



Anthropology & Aging

Journal of the Association for Anthropology & Gerontology

Idleness

Energizing the Danish Welfare State

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Abstract

This article appropriates the concept of energy in order to analyze the interaction between the Danish welfare state and the category of citizens referred to among social workers and health professionals as “passive citizens.” While passivity might commonly be seen as mere inactivity—a certain non-action beyond the unfolding of social life—this article argues that in the Danish welfare society, the opposite is the case. In fact, in this context various forms of passivity have become the object of concerted political and media attention and the general schism between energy and passivity has become part of a public discourse on elderly health care and aging. By examining the way health care professionals talk about passive senior citizens in terms of a lack of energy, this article shows how, in a wider sense, passivity is framed as a particular problem that can be overcome through the right health care intervention. I argue that energy and passivity have become of key interest to the Danish welfare state in managing its aging population and that the attempt to activate the passive citizen in fact energizes the welfare state.

Keywords: *passivity; Denmark; welfare society; Bartleby; energy*

Anthropology & Aging, Vol 40, No 2 (2019), pp. 37-47

ISSN 2374-2267 (online) DOI 10.5195/aa.2019.176



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Idleness

Energizing the Danish Welfare State

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“Nothing so aggravates an earnest person as a passive resistance”

Herman Melville, *Bartleby*

Herman Melville’s (1997) short story, “Bartleby,” from 1853, depicts a type of action that, paradoxically, involves not acting. In Melville’s story we meet the young clerk, Bartleby, who for no apparent reason decides to stop working. His response to his employer is invariably, “I would prefer not to.” Trying to understand what has brought about this strange behavior, the employer endeavors to reason with him and tries desperately to persuade him to behave in a way suitable for a clerk. In a sense, the passivity of Bartleby seems to *energize* his surroundings: for instance, he forces his co-workers to question the taken-for-granted nature of their own daily work. Thus, by sticking unwaveringly—and calmly—to this brief response whenever he is asked to carry out even the smallest assignment at the office, Bartleby becomes a subversive force that gradually deconstructs the company’s entire structure.

But how are we to understand this strange situation by which Bartleby, as a kind of hero of passivity, excludes himself from society, but through this very act somehow becomes included in the social order as an obstruction that unleashes an immense activity around him? Taking this question as the vantage point for this article, I seek to explore certain analogous relations between the story of Bartleby and the Danish welfare state. This fictional character of Bartleby becomes relevant in relation to this particular ethnographic field, since the story depicts the protracted encounter between the unwilling and the willing, the person of no desire and the structure whose sole purpose becomes to infuse the person with desire.

A hundred years after the initiation of the welfare state, with its “free” education, homecare for the sick and elderly, paid vacations, medical services, and so on, the most notorious negative byproduct is the “passive citizen.” The critics of the welfare system tend to favor the view that the welfare state (often referring to it as the “nanny state”) breeds a politically detached and passive citizenship, which may pose a threat to democracy itself. In recent years, two cases have circulated in local Danish media as part of this debate and have even made it to the front page of the *New York Times* (Daley 2013): “Lazy Robert” (*Dovne Robert*) who openly—and proudly—admitted to prefer living on welfare support rather than taking a demeaning, low salaried job, and “Poor Carina” (*Fattig Carina*) who had been living on welfare support for twenty years and who—by her own calculations—had approximately 1,000 USD left each month for food and clothing (after paying rent and utilities and purchasing dog food, medicine, and cigarettes). Such cases have become the epitome of a state whose growth has, supposedly, spiraled out of control, welfare systems that have become excessively generous, and a population that has lost its incentive to work for a living.

Due to a concerted effort by the media and politicians, the passive citizen has become the very physiognomy of all that leads the welfare state towards its inevitable demise. The ethos of this effort is encapsulated in the proverb “idleness is the root of all evil” (*lediggang er roden til alt ondt*). This phrase summarizes the protestant ethic laid out by Max Weber (1958) and the ethos of Scandinavian thrift and

diligence. Referring to Weber's thesis, the historian Thomas R. Cole writes, "[discarding] as selfish the monastic ideal of retirement from active life, Luther and his followers found the highest form of activity in fulfilling the duties and obligations of one's station in life" (1992, 23). In effect, the value of lifelong social engagement has its roots back in the Reformation, where "one's whole life became concreted for work" (*ibid.*). Yet, rather than referring to the redemption of work, the proverb identifies a certain contagious malevolence lurking at the core of passivity, as if passivity itself poses a threat to the social order.

In this article, I attempt to reverse this perspective by shifting the focus from the political minefield of "people on welfare" and the alleged tendency of the welfare state to render its citizens passive, to the attempt on behalf of the state to *activate* even those among its citizens who have previously been exempt from such efforts. Retirees have previously been expected to withdraw socially, however, in the last twenty years we have seen an increase in the state's attempts to activate and rehabilitate elderly citizens. I will show that "passivity" is met with an insistent search for ways to improve the life conditions of elderly citizens and an attempt to install in them an orientation towards the future. Thus, rather than threatening the social order, as in the story of *Bartleby*, passivity is a core catalyst of the energy of the welfare state.

As *energia* in Greek means "in work," it seems particularly appropriate to evoke this concept in relation to a certain set of values that prowl at the core of the welfare state. This is not a comprehensive case study, but rather a window into a more conceptual discussion of energy and passivity, and the way these are related to ideas of care within the Danish welfare state. In this discussion, I apply the concept of energy as an analytic heuristic, which may enable us to conceptualize the welfare society's reaction towards the passive citizen. Finally, I conclude by suggesting that the passivity of my elderly interlocutors could be considered a "tactics of isolation"—i.e., an attempt to maintain a sense of selfhood and autonomy in the encounter with an incomprehensible and intrusive health care system. Since this isolation was what fuelled the efforts of the health care workers, the State and my elderly interlocutors were locked together in a self-reinforcing process.

"Activating Care": The Animating Case of the Passive Citizen

It has recently been argued that new forms of subjectivation are emerging in Denmark (Karlsen and Villadsen 2016). This can especially be seen by the way health campaigns have become "non-authoritarian" in the sense that they do not first and foremost propagate abstention from harmful substances. Rather, a strategy is being applied that integrates *desire* into health promotion. I agree with this observation, though I believe it overlooks how this subjectivation extends beyond the area of somatic health. In fact, I suggest, across the Danish society one encounters activities that aim to engage the citizen, actualize and enforce their potentials as welfare consumers (Baldock 2003)—i.e., as subjects who actively chooses between welfare services. To unfold this argument, this article draws on ethnographic material from the rural parts of Denmark, where "socially isolated elderly men" has become a social category of key concern within the public health sector. Through presenting such ethnographic cases, this article argues that identifying and facilitating ways for activating the citizens have become a key point of entrance in the current "government of life" that is, "the managing, controlling, and optimizing [of] a living population" (Villadsen and Wahlberg 2015, 1). I lay out how health care workers perceive and approach the problem of non-engaged passivity among elderly men in a Danish island community. Generally speaking, passivity is framed as a negative and detrimental state of existence, which, by definition, opposes social and physical well-being. Thus, the approach of the welfare state are critical elements in the Danish configuration of "successful aging," which revolves around the inclusion and engagement of citizens: the detached must be reattached in some way (Mikkelsen 2016). In particular, the article focuses on the encounters with the "passive" elderly who pose a challenge to the local municipalities. In effect, when confronted with this category of elderly citizens all moral demands converge on the single imperative of identifying the ways in which the citizen

may become healthier and more socially active. If the passive citizen presents a problem to the municipality, however, the nature of this problem is not easy to categorize. Passivity does not involve a direct opposition or active resistance. Rather, passivity involves an absence—of activity, initiative, or energy.

In 2014, I started a fieldwork in the rural areas of Southern Sealand in the municipality of Vordingborg—and especially on the island Møn—with the intention of studying socially isolated elderly men. The participants in my study were men who had a minimum of social contact with other people in their daily lives and who had repeatedly declined participating in the programs and activities offered by the municipality. Such activities ranged from various forms of physical activity, reminiscence groups, and men’s clubs with trips to festivities and other day-trips. My initial aim was to reach an ethnographic understanding of the experience of loneliness. Not surprisingly, this posed a series of methodological challenges—most importantly due to the fact that it was difficult for me to make the elderly men articulate this experience in words. I quickly realized, as phrased by the writer Paul Auster, that it is indeed impossible “to enter another’s solitude” (2012, 20).

Møn was attracting special attention from the municipality due to the unprecedented convergence of population aging and depopulation that characterized the demographic developments on the island. While Møn, like other areas in the rural Danish periphery, is heavily marked by economic decline and an increase in levels of unemployment (Nørgaard and Andersen 2012), the major threat to the island community is undoubtedly the rapid and escalating depopulation. A recent census from East Møn shows that even though today the population consists of 2,114 individuals, 38 percent of these are over the age of 60. By 2030 the population will have dropped by 22 percent. Out of these, 1,640 individuals, or more than half, will be over the age of 60.ⁱ Such a mounting increase in the senior population, combined with general depopulation, will have wide-ranging consequences. In the early stages of my fieldwork, I saw the ensuing reduction in public transportation and the closing of schools and daycare centers for children along with local supermarkets and shops, as examples of a wider *de facto* withdrawal of the State (Scott 1998)ⁱⁱ from the Danish periphery. I expected these current trends to have a devastating effect on the area of eldercare. My expectations were proven wrong. In fact, what I encountered during my first weeks on the island was a large, vibrant network of municipal employees who tirelessly and ardently launched new initiatives to aid and improve the quality of life among its aging population.

In Denmark, senior home care, like other social services, is widely governed through national legislation, but a relatively high degree of decentralization means that it is the responsibility of local government—the municipalities—to organize and plan the provision of eldercare services (Mikkelsen 2017). The municipality of Vordingborg had recently introduced a new rehabilitation program for the elderly called “Activating Care.” The program sought to enhance the people’s ability to “manage daily tasks after illness and physical decline.”ⁱⁱⁱ It was evident, however, that certain elderly citizens were unwilling to be “activated.” As a homecare assistant explained to me: “They no longer have any wants” (*de ønsker sig ikke længere noget*). She continued,

That’s the problem with those men that you are getting to know. They are saying no to everything. Something happens at some point to those men. They lose their connection to the world around them. And every time I visit them it is as if they just sink deeper and deeper into their armchair. And we normally say that this is a vicious circle. Because when they start being like that they lose energy. And you *need* energy to get out of the armchair. So when we learn that someone is at risk of becoming like that *everything* is done to support the citizen.

The account reproduced here is instructive since it points to the way social isolation was both considered as passive acceptance (“they no longer have any wants”) while at the same time involving an action (“they are saying no to everything”). Similar notions were reflected in other conversations with health professionals. It was clear across the various accounts that withdrawal of the elderly was perceived as something that “just happened” and simultaneously as something that involved an element of choice. During such conversations it was made clear that passivity was considered a pathological form of deviation (cf. Foucault 1986, 25) and that it was the responsibility of the state to enter into the most intimate areas of the citizens’ lives in order to identify their potentials and allow them to recover the zest for life that they had lost along the way.

At the same time, the excerpt above depicts how energy becomes a referential category when discussing the situation of the elderly: energy was explicitly applied in order to understand the situation of the individual citizen and in this process a link was made between the (lack of) energy of the citizen and the surging energy of the health care workers that ensued. “Activating care” had not only made some of the elderly more active; the encounter with unwilling citizens appeared to energize the municipal system itself.

John’s Refusal

In the early stages of my fieldwork, I drove around the island of Møn with a homecare assistant, Susan. It was during one of those rounds that I first encountered John. John lived alone in small, old house outside the town, Borre. Besides his son, who came by every two-three months and the daily visit from the home-helpers, he had no social network. He was a person that I would not have been able to meet had it not been for the homecare assistant. During my visits to his house, he only left the worn couch to relieve himself. The rest of the time he restricted his movements to reassembling the pillows under his legs. From visit to visit he grew almost inseparably connected to the couch on which he draped his body. I asked him, “Do you feel pain? I mean, since you are lying down?” John shook his head and said, “I am old enough to decide what to do.” This laconic reply was typical of John. He cut off most attempts to create a conversation.

However, while watching TV he would sometimes open himself up in unforeseen ways. I had arranged myself in a worn, padded chair in the living room while John was lying on the couch. Someone on the TV was demonstrating an oversized kitchen utensil that, the host explained, replaced a number of other kitchen utensils. We watched the program and neither of us spoke. After a while John started to shift uncomfortably on the couch. I learned that at those moments he would, for some reason, be willing to chat. He explained to me that the only event that broke the monotony was the walk to the gas station down the street where he purchased beers. He took that trip a few times a week. He stayed in the house the rest of the time. Sometimes, he explained, he grew tired of its droning familiarity, but mostly he thanked God for the solitude as he recalled the suspicious gazes from the neighbors, the coagulation of traffic in the cities, and the seemingly evermore disconcerting news from around the world that reached him through the TV.

Over three months, I visited John many times. When I asked him questions, his answers were brief, disengaged, an echo coming from the mist of his solitude. Only when talking about the island was he willing to utter more than a few coherent sentences. He said to me that when he was confronted with the developments of the town of Borre, he was left with a sense that the entire island was falling apart. He referred to the empty stores in the area that created the feeling that he was living in a “ghost town” – a feeling that had only been intensified by the municipality’s attempts to “beautify” the town by tearing down abandoned, ramshackle houses. Now the town had become dotted by empty housing lots that created a powerful feeling of absence.

Besides these conversations about the island, he seemed completely disinterested. Although, in my view, he had plenty of things to complain about—for instance, a painful respiratory illness—he never complained. There was just a conspicuous silence, which not only myself but also the homecare assistants found it hard to deal with. One morning as Susan tried to convince John to take a bath, he merely replied “no thank you” in a low, rumbling voice. This clearly left her frustrated. “But you *have* to let us help you,” she said. At that point I joined the conversation, taking Susan’s side. I tried to convince John that perhaps it was a good idea to take a bath—and I even added that he should also put on some fresh clothes. He had worn the same yellow shirt for at least the month that I had known him at that point. He did not reply, but let out a heavy sigh. I exchanged a glance with Susan and I realized that now I was as frustrated as she was. There was something in John’s unrelenting refusal that provoked us.

When Susan left, John and I were sitting in the living room watching TV in silence. From his house a constant deep drone could be heard from the machines that were collecting the corn harvest on the fields around the island. I thought about John’s case—and many other similar cases. What is it about refusals that prompt one’s desire to *do* something? I asked him how he was doing, trying to be a bit cheerful. He remained completely motionless, showing no sign of interest. At those moments he was at the verge of unreachability. Yet, after what seemed like long time he just replied matter-of-factly, “I think my light has gone out.”

Shortly after I became acquainted with John, he began experiencing a severe pain in the abdominal region. I noticed his state of agony as his forehead sometimes became beaded with sweat. In spite of my encouragement, he did not disclose his infirmities to the homecare workers and he asked me not to pass it on. This placed me in a predicament and while I respected his wishes, I asked him about his reasons for keeping his ailments to himself. John said, “I don’t go to the health center. Could you imagine me in that cafeteria in my boots?” While I thought at first that John had, as so many times before, changed the subject, I asked him where, then, he liked to go. He said, “I don’t go anywhere anymore. I have nothing to do in that place.” I pushed him further and finally he said, “I’ve worked as a farmer all of my life. Work every day. And then at the health center it’s all talk. It’s a place for women. I don’t know what to say...”

John had not been changing the topic. Rather, he had conveyed to me that he favored his solitary suffering over becoming part of a “place for women,” where he did not understand—or feel comfortable with—the social codes and forms of conduct. I heard similar comments from other men in the area. One of my long-time interlocutors, Niels, explained that he hated the inevitable question from the homecare assistants, “So how do you feel today?” He knew that this question was based on both kind and inclusive intentions, but he simply did not know how to reply: “How do you *feel*, how do you *feel*?” he said mockingly. “I have no damn idea about how I *feel* all the time. I want to have a beer, but that’s probably not the answer those women want to hear.”

In fact, Niels’s representation of the health professionals was unfair. It was based on earlier forms of health management. While he claimed that there was no room for pleasure (drinking a beer) in the feminized world of elderly health care, in fact the opposite was the case. Several attempts were made to meet the anticipated wish for alcohol and the forms of pleasure preferred among the elderly. For instance, every year attempts were made to start up a beer brewing club for the elderly men and the parties at the health center were known for involving significant intakes of schnapps. This reflects a wider shift in Denmark towards an increasingly non-authoritarian and diversified stance on behalf of public health interventions.

John and Niels played an important role in the conversations I had with homecare assistants and various health professionals on Møn. These two men were the archetype of the socially isolated, elderly

man. Given the fact that especially John declined even the most basic, practical assistance in his daily life and appeared to have no expectations from the municipality, talking about these men persistently brought forth a number of dilemmas in the conversation, such as the extent to which it was the responsibility of the municipality to help them out of their solitude (see Mikkelsen 2016). In other words, while these men generated a concerted activity on behalf of the municipality, they also made the health care professionals ask themselves fundamental questions in relation to their practice and responsibility as a whole. In order to unpack this situation further, I will in the following take a brief detour through the literary realm of Herman Melville.

Bartleby: A Hero of Passivity

In Herman Melville's short story, *Bartleby* provides a mini-cosmos in which the world revolves around a fixed center: Bartleby is little known by the employer during the first period of his employment. However, as he gradually stops performing his tasks and as he becomes increasingly incomprehensible to his colleagues, Bartleby becomes the hub of the office, the very focal point of all activity. Repeatedly he is described as "motionless" and "sedate" —as opposed to the energetic, wildly frustrated reactions from his colleagues.

In recent decades the figure of Bartleby has stimulated a remarkable amount of reflection by various seminal thinkers and has become a point of reference in discussions on especially political resistance (Deleuze 1997; Agamben 1998; Hardt and Negri 2000; Žižek 2006). The question being raised is how we should understand the nature of Bartleby's "refusal" and, most importantly, to what extent this refusal should be considered a form of political agency. In the critique by Michael Hardt and Antonio Negri, Bartleby's negative refusal of work and servitude leads to a futile "social suicide" that does not offer any positive alternative to the current political structures (Hardt and Negri 2000, 204). According to Slavoj Žižek (2006), however, Bartleby embodies a defiance that transcends the structure itself. Žižek distinguishes between two forms of violence. A violence of action affirms and reinforces whatever it sets out to challenge. One could say that this form of violence is the affirmative act of "interpellation" (Althusser 1984) on which authority, ultimately, relies in order to function: power is only power when it is recognized as such. The second type of violence involves an act of "impassive refusal," which has the capacity to change the very point of reference of reality itself (Žižek 2006, 381). By not refusing explicitly, Žižek argues, but rather passively uttering a preference not to carry out the tasks at the office, Bartleby opens up a space beyond the politics of "resistance." By neither openly challenging nor accepting the requests and pleas from his superior, Bartleby gradually undermines the hegemonic position. In other words, *passivity* has the capacity to lay bare ideological forms of thinking and expose habitual forms of behavior: it exposes power as fundamentally powerless.

Lines can be drawn from Žižek's reading of Bartleby to James C. Scott's (1985, 2012) reflections on the "weapons of the weak" as various anarchic practices. Scott argues that the most efficient form of political resistance is "desertion" rather than "mutiny" (1985, 32). Confronting power—the state—directly, on the other hand, acknowledges, affirms, and reasserts power rather than dissolving it. Scott shows that most anarchic forms of resistance take the form of hidden or passive resistance and develops his well-known thesis that such resistance is more efficient than direct confrontation (1985, 32).

Similarly, one may recall Pierre Clastres's (2007) pathbreaking writings on the Amerindian Aché. The Aché, he argued, were loosely organized around a "chief without power," that is, a form of leadership that was excluded from the spheres of exchange and paradoxically stripped of influence. This paradoxical power structure was maintained through the profound indifference of the "subjects." When trying to exert his role as a chief, he would simply be ignored. By separating the chieftainship from the capacity to exercise

coercion the Aché “rendered power powerless” (Clastres 2010, 89–90). This political system can be pictured as being based on “centrifugal dynamics” (Vivieros de Castro 1992, 3). This term points to a “turning towards the exterior, an exiting from itself towards those regions above and beyond the social” (*ibid.*). The centrifugal dynamics, one could say, is the state in an inverted form, since the state, as Pierre Clastres maintains, is a “centripetal force” that draws power towards the center (Moyn 2004; Mikkelsen 2018). I refer to Clastres’ observations because he represents an early anthropological depiction of the way in which “passivity” becomes antithetic to “state”: passivity is identified as an *activity* that persistently undermines any attempt to consolidate power. What becomes clear, however, when turning our focus back to the ethnographic context of this article, is that rather than undermining the Danish welfare State, the passivity of its citizens elicits a concerted reaction from the state. It is by eliciting this reaction that passivity in fact energizes the state.

Moaning as a “Sign of Life”

During a conversation with two homecare helpers, Linda and Christina, we tried to map out the group of elderly that they encountered in their daily rounds. This gave me a chance to initiate a discussion about how they dealt with the fact that some of the elderly I had come to know during my fieldwork did not want to participate in any of the social activities arranged by the municipality. During this conversation we pondered the imaginary scenario in which the elderly were simply left to their own devices in accordance with their wishes. Why bother helping them if they did not express any desire for help? While it was made clear to me that helping such citizen was a moral responsibility, this, in turn, forced us to reflect upon the extent to which the elderly knew what they actually wanted. And indeed, as our discussion progressed, we discussed what the job of a homecare assistant would look like if the citizens were truly able to decide for themselves.

At this point in the conversation Linda mentioned that, in fact, she often met citizens who were able to decide. She made a distinction between those elderly who were passive and silent, never asking anything of the municipality, and those who would fervently receive all the help they could get from the municipality while simultaneously complaining about the help. “Some elderly,” Linda said, “don’t want to be a burden and they hold back a lot. It’s up to us to assess what would be good for them. Other citizens have no difficulties in telling us what they want and don’t want. We encounter quite a bit of moaning [*brok*].” Christina added, “Yes, but it is not so much the moaning. That may be irritating at times.... Most of the time, I think, I don’t even really notice it. I just say, oh shut up, you!” Christina laughed. “And they like that,” she continued. “They like it when you talk to them in a straightforward way. It makes me think there is still hope here. Moaning is not ideal but it’s a sign of life. No, it’s when they don’t even care to moan – *then* we start to worry.” Linda nodded: “Yeah, when they no longer tell us what is going on... And then you will hear about these cases where some man develops diabetes and nobody hears about this before it is too late. And when the media hears about it, then it is *our* fault!”

By drawing the distinction between the elderly who “moan” and thereby display a “sign of life” and the disengaged elderly, it becomes clear that the opposite of “life” is not “death” as in a common, biological, Western conception of the concept. Rather, “life” implies a willingness to engage with the world around them. For instance, I visited Carsten, an 84-year-old man, who lived alone in an apartment on Eastern Møn. I had been put into contact with him through the head of the local health center, who saw Carsten as one of those elderly men “with a lot of energy” who had “lots of stories to tell.” I came to his door and we shook hands. Carsten was sitting in a wheel chair, smiling enthusiastically; his shirt was open exposing a pale, thin chest. Even before I had taken off my winter jacket, he headed for the kitchen and launched into the following, animated monologue, which I include here at length: “I was just telling the homecare assistant this morning that I don’t feel too well today. This winter I had a normal diarrhea,” he said, while looking

through the dishwasher. “Most people have that at Christmas. But they drove me to the hospital! And then they had to run after me, sweeping the floor with a broom. There was a trail after me!” I nodded, slightly astonished, and bent down to take off my boots. A brief silence ensued. “You understand,” he shouted from the kitchen. “I was shitting all over the hospital! They gave me pills and I asked them, What are you giving me? They said it was part of the treatment. What kind of an answer is that? My spine had completely collapsed! They talk so much crap!” With a cup in his lap he started maneuvering towards the living room where he poured a cup of coffee from a thermos. He handed the cup to me as I entered the living room. He continued,

But then after 3 weeks I came back to the hospital. I had already been looked at by my doctor in Stege. They didn't know what they were talking about. It was a question of money! But then they drove me all the way to Copenhagen, you see. And they operated on me right away. And when I woke up there was this doctor looking at me and he said that they had made a mistake. There are so many things. My dentist! The nurse had ordered a taxi. And then the taxi driver was standing out there in the middle of the road. He said to me: Listen I cannot come up to your house. You have to be standing at the sidewalk – or else I am not allowed to help you. Or else you have to ask for extra help. So, he drove away again. But then my dentist had a new address. On the first floor. How could I get up there with my back? They had installed this crane in order to help the disabled. But then halfway up it just stopped. So, I was just hanging there! And you know two nurses came by and helped me. And then what happened. I was sitting in the waiting room for an hour. And I asked the secretary what was happening. And you know what she said. She said that her husband had gone to take an afternoon nap. What the hell! It's incredible what they do to us! Can't you see the comedy!?

From listening to such stories from Carsten, I realized that he was a masterful moaner who yielded a wide range of both subtle and explicit types of complaining. He relentlessly and fastidiously laid out the absurdities of the healthcare system as he experienced it: doctors who prescribed the wrong medicine, who overlooked various symptoms and ailments, and who ignored the opinions of their patients. And at times he also talked about the homecare assistants whom he generally considered to be more of a burden than a help. Yet, while Carsten would spend hours complaining, it seemed that his intention was not to generate any effect. When I tried to talk to Carsten about how the homecare assistants could change their routines in order to meet his needs, he simply ignored my questions. The reason why this is interesting in relation to passivity, as seen through the eyes of health care professionals, is that moaning was a clear sign of social engagement. It was a sign of *life*.

The Passive and the Welfare Consumer

This article has thus sought to illuminate passivity from within a space marked by activity and energy. The objective of the article has been to probe into the way passivity not only activates but in fact *energizes* the welfare state; by causing friction passivity becomes a generative force. Taking elderly, socially isolated men as our point of departure, this article has argued that rather than seeing passivity as simply opposed to acting, passivity, from the perspective of the state, should be regarded as a form of political behavior that involves an event in its own right. In this respect, passivity can have an ironic effect as it unleashes an immense activity.

According to the categories set out by the Danish Ministry of Social Affairs these men are “vulnerable” (*udsatte*). This category is defined as “persons who live on the fringes of society, persons who

often have a poor health, who rarely have ties to the labor market, and who do not make use of the society's normal services to the citizens" (Socialministeriet 2002). According to this definition, most of the men in my study were "vulnerable." However, rather than becoming the refuse of society, expelled to the leprous badlands of the welfare state, they become the objects of concerted interventions from the local municipalities. In this sense, the vulnerable citizen is not a disavowed subject. Rather, being vulnerable in this context involves a process of progressive loss of energy, which prevents the citizen from participating in the welfare consumerism on which the state relies (Baldock 2003). The welfare consumer is the citizen who makes able use of whatever the state or the municipality has to offer. This is a system that encourages *life*, that encourages the citizens to speak up and be engaged. Silence, in this sense, is a state of non-consumption (Sim 2007, 2). One is here reminded of Carsten who, by moaning, shows a sign of life and calls for no further attention from the homecare helper. Silence, on the other hand, must be foiled and the passive citizen must be activated.

This article has explored the relationship between the Danish welfare state and the passive citizen through the motif of energy. The overall aim has been to convey the idea that certain incidents and phenomena *energize* the state—i.e., set in motion various activities. In as sense, it is in the encounter with silent passivity that the energy of the welfare state is unleashed.

The question to be raised is what gives rise to the perceived "passivity" among elderly men to begin with. While the answer to this question lies beyond the scope of this article and, admittedly, my disciplinary proficiency as the author, there are relevant insights to be gained from anthropology. Most notably, anthropological studies have pointed to the fact that adult personhood in Scandinavia is closely tied to one's ability to manage on one's own and maintain individual autonomy (Krøijer and Sjørlev 2011). Consequently, aging men often find themselves in a process of emasculation or loss of personhood as their sense of independence is continuously compromised (Rehak 2019; Tunstall 1966; Kastenbaum 1993; Thompson 1994). The men in my fieldwork seemed to adopt what one may call tactics of isolation to retain a sense of autonomy. They thereby forced me to consider the idea that rather than a social network being what gives validation to the individual's sense of self and self-worth (Elias 1985), disengagement and cutting oneself off from such networks could in fact be considered a mode of social behavior, which is adopted in order to reclaim autonomy from the all-pervasive forces of commerce, politics, and culture.

If passivity presents a problem to the Danish welfare State, the nature of this problem is not easy to categorize. Passivity, as I have suggested, is a non-verbalized "I would prefer not to." For Agamben, this reply is "the strongest objection against the principle of sovereignty" (1998, 48). The passive silence does not involve the direct refusal, which Marcel Mauss (1990) reflects upon in his essay on exchange and reciprocity. There Mauss realized how the refusal had the potential to cause a powerful, social rupture. In social terms, he wrote, "one has no right to *refuse* a gift" (1990, 52, original emphasis). Curiously, doing so anyway, that is, breaking the fundamental rule of reciprocity, might either be a way "to proclaim oneself victor and invincible" or admit oneself to be "beaten in advance" (*ibid.*). These two apparently contradictory outcomes, however, have the one thing in common that the person refusing the gift, by being *passive*, sets himself apart from—either below or above—a social exchange. What makes Bartleby remarkable, in this sense, is that rather than setting himself "below or above" the exchange, he sets himself *beyond*. Through his enigmatic reply—the act of "pure patient passivity" (Deleuze 1997, 71), this character manages to "escape knowledge, defy psychology" (*ibid.*, 83). Through his fundamental passivity, that is, through his constant refrain, he neither negates nor affirms the exceedingly desperate requests of people around him. Suspended in a liminal state between negation and affirmation Bartleby's reply involves a non-revolt, which nevertheless challenges the social structures of which he refuses to be a part.

As Deleuze phrases it, passivity involves a "being as being, and nothing more" (1997, 74). However,

from an ethnographic viewpoint—that is, a viewpoint situated among existing people—it becomes clear that no subject will be characterized by “pure patient passivity.” In any ethnographic encounter it quickly becomes clear that the abstracted idea of the “man without references, without possessions, without properties, without qualities, without particularities” (*ibid.*) vanishes before one’s eyes, as the person stands out in his or her peculiarity as a historically situated subject. Indeed, the elderly men that I have come to know during my fieldwork often radiate a wealth of desires, anxieties, and hopes for their own future. The character of Bartleby, who in his ascetic purity emerges as a hero of passive withdrawal, should then, in the context of this article, not be accepted as an image of a certain group of supposedly resigned elderly citizens within the Danish welfare state. Rather, the story depicts the dynamics that emerge in the encounter between the state system and elderly people who do not live up to the ideals of active participation as framed within a Danish context.

Notes

ⁱ <https://vordingborg.dk/media/2037996/befolkningsprognose-2016-2029.pdf>

ⁱⁱ http://www.oestmoen.dk/pdf/strategi/udkast_til_strategi.pdf

ⁱⁱⁱ Translated by author. <http://vordingborg.dk/borger/sundhed/traening-og-rehabilitering/traening-og-bevaegelse-til-aeldre/aktiverende-pleje/>

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