

# What constitutes successful ageing?

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Population ageing is taking place the world over especially in more developed first world countries. Given the hackneyed negative stereotypes surrounding ageing societies, there is a move towards reframing ageing in a more positive light. Today, the buzz words “active” or “successful” ageing have come to the fore. The goals are to keep seniors engaged physically, mentally and socially so as to maintain independence and a good quality of life. The WHO movement, “Global Embrace”, refers to seniors as “human treasure” and “precious capital” (World Health Organisation [WHO], 2001). In essence, successful ageing entails harnessing seniors’ instrumental value for their own good and the good of society at large.

Much of our understanding of successful ageing comes from the seminal work of Rowe and Kahn (1997) who studied what distinguished seniors who aged better than others. They identified 3 main characteristics of successful ageing: 1) avoiding or minimising disease 2) maximising physical and mental faculties 3) active social engagement. There is also research to support the premise that remaining active despite old age is the key to preserving wellness, independence and longevity. Today, more elements have been added to successful ageing. In Singapore, for example, it encompasses life-long learning and employability (Ministry of Health Singapore, 2014).

Attractive and useful as it may be, the idea of successful ageing can be construed an oxymoron. Ageing, no matter how active or successful is inevitably characterised by decline and eventual death, albeit the rate of deterioration varying from

person to person. Does ageing remain successful when decline sets in? While personal responsibility is implicated in determining how one ages, many also suffer from the ills of age related diseases due to factors beyond their control. Is successful ageing then beyond reach for those stricken by chronic disabling illnesses such as dementia or stroke?

Today’s perspective on successful ageing has its beginnings in Victorian times when mid-life was deemed crucial to one’s salvation. Such an ideology, together with modern scientific rationalism, has resulted in seniors being evaluated on mid-life standards of autonomy and health (Cole, 1997). Some aspects of active ageing may indirectly reinforce such mind-sets by promoting traits associated with physical and mental vitality, and a senior is assessed by his instrumental worth. However, few can function optimally at their prime right to the final days of their lives. Even for those who enjoy the good fortune of active ageing, it cannot last forever.

Hence, success in ageing must move beyond the material to embrace decline and to recognise the value of the elderly beyond the physical and tangible. Acceptance of decline is essential for the elderly to cope with losses, which may be physical, social and personal. The intrinsic value of seniors should be emphasised and it goes beyond personal attributes. As enunciated by William Thomas, founder of Eden Alternative, “elders are the glue that bind us together” (Thomas, 2004); this remains real even if they lose all their utilitarian worth.

Embracing losses in ageing can help seniors resolve Erickson’s (Erikson, 1994) final stage of growth in ego integrity versus despair. Seniors who continue to combat ageing find themselves at the losing end ultimately and end up despondent and in despair.

Conversely, those who are able to transcend the losses in old age through acceptance, lowered self-expectations and finding new meaning, gain integrity. Crowther, Parker, Achenbaum, Larimore and Koenig (2002) posit a fourth dimension of positive spirituality to Rowe and Kahn's model for successful ageing, which may well be the final piece of the puzzle to ageing successfully.

Spirituality consists of cognitive and experiential dimensions (Edlund, 2014). Cognitively, it involves finding provisional and ultimate meaning to existential issues. Experientially, it subsists in relationships which may be expressed in concrete human bonding, or in connectedness with the transcendent and beyond the material world. Such connectedness is especially vital for persons who are losing the qualities that define them as unique individuals through illnesses like dementia. For them, personhood consequently becomes more relational. Unlike active ageing which is beyond the frail, spirituality embraces the whole person and is relevant to all, even those chronically ill or disabled. Imbued with spirituality, seniors review their lives to gain new insights from past to make sense of the present, and find hope for the future (MacKinlay & Trevitt, 2007). Such spiritual aspirations bring about inner fulfilment and engender new optimism.

Successful ageing defined in "active" terms has its failings in the unavoidable losses of ageing, even the 'active' elderly must face deterioration and mortality. Success in ageing must hence move into the realm of spirituality to help seniors rise above societal yardsticks of youth and vitality, to finding meaning in the losses and even sufferings of old age. Finding meaning and hope is a choice seniors can make. Such choices express true freedom, and perhaps constitute true success in ageing.

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