortunately in 2013, I think, she was diagnosed with pancreas cancer and died in 2016. I've been by myself since then and, this is probably the answer that you need to know, I kept myself extremely busy.

However, unlike active durations which were tied to hopeful futures where preferable capacities and relations are sustained, keeping busy was much less obviously orientated towards the future. For some participants like Nathaniel, keeping busy was about passing everyday passages of time which had seemed to cease to ebb towards tangible sense of the future. In the sense which I am using these concepts, keeping busy is an anatomo-chronologically preferred type duration, but not one which hedges toward chrononormative phases of the good later life according to successful ageing and third age models.

As I have said, where staying active was chiefly directed towards securing independence into the future, keeping busy was more about managing those which arise in the present. Where staying active aimed to hold inter-corporeal dependency indefinitely in the worse-case scenario future, keeping busy was about passing and enduring time in a manner which contained corporeal dependency in social space. Two participants linked the importance of self-devised busyness in the home to the not-to-be-interrupted busyness of adult children who had ‘their own lives’ to worry about. Tammy explained her decision to move into semi-independent residential aged care as being in large part informed by her son’s busy preoccupations with work and family:

> Tammy (84 years of age): [Life on my own] wasn't very satisfying, And I just felt I was filling in time, waiting till I dropped off. So that was the aim to find a better lifestyle… I hadn't asked any of my children specific questions, but we talked generally, and one day, my son who was down the coast said "look" – he wasn't answering a question. I don't know how it came up – But he just said, "look, Mum, we're away working all day, if you came out to our place, and anything happened, you're even further away from medical things", because they were half an hour's drive away from [town with hospital]. And as I said, they had such a busy lifestyle, both working and involved with all sorts of community groups, different things. That's what made me again, look further afield [i.e., for residential care] […] But even here, my world has contracted. You lose touch with other generations… their moving on with their own lives.

Given their busyness Tammy reserved contact with adult children mostly for emergency situations:

> Tammy (84 years of age): [Son] says I'll take you anytime… But for my part, it needs to be important to drag him out.

For Tammy, keeping busy was a means for 'getting through the day'. Although this strategy was effective in relationally containing unhappiness and loneliness in the home, as an alternative to regular familial companionship, keeping busy was only partially successful for dealing with the distress of loneliness and desire to pass time with others:

> Tammy (84 years of age): If your well and busy, you don't feel old… On a miserable day, if you've got nothing important on, and you're not feeling well, yes, you feel old and you, well, on those days, I guess, you feel "I don't want to go on any longer. I hope I just don't wake up". But then the next day you hopefully pull your socks up again… And you feel you're an outsider looking on, while the world goes on, whereas all our lives, we've been part of the community.

A variation of keeping busy was 'staying entertained', a preferable mode of passing time for socially isolated durations described by Nathaniel and Jannette. Like active and busy

durations, staying entertained was valued as a form of duration which did not implicate otherwise independent others. For Nathaniel, staying entertained inside the home was contextualised alongside a broader sense of disconnection from non-domestic space and time:

> Nathaniel (83 years of age): When you go outside there's nothing, nothing for you.
>
> Gilbert (27 years of age): Is that kind of how you feel about – Like, your life sounds like it is pretty focused on what's around you here.
>
> Nathaniel (83 years of age): Yeah, that's it. This is it! There's nothing else you can do, except a bit of entertainment – I've got plenty of that. So, it's all you can do, and you just gotta say to your mind, well, I've got enough money to stay here for – until I'm 104 or whatever it is, and you've just got to accept it. But you've got entertainment, you've got things you can do. You go outside you got nothing have you? you've got nothing.

In addition to taking place in protracted senses of space, pursuits of entertained everyday durations occurred within muted sense of time, which revolved around daily routines in the home:

> Gilbert (27 years of age): What are your main priorities?
>
> Nathaniel (83 years of age): No priorities now, this is it. This is my life now […]
>
> Gilbert (27 years of age): Do you ever think about the future much, or do you just take it day by day?
>
> Nathaniel (83 years of age): No, that's all gone now. I'm just, I'm here now.

The forthcoming chapter will continue to explore these later kinds of post third age time. Following this, in the conclusion, I wonder whether active, planned, busy, and entertained later lives are really the best we can hope for in later life.

Conclusion to Chapter 4

This chapter has drawn on a combination of theoretical concepts, interview data, and archival documents to theorise how successful ageing logics and third age concepts underpin rurally based older adults' experiences of lived time. To begin, the impact of successful ageing ways of seeing on participant's projective imaginings of the future were explored. Participant hope was directed towards a protracted third age, followed by a quick death. Nearly no room was left for futures which implicated others in forms late life dependency. Hope and fear were managed through certain standards of what Foucault calls anatomo-chronological schemas of behaviour which participants used to evaluate correct and incorrect uses of their time. Hopes for a protracted third age and fears of old age were managed primarily through planning behaviours and active lifestyles – these reflected successful ageing ways of seeing, which highlight the role of proactive conduct for preferable ageing futures. Active and planned durations were further shown to produce moral sentiments and emotions. Indeed, the meaning of these behaviours were frequently described with reference to those who spent their time poorly.

As we have seen, forms of conduct idealised by the apparatus of successful ageing, though clearly recognisable, were not always possible to pursue in rural places. With a few exceptions, barriers which made planning for the future and staying active difficult stemmed from a) rural conditions of existence which undermined active and planned uses of time, b) an awareness of the lived body as already old and beyond the third age, and c) a combination of a) and b). Participants who identified as already old, in common, reported being socially isolated, lonely, and house-bound; many also stated that their sense of future time had significantly diminished. Despite this, like not old participants who aspired to remain active, independence was an important standard by which everyday durations were evaluated. However, these participants ultimately worked to keep the dependent old body isolated *from*

independent others. Two such strategies which emerged as most common for already old participants were keeping busy and staying entertained. In the forthcoming chapter, I will explore the limits of keeping busy and staying entertained for containing the ultimately inevitable fourth age in rural places.

Chapter 5: The Ethics of the Fourth Age

Thus far, this thesis has been concerned with participant accounts of the 'not old' self. This chapter shifts attention to the 'fourth age'. My engagements with participants revealed that the fourth age was characterised simultaneously by refusals to identify as 'old', recognitions of 'oldness' as an unavoidable part of ageing, and by obligations to contain oldness from others. The different ways the fourth age was talked about can, for the sake of clarity, be condensed into three overarching position statements: a) oldness is what I am not, b) oldness is in me, and c) I must contain my oldness. My overall concern in this chapter is to understand how these contradictory ways of relating to the fourth age functioned together within the successful ageing projects of participants; more broadly extrapolated, I am seeking to understand the functions which these different relations toward old age perform within the apparatus of successful ageing.

This chapter draws on Maurice Merleau-Ponty's model of inter-corporeality to understand how embodied encounters with old age are shaped in contrast to socially desirable ways of ageing. Because Merleau-Ponty typically frames inter-corporeality in terms of synergies between habit, movement, perception, and collective culture, additional accounts of the body as a place of failure, contradiction, and crisis are drawn upon. Specifically, the inter-corporeal significance of the fourth age will be interpreted using Julia Kristeva's notion of the 'abject' and Drew Leder's notion of corporeal 'dys-appearance'. In the latter half of this chapter, drawing on Michel Foucault, I will show how the fourth age is ultimately encountered as ethically problematic for participants. I support this claim by outlining two ethical responses which the fourth age prompted:

1) Social isolation, a condition which was described less as an involuntary state and more as an ethical strategy for containing abject old age in the body and home and;

2) Euthanasia, a way of dying which participants hoped would stymie abject, costly old age from leaking into relational circuits of family, economy , and society.

This chapter concludes with some critical reflections regarding the positive ethical value of social isolation and euthanasia in underprivileged rural communities and in Australia more broadly. I ask whether alternative models of a 'good' late life which acknowledge the inter-corporeal basis of being could help us to imagine a more liveable, meaningful, and socially connected fourth age.

Part 1: Oldness is What I am Not

The first two participants who I interviewed for this thesis rejected the premise of the question I had been most eager to ask: 'What's it like growing older in country NSW?' Both women questioned my use of the term 'old'. In subsequent interviews, I started prefacing my question about what growing older means with another one: 'Do you consider yourself to be old?' Often the answer was 'no'. For participants in their 60s, 70s, 80s and 90s, oldness was something profoundly negative which was other to the self:

> Jannette (61 years of age): I'm like a teenager, my body in mind is like a teenager.
>
> Joss (70 years of age): When I go to Aqua aerobics, I look at the ladies in the pool and go "look at all those old ladies". No, yeah, and I don't, see myself as one of those old ladies.
>
> Aretha (80 years of age): It's just a weird feeling and how can people look at me and think, "You're an old lady?" I'm not. I'm not an old and frail lady!
>
> Levi (93 years of age): I've seen farmers sell up and move to town. Not many years later they're dead. They've done nothing. That wasn't my idea. My idea was moving on and doing something, and that's what I've done. And to this day, I don't consider myself old.

These responses raised yet other questions: What then is old age? Who, if anyone, can rightfully be called an old person? Is the term itself outdated, misleading? I found that participants

commonly distinguished between healthy, active, and independent kinds of ageing, and what has been called the 'real' old age of the fourth age (Higgs & Gilleard, 2014). For participants in this study, real old age was often described as a final period of life dominated by corporeal and mental decline to the extent that persons are disabled from performing even very simple actions which make human being intelligible and life worthwhile – eating, communicating, and walking.[43] This framing aligns with broader successful ageing and third age paradigms (Degnen, 2007; Gilleard & Higgs, 2011; Higgs & Gilleard, 2017; Kafkova, 2016). In contrast to successful ageing and third age lifestyles, where emphasis is placed on the possibilities for ageing subjects to control and guide their senescence, old age was characterised as an inversion of proper subject-body relations. Those who were old were utterly dominated by life's coming apart.

Approaching the Abject Fourth Age

The term 'abject' aptly expresses participants aversions toward real old age. To make sense of the ways participants rejected old age as categorically other, it will be useful to draw on Julia Kristeva's influential treatise on this concept (1980). Kristeva's account of the abject

[43] In rejecting oldness, participants sometimes framed themselves as chronologically younger than old people. One participant in his 60s suggested that real old age begins in the ninth decade of life:

> Gilbert (27 years of age): What is an older person to you then? How do you register that?
> Ennis (69 years of age): An older person to me, to be an old person now is 90 and above… From 60 to about 85, anything you want to do, you got to do it in that time, as in retirement, traveling, tripping, and the rest of it… *Ninety* is 'old' and 'getting old', and if someone says to me that they're 86 or 88, I say, 'Oh, well, you're getting up there.

Other participants however maintained that chronological was not a good measure of a person's not old/old status. For these participants, real old was a degree of corporeal frailty and dependence which precluded the possibility for independent movement, expression, and self-control. As Jannette explained, 'I am going to be old when I can no longer do things'.

will help outline how the fourth age paradoxically operates *within* successful ageing lifestyles, and more generally, within the apparatus of successful ageing.

For Kristeva, the abject at once refers to a class of entities and the nauseating, disgusting, horrible sensations such entities produce in embodied experience. As a class of entities, abject things, persons, substances etc. are those which cultural norms and standards designate as base, repulsive, taboo, and other. The abject is thus that which must be 'cast out'.[44] Bodily detritus such as shit, urine, menses, bodily odours, dead bodies, 'social undesirables', and, arguably, the fourth age (Gilleard & Higgs, 2010; Higgs & Gilleard, 2017; Kafkova, 2016; Pickard, 2014), are notable examples of the abject. These are parts of human corporeality which are hidden away and covered up. When these substances appear out of place on, near, or in the body – when the figure of the 'clean and proper' (Kristeva, 1980: 85) body is compromised by the abject – the lived body experiences 'abjection'. The abject thus operates as a social 'black mirror' which contracts with imaginings of what a clean and proper subject/person is.

At the level of embodiment, abjection describes what happens when the clean and proper body encounters the abject – what is socially problematic, unclean, impossible. For a clean and proper body, abject substances are distressingly 'sticky' (Ahmed, 2013) and 'contagious' (Shildrick, 2001). If a body comes too close to the abject, it risks becoming abject itself. The risk of being 'contaminated' by the abject produces two affective responses: fear and disgust. Fear speaks to the threat which the abject represents to the propriety of embodied identity. Importantly, that which is considered abject threatens to contaminate the body in a metaphorical sense. Shit, disease, death (and, according to Kristeva, our mothers) confront the self-contained and independent persons we imagine ourselves to be with uncomfortable,

[44] Deriving from the Latin term abjectus, the meaning of 'abject' is to 'cast off'.

undeniable corporeal realities which undermine such imaginings. The corpse, for example, is horrible because it signals the subjects' own death, its decay, its own ungovernability.

While abjection undermines the body, it is also through abjection that clean and proper senses of the self are restored. Following fear and horror, the abject evokes disgust, repulsion, and nausea. Through these latter affects the abject is sublimated and 'cast out' of one's own body. Abjection is a cleansing, performative act (Ahmed, 2013). When we *feel* something is abject, disgusting, loathsome, we are in a sense saying '"I" want none of that element… "I" do not assimilate it, "I" expel it' (Kristeva, 1980/1982, p. 3).

Emphasising the cultural and historical contexts of abjection, Gilleard and Higgs have theorised the fourth age as a 'late modern "social imaginary"' characterised by its 'epigenetic "otherness" (2013, p. 368) from celebrated third age narratives and lifestyles. In line with Gilleard and Higgs' (2013) formulation of the fourth age as an abject other within third age cultures, in this study, it was evident that 'old age' operated as a deeply disquieting form of otherness which marked the limits of a 'clean and proper' later life. As we saw in previous chapters, temporal boundaries and distances were cultivated through regimes of bodywork like 'staying active' and 'keeping healthy'. Additionally, oldness was rejected along social-spatial lines. As mentioned, some participants rejected the premises of my questions which presumed or seemed to presume my taking them to be old. When I asked Dustin about 'growing older' he responded: 'When people say "older people", I say, "right, define older"'. Participants further reported that casting out labels of oldness was a common part of their everyday interactions with members of the public. For instance, participants spoke of the indignation at being hailed and treated as old:

> Janette (61 years of age): And this woman, this voice behind me said 'Right. Okay, who's getting up to give a seat to this little old lady?' and couple of people got up, and I turned around to get up – 'she's talking about you love.' And I thought 'What! I'm not a little old lady!'.

I pressed participants to explain why the labels of old age needed to be rejected. Couldn't this status be embraced or reclaimed? I found that old age was not only an unflattering term; real old age was encountered as a 'horror' which should be avoided at all costs. Old age was 'bad'. For many, to become old was a fate worse than death.

I began asking participants to describe what old age was in more detail. Why was it so horrible? Over time, a figure of the abjectly old person became visible. The 'really' old were dominated by three abject qualities in particular: immobility, leakiness, and extreme dependence. The figure of the incontinent bed-bound old body was a motif which epitomised this kind of abject state. The bed-bound old body was understood as lacking rudimentary control over itself and as leading a kind of bare biological life. Participants described their own encounters with very old and frail others as being distressing for precisely this reason – these were persons that were:

> Nathaniel (83 years of age): [My sister and my nieces said] 'Mums not here.' The lady said, 'well I put her in there myself', she said 'come on, I'll take you down.' And she said, 'that's your mother there.' And my mother died at four and a half stone. No wonder they didn't know, aye?
>
> Sean (61 years of age): To be totally helpless and dependant, there must be kind of a point somewhere along the line there where… [shrugs shoulders].
>
> Janette (61 years of age): When you - they can't feed themselves, they can't talk, and you see the sadness in their eyes, and it's just horrific… So you don't have to put your family through all that trauma. And also seeing somebody like my sister-in law, you know, who was a beautiful looking woman… and she was just skin and bone.
>
> Tammy (84 years of age): Look if you're really - if you're incapacitated, what is the point of lying in a bed, unable to do anything, there's no value to your life. No quality of life is the expression. And you're just [shrugs shoulders].

The difference between the autonomous self and the bare biology of real old age was further characterised by the latter's corporeal unboundedness. As Kristeva notes, the coming apart of the body, whether in sickness, injury, madness, or old age, undermines the body's social intelligibility, with uncontrolled bodily excretions being particularly affronting to notions of contained and stable models of personhood (Kristeva, 1980/1982, p. 71). For many, to be incontinent marked the limits of a dignified and meaningful later life. The figure of the old body 'hooked up' and penetrated by life sustaining medical equipment (intravenous fluid drips, feeding tubes, catheters, adult diapers) was similarly recognised as a transgressive condition beyond the perimeters of a 'meaningful' existence:

> Dustin (73 years of age): If you've been active all your life, you really don't want to be a vegetable, do you? You don't want to be crapping yourself and wearing bloody nappies.
>
> Sean (61 years of age): If you can't - if you're shitting yourself and you can't, and you just feel crap, and you're just, you're in so much pain, you might as well just go.
>
> Noreen (65 years of age): [You] get in your mind of an image of someone in hospital with lots of tubes for weeks and weeks and weeks and weeks and all the pain which I did with my father, palliative care and all the family just hanging around, you know, everyone's just, waiting.

In previous chapters, I have traced how the meaning of a 'successful' and otherwise good later life can be understood from an inter-corporeal perspective as involving 'correct', 'independent' relations with others, the home, and one's own body. The abject significances of real old age similarly emerged for what might be called clean and proper *inter-corporeal relations.*

The Inter-corporeality of the Fourth Age

As I began to explore at the end of the previous chapter, when talking about the future, participants imagined how becoming old and dependent would negatively impact the 'busy' lives of their loved ones. Within such imaginings, corporeal leakiness took on a 'contagious'

significance. Abject corporeal leakage was not only a bodily event but also a relational one which spoiled socially intelligible ways of being with others:

> Joss (70 years of age): I don't want my sister to – I don't want my sister to have to come down here and nurse me or, you know, do all of that.
>
> Sean (61 years of age): But when you're in the middle of it, it's quite horrendous and traumatic and heavy thing to be doing to, to put your family in maybe, you know, a family member in aged care. So I suppose, I'm thinking "I really kind of got to get my shit together a bit", like you think about it. I need to actually be very clear about what I want to do, how can you position yourself well.
>
> Janette (61 years of age): That's another thing in age care, you know, if you can no longer speak. And also I don't want to go into an aged care facility because - and I've discussed this with my kids - I don't want them to feel pressure that they have to come and visit me, because they've got their own lives and if I was in an aged care facility, and they kind of felt like, oh well, you know, we'll do a roster system to visit mum, well, they've got their own lives I don't and I can live forever which I don't want to do.

For these participants, not being able to care for oneself was understood as being difficult and distressing to witness. The 'traumatic' effects of very old age on others were further described as resulting from a perverse kind of social gravity of late-life vulnerability. Though horrific and in this sense a repelling spectacle, losing control of oneself meant making others responsible for bodies other than their own. Higgs and Gillard have argued that the extreme frailty of the fourth age is akin to a kind of cultural 'black hole' – a disturbing figure where identity and meaning break apart, but also a corporeal state which sucks in the time, energy, and emotions of others (Gilleard & Higgs, 2010). This tension between the repelling (disgusting, horrific) and pulling (dependent) status of the fourth age was evident in participants accounts of real old age:

> Janette (61 years of age): Also, in a small country town, the kind of pressure that is on families, you know, like, so if you've got a family member that's in the aged care, sometimes, and I've spoken to people about this, they just feel so guilty if they don't come and visit their husband or their wife every day or every second day.

As was argued in Chapter 3, the perverse gravity connecting the old body and others was further contextualised within broader fields of society, economy, and environment. For instance, the first two participants I interviewed for this research framed older adults as hapless attractors of finite resources which should be directed elsewhere:

> Joss (70 years of age): I don't really associate with people who don't look after their health because I would get cranky with them… because [they're] not looking after [their] health! "you're gonna, you're gonna cost the health system a lot of money down the track."

> Noreen (65 years of age): Well, I don't wanna be a burden. I don't wanna take up space. So when I get to an age where I become a burden, I, I wanna just take the pill. Say goodbye.

Above, Joss describes efforts to remain apart from old others. Noreen in contrast talks about the coming (rejection of) a real old age which threatens the body and its relations towards others from within. Techniques, plans, and fantasies for casting out embodied oldness are considered in the third part of this chapter. First, however, I explore the phenomenological significance of the fourth age as not only abjectly other, but as an 'other within' the third age of life.

Part 2: Oldness is in Me

Participants who stated in unambiguous terms that they were 'not old' described aches, pains, discomforts, mobility issues, and social interactions which 'felt old', feelings which ultimately signalled the inevitable coming of real, undeniable old age:

> Ennis (69 years of age): Look, I *feel* old in that I can't do things I physically used to do.

> Tammy (84 years of age): Well, most of the time I don't feel old. And then some days I do… On a miserable day, if you've got nothing important on, and you're not [pause] feeling well – yes, you feel old.
>
> Joss (70 years of age): Sometimes it's harder to get up, and well yeah, like that, that *feels* old.

Drawing on participant accounts of self and body, it became evident that not-old boundaries between the third age self and fourth age corporealities were not only social (me/them) and temporal (the third age present/the fourth age future); these lines were also drawn within the lived body. The not old self was thus troubled by arthritis, osteoporosis, hip fractures, respiratory illness, deafness, loneliness, anxiety, doubt, fatigue, and other 'old feelings' which frustrated not-old ways of living. Consider for instance, the following statement from Aretha, which oscillates between identifications with 'not old' selfhood and an increasingly 'old' corporeality:

> Aretha (80 years of age): [being old,] it's restrictive. It does restrict you in what you want to do. It's really funny because being old – we were never old, we were never old… That's why the fall really knocked me because I suddenly thought, "Shit, you are, you're old. Look what you've done to yourself." But even when I had the stent put in, I still didn't feel I was an old woman. People talk about elderly, I said, "I'm not elderly. What the hell's wrong with you?"

Kristeva once more helps us to make sense of the oscillating ways 'real' old age was positioned by participants. For Kristeva, explicit recognitions of the abject within do not necessarily imply the destruction of the 'clean and proper' self. When the abject materialises in the lived body, what also tends to emerge are *intra*-corporeal boundaries which distinguish the 'I' from its own abject features (Hamilton, 2016; Rudge, 2015). In such circumstances, questions around identity may be more about 'where' than 'who.' As Kristeva explains:

> The one by whom the abject exists is thus a deject who places (himself), separates (himself), situates (himself)… Necessarily dichotomous, somewhat Manichaean, he divides, excludes,

> and without, properly speaking, wishing to know his abjections is not at all unaware of them (Kristeva, 1980/1982, p. 8).

It was in this way that real old age troubled but was also held apart from embodied third age performances and identities. As we have seen, successful ageing and third age models of human development formally cast out old age from the life course. Actuarial models of successful ageing have promoted the idea that disease burdens over the life course can be 'squared', such that third age degrees of autonomy and bodily control are imagined as extending almost to the point of death (Moreira & Palladino, 2008). The real horror of what is cast out from clean and proper ideals of selfhood, however, results from the fact that what is deemed abject can never be fully cast out. The nausea of the abject is one of embodied dissonance. In the case of oldness, the horror of real old age seemed to relate to the fact that although rejected, the presence of real old age could nonetheless be 'felt' in the 'not-old' body.

Old Age and Embodied Movement

Kristeva's account of abjection helps to complicate third age/fourth age distinctions by illuminating how not-old ways of living and fourth age realities inter-penetrate one and other at the level of embodiment.[45] However, the relationship between abjection, motility, and conduct more broadly are not well developed in Kristeva's work. As I have argued throughout this thesis, perception, including interoceptions (i.e. senses of internal bodily states) of dysfunction, are shaped by histories and habits of movement and also by social histories which determine what is 'good' and 'normal' for bodies at different life stages to do/not do (Ahmed, 2006; Freeman, 2010; Grosz, 1999, 2005; Wise, 2000). To better understand how successful

[45] More broadly, Kristeva's image of internally dissonant being provides a useful counterpoint to phenomenological studies which, following Merleau-Ponty, have emphasised the coherence and stability of embodied identity. While Merleau-Ponty's phenomenological texts recognise embodied being as ambiguous and indeterminate, this ambiguity tends to be viewed as a positive force that enables the 'synergic body' to continually establish cohesive senses of being-in-the-world through time (Merleau-Ponty, 1968, p. 141).

ageing routines shaped participant encounters with old feelings, it will be useful to pair Kristeva's notion of the abject with insights from the phenomenologist Drew Leder.

In *The Absent Body* (1990), Leder introduces two contrasting terms to describe the body's experience of itself during routine activity: 'disappearance' and 'dys-appearance'. Briefly stated, bodily disappearance describes a phenomenological mode belonging to the healthy, normal looking, normal acting, self-confident body which can 'forget' itself when attending to tasks and projects in the world beyond itself.[46] Crucially, the body can only forget itself when its capacity to act and conduct itself are taken for granted and are beyond a doubt.[47] The focal disappearance of the body thus usually takes on an implicitly positive qualitative meaning (Leder, 1990; Young, 1980). Dys-appearance, in contrast, refers to instances where

[46] Following Merleau-Ponty, Leder recognises experience as broadly incarnate, inter-corporeal, and reversible; perception is embodied and involves relations between a) bodily habits, customs, and capacities and b) spatial, temporal, social, and historical contexts of action. However, despite being ever-present in perception, we often talk about the body as if it were separate from consciousness. The capacity for bodies to 'forget' the embodied basis of perception is, for Leder, telling of an important, overlooked phenomenological capacity of the body: self-effacement. Bodily disappearance can be best explained from a 'gestalt' perspective. In psychology, a 'gestalt' refers to the ways perception organises various and complex elements of a sensible field into unified, meaningful whole. When attending to a specific visual object, other would-be objects in the visual field coalesce into a 'background'. Additionally, because the sensory body is 'chiasmic' (see Chapter 2), visual backgrounds are more-than-ocular. As you read this footnote, not only do you not attend to other haptic regions of the body (e.g. your feet, the feeling of your legs against the chair), auditory dimensions of reality (e.g., distant sounds of traffic) and other aspects of experience which anchor you in place sit dimly in the 'background'. Further, 'automatic' vital functions which are ongoing in the body (e.g., cardiovascular functioning, digestion) may remain completely beyond the scope of awareness. The absence of sensory and non-sensory interior regions of the body during world-centric conduct is what Leder means by the body's 'disappearance' and 'absence' during intentional activity.

[47] Consider the meaning of the body's presence in our awareness when we don't know how to use a certain piece of technology or are learning a new skill. When learning to play a piano, fingers occupy an awkward and frustrating presence in attention. Painstaking attention must be directed toward their contortion and placement. It is only when intricate movements involved in playing have been fully incorporated into the body's stock of capacities that a body can redirect its attention *away* from its fine motor skills and towards a sheet of music. Similar redirections of attention characterise the acquisition of other skills, such as learning a new language, learning to read, learning to type, and learning to walk.

the body becomes conspicuous to itself when it is unable, unsure, unwell, in pain, in danger, or knows itself to be conspicuous or problematic for others. As the term suggests, dys-appearance means becoming aware of dysfunction – becoming distracted by a blister on a hike is a basic example. Dys-appearances can become abject presences for the volitional self when dysfunction disables possibilities for personally and socially intelligible uses of the body. A sudden serious injury (Leder, 1990) , a cancer diagnosis (Ehlers & Krupar, 2022), and extreme pain (Scarry, 1987) are examples of dys-appearances which can undermine intelligible notions of selfhood. Where the absent body exists self-evidently in the 'background' as a ready means to volitional ends, these kinds of abject dys-appearances appear as 'foreign' and 'alien' and 'separate from the essential self' (Leder, 1990, pp. 76-77).

The coming of old age has historically been described by ageing individuals in abject terms, as an invasion by the 'alien' and 'foreign'.[48] Further, phenomenologists have suggested that the coming of old age necessarily entails the destruction of what was once unique and idiosyncratic about persons.[49] While it is true that with time all bodies become aged, Leder's insights about the relationship between habit, movement, and dys-appearance caution against broadly equating certain forms of old age as universally destructive for notions of personhood (Leder, 1990, p. 89). Indeed, cross-cultural research demonstrates that the embodied meanings of (what are from a biomedical perspective) comparable forms of corporeal ageing vary significantly according the specific kinds of performances, relations, and projects which

[48] The terms 'alien' and 'foreign' are the used by Simone de Beauvoir to describe how the body experiences its own becoming 'old' (De Beauvoir, 1970/1996, p. 283).

[49] According to Elaine Scarry, in very old age, the collapse of established body-world relations becomes so advanced that a person's sense of world 'may only exist in a circle two-feet out' from the body' (Scarry, 1987, p. 33).

occupy ageing bodies.[50] As such, degrees of advanced frailty which preclude persons from leading enjoyable and culturally intelligible lives in one cultural context may be associated with heightened community status in another. We therefore need to ask, how do routines of conduct which are promoted by the apparatus of successful ageing shape how old age dys-appears in the lived body? How do those anatomo-chronological and chrononormative uses and movements in time described in Chapter 4 inform the phenomenological significance of embodied oldness? And how do conditions of rural space and place shape experiences of 'I cannot' in later life.

Successful Ageing Routines and Abject Feelings

As we have seen, independent boundaries between the lived body and others are what constitutes a good, worthwhile ageing existence. Real old age is, in contrast, an abject threshold for embodied independence. Thus, what dys-appeared with old feelings (i.e., pain, injury, illness, fears of falling, frailty, deafness, and loneliness) were troubling questions about the limits of independent selfhood. Consider Jannette, who had recently fallen and broken several bones in her ankle. While pain and discomfort had disrupted sleep and activities of daily living, what Jannette emphasised most was how her injury and subsequent feelings of isolation and loneliness had undermined 'independent' and 'busy' ways of living and uses of time:

> Janette (61 years of age): I don't want to be reliant on other people and that's where I'm finding it really frustrating with my foot now, because I have to get people to take me to the doctors and do all this… I enjoy being busy and social, and I go to Canberra a lot. Yeah, I'm not a

[50] Cross-cultural analysis supports this line of reasoning (Grøn & Meinert, 2025; Lamb, 2014; Rajan-Rankin, 2018). For instance, Sarah Lamb's cross-cultural analysis of later life (2014) shows how conditions of late life dependency which are degrading and embarrassing for educated Boston-based Americans may be more acceptable for Bengali Indians for whom 'normal ageing' involves living with and being cared for by adult children and grandchildren.

homebody. And I love being busy. So yeah, what's going on in my life at the moment with a fractured foot is not really much fun… Because I feel very isolated and frustrated.

Others similarly described old feelings emerged as conspicuous for independent modes of ageing:

Mia (83 years of age): [Old age is] starting to creep up, it's, it's bugging me disproportionately, the fact that I can't clean the showers, I can't bend down to get them. And I know I'm being a bit irrational about it. It's really getting to me. I've never, you know, house has never been real spik and span. But I think it's not so much that they're not getting clean, as much as I can do it.

Gilbert (27 years of age): What do you think is behind that?

Mia (83 years of age): I'm too independent, I don't like asking people for help.

Noreen (65 years of age): I've had glimpses of old age… [and] to me old age [means a] lack of independence. To me old is mixed up with no longer or, or lesser independence…. You know, and even though I've got a lovely network of girlfriends and things, you know, they're busy and they work. I was really lonely.

Inhibiting encounters with old age were contextualised by active lifestyles. Aretha for example, had recently fallen and sustained an acquired brain injury. When describing how the injury had impacted her, Aretha related how symptoms were restricting her usually active ways of living and using time. For instance, she spoke of how her injury had impacted her ability to travel to and spend time at her local gym:

Aretha (80 years of age): I stopped driving right after I had my fall because it knocked my confidence… It was weird, it was weird… I used to work on a lot more in machines but then when I hurt the back, there's some I still don't do…. I find I'm still very wobbly and it's frightening when you fall like that. Going up those stairs took me a while to do, to go back into the gym after it happened. I went in bits and pieces…

In addition to becoming meaningful in relation to what customary ways of life and uses of time are undermined, the phenomenological meaning of dys-appearance is also rendered by available models of cause and effect. Such models are culturally (Lévi-Strauss, 2000), technologically (Barker, 2017) and economically mediated.[51] At the level of embodiment, cultural models pertaining to the body and its dysfunction tend to materialise as simple, urgent questions: Why has this happened? How can I fix this?[52]

As I outlined in Chapter 1, the apparatus of successful ageing has introduced a powerful 'grid of intelligibility' for discerning the behavioural origins of usual and successful ageing/outcomes. The apparatus of successful ageing thus encourages ageing people to 'see' linkages between their personal conduct, personal responsibility, and the 'risk' of old age. These questions about the relationship between conduct and old age were reflected in the ways participants spoke about old age as a future possibility and as a condition of others:

> Dustin (73 years of age): I think with older people, they gotta get out and stop being at home and vegitating, and they've got to do something, that's both men and women.

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[52] Abject corporeal suffering and dysfunction force attention towards the here-and-now of the body-in-crisis (Hellström & Carlsson, 1996; Leder, 1990; Nilsen & Elstad, 2009; Scarry, 1987). At the same time, corporeal dys-appearances are made meaningful through narratives which link dysfunction in the present to the past and future. In other words, dys-appearance, though highlighting the present of dysfunction, involves what Merleau-Ponty calls temporal 'simultaneity' (Merleau-Ponty, 1968, p. 104). The alarming appearance of pain in a usually unfeeling internal part of the body for instance will typically provoke diagnostic and prognostic thoughts and investigations (e.g., 'what was the last thing I ate'). Leder refers to the diagnostic aspect of dys-appearance as its 'hermeneutical' dimension; prognostic responses to pain and suffering (e.g., booking in to see a doctor, praying to God) are referred as 'pragmatic' dimensions of dys-appearance (Leder, 1990, p. 78). Note that as branches of linguistic philosophy, hermeneutics and pragmatics are concerned with relationships between systems of knowledge and the interpretive activities of human beings. The hermeneutical (search for origins) and pragmatic (quest for resolution and answers) aspects of dys-appearance are similarly structured by systems of knowledge and practice (e.g. the medical model, Christian theology, etc.).

> Noreen (65 years of age): I'm responsible for not being a burden as much as I'm in control of it… If I end up in hospital, I hope it's accidental. And I will end up in hospital. But, you know, I don't want to be there because I you know, I'm not obese, I'm overweight, but I'm not obese – but I don't want to be there because I brought something upon myself.

But what about old age which dys-appears for the ageing self? What about those alien forms of old age felt from within?

It is important to note that in successful ageing cultures, practical questions around human ageing are limited by the meaningful but nonetheless partial effect which healthy behaviours can have on human ageing. Despite rejecting and working against old age, participants acknowledged that old age could not 'actually' be mitigated through successful ageing uses of time indefinitely. Indeed, the abject meaning of the fourth age is tied to its paradoxical rejection from successful ageing/third age lives and its unavoidability. As such, while signs of human ageing were certainly recognised as related to health behaviours and decisions of ageing individuals, participants accepted that 'at a certain point' human ageing leads to abject old age and death:

> Levi (93 years of age): Be as healthy as you can, that's my philosophy, and healthy all my life… But you're gonna die from something.

For some, the inevitability of the fourth age contradicted the sense it made to ask practical questions about how to best mitigate and manage dys-appearing old age:

> Tammy (84 years of age): I accept it's [very old age] inevitable. And you do it to the best of your ability… I've always sort of tried to plan a few ahead. How do you plan for your own old age? Perhaps more thought should be given to that – But then how do you plan it? You don't know at what stage you're going to need different things.

For most others however, the embodied and inevitable nature of old age did not dissolve personal responsibility in the fourth age. The fourth age, though abject precisely because of its irresistibility, was nonetheless engaged as a moral problem which ageing persons were responsible for. As I will outline in the forthcoming section, what dys-appeared with old age was not only corporeal failure, or even the imminent collapse of independent inter-corporeal relations; the coming of the fourth age was embodied as an *ethical imperative to contain abject oldness from others*. Many felt that such an imperative demanded far greater sacrifices than keeping busy and staying entertained.

Part 3: I Must Contain My Oldness

Research suggests that Laslett's third age/fourth age distinction continues to exert a significant (though certainly not totalising) influence on contemporary understandings of what it means and what it takes to secure a 'good' later life.[53] Participant accounts of ageing reflected in this study tended to align with Laslett's formulation of the fourth as profoundly negative state of helplessness, their accounts of 'old age' also complicated this characterisation in that they emphasised the role ethical and sacrificial choices in securing a moral old age. While participants stated that to be old was to be incapable of meaningful activity, they also described dys-appearing old age as which could and should be separated, hidden, and contained from others through 'personal' efforts and difficult choices. This way of relating to old age and human ageing more generally points to an important undertheorized transition in the successful

[53] Successful ageing and third discourses remain central to how later life is rationalised, imagined, and lived in Australia. However, it would be inaccurate to presume that experiences of ageing are fixed to these rationalities alone. Recent research suggests that the contemporary significance of growing older is also influenced by models of ageing which challenge aspects of successful ageing. For instance, Wahl and Ehni (2020) suggests that along with the third age and successful ageing concepts, Erik and Joan Erikson's model of human development (1982) remains important to gerontological definitions of a good later life. According to Erikson and Erikson (1982), old age is a final stage of human development characterised by a tension between an integrity and despair. Within this formulation, a good old age involves acceptance and courage in the face of inevitable decline and death (and not avoidance of the fourth age altogether).

ageing life course. Unlike the practical questions about how to best prolong the not-old third age of life, the coming of the fourth age prompted ethical questions about how to best keep inevitable abject parts of the lived body *independent from* others.

The Ethical Fourth Age

My notion of 'fourth age ethics' follows Foucault, who understands ethics as the reflexive use of personal freedom upon parts of the self which are recognised as morally problematic (e.g. honour, temperament, oldness) (Foucault, 1997). Beyond this definition, Foucault uses the term ethics in two different ways. Firstly, he uses the term to describe a type of historical phenomena, this being the reflexive and transformative activities of human beings to develop themselves as moral subjects. Secondly, Foucault uses the term to describe a critical and transformative activity he performs upon himself through academic work.[54] This section draws on the former heuristic meaning of ethics, which recognises ethics as something people (i.e., research participants) do rather than an activity to be performed by researchers

[54] In his books which deal with ethics, Foucault maintains a critical distance from the ethical subjects he investigates (Foucault, 1984/2019, 1984/2020). However, these texts provide only a partial view of what Foucault means by ethics. Foucault's final lectures and interviews seem to answer the question: Why this sudden interest in the ethics of the subject? These more informal works reveal that, for Foucault, ethics is not (just) another form of power in society. Ethical transformation is also seen in a profoundly promising light, representing the ever-present possibility to hedge one's own reserves of freedom toward making oneself other than how one has been constituted, positioned, and directed (O'farrell, 2005). The *Hermeneutics of the Subject* (2005) and in subsequent interviews (Foucault, 1982, 1984, 1994a), genealogical investigations of ancient ethical thought are revealed to be aspects of Foucault's own ethical project which orientates toward a simple if unfixed telos: to 'think differently' (Foucault, 1981-82/2005, p. xxviii). Within this project, investigating the long history of ethical conduct in societies performs two roles. Firstly, it illuminates the nominal parameters for ethical thought in the present, revealing what moral frameworks habits we have inherited and should 'move beyond' (Foucault, 1984, p. 45). Additionally, the genealogical past serves a more positive function as a reservoir of forgotten and recyclable ethical tools, logics, and techniques which, through experimentation, might be deployed to allow one to become something other than what one is in the present (Foucault, 1984, pp. 49-50).

themselves. Put more clearly, in this chapter, I am not conducting an ethics; rather, I am examining the ethical forms of others.

Foucault's notion of ethics is grounded in his broader notion of 'freedom'. In one of his clearest articulations of ethics, Foucault explains that 'freedom is the ontological condition of ethics' while 'ethics is [a] considered form that freedom takes' (Foucault, 1994b, p. 284). Freedom for Foucault is not an ontological quality which subjects have (Foucault, 1994b, p. 284). Rather, within broader dynamics and relations of power, freedom stands for any degree of indeterminacy which precedes and shapes courses of thought, conduct and, by extension, a subject's relation toward things, others, and itself.[55] Within neoliberal governmentality, freedom functions to establish new relations between economic subjects, their rational choices, and problems of existence previously managed and paid for by the state (Crawshaw, 2012; Kolářová, 2015; Peters, 2007; Rose, 1999). Somewhat counter-intuitively then, freedom can be useful for established relations of power when it can be disseminated and strategically directed by those who govern others toward certain ends (Foucault, 1994b, p. 225).

The productive role of freedom for neoliberal apparatuses of biopower is reflected in recent efforts to expand the decision-making powers and responsibilities of Australian aged care users. As I outlined in Chapter 3, reforms proposed and implemented under the *Living*

[55] Freedom is not inherently 'good' in a normative sense (Foucault, 1994b, pp. 282-284), even if freedom is indispensable for the kinds of social and personal transformation Foucault pursued (Foucault, 1994a). Freedom is rather an aspect of dynamic assemblages and relations power. While freedom stands for the subject's capacity to err from, negotiate, reject, misunderstand, and reformulate strategies of government, rules of moral conduct, and conditions of truth which condition thought and action (Foucault, 1981-82/2005), freedom is also something which apparatuses and technologies of power can utilise and shape (O'farrell, 2005). Foucault is clear about this when he states: 'Technologies of power, which determine the conduct of individuals and submit them to certain ends or domination' and 'technologies of the self, which permit individuals to effect by their own means, or with the help of others, a certain number of operations on *their own bodies*… hardly ever function separately' (Foucault, 1994c, pp. 225, emphasis added).

Longer Living Better Bill (LLBB) (2013) and the subsequent *Aged Care Legislation Amendment (Increasing Choice in Home Care) Act (*2016) paved the way for a Consumer Directed Care (CDC) model of community care. The market-consumer basis under which home care is accessed has given rise to an emergent type of consumer and consumer freedom: the 'aged care consumer' and 'aged care consumer choices'. For ageing Australians in the community, dys-appearances in the aging body which signal the loss of embodied capacity *also* activate a suite of consumer choices and risks which have not existed until recently.

Embodied freedom becomes ethical when it is exercised to engage moral issues and aspirations facing the self. This relationship, between moral problems, reflexive choices and efforts, and moral becoming, has historically been geared around the materiality of bodies. For the ancient Greeks, becoming more dignified, noble, or beautiful, required attending to one's body: eating the right foods, learning to master one's base desires, learning how to speak eloquently, increasing one's physical strength, etc. The close relationship Foucault outlines between moral status and bodywork has led some to assume his later works are at odds with his earlier works which addressed how the body is shaped by social forces. Self-body relations which structure ethical practice and becoming are, however, never solipsistic ones (Milchman & Rosenberg, 2011). Foucault is clear that what becomes ethically problematic for subjects, and what techniques are available for subjects to develop themselves ethically, are socially, politically, historically, and economically situated.[56] Furthermore, Foucault is clear that 'caring

[56] Foucault proposes that ethical engagements with moral parts of the via the body involve four distinct but overlapping elements. By exploring these, it becomes clear that ethics are always rooted within much broader moral economies which subjects operate within. The four elements of ethics are as follows:

1. 'Ethical substance' (what is morally conspicuous in the self): An ethical substance can be thought of as a morally conspicuous part of the self which is subjected to ethical reflection and work. For example, one's honour, fidelity, self-control, or corporeal independence may each be recognised as moral parts of the self to be problematised, cultivated, transformed, etc.

for the self' and social and political obligations to 'care for others' are closely intertwined such that in most circumstances it is very hard for subjects to care for themselves as moral subjects in ways that are perceived harmful to the social body. What becomes ethically conspicuous, possible, intolerable etc. for subjects is socially, politically, and economically informed.

In *The History of Sexuality Volume 2: The Use of Pleasure* (1984/2019), following the Ancient Greeks, Foucault labels ethical work which engages the lived body as 'dietetics' and ethical care that orientates toward extra-corporeal fields as 'economics'. Dietetics refers to the 'arts' (teknes) of transforming the self by engaging the body (its passions, vulnerabilities, moral qualities, its beauty, and vital forces) through behavioural regimes such as eating well, mastering urges, prayer, exercising, and taking medicines. Dietetic practices have historically been contextualised within the social contexts of marriage, the household, business, politics, and national duty. Foucault refers to these later extra-corporeal aspects of ethical work as its 'economic' dimension. Taken together, correct 'dietetic' relations with one's own body are problematised within broader 'economic' circuits of population, society, economy, nation.[57] The body to which ethical work is directed is, in other words, an inter-corporeal one. Caring

2. 'Mode of subjection' (the reasons for ethical transformation): The mode of subjection refers to the reasons behind projects of ethical transformation. A person may choose to cultivate honour to gain acceptance from one's family for instance.

3. 'Ethical work' (the techniques of ethical transformation): Ethical work refers to the actual 'doing' of ethics. Ethical work involves 'technologies of the self' and techniques which engage an ethical substance. Meditation, prayer, celibacy, hermetism, and even some forms of suicide can constitute ethical work for instance.

4. 'Telos' (the ethical subject one hopes to become): Also referred to by Foucault as the 'mode of being' (Foucault, 1984/2019, p. 28) or 'ethos' (Foucault, 1981-82/2005, p. 377) which ethical work aims toward. In other words, the telos refers to the moral end product which ethical work aims to bring about.

[57] For the ancient Greeks, a man's good 'relationship with himself and manner in which he forms himself as an ethical subject' comes to be rationalised as 'important component[s] of the [overall] political structure' of the city (Foucault, 1984/2019, p. 174).

for the body's energies, passions, nature, temperament, strength, and health has been something of a 'first step' for individuals to display concern for those broader 'economies' to which the vitality of the body is tethered.

These inter-corporeal links between the body, the moral status of the self, and concerns for others are evident within the logics of neoliberal biopower. With regards to human ageing, the personal efforts of ageing individuals to secure happy, healthy, and useful futures are conceptualised as ways of caring for nations at large. As John Howard proclaimed in the National Strategy of Ageing Australia (NSAA): '*Their* choices regarding employment, retirement planning, attitudes, lifestyles and participation will… mould the future shape of *our* society' (Howard, 2001, p V). But this begs the question: If the coming of old age forecloses the possibility of third age dietetics (caring for oneself), what kinds of ethical work and becoming remain available in the fourth age? If 'old feelings' are abject because they signal the end of third age freedoms, how might an advanced fourth age become an ethical one?

Dietetics have historically been rationalised as a pre-requisite for socially responsible citizenship. However, caring for others at the *expense* of caring for one's own body has, at different historical junctions, enabled certain individuals and groups to increase their moral and spiritual status (Kosmala & McKernan, 2011; Taylor, 2014). The relationship between caring for the self and caring for others is in this sense reversable. For instance, Foucault identifies Socrates as practicing a kind of ethics which blurred 'caring for himself' and 'sacrificing himself' for others.[58] Rather than making one's body useful within economic circuits of family

[58] Socrates' ethical practice revolved around a commitment to 'parrhesia' – speaking frankly and truthfully even at existential risk to the self (Foucault, 1983/2019, pp. 60-66). Through this kind of ethical work, Socrates was able to know himself as committed to truth, as a philosopher and as a politically concerned Athenian. This kind of rabble-rousing elaboration of the self, however, often came at the expense of dietetic self-care. Ultimately, Socrates is put to death for his unerring commitment to truth. As Foucault summarises, in response to such threats, Socrates 'returns to this theme of the care of the self and says that if the Athenians do in fact condemn him to

and society via forms of self-care, sacrificial ethics involves the moral development of the self through actions which demonstrate care for others, but which are existentially (but not morally) dangerous or fatal. Martyrs practice this kind of ethics.

My engagement with participants revealed that transitions from the third age to fourth age were also accompanied by shifting ethical projects. The coming of old age frequently coincided with shifts away from dietetic modes of care, towards much more sacrificial kinds of care which prioritised the lives of others. In contrast to not-old life, which participants described as involving responsibilities to make one's ageing body live in healthy and productive ways, the fourth age was problematised in terms of 'decisions', 'choices' and 'rights' to disallow oneself so that other kinds of lives might flourish.

Sacrificial Ethics in the Fourth Age

Participants in this research recognised old age as an abject period of life where one could no longer care for oneself. At the same time, the dys-appearance of the fourth age was described as a time where one could and should make significant sacrifices on the behalf of others. The kinds of sacrifices participants had in mind involved choices, efforts, and strategies to mitigate the spread of old age within relational networks. The different ethical choices and decisions participants described fell into two different types:

death, then he, Socrates, will not lose a great deal' (Foucault, 1981-82/2005, p. 6). If killed, Socrates will have secured for himself a good, useful, true, and honest existence and legacy. Another example of sacrificial ethics Foucault discusses is the austere ethics of the early Christians. These ethicists abided by sacrificial principles that sought to enhance one's spirit through the denigration of the corporeal body. As Foucault paraphrases, the early Christians abided by the logic: 'You will become the subject or the manifestation of truth when and only when you disappear or you destroy yourself as a real body or as a real existence' (Foucault, 1997/2007, p. 188).

1. Social isolation: Efforts to prevent others, particularly adult children, from feeling obliged to provide informal care in the home and, creating distances between real old age of the lived body and the lives of others.

2. Euthanasia: A self-elected and hastened death pursued in part to prevent the spread of abject old age.

Social Isolation

Theorising social isolation in later life as an ethical pursuit is unusual. Social isolation in later life is usually recognised as an involuntary state which is caused by various social and biological factors. While some participants noted the involuntary nature of their own social isolation (e.g., living far away from friends and family, having small social networks, being unable to leave the house), many others explained how degrees of isolation from others had been cultivated in response to moral concerns about becoming a burden. Social isolation, or more accurately, socially isolating, thus constituted an ethical activity which participants performed (or intended to perform) to separate their own fourth age frailties from others.

As outlined in Chapter 3, community care and other services were often in short supply in areas where participants lived. For participants with limited access to formal care services, aspirations to age in place *and* not become a burden were acutely threatened by dys-appearing symptoms of old age. As Higgs and Gilliard note, '[t]he objectification of frailty confounds the possibility of agency all the while privileging the moral imperative for others to care for or manage the person, not as a personal 'I' or a 'you' but as a social 'him' or 'her' or 'it' (2017, p. 63). To mitigate becoming problematically frail for others, participants engaged in what I call 'boundary work'. Here, boundary work refers to *intentional* efforts and strategies by participants to separate embodied frailties from known others by containing dys-appearing old age in the lived body, in the home, and possibly in residential aged care.

Establishing boundaries between dys-appearing old age and others involved frank conversations and strategic silences. Joss reported directly telling loved ones that she did not want to become a burden in her later life. While the prospect of entering residential aged care was a 'horrific' one, being an object of frailty for formal caregivers was ethically preferable to becoming an abject problem for informal ones:

> Joss (70 years of age): People here, they're not getting the services they need. Yeah, because there's, there's no accommodation, there's not enough people to work for the service providers, so… I have to take care of myself kind of thing… Say I had a stroke or something – I've told my sister I don't want to be a burden. So, I've said just put me in a home and that would have to be it kind of thing.

In addition to having frank conversations, boundary work involved strategic silences and brave fronts. Mia and Tammy for instance reported downplaying to their adult children the extent to which embodied frailty was impeding ageing in place aspirations and activities of daily living more broadly. Mia was notably adamant about 'how wrong' it is for adult parents to 'put that kind of pressure' on their 'busy' adult children:

> Mia (83 years of age): Asking for help is very, very difficult… I don't want to do it.
>
> Gilbert (27 years of age): Why don't you want to?
>
> Mia (83 years of age): Cos' he [Son] should do his own thing! He shouldn't have to worry about me!

Whereas Mia had only recently began to struggle with activities of daily living, for Tammy boundary work was a more established and habitual aspect of daily life. For Tammy, feeling old was related to embodied frailty, the inability to leave the house, significant declines in confidence, chronic loneliness, and despair. Though eligible for community care support, appropriate services had remained elusive:

> Mia (83 years of age): I was a long time here without having a cleaner. I couldn't find anyone who had vacancies to do it. Then My Aged Care, told me there was someone called prompt care. So I've gone to them for the cleaning, but they're based in Melbourne…. [then] this [other] company has taken my referral for the transport, but then they said, 'Oh, we haven't got funding for that."

Despite struggling to perform activities of daily living, Tammy eschewed informal support offered to her by family members, including support offered by a son who lived nearby. 'For my part' she explained 'it needs to be fairly important to drag him out'. Instead of engaging family members, Tammy explained her commitment to 'staying independent' inside her unit, by which she meant 'getting through the days' in isolation by 'concocting… things to do' and what I have described as 'keeping busing'.

Tammy, like Joss and Mia, was acutely aware that social isolation was at best a provisional means for securing the symptoms of old age from others. With time, surviving at home without help would become impossible. As with Joss, one option for keeping real old age isolated from known others into the future was to enter a residential care facility. Several participants positioned residential aged care in this way (Joss, Ennis, Tammy, Levi) as a space where one could be supported in later life in ways which did not implicate family members:

> Ennis (69 years of age): When the time comes, I will go without putting too much of a fight up… Look, if someone comes and sees me once a week just say's 'Good day,' or if they can just say, 'Sunday we're going to have dinner. Bring him home for lunch,' that'd be nice. If it doesn't happen, it doesn't happen. The thing I look at with my children, I wouldn't want a burden.

For these participants, residential care facilities were rationalised as spaces which offered loved one's choice and flexibility regarding visiting and contact with the fourth age self. For most others, however, residential aged care facilities hardly resolved ethical concerns about the

negative impacts which real old age might have on loved ones. Rather than securing the horrors of old age out of sight, most participants spoke of how the very old, bed-bound, and likely demented older body is 'kept alive' in such spaces, to the detriment of older adults and their families:

> Janette (61 years of age): That's another thing in age care, you know, if you can no longer speak. And also I don't want to go into an aged care facility because - and I've discussed this with my kids too - I don't want them to feel pressure that they have to come and visit me because they've got their own lives and if I was in an aged care facility, and they kind of felt like, oh well, you know, we'll do a roster system to visit mum, well, they've got their own lives I don't and I can live forever which I don't want to do.

The older person housed in residential aged care was described as producing a prolonged, meaningless, and traumatising dying process which others would feel obligated to witness. This brings us to a second strategy for keeping real old age from leaking into the lives of others.

Euthanasia

Euthanasia and voluntary assisted dying (VAD) have been widely discussed from various ethical perspectives, and from Foucauldian perspectives. However, relatively few studies have engaged euthanasia from a Foucauldian ethical perspective. Those which have recognise euthanasia, that is, the choice to end one's own life to avoid intolerable suffering, as an example of 'caring for the self' (Tierney, 2006, 2021). This framing makes sense when we consider that euthanasia means 'well' or 'good' (eu) 'death' (thanatos).[59] But what is a good death? This question, as we shall see is in important ways an inter-corporeal and

[59] If we recognise ethical self-care as a use of freedom to make one's life (bios) beautiful and good, we can equally recognise meditations and techniques to secure a 'good' death as ethical in nature. More specifically, we might recognise work to secure a good death, particularly when helped by lethal medicines and medical care, as constituting a dietetic form of caring for the self.

chrononormative one. Participants aspired to die in ways which not only minimised intolerable suffering for the self, but also, to minimise the suffering of others.

Contemporary imaginings and standards of a 'good death' emphasise the importance of individual dignity, autonomy, and choice, the minimisation of suffering, and the wellbeing of friends and family members at closing stages of life (Collier & Chapman, 2023; Cottrell & Duggleby, 2016). These dimensions of a good death are closely interlinked with standards of a well-timed death (Broom, Kenny, Ehlers, Byrne, & Good, 2025). A well-timed death is one that neither arrives too early or too late. It occurs once enough life has been lived but before a drawn out dying process which undermines the choices, autonomy, and wellbeing of dying people and their loved ones (Broom et al., 2025). The right to die has become increasingly bound to standards of a good, well-timed death, particularly when it comes to securing the dignity, autonomy, and freedom of dying people (Cottrell & Duggleby, 2016). While there were numerous imaginings of a good death, participants in this research often referred to euthanasia and voluntary assisted dying (VAD) (concepts which were roughly interchangeable in this study) as a means for securing autonomy, dignity and, well-timed departure for the self, and as an ethical act which could further secure the wellbeing of others.

Participant accounts of VAD reflected recent public conversation and debate about the role of VAD in the Australian healthcare system. Public and political support for VAD in Australia has framed the 'right to die' as an inalienable, but also a circumstantial right of citizens (Kresin, Hawgood, De Leo, & Varghese, 2021). From a VAD perspective, a self-elected death is a good and genuinely voluntary one when certain conditions are met. Persons who are over 18 years and are suffering from a terminal illness they deem to be intolerable can request access to lethal medicines (NSW Health, 2025). Crucially, for such requests to be approved and for such requests to secure a good death, a person must show that they are genuinely free

and capable of choosing to die and that their decision is not being influenced by others (NSW Health, 2025).

Participants in this research generally agreed that only those with a terminal illness which caused intolerable suffering and who can make a genuine 'free' choice to die should be granted lethal medicines. Yet, many also asserted their right to die as inalienable. As such, legislation which has historically prevented individuals from accessing VAD were regarded as encroaching on the freedoms and rights of citizens:

> Noreen (65 years of age): To be able to say it's my choice. I'm just going to get the pill and keep it the fridge until I'm ready to use it. It's no one else's business and I really think the pharmaceutical companies and the government should let me do that. It's no one's business… I've paid tax all my life, it's my right.

> Janette (61 years of age): We should be given a choice, you know, and it really annoys me that people that don't agree with it, because, you know, they might say, you know, 'God works in mysterious ways,' and all that sort of stuff, because often it's the religion that comes into it. But no, no, I'm all for assisted dying and euthanasia.

> Ennis (69 years of age): It should be a personal choice.

> Mia (83 years of age): It's a choice! I think people have to have a choice.

Discourse around VAD reform, including participants discourse, have positioned a good death as one which involves what might be called an 'immaculate' free and rational choice. Because the capacity to make rational choices is foundational to liberal and neoliberal notions of personhood, VAD is often lauded as a profound opportunity for those with very limited choices to 'take-control' of their own corporeal fate (Kolářová, 2015). In this way, death by choice represents a concluding opportunity for those aspects of the (neo)liberal subjectivity which are disabled by terminal disease to come to the fore.

This requisite for genuine choice has often been rationalised through (binary) distinctions of duress and informed choice. For instance, the NSW *Patient Guide to Voluntary Assisted Dying* stipulates that those seeking VAD must 'be acting voluntarily (their own choice) and not because of pressure or duress from another person' (2025, p. 2). Furthermore, it is a serious criminal offence to influence another person's decision to access, use, or not use VAD medicines. VAD it might be said is only appropriate when choice is considered strictly 'dietetic', expressing a relationship between the subject, their freedom, their pain, and lethal medicines. However, as Foucault maintains, relationships with the self are realised in relational economies of concern for others.[60] We might thus ask when, how, or whether decisions which at first glance are essentially personal might also be informed by wider moral economies in which suffering bodies are located, including those entering the fourth age of life.

Participants' accounts of VAD, while on the one hand rationalising voluntary choice as an autological expression of inalienable freedom, were additionally informed by deep concerns for the lives of others, as well as notions of social and economic responsibility towards 'future generations'. While moral relations between ending one's life to support the lives of 'productive' others runs counter to legislation and biomedical discourse concerning VAD, social and economic benefits of euthanasia can be found within successful ageing and third age texts and lifestyles (Gilleard, 2022a; Pack, Hand, Rudman, & Huot, 2019). For instance, in Laslett's seminal *A Fresh Map of Life: The Emergence of the Third Age* (1987), euthanasia is framed as both a profoundly personal choice, but also one which those in the third age have a

[60] For certain classes of people, ethical becoming has involved commitments and actions which lead to death (e.g., soldiers, religious Martyrs). Such desires have been rationalised as involving care for status of the social self, disclosing 'if not care for others, at least a care for the self which will be beneficial to others' (Foucault, 1994a, p. 289).

'duty' to grapple with given the 'inordinate expense of medical services to the old and especially to the very old'.[61]

Conversations I had with participants about VAD strongly indicate that support for VAD was influenced by moral anxieties about becoming a burden on others in later life. VAD was described as attractive partly because this kind of death could remove abject parts of old age from relational economies of family, society, and the market economy. With regards to family members, participants spoke of VAD as way of 'saving' others from the 'trouble', 'heartache', and 'trauma' of abject old age:

> Janette (61 years of age): As you go into an aged care, you're not coming out… It [death] might take a period of five years. So why not knock yourself off before you have to go through that heartache, and your family and friends have to go through that heartache? […] you don't have put your family through all that trauma.
>
> Tammy (84 years of age): Roll us through, saves everyone a lot of heartache.

With regards to relationships between a good death and social and economic justness, participant's rationalisations of VAD emphasised the importance of fair and equitable distributions of resources between the generations. A hastened death was rationalised as a way

[61] For Laslett, '[t]he issue of euthanasia, that is, the right of an individual to die when he or she decides, or the right of relatives, friends and doctors to end pointless and unbearable existences, are the most sombre of those which come before us when we reflect really seriously on expectation of life and the life-span. Making up our minds about them will be one of the duties [discussed]… when we come finally to assess the responsibilities of the British elderly for themselves and for the future' (1987, p. 85). Later in his treatise of the third age, the issue of euthanasia is positioned as a relevant to issues around the costs of population ageing and health system sustainability: The 'inordinate expense of medical services to the old and especially to the very old… [who] drain away the time of doctors and nurses…. fill up the hospital beds… settle and stay in costly nursing homes, taking to themselves in these ways hard-earned and grudgingly transferred resources which would better be spent on needy babies, children and stricken younger people who have productive lives still to lead (p. 232).

of ensuring public resources were ‘better spent’ and directed toward others who ‘really’ needed and deserved them:

> Noreen (65 years of age): When young people can't even afford to rent or buy a house, and we're gonna clog up the health system!
>
> Joss (70 years of age): People here joke they're just gonna get in their kayaks and go out to sea and roll their kayaks over, rather than be in an aged care place… It sounds terrible, but I don't want to waste government services either.

Ethical concerns for others informed the kind of moral persons which decisions around death were understood to produce for the self. In addition to ensuring ‘dignity’, VAD was sometimes framed as an act which could bring out moral attributes and qualities which the fourth age threatened to undermine. For Noreen, VAD was tied up with lifelong concerns about environmental and economic justice. Noreen told me she hoped that ‘when I die, I want them to remember that I tried to do my bit for the environment’. VAD played a crucial role in Noreen’s effort to ensure this commitment would be remembered:

> Noreen (65 years of age): There's no way I'm going to do anything that hurts. And I'll be too frail, but I'd love a ritual where I can, you know, be with the kids and have a last dinner and turn my last bit of compost […] I just think that, you know, just let's take the pill, compost me and I leave the oxygen for the next person. Like we don't all have to live forever. I don't think that's fair or right.

VAD was for many an act which supported morally good, ‘clean and proper’ relations between the self, loved ones, and much broader relational economies. By showing this kind of care for others, some participants hoped to secure a more positive legacy for the self. At the very least, VAD offered participants the choice to end life before becoming unrecognisable in the eyes and living memories of loved ones.

Conclusion to Chapter 5

It is important to note that the moral anxiety about the dys-appearing fourth age was only one among many factors which informed participant attitudes toward VAD. That is, the reasons why certain participants were supportive of VAD stemmed from much more than ethical aspirations to not become a burden on others. For instance, all participants who supported VAD believed strongly in respecting and supporting people living with meaningless, intolerable suffering. Nevertheless, participant accounts do clearly reveal a relation between contemporary biopolitical visions of a good, independent, and successful later life, the abject shadow of the fourth age which such visions produce, and ethical and moral understandings of VAD. Such entanglements, I would argue, were reflected in understandings of VAD as an ethical practice, engage not only to care for the suffering self, but also, to protect others from the abjection of the fourth age.

What does it mean that socially isolating oneself and dying earlier than one might otherwise carry such positive moral currency? What does it mean that old age is not only abject in a figurative sense, but also, is talked about as a condition which ageing citizens ought to literally remove from the social body? What alternative and explicitly inter-corporeal ways of growing old might we work towards? If growing old is indeed inevitable, how might we bring about conditions wherein the fourth age emerges as more than personally and relationally worse than death? And what might we stand to gain and loose from such a shift in perspective? It is to these questions which I now turn.

Conclusion: A Vision of Fourth Age Contentment

I began this thesis with a set of questions: How is human ageing rationalised and embodied by older adults living in underserviced communities in rural New South Wales (NSW)? To what extent do local accounts of human ageing in rural NSW correspond to regulatory conceptualisations of human ageing as a problem of individual behaviours, choices, and responsibilities? What constitutes a 'good' later life and how is such a life cultivated? And how do rural conditions of existence intersect with local understandings of human ageing and pursuits of a 'good' later life? The different chapters of this thesis have grappled with and sought to answer these questions.

In Chapter 1, I investigated how the significance of human ageing and what counts as a good later life has evolved in recent decades in Australia. I found that contemporary understandings of human ageing continued to express the premises of Rowe and Kahn's model of successful ageing (1987). In tracing the lasting and diffuse influence of the successful ageing (and similar) model on the ways Australians think about, talk about, and intervene upon human ageing, I proposed that we can approach successful ageing as an example of what Michel Foucault calls 'an apparatus'. Developing this idea, I showed how successful ageing concepts have come to form the basis of prevalent 'ways of seeing' the causes and 'problems' of human ageing, shared by a huge array of social actors, discourses, technologies, institutions, and policies.

In Chapter 2, I introduced the epistemological and methodological strategies which I used in subsequent chapters to investigate the influence of successful ageing concepts and imperatives on the everyday lives of older adults living in underserviced rural spaces in NSW. I explained how Merleau-Ponty's concept of inter-corporeality can be paired with Foucault's notion of apparatus to appreciate the irregular ways successful ageing principles and imperatives extend across space, through time, and into the everyday lives of ageing adults.

Drawing on Adele Clark's situational analysis technique, I introduced my notion of 'inter-corporeal maps'. These were used to sketch out how successful ageing rationalities and imperatives function and within locally situated and idiosyncratic inter-corporeal anatomies which defined the everyday lives of rurally based older Australians.

In Chapter 3, I investigated how successful ageing rationalities and ways of seeing related to the ways participants in this research experienced attachments to rural places and communities. I found that ways of seeing promoted by successful ageing discourses were central to how participants talked about the meaning place, and particularly the home. Nearly all participants aspired to age in place but in ways which would not implicate the time and energy of would-be informal carers. In other words, it became apparent that not becoming a 'burden' on others was a condition for appropriately dwelling in rural home places. However, though it was evident that successful ageing rationalities extended into the places I visited for this research, it was also apparent that many rural communities lacked the kinds of infrastructure and material resources needed to support successful ageing in place. This led me to conclude that the apparatus of successful ageing makes apparent how older adults living in rural NSW ought to age, this being independently and in place, but fails to provide the kind of infrastructure these preferred ways of ageing require.

In Chapter 4, I examined how imperatives for late life independence informed the ways participants living in underserviced rural spaces experienced and spent time. This analysis was supported by Foucault's concept of 'anatomo-chronological' duration (1975/2012) and Elizabeth Freeman's notion of the 'chrononormative' life course (2010). Drawing on these concepts, along with Merleau-Ponty's insights about the close relationship between emotion and temporal perception, I found that many participant orientations toward the future were informed by chrononormative standards promoted by successful ageing discourses. This was particularly evident in the ways participants hoped for futures which were devoid of old age.

The methods participants deployed in pursuit of chrononormative futures, these being planning ahead and staying active, further reflected the role of successful ageing standards of 'correct time use' (i.e., successful ageing anatomo-chronological schemas) in participant experiences of time.

Finally, in Chapter 5, I explored the influence of successful ageing rationalities, particularly the imperative for late life independence, on the ways participants talked about and encountered the fourth age. Drawing on Julia Kristeva (1980) and Drew Leder (1990), I showed how we can think about old age as an 'abject' aspect of the ideal third age inter-corporealities which 'dys-appears' when the lived body becomes increasingly unable to perform third age ways of living. Then, with reference to Foucault's later works on ethics and freedom (1994a, 1984/2019), I argued that the apparatus of successful ageing encourages a 'sacrificial ethics' in the fourth age, characterised by strategies to contain abject old age from 'leaking' into the lives of others. This argument was made in the contexts of underserviced rural spaces, where resources to mitigate and manage the fourth age were often limited. In these spaces, sacrificial ethical strategies of 'social isolation' and 'euthanasia' emerged as viable strategies for containing the fourth age in space and time, and away from the lives of 'busy' others.

In the remainder of this conclusion, I would like to end on a more positive note than the one left by my central findings, by offering an alternative image of a 'good' later life. The image I have in mind enjoys a freedom other than the kind of reflexive ethical freedom delineated by Michel Foucault (1994a, 2019). For Foucault, freedom involves the reflexive question: 'How should I proceed?' Ethical freedom involves a similar, but more pointed question: 'How should I proceed, given the kind of moral subject I want to become?' Ethical freedom thus involves noticing the differences between who and what we are and who and what we think we ought to be. To use Foucault's prose, to practice ethical freedom requires facing the 'contradictory movements of the soul' (1984/2019, p. 26). The ethical challenge

produced by the apparatus of successful ageing ultimately leads to a confrontation between contradictory movements which are irreconcilable, at least in life: the imperative to remain 'not-old' and the unrelenting reality of human ageing. Though signalling the destruction of morally intelligible selfhood and abject in its profound unfreedom, this research uncovered how movements toward agedness incited thoughts, conversations, and gestures towards radical choices of ethical sacrifice.

What other forms of freedom – freedoms which offer more than an ethical choice between moral failure, social isolation, or death – might be possible for adults entering the fourth age of life? Can we imagine and even seek to cultivate a fourth age where one does not have to choose between dependency and dignity? And are 'independence' and 'autonomy' the only means to embody freedom, ethical or otherwise? In addressing these questions, I would like to begin by contrasting Foucault's insights about ethical freedom with other types of freedom which are pre-reflexive and are embodied in ethical silence. Where ethical freedoms reflexively engage moral problematisations, the kind of freedom I have in mind emerges when ways of acting, talking, and being with others fails to gain our ethical attention. In contrast with the kinds of deliberation, doubt, and decision making which characterised ethical freedoms in the face of the fourth age, the kind of freedom I have in mind is embodied through contentment with oneself and with oneself among others.

The ways of seeing which the apparatus of successful ageing has made ubiquitous make it difficult to imagine other ways of becoming old. And yet, for a handful of participants, late life dependency was an ethically unremarkable fact of later life.[62] In the contexts of what participants told me about real old age, Gretchen's account of ageing stands out as particularly

[62] The diverse meaning of the fourth age speaks to both the limits of the apparatus of successful ageing and the reality of fourth age experiences which are unlike those forwarded by successful ageing and third age discourses.

striking. For Gretchen, ageing had very little to do with intervening on ageing course through preventive uses of time, let alone fears about the social costs of population ageing. Gretchen, it appeared enjoyed a freedom *from* the sorts of troubling questions about the fourth age with which other participants grappled.

At 98 years of age, Gretchen was the oldest participant in this study. She lived alone in the farmhouse her late husband had built in the 1950s. The paddocks surrounding the brick house had grown ragged since the cessation of grazing and other farming activities decades earlier. I asked Gretchen to tell me what her plans and hopes for the future were. She responded that her 'one ambition' was to 'stay here until I die. I don't want to go to a nursing home. I feel very strongly about that.' What would it take to see this ambition through I asked? What kind of services would be required? Were these services available for someone living so remotely? To my surprise, Gretchen responded that community care services were indeed readily available, but that these were not regularly required given the comprehensive support received from a network of informal caregivers. For instance, when I asked Gretchen how the loss of her licence years earlier impacted her ageing-in-place aspirations, the following exchange occurred:

> Gretchen (98 years of age): They [the local council] have an office there [local township] that you can ring and they'll supply a driver.
>
> Gilbert (27 years of age): How often do you use that service?
>
> Gretchen (98 years of age): Once?
>
> Gilbert (27 years of age): Once?
>
> Gretchen (98 years of age): Because [daughter] always, I mean, she lives in Canberra… And the people who live opposite, [redacted], they're very good. And [other neighbour] of course down the road. And then [other family member], she's available if I want her.

Next to the moral anguish which coloured other participants accounts of later life dependency (e.g., Noreen and Joss identified euthanasia as morally preferable to dependency), Gretchen's shameless capacity to reach out to others for support was striking. As the interview went on, and further accounts of dependency on others were provided, I waited for Gretchen to offer, if not an acknowledgement of moral culpability, then at least some justification for the dependent circumstances of her existence. Perhaps, I thought, she feels that she has earnt the right to rely so freely on the care of others after a lifetime of caregiving? As the interview began to close, no real discussion about the moral meaning and ethical problems of later life dependency had taken place. I wanted to ask, 'does it weigh on you, relying on the time and energy on others?' I ended up asking, half-apologetically: 'Do you ever feel like relying on other people, that you don't want to inconvenience people?' Gretchen considered the question. After a small pause, she answered that 'no' it didn't. 'Why not?':

> Gretchen (98 years of age): Because I know that they will do it, because they want to. So no, that doesn't worry me, asking people. And besides, I don't have to very often because, as I say, [daughter] comes across fairly regularly.

Not only was requesting support not readily understood by Gretchen as ethically significant for the integrity of the moral self; routines of care provided by family members, particularly by an eldest daughter, apparently lay outside the scope of my question about the moral implications of living in dependency. Indeed, Gretchen elsewhere said she had never given her ageing much thought whatsoever.

The lack of ethical meaning surrounding requests for informal care afforded Gretchen a freedom of movement which was absent for other participants for whom relations of care conflicted with the moral self. This relative freedom is notable given that Gretchen lived alone with significant frailty which disabled her from bending down, reaching upwards, and leaving her home. The freedom which Gretchen enjoyed appeared to be grounded in a tacit entitlement

to depend on the time and energy of bodies more able than her own. While this kind of inter-corporeal dependency was in principle and practically available to many other participants, Gretchen was able to reach out towards others in ethical contentment, a state which was elsewhere unavailable.

What does ethical contentment mean, and how does this differ from reflexive ethical freedom? The modern meaning of the term contentment comes from the Latin root 'contentus', which means to be contained and satisfied, and 'continere', which means to hold together or enclose. As inter-corporeal, motile beings, to be content implies being 'held together' by things, places, built environments, others etc., such that questions of what might be otherwise fail to emerge. Ethical contentment from this inter-corporeal perspective more specifically suggests a mode or style of living with oneself and others which is not troubled by precipitating concerns about the moral status of the self. Finally, to be ethically content in manifest dependency suggests being 'held together' by technologies, places, others, etc. in ways which do not reveal the self as morally other to what it ought to be. It suggests, in other words, an assumed entitlement that one *should* be supported by other bodies during times of corporeal failure.

To better understand what ethical contentment in the fourth age implies, and how this state might be pursued as an alternative to indefinite independence, it is useful to compare this kind of embodiment with ethically reflexive experiences of dependency in their everyday contexts, as reported by participants.

When I think back to my interview with Gretchen, I can recall the position of the landline in the living room. It sat on the side table next to the living room chair she occupied. Based on what Gretchen told me about her everyday life we can imagine the landline as a ready-to-hand piece of equipment. We can further imagine this ready-to-handedness extending into the landlines and mobile phones of informal carers whom Gretchen described as 'happy

to help' and 'available'. Locating this ready-to-handedness within the temporalities of ageing, we can imagine care-seeking uses of the landline evolving along with embodied courses of decline.[63]

Other participants I spoke to had landlines in their homes, and reported having family members who had declared themselves 'available' to provide informal care. Tammy's landline, for example, which was fixed to the sidewall above the kitchen counter similarly existed as a medium for contacting family members who had declared themselves 'available'. Tammy had pointed out the phone with a backwards glance when talking about her youngest son's assurance that he could be called upon. The simple movements of the body which Tammy might perform to make good on this offer were, however, accompanied by reflexive questions, worries, doubts. Though chronically lonely, anxious, and unable to leave the house without support, the practical possibilities of communication technologies were stilted by her reluctance to 'drag out' this 'busy' adult child. For Tammy, reaching for the phone and dialling the familiar number begged an ethical question for the moral self, one which was apparently absent for Gretchen (98 years of age): Should I?

Two radically different landlines: One 'ready-to-hand', mundane, ethically inconspicuous, and capable of reaching across long stretches of rural space; another which poses ethical questions, tests, and dangers. Though minute pieces of complex inter-worlds, these landlines speak to radically different ways of being and ageing with others. It is not

[63] There are numerous reasons which might explain Gretchen's ambivalence toward successful ageing logics. For instance, evidence suggests that late chronological age is correlated with decreasing concerns about future health (Anelli, Ciaramelli, Arzy, & Frassinetti, 2016). From another perspective, poor health literacy might explain Gretchen's unfamiliarity with terms and principles of healthy ageing, positive ageing, and successful ageing – indeed, towards the end of interviews I asked participant whether they were familiar with these concepts; Gretchen indicated that she wasn't. My aim however in this conclusion is more to do with outlining the potential pros of alternative understandings of ageing and the fourth age which are foreclosed by the apparatus of successful ageing rather than with tracing the biographical and social reasons which might explain Gretchen's point of view.

difficult to imagine the kind of questions presented by Tammy's landline appearing in many other everyday encounters with things, places, others, the self. How might a moral commitment to late life independence influence the meaning of heavy grocery bags, a dead light bulb, a pedestrian crossing, a medical diagnosis, etc.? Equally, we can extrapolate from Gretchen's ethically silent landline a broader field of reachability. How might ethically silent forms of dependency colour the phenomenological meaning of an overgrown lawn, clothes in a washing machine, a son, a daughter?

In bringing attention to the kind of freedom of contentment enjoyed by Gretchen, a 98-year-old woman with significant frailty, an alternative image of the fourth age emerges, one which does not bind the self's moral status to the body's independence, and which permits degrees of dependency on others. Though notable for involving a freedom *from* certain kinds of moral decision making, the kind of later life enjoyed by Gretchen can, I think, be outlined in terms of an ethics. This ethics is, strangely, not just concerned with asking and answering moral questions. Rather, it is additionally concerned with *moving past* and becoming unaware of certain moral dilemmas which ask intractable questions of the body, its movements, its relations, its ageing.

The ethics I have in mind differs from the kind of ethics produced by the apparatus of successful ageing in three crucial ways. Firstly, it begins with the assumption that bodies, old and young, are inter-corporeal and inter-dependent as opposed to autonomous and independent. Secondly, rather than presenting the ageing body as a project of staying independent, the more ambiguous and achievable goal of ethical contentment in later life is offered as an object for ethical thought and work. Finally, rather than positioning dietetic care (care of one's own body) as the primary way which ageing bodies can care for others, the ethics I have in mind begins by asking how a concern for others or, more specifically, the collective 'I', can bring about a more liveable future for the self as an inter-corporeal being which lives and ages with others.

Beginning with the assumption, as I have throughout this thesis, that the body is by default inter-corporeal helps us to rethink what it means to be cared for and held-together. When we accept that bodies are contingent on what they intertwine with in space and time, we find that all bodies are held together from the outside in, though in different ways and to different ends. Indeed, critical phenomenologists and others have argued from this perspective that the 'illusion' of liberal autonomy is, paradoxically, reserved to bodies whose flourishing is most actively supported (e.g., the young, white and wealthy) by conditions of existence and relations of power (Ahmed, 2006; Butler, 2020a; Povinelli, 2011; Shildrick, 2001). From this perspective, absolute moral distinctions between self-sufficient, independent life, and life which depends on such others to live is misleading.

Acknowledging that all bodies are by default intertwined and interdependent invites us to reconsider how we might more effectively direct reserves of ethical freedom. Compared with projects which are geared toward securing the body's independence in space and time, ethical contentment in later life is a much more tenable ethical aspiration. Crucially, working towards the kinds of conditions (rather than cultivating the kind of impossible body) needed for a more content later life requires an ethics which is politically and collectively minded. It demands, in short, ongoing consideration about what kind of society, and what inter-corporeal forms imbedded therein, could provide us with more liveable later lives. If we hope to experience the kind of ethical contentment enjoyed by Gretchen, we will need to think critically, carefully, and realistically about what economic, political, and moral foundations could support such a life.

Questions about personal and collective cost which have dominated responses to population ageing in recent decades will remain important. Providing care for others can be exhausting and time-consuming work. There is no guarantee that caring for another will make the care providing self feel good. Care is often messy, distressing, and expensive. Yet if we hope to move past the intractable, dire ethics of the fourth age outlined in the previous chapter,

which I showed to be a choice between corporeal or moral breakdown, care in later life will need to be more accessible, reachable, and socially and morally acceptable. How much are we willing to pay for such conditions is an open question, though any answer should carefully consider (and not abject away) our collective status as ageing beings.

Another question which might be asked is *who* (as opposed to the collective 'we') should care and pay for ageing life? When it comes to questions of 'who' should care and pay for human ageing, answers are often politically and normatively laden. One answer to this question offered by neo-conservatives and neoliberals is the family. While this research has focused mainly on how neoliberal rationality constitutes ageing adults as chiefly responsible for their own ageing, we have also seen how families are additionally implicated in caring duties, particularly when formal care markets are sparse. Indeed, in recent decades, policy makers have implicated and sought to strengthen the family as a cost-effect caring unit (Cooper, 2017). One consequence of such policies has been the rise of the so called 'sandwich generation', a mostly female cohort who work but also perform traditional roles of caring for children and older parents. As might be expected, this kind of strain is particularly pronounced amongst adults who care for dependent parents who live and belong to underprivileged rural spaces (Hussain, Wark, & Ryan, 2018).

For better or worse, the family is no longer fit for purpose to provide this kind of care. Indeed, this conclusion can be made simply by considering the fact that many ageing adults do not have adult children; this participant cohort attests to this fact. Even amongst older adults with adult children, informal care is hardly guaranteed. Adult children, as we have seen throughout this study, often lack adequate time and resources to support their parents ageing in place. Many children simply do not like their parents, and vice versa. If we wish to cultivate the kind of contentment experienced by Gretchen, we will ultimately need to look beyond the kind of family structures which held her place.

My aim in this thesis has been to explore how human ageing is embodied in underserviced communities across rural NSW. I have found that successful ageing frameworks, particularly the idea that ageing individuals can and should remain independent and in their homes, are central to what it means to lead a good later life. However, as I explored in detail in Chapter 5, between the not old third age and a leaky, dependent fourth age, projects of independence become increasingly organised around ethical strategies of containment – efforts to keep unrelenting ageing from entering the lives of others. In this conclusion, I have begun to sketch an alternative kind of fourth age ethics, one based on the problem of embodied contentment in the fourth age. The questions which remain are, how might we come to recognise fourth age contentment, as opposed to indefinite third age independence, as a problem worth worrying about and working towards. What kinds of work and investment could help to ensure a more content later life? And what new ways of seeing and living with ageing others and with our ageing selves would such an ethics demand?

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Appendices

Appendix 1: Participation Invitation

Invitation to participants

Hello there,

We are seeking research participants to take part in an interview-based research project about rural ageing, which is being conducted by researchers from The University of Sydney. You may be able to assist us by providing a first-hand account of your experiences. Your participation will help to improve knowledge about ageing outside metropolitan areas. Interviews will take between 45-60 minutes of your time.

We'd like to interview you in your own home or a place which is convenient to you. Your responses to interview questions and any personal information about you we collect will be kept strictly confidential.

If you are interested in becoming involved in this research, please carefully read the *Participant Information Form* attached in this email. If you didn't receive an Information Form, let us know and we can provide you with one.

Once you have read the *Participant Information Form*, **you can contact Gilbert Knaggs by phone: [redacted] or email: [redacted]** to schedule an interview. You can also contact Gilbert if you have any questions or require a participant information form.

Information about this research project is being shared on a 'word of mouth' basis. Please feel free to forward this invitation with the *Participant Information Form* attached to anyone who you think might be interested in becoming involved. We are seeking rurally based adults aged 60 years and older who are living in the community.

Thanks very much for your time.

Warm regards,

Mr Gilbert Knaggs, A/Prof Nadine Ehlers and Dr Sara Leon Spesny

Appendix 2: Participant Information and Consent Form

THE UNIVERSITY OF SYDNEY

Participant Information Statement

Research Study: Getting Older, Living Rural: A Qualitative Study About Ageing in Rural NSW

Chief investigator: A/Prof Nadine Ehlers | Department of Sociology and Social Policy | School of Social and Political Science | Phone: [redacted] | Email: [redacted]

Student Researcher: Mr Gilbert Knaggs | Department of Sociology and Social Policy | School of Social and Political Science| Phone: [redacted] | Email: [redacted]

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1. What is this study about?

We are conducting a research study about experiences of ageing in rural communities. The main purpose of this study is to learn about the significance and meaning of ageing for people living in rural and semi-rural areas. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

2. Who is running the study?

The study is being carried out by the following researchers:

- A/prof Nadine Ehlers
- Dr Sara Leon Spesny
- Mr Gilbert Knaggs

Mr Gilbert Knaggs is conducting this research as the basis for a PhD thesis at The University of Sydney with the Department of Sociology and Social Policy.

3. Who can take part in the study?

We want to speak with people aged 60 years and over who are living in rural and semi-rural communities. Information about this research is being shared on a 'word of mouth' basis, so it's likely this information has been forwarded to you by someone you know. To participate, you will first need to read the rest of this participant information form. You'll also need to sign a consent form. You'll be asked to acknowledge that you understand the information contained in this form when signing your consent form. If you are unable to provide written consent, you will be able to provide consent verbally.

You have been invited to take part in this study because you may be able to tell us about what it's like to live rurally as someone aged 60 years or older. This research will provide much

needed insights about the significance of rural communities and environments to older Australians, including the benefits and challenges of rural living. The decision to participate is entirely up to you and will remain confidential. You are welcome to discuss this study with other people.

4. What will the study involve for me?

If you decide to take part in this study, you will be asked to participate in up to three interviews with Mr Gilbert Knaggs, a student researcher at The University of Sydney. Interviews will run for approximately 1 hour but may be shorter or longer. We will be hosting interviews from October 2022 to July 2023.

Interviews will be open ended and conversational. We'll be asking you about:

- Your life history
- The reasons you've chosen to live where you do
- Your relationship with your local community
- Your everyday experiences and routines
- Your health
- Any age-related difficulties/hardships you may have experienced in recent years

We also want to hear about your personal, spiritual, or philosophical views in relation to ageing and rural living. Interviews may cover themes such as:

- Religion/spirituality
- Your approach or philosophy to life
- Your concerns about the future
- Your thoughts on death and mortality

Interviews will take place at a location which is convenient to you. Ideally, we would like to interview you in-person at your home. However, you can also elect to be interviewed from another quiet public place, such as a local café, or be interviewed virtually over the phone or via Zoom.

5. Can I withdraw once I've started?

Being in this study is completely voluntary and you do not have to take part. Your decision will not affect your current or future relationship with the researchers or anyone else at The University of Sydney.

If you decide to take part in the study and then change your mind you can withdraw by stating your intention to leave the study to a research team member (contact information listed below).

If you take part in an interview you can choose not to answer any of the questions we ask you. If you choose to withdraw, we will not collect any more information from you. Please let us know at the time you withdraw what you would like us to do with information we have collected about you up to that point.

6. Are there any risks or costs?

There is some risk that you will experience emotional discomfort when talking about your life history and experiences. If you do feel any discomfort, you'll be able to pause or suspend the interview, skip questions you don't want to answer, or withdraw from the study. We've also provided a list of relevant counselling services should you need these at any time during or after interviews. These will be freely available counselling services, unaffiliated with the University or research team. Contact information for these services can be found below.

Psychological Services	Contact information
SANE Australia	Phone: 1800 187 263
Healthdirect	Phone: 1800 022 222
Lifeline Australia	Phone: 13 11 14

7. Are there any benefits?

You will not receive any direct benefits from being in the study.

8. What will happen to information that is collected?

By providing your consent, you are agreeing to us collecting information about you for the purposes of this study.

Any information you provide us will be stored securely and we will only disclose it with your permission, unless we are required by law to release information. Interviews will be recorded and transcribed. Identifying information about you or people you know (e.g., names, addresses, place of work etc.) will be removed or anonymised. All data collected about you will be stored on a secure, password protected University server. We are planning for the study findings to be published. You will not be individually identifiable in these publications. Your data may be re-used in future studies about rural ageing.

9. Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. You'll be asked whether you would like to receive feedback on your consent form. If you would like feedback, you'll need to pass on your email or postal address. Feedback will be in the form of a brief lay summary.

10. What if I would like further information?

When you have read this information, the following researcher will be available to discuss it with you further and answer any questions you may have:

Mr Gilbert Knaggs | Phone number: [redacted] | Email: [redacted] |

11. What if I have a complaint or any concerns?

The ethical aspects of this study have been approved by the Human Research Ethics Committee (HREC) of The University of Sydney [2022/735] according to the *National Statement on Ethical Conduct in Human Research (2007).*

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the University:

Human Ethics Manager
human.ethics@sydney.edu.au
+61 2 8627 8176

This information sheet is for you to keep

Participant Consent Form

Research Study: Getting Older, Living Rural: A Qualitative Study with Older Adults of Rural NSW

Chief investigator: **A/Prof Nadine Ehlers | Department of Sociology and Social Policy | School of Social and Political Science | Phone: [redacted] | Email: [redacted]**

Student Researcher: **Mr Gilbert Knaggs | Department of Sociology and Social Policy | School of Social and Political Science| Phone: [redacted] | Email: [redacted]**

Participant Name _____

I agree to take part in this research study. In giving my consent, I confirm that:

- The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
- I understand the purpose of the study is to investigate how older adults experience rural life and manage the challenges that come with living away from metropolitan areas.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that in this study I will be required to participate in up to three interviews with a student researcher at the University of Sydney.
- I understand that my information may be used in future research.
- I understand that being in this study is completely voluntary.
- I am assured that my decision to participate will not have any impact on my relationship with the research team or the University of Sydney.
- I understand that I am free to withdraw from this study and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).
- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

- I confirm the following:

  I consent to audio recordings Yes ☐ No ☐

  I would like to review my interview transcripts Yes ☐ No ☐

  I would like feedback on the overall results of this study Yes ☐ No ☐

  If you answered yes the question "I would like feedback on the overall results of this study" please provide your preferred contact details (email/telephone/postal address):

  _____

  _____

  _____

  _____

- I understand that after I sign and return this consent form it will be retained by the researcher, and that I may request a copy at any time.

Participant Name _____

Signature _____

Date _____

Researcher Name _____

Signature _____

Date _____

Appendix 3: Interview Schedule

Study title: Getting Older, Living Rural: A Qualitative Study About Ageing in Rural NSW

Introduction

- First, I'd like to hear a bit about your life. Tell me about yourself?
  Prompts: Where did you grow up? What has your main occupation been? Could you tell me about your family? Has your life turned out the way you expected?

Daily life

- Let's talk about your routines and daily life. Could you give me a quick run through of what you get up to on a typical day?
  Prompts: what do you need to get done in the day; describe a typical day in your life; why don't you describe the things you did yesterday; or in what order did you did them?

- What are your main priorities? What are the most important things in your life right now?

Experience of Ageing: Possibilities, Problems, and Meanings

- I'm going to ask a few questions about ageing if that's alright. My first question is: What is old age, what does it mean? Do you think you could elaborate on what ageing means to you?
  Prompts: Different people mean different things when they talk about old age or getting older. What makes someone an older person?

- How do you feel about getting older?

- This question is similar to the last one. What does ageing *feel* like (on a day-to-day basis?)?
  Prompts: Is ageing something that has a describable feeling to it – perhaps it's hard to describe?

- Do you have any worries about supporting yourself finically in the future?

- Are you anticipating using any aged care support services or government services or things like that?
  Why, why not? How do you feel about that (Adequate? Emotional significance?)

- Could you tell me about your family? Do you see them often?
  - Do you feel like you can ask them for help?

Common Sense, Action, and Ageing

- How often do think about your age? Could you describe any situations recently where your age has been a factor in the way you choose to approach something or perform a certain activity?
  Follow up: Have you ever noticed your age influencing the ways you engage with other people and other people engage with you?

Ageing in the Country

- What does living in the country [here] mean to you? Why are you are you here?
  Prompts: Could you tell me about what it's like living and growing older in the country? Why do live where you do?

- [if not yet addressed How important is living in the country/living here to you as a person? *Prompts: Do you feel connected to where you live? Are you very attached to this place? Would you ever live in the city? Are you involved with your community here?*

- Do you think this area has changed over time?

- Do you think ageing has changed your experience of country living?

Material and Discursive Spaces of Ageing

- People sometimes talk about ‘ageing well’ and ‘healthy ageing’. Would you say that the idea of ‘ageing well’ is something you’ve ever considered?
  Follow up - what does healthy mean to you?

- How do you find getting around and doing the things you want to get done in the day?
  Prompts: (if relevant) Do you receive any help doing the things you need to get done during the day?

- I’d be interested to know how you feel about support and care services which are available to Australians as they get older?
  Prompts: Have you had any experiences with these? Do you think these services are useful/adequate?

Life, Death, and Dying: How Proximity to Death Shapes (Everyday) Life

Would it be alright If I asked you some questions about your attitudes around life and the end of life? If you prefer, I can skip any these questions.

Life

- Let’s start with some questions about life. What values in life are important to you? Do you have a life philosophy or motto?

- What does the future look like for you?

- Do you think the experiences of older people today are different from the experiences of older people in the past?

Death and Mortality

- We all know we are going to die one day. I’d be interested to hear how you feel about the end of life?

- There’s been some public discussion about changing assisted dying laws in Australia recently. I was wondering whether you’d heard about these changes and had any thoughts on this issue?

Prompts: Don't worry if you don't really have to much to say about this issue.

- Do you have any thoughts about life beyond death?

Conclusion

- [if appropriate to ask] I only have a few more questions, but before we end, I always like to ask people whether they'd be willing to share a piece a general life advice – it's alright if you can't think of anything off the top of your head.

- Is there anything we haven't covered today that you would like to speak about? / Any final comments?

- Do you have any questions for myself about anything we have discussed, or about the project itself?

<u>Prompts regarding participant distress</u>

- I'm wondering if that question made you feel [perceived/suspected/implied participant emotional state]?

- "These topics can be upsetting and difficult to talk about. Would you like to take a break for a while? If you like, we can skip [line of questioning].

- Would you like to continue, or would it be better if we stopped for today? We can always reschedule for another time if you would like to continue later.

- [Post interview] I just wanted to check in about how you are feeling now that we've finished the interview.

- Can I help you get in contact with someone to support you (e.g., friend, family, local GP, psychological service?)

Appendix 4: Examples of Inter-corporeal Map Development

Inter-corporeal maps consist of four elements which I have labelled a), b), c), and d) in Figure A4.1 below. The central triangle I have labelled a) represents inter-related aspects of embodied orientation which I am interested in, these being senses of possibility, behavioural morality/normativity, and emotionality. The figure labelled b) represents external, engageable (or not) elements of perception, such as objects, others, places, and more abstract elements of perception such as moral problems of existence. The multidirectional arrows linking a) and b) depict kinds of relations between the lived body and the world which may be concordant or not with ideal/normative standards of inter-corporeality. The broader embodied senses of situations which are produced by c) (relations between a) and b)) are labelled d).

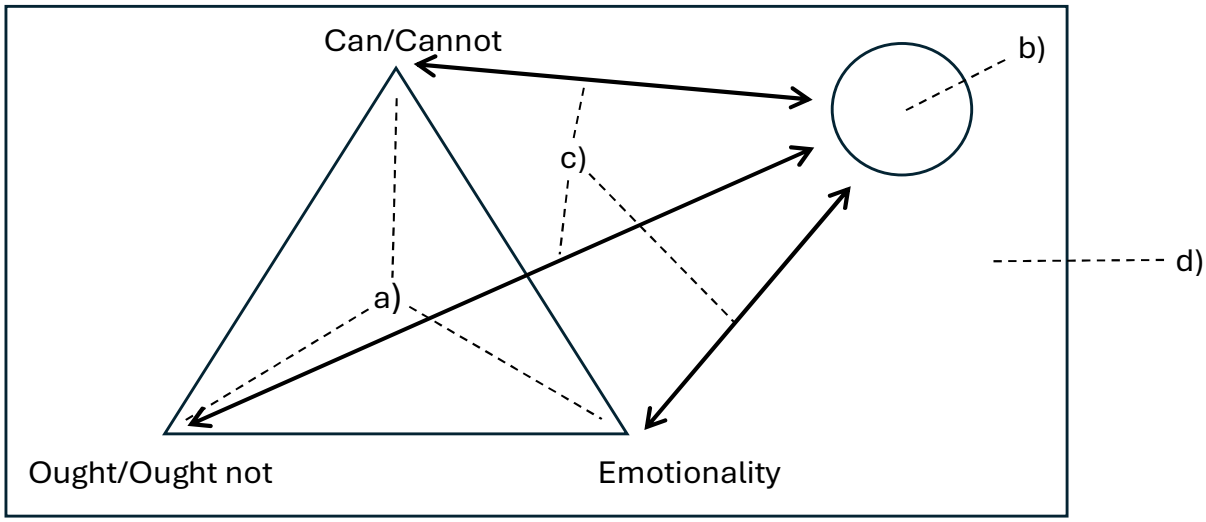

Figure A4.1: *Inter-corporeal Map Elements Diagram*

In practice, inter-corporeal maps were used to organise data and test working theories about the relationships between successful ageing imperatives and embodied situations. During the data analysis stage, maps emerged as complex, messy diagrams, inclusive of numerous empirically pertinent elements. Following Clarke, these maps supported the research process rather than the data presentation. The aim of these working inter-corporeal maps was to provide

an empirically rich (if messy) account of inter-corporeal situations (see Figure A4.2) which could later be referred to, cleaned, and refined.

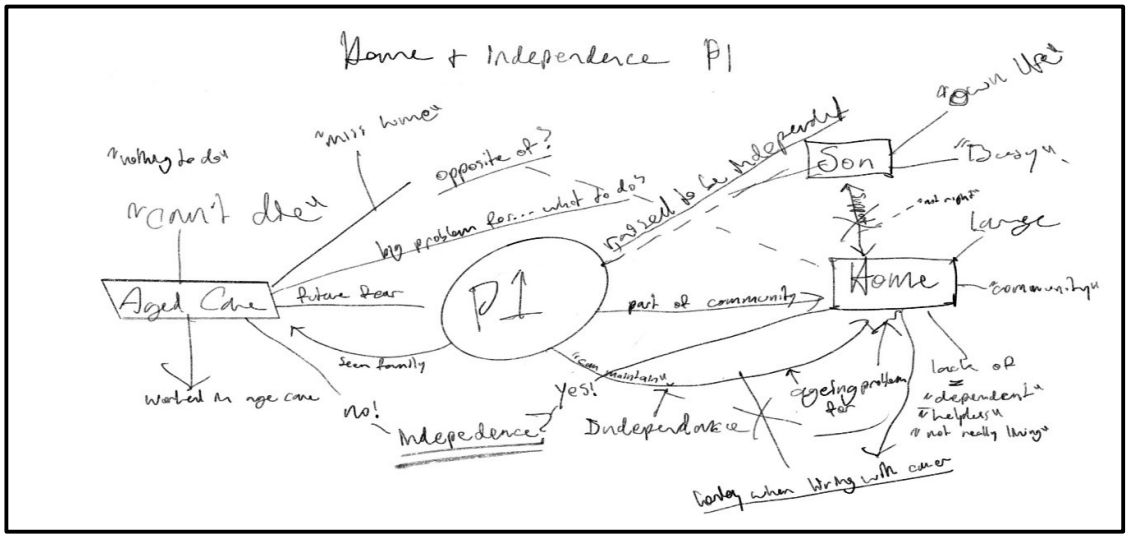

Figure A4.2: *Messy Inter-corporeal Map*

Over time, as the essential or most important relations between participants and encountered situations became more apparent, working inter-corporeal maps were developed into simplified diagrammatic figures. Rather than depicting different and specific empirical elements, developed inter-corporeal maps depicted only pertinent inter-corporeal relations. It is worth noting here that this process of refinement reflects a broader methodological position: Inter-corporeal relations which were significant to this research must be understood as *aspects* of complex and shifting inter-corporeal realities. What I ultimately sought to do with inter-corporeal maps was to refine, organise, and isolate aspects of complex phenomenological anatomies (refer to **Figure 8**, Chapter 2).