Permanent personhood or meaningful decline? Toward a critical anthropology of successful aging

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A B S T R A C T

The current North American successful aging movement offers a particular normative model of how to age well, one tied to specific notions of individualist personhood especially valued in North America emphasizing independence, productivity, self-maintenance, and the individual self as project. This successful aging paradigm, with its various incarnations as active, healthy and productive aging, has received little scrutiny as to its cultural assumptions. Drawing on fieldwork data with elders from both India and the United States, this article offers an analysis of cultural assumptions underlying the North American successful aging paradigm as represented in prevailing popular and scientific discourse on how to age well. Four key themes in this public successful aging discourse are examined: individual agency and control; maintaining productive activity; the value of independence and importance of avoiding dependence; and permanent personhood, a vision of the ideal person as not really aging at all in late life, but rather maintaining the self of one’s earlier years. Although the majority of the (Boston-area, well-educated, financially privileged) US elders making up this study, and some of the most cosmopolitan Indians, embrace and are inspired by the ideals of the successful aging movement, others critique the prevailing successful aging model for insufficiently incorporating attention to and acceptance of the human realities of mortality and decline. Ultimately, the article argues that the vision offered by the dominant successful aging paradigm is not only a particular cultural and biopolitical model but, despite its inspirational elements, in some ways a counterproductive one. Successful aging discourse might do well to come to better terms with conditions of human transience and decline, so that not all situations of dependence, debility and even mortality in late life will be viewed and experienced as “failures” in living well.

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Introduction

With the surge of an aging population, we have witnessed a flourishing of scientific research and public discourse on how to age well. According to the dominant biomedical, psychological, public health and popular cultural narrative prevailing in North America, we each have the potential—and, indeed, the moral and political obligation—to make our own aging “successful,” staving off the potential disabilities and burdens of late life. As interrogating the North American model of “successful aging” from the perspective of anthropology is a project I came to after years of studying aging in India, let me begin briefly in India.

During fieldwork in the West Bengal region of northeast India, I have been struck by how prevalent and expected is talk of readiness for death among older persons. This talk of death is not limited by any means to those who are in various states of frailty but is entirely normal even among those enjoying robust physical and mental health. One sharp-witted and energetic woman in her seventies, stylishly dressed and with salt-and-pepper hair, arose from an evening social gathering, leaving sooner than the others so that her driver, who lives far away, would not have to stay out too late. I voiced my farewell, "I hope I'll see you next year when I come back." She replied, smiling,
“Who knows if I’ll still be here then or not? I may die before then,” and gave a cheerful good-bye wave.

Others frequently made similar casual comments, such as: “I say to God, ‘Whenever you are ready, take me.’” “I am not afraid of death, because it is inevitable. Because I am born, I know I have to die. No one born can escape death.” “We have to accept decay. I have accepted.” “When you next come back, I will probably be dead. I’m already more than seventy years! How much longer will I live, you tell me?”

When I relate such examples in a US context, many are surprised and perplexed. Are these people sick? No, I have to remind them, not at all. Talk of readiness for death and acceptance of decline, in fact, seems to be expected cultural discourse among older Indians, and highlights a widely held Hindu view of the transience of the human condition—the temporariness of any individual’s stay within any one human body amidst the natural cycle of births and deaths of worldly existence or samsara.

I have also been struck during fieldwork in India by the absence of a dedication to independence and to physical and mental exercise among many older Indians, in contrast to what I have found in my parallel research with older Boston-area Americans, who are frequently eminently concerned with the ideals of active, productive, independent aging. Boudi, a long-time Bengali Indian friend and informant,1 a spirited, warm woman in her late sixties, has now settled into widowhood and mother-in-law-hood, in the intimate south-Kolkata flat she shares with her two sons, two daughters-in-law and two grandsons. She praised her descendants for all the loving care they extend to her. Asked what she does with her time now, she commended the fact that her juniors have taken over all the household chores, with the help of a few part-time servants. “Do you ever like to go out to walk?” I asked, thinking of my own favorite past-time in Kolkata during the winter months when the mornings and evenings are cool and the streets bustling with diverting vendors. “No, I don’t care to,” she said with a complacent smile. “I mostly just sit here all day long,” she gestured to the front sitting room of their compact, two-bedroom flat. Her vision of aging well emphasized less the maintenance of productive activity and independence, and more the residing intimately with and receiving respectful loving care from kin.

I open with these two anecdotes from research in India to begin to throw into relief assumptions and values built into North American models of successful aging. A burgeoning discourse on the topic of “successful aging”—sometimes alternatively labeled “active aging,” “healthy aging” or “productive aging”—has emerged over the past few decades in North America, arising out of the fields of medicine, gerontology, psychology and public health, and prevalent as well in popular discourse and self-help books. As I examine further below, this public cultural discourse highlights specific individualist notions of personhood especially valued in North America emphasizing independence; activity/productivity; the avoidance or denial of decline and mortality; and the individual self as project. From my perspective as a cultural anthropologist, I have been struck by the dearth of critical scrutiny of culture and ideology in the successful aging discourse,2 that is, by the dearth of recognition that particular cultural values, aspirations, assumptions, and visions of personhood must play a significant role in any person’s, group’s or scientist’s understanding of what it means to age well. It is perhaps partly because the successful aging discourse of “healthy” aging originated to a degree out of biomedicine—a field particularly prone to be viewed as culture free—that scholars and the public alike often seem not to sufficiently recognize culture and ideology in their successful aging models.

It perhaps should go without saying that conceptualizations of successful aging are naturally culturally determined: yet North American models of successful aging are so based on certain foundational cultural principles and visions of personhood—for instance, that decline in old age is bad, and that independence is ideal—that it has at times been difficult to recognize successful aging models as particular cultural visions. Perspectives on aging from outside North America such as from India can help to illuminate the cultural and ideological elements of successful aging models (cf. Hilton, Gonzalez, Saleh, Maitoza, & Annge-Cole, 2012; Lewis, 2011; Torres, 2006). Contemplative US elders also offer both praise and critiques of their society’s successful aging paradigm which are useful to consider.

In these ways—drawing on the voices of elders from both India and the United States, as well as a critical scrutiny of some prominent conceptualizations of successful aging gerontological and public discourse—this anthropological investigation is in keeping with critical gerontology, “casting a critical eye on society and on gerontology itself” (Ray, 2008, p. 97). By engaging in such critical cultural scrutiny—unsettling familiar ways of thinking by revealing their often unrecognized underlying values and assumptions (Holstein & Minkler, 2003), the aim is to lead toward potentially new and better understandings, social arrangements and policies.

The image of healthy, successful aging seems to appear quite appealing to many North Americans (of all ages), and to many around the globe picking up the discourse, especially to those who envision themselves having the physical, financial and mental means to pursue lifelong health and activity. Yet, this article asks, does the currently prevailing successful aging model overemphasize independence, prolonging life, and declining to decline at the expense of coming to meaningful terms with late-life changes, situations of (inter)dependence, possibilities of frailty, and the condition of human transience?—setting up for “failure,” embarrassment, or loss of social personhood those who face inevitable bodily or cognitive impairments and impending mortality? (cf. Gildeard & Higgs, 2010; Holstein & Minkler, 2003; Minkler & Fadem, 2002; Rozanova, 2010; Taylor, 2008). The article suggests that the dominant successful aging paradigm is not only a particular cultural and biopolitical model but, despite its inspirational elements, in some ways a counterproductive one. Successful aging discourse might do well to come to better terms with

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1 In keeping with standard anthropological practice, I refer to my research subjects as “informants” or “interlocutors.” Pseudonyms are used in all cases to protect privacy.

conditions of human transience and decline, so that not all situations of dependence, debility and even mortality in late life will be viewed and experienced as “failures” in living well.

Methodology

The data for this project includes analysis of texts and ethnographic fieldwork. Fieldwork for the project was conducted in both India and the United States. In India, I have carried out ethnographic research on aging over the past twenty-five years, concentrating on Hindu Bengalis in the northeast state of West Bengal living in both villages (e.g., Lamb, 1993, 1997, 1999, 2000) and the capital metropolis of Kolkata (e.g., Lamb, 2009, 2010, 2013b). My Indian informants are primarily Hindu and span the spectrum of classes and castes, while over the past decade I have concentrated on the cosmopolitan middle classes.

In the United States, I began conducting formal fieldwork with native-born (non-immigrant) Americans much more recently, in January 2013. Although I myself grew up in the United States, worked for a year in my young adulthood as Activities Director in a US nursing home, and have long paid attention to and been intrigued by my US social–cultural surroundings, I have found conducting actual fieldwork with Americans to be fascinating and illuminating. To date, I have concentrated on a quite privileged, well-educated and financially comfortable group of persons living in the Boston metropolitan area and associated with various lifelong learning and independent-living initiatives, such as the Brandeis Osher Lifelong Learning Institute (BOLLI) and Wellesley at Home. At the time of this writing (July 2013), I have conducted in-depth open-ended interviews with thirty participants as well as engaged in more informal participant observation research with several subjects at social gatherings, lectures, classes, and other daily life venues. Thus far all in my US study have been white. About three quarters identify as Jewish and most of the rest as Christian or non-affiliated; one has recently turned to Buddhism. The research subjects’ ages have ranged from 62 to 100, and all have considered themselves appropriate participants for this research study on experiences and understandings of “aging.” Interviews and conversations have focused on informants’ life stories; their daily life practices and social relations; their experiences and attitudes regarding aging in their own lives; their plans for the future; and their own visions of what aging well or successful aging would entail. Towards the end of the interviews, I asked informants whether they had had contact with their society’s successful aging/healthy aging discourse, and if so, what they thought of such discourse. I took an inductive, grounded theory approach in analyzing taped and transcribed interviews and fieldwork notes. For this article, I focus on two relevant themes arising from the fieldwork data: 1) the ways US elders embrace the ideals of the successful aging movement, and 2) how many of these same elders critique the prevailing successful aging model for insufficiently incorporating attention to and acceptance of the human realities of mortality and decline.

This project also brings the perspectives of my US and Indian research subjects into dialogue with the mushrooming public, academic and biomedical discourse on successful aging. As Julia Rozanova states, “Successful aging discourse is an amalgam of textual and visual messages that appear and circulate in all kinds of public spaces, including, but not limited to, the media, policy documents, academic literature, and health care organizations” (2010, p. 215). To access this discourse, I and student research assistants reviewed both academic and popular cultural texts on successful aging, as well as public health statements, media images, and the websites for various centers for successful aging and healthy aging across North America. In all, we analyzed fifty-two academic texts (a number amounting to only a small fraction of the massive and diverse published academic literature on successful aging) and fifteen popular cultural self-help books, choosing here the top books out of a vast list appearing on Amazon.com under the search terms “successful aging” and “healthy aging,” including titles such as Healthy Aging for Dummies (Agin & Perkins, 2008) and Winning Strategies for Successful Aging (Pfeiffer, 2013). We looked for common central themes in these texts, themes indicative of the kinds of cultural values and understandings of personhood underlying the North American preoccupation with successful aging as a cultural project.

The “successful aging” movement

Certain contemporary cultural–historical processes of the late twentieth and early twenty-first centuries are especially relevant to the emergence of recent successful aging discourse. As Nikolas Rose describes in The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century (2007), contemporary biomedicine has come to foster a notion of health as a personal social–ethical imperative. From official discourses on health promotion, to popular discourses on dieting and exercise, to corporate wellness programs and higher insurance rates for employees not pursuing healthy lifestyles, we see an increasing stress on personal responsibility for one’s own health—the maintenance and optimization of the healthy body and self. In addition, the United States as other nations is facing an unprecedented demographic shift of population aging. As US baby boomers reach age 65, the proportion of older persons in relation to those of traditional working ages—often termed the “dependency ratio”—is projected to climb dramatically.3 The higher the old-age dependency ratio, the greater the potential burden on the state and society. Yet, if healthy, fit, active older persons can take care of themselves by pursuing the ideals of health and life, then they maintain themselves as self-reliant individuals rather than burdens. Such an emphasis on personal responsibility complements as well prevalent neoliberal ideals about individual freedom, self-governance and minimizing public support popular in many quarters in North America (cf. Katz, 2000; Rozanova, 2010). In such ways, North American discourses on successful aging are flourishing in a particular cultural–historical, political–economic context.

It was in a 1961 article for the first issue of The Gerontologist that Robert Havighurst introduced the term successful aging itself. The notion of successful aging gradually gained widespread acceptance in both gerontological and popular discourse, particularly following a seminal 1987 piece by physician John Rowe and psychologist Robert Kahn (“Human Aging: Usual and

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Successful”) and the subsequent 1998 publication of Rowe and Kahn’s landmark Successful Aging book presenting results of a major MacArthur Foundation Study of Aging in America, a project seeking to clarify the factors that promote mental and physical vitality in later life. Since the 1980s, successful aging has persisted as a guiding theme in gerontological research, appearing also under related labels such as “active aging,” “healthy aging,” “productive aging,” “vital aging” and “aging well.” Although the concept of successful aging has been widely critiqued, the paradigm remains the dominant conceptual framework in gerontology.

The idea of successful or active aging has taken hold in global public policy and popular cultural worlds as well. In 2002, the World Health Organization produced a policy framework on Active Ageing “intended to inform discussion and the formulation of action plans that promote healthy and active aging.”5 The WHO dedicated World Health Day 2012 to Healthy Ageing, and the European Union designated 2012 as the European Year for Active Ageing. In North America and Western Europe, centers for Healthy Ageing, Active Aging and Successful Aging abound. Popular cultural and self-help books on the topic are flourishing.

No one uniform definition of successful aging emerges from this discourse, which spans thousands of articles, books, policy documents and websites; yet several common cultural themes underlying the varying definitions stand out, including: an emphasis on individual agency and control (you can be the crafter of your own successful aging); the value of independence and the importance of avoiding dependence; the value of activity and productivity; and a vision of not aging at all, while pursuing the goals of agelessness and what could be termed a permanent personhood.

Let us begin with one of the most influential conceptualizations of successful aging, that put forth by Rowe and Kahn: “avoidance of disease and disability, maintenance of high physical and cognitive function, and sustained engagement in social and productive activities” (1997, p. 439; see also 1998, pp. 38–39). On the face of it, this is a biomedical–psycho-social model of aging well; but the model and its supporting discussion in Rowe and Kahn’s Successful Aging volume rest on and highlight several broader cultural ideals, ideals resonating with wider public discourse on the topic of successful and healthy aging.

The theme of individual agency and control foregrounded in Rowe and Kahn’s model is perhaps the most salient underlying the whole successful aging movement (cf. Holstein & Minkler, 2003; Rozanova, 2010, pp. 217–219), and is a theme complementing the broader neoliberal public health trend emphasizing individual responsibility for one’s own health and wellbeing. Aging was previously imagined in North America as largely a natural and deleterious process beyond the control of the individual, but the successful aging project turns that assumption on its head: The declines commonly associated with aging are not inevitable; you as an individual can fashion your own successful aging. Rowe and Kahn pronounce in their pivotal 1998 Successful Aging text:

Our concept of success connotes more than a happy outcome; it implies achievement rather than mere good luck. ... To succeed in something requires more than falling into it; it means having desired it, planned it, worked for it. All these factors are critical to our view of aging which, even in this era of human genetics, we regard as largely under the control of the individual. In short, successful aging is dependent on individual choices and behaviors. It can be attained through individual choice and effort. Throughout this book, we will examine what successful aging consists of, and what each of us can do to achieve it. (p. 37, emphasis added)

Popular self-help books on healthy and successful aging feature prominently this theme of individual agency and control. Fitness maverick Jack LaLanne, for instance, writes in his Live Young Forever: “My hopes and aspirations are for your personal health, strength, fitness and longevity for all your days. I have your highest achievements in mind.... Anything in life is possible and YOU make it happen!” (2009, p. 15, bolding and caps original). Eric Pfeiffer affirms in his Winning Strategies for Successful Aging: “This book will teach how you can control and direct your own aging” (2013, p. xiv, emphasis original). The back-cover blurb for In Full Bloom: The Brain Education Guide to Successful Aging declares: “The truth about the aging brain is simple but extraordinary: people don’t have to lose their mental acuity as they get older! This book bursts through the myths that surround the aging of the brain, encouraging older adults to take an active role in keeping their brains in top condition for life” (Lee & Jones, 2008, emphasis original). Richard Kownacki proclaims motivationally in his Do Not Go Gentile: Successful Aging for Baby Boomers and All Generations, the front cover adorned with two grandmothers gleefully sky diving:

The good news is that you can regain control of your life and well-being by practicing the principles of successful aging. Each of us individually has the ultimate responsibility of our own health and well-being. If we rely exclusively on the government, our doctors, the professionals or anybody else to do it for us, it’s easy to become complacent. Rebel against complacency and denial. In short, become the hero of your own life story. (2010, p. 76)

We see here a vision of personhood emphasizing the power of individual agency and the individual self as project. A second central theme in Rowe and Kahn’s conceptualization of successful aging resonating with broader North American cultural ideals is that of independence. Rowe and Kahn report: “When older men and women are asked about their hopes and aspirations, they name their primary goal—to remain independent and continue to take care of themselves. Similarly, when they are asked about their greatest worries,
they stress the fear of becoming dependent on others” (1998, p. 125). Rowe and Kahn reflect: “Older people, like younger ones, want to be independent. This is the principal goal of many elders, and few issues strike greater fear than the prospect of depending on others” (p. 42). Rowe and Kahn define independence as “continuing to live in one’s own home, taking care of oneself” (1998, pp. 42, 125), and characterize independence as a “positive” condition and dependence as a “bleak” one (p. 14). This ideal of independence is also highlighted in self-help books on successful aging, such as in Pfeiffer’s Winning Strategies for Successful Aging: “The important thing at this stage is to maintain a sense of independence” (p. 180, emphasis original). Chapter 11, “Protect Your Independence,” concludes with a bulleted list of tips, including “Fight for your independence,” “Maintain physical independence,” “Maintain financial independence,” “Know what you can do to avoid dependency” (p. 189).

The ideal of maintaining independence in late life may seem obvious and taken-for-granted, but it is worthwhile taking a moment to critically reflect upon the visions of personhood and appropriate in-dependence over the life course underlying the independence-successful aging nexus. North Americans do not envision all forms of dependence as bad: children who depend on their parents are not normally envisioned as in a “bleak” condition. Nor do most in India—where more than 80% of those sixty-five and over live in multi-generational households with children and grandchildren (Rajan & Kumar, 2003)—consider it inappropriate, demeaning or bleak to receive material and emotional support, respectful care (seva), and help with daily activities including toileting from their junior kin. (Assistance with toileting, in fact, is often presented as a paradigmatic act that Indian parents first naturally provide for their young children and then naturally receive from these same children in a relationship of life-long intergenerational reciprocity [Lamb, 2000, pp. 46–53; 2009, pp. 32–36, 2013b]). Yet anthropological studies have long found that Americans do tend to think of depending on younger relatives for support in old age destructive to their sense of dignity and value as a responsible person (Clark, 1972; Simic, 1990). Andrei Simic observes: “What the American elderly seem to fear most is ‘demeaning dependence’ on their children or other kin” (1990: 94). Eighty-five percent of US persons sixty-five and over do live either singly (30.1%) or with only their spouse (54.8%), and find that living independently is much more normal and attractive than the imagined alternatives, such as residing in a nursing home or moving in with one’s children. Living alone at all ages, in fact, is at unprecedented levels; people living singly make up 28% of all U.S. households, tied only with childless couples as the most prominent residential type (Klinenberg, 2012, p. 5). The North American cultural ideal of independence in adulthood and later life is a strong one.

A third key theme of the successful aging movement is that of maintaining productive activity. The fact that many models of successful aging are termed “active aging” highlights such a prevailing emphasis on the value of activity—physical, cognitive and social. Productive activity ties together all three components of Rowe and Kahn’s successful aging model: avoiding disease and disability, engagement with life, and maintaining high cognitive and physical function (1998, p. 39, Fig. 3). Rowe and Kahn remark: “Successful aging goes beyond potential; it involves activity, which we have labeled ‘engagement with life.’ Active engagement with life takes many forms, but successful aging is most concerned with two—relationships with other people, and behavior that is productive” (p. 40). They go on to detail the importance of physical exercise, continued engagement in complex cognitive activity, active social relationships, and “performing activities that are, in the broadest sense, productive” (pp. 50–51). Across North America, the flourishing of life-long learning institutes, senior exercise classes, post-retirement work opportunities (e.g., Lynch, 2012), and an ethic of busyness in retirement (Ekerdt, 1986; Katz, 2000) support well such an active aging motto. Stephen Katz, critically examining “the gerontological nexus of activity, health, and successful aging” (2000, p. 136), reflects: “The association of activity with well-being in old age seems so obvious and indisputable that questioning it within gerontological circles would be considered unprofessional, if not heretical” (2000, p. 135).

A final theme tying together much of the successful aging discourse may be termed “permanent personhood”—a vision of the ideal person as not really aging at all in late life, but rather maintaining the self of one’s earlier years, while avoiding or denying processes of decline, mortality and human transience (cf., Kaufman, 1985; McHugh, 2000). Colin Depp and Dilip Jeste, in their review of 29 quantitative studies of successful aging, find that the prevailing model, advanced by Rowe and Kahn and used in the MacArthur Research Network on Successful Aging, “characterizes successful aging as involving freedom from disability along with high cognitive, physical and social functioning.” They go on to report that “a majority of the papers defined successful agers as older adults whose health status was similar to that of younger people” (2009, p. 143, emphasis added).

In Healthy Aging for Dummies, part one is titled “So You Want to Look and Feel Young Forever,” with Chapter One promising “The Fountain of Youth, at Your Fingertips” (Agin & Perkins, 2008). Jack LaLanne, in Live Young Forever, argues that “We must grow younger, not older” (2009, p. 111) and offers the secrets of how to “achieve an amazing level of lifelong health and fitness,” “become the most physically attractive person possible,” and “have boundless energy every day for the rest of your days, months, years” (back cover). Anti-aging medicine has emerged as a robust, organized field, with a professional association, annual meetings, and lucrative business opportunities (Fishman, Binstock, & Lambrix, 2008; Flatt, Setersten, Ponsaran, & Fishman, 2013; Mykytyn, 2006a, 2006b). Physician Muriel Gillick comments critically in The Denial of Aging: Perpetual Youth, Eternal Life, and Other Dangerous Fantasies: “The ultimate way to ensure that the baby boomers won’t have to worry about the perils of old age is to eradicate aging entirely” (2006, p. 195).

To be sure, some successful aging texts do articulate the value of adapting to and coping with age-associated changes rather than denying them (e.g., Baltes & Baltes, 1990; Moody, 2009; Owwehand, de Riddier, & Bensing, 2007; Schulz & Heckhausen, 1996; Well, 2005). Even Rowe and Kahn acknowledge: “Successful aging means just what it says—aging well, which is very different from not aging at all” (1998: 49).

Additionally, some authors underscore special opportunities for...
positive change in late life, such as increasing wisdom, depth and spirituality, rather than emphasizing merely staying the same (e.g., Weil, 2005). Nonetheless, the dominant impression one gains from perusing the vast contemporary discourse on successful (healthy, active, productive, vital) aging is that of a vision of permanent personhood. The aging self is, ideally, an ageless self.

These conceptualizations resonate with broader cultural visions, in which the frailty, fragility, vulnerability and declines of so-called “real” old age and agedness are segregated from successful (anti-)aging. Gildeard and Higgs explore how the positive status of the “third age” of active, healthy, productive elders finding pleasure in life and enjoying autonomy relies for its very definition on the active exclusion of “old age” and “agedness” (2010, p. 122): thus the invention of “the shadowlands of disability, diminishment and death represented by Peter Laslett as a ‘fourth age’” (p. 126; cf. Laslett, 1989; Gildeard & Higgs, 2011). Taylor (2008) indict US society’s broad discomfit with situations of bodily and cognitive impairment, asking: “Why is it apparently so difficult for people to ‘recognize’—as a friend, as a person, as even being alive—someone who, because of dementia, can no longer keep names straight?” (p. 324). Taylor portrays the “processes of ‘social death,’ social exclusion and abandonment” experienced in the US by persons with dementia (p. 325), who are regarded as “the not quite (or no longer) fully human” (p. 332). Julia Twigg, analyzing representations of frail older people in “deep old age,” reflects on how in the modern west, “to be incontinent is to have one’s fundamental social status questioned, one’s personhood as an individual denied” (2004, p. 66). Such forms of exclusion of frailty and decline from social personhood and visions of a normal later life strikingly contrast the prevalent talk in India of natural human transience and the regular cycle of life and death, growth and decay.

Aging is potentially very costly—personally, socially and nationally—but the successful aging project exhorts persons to take control of their own aging by maintaining themselves as healthy, productive, active and independent individuals. Such a vision rests on a distinctive cultural model of personhood, featuring individual agency, independence, productivity, and self-maintenance, and might be viewed as a contemporary North American cultural and biopolitical project.7

“I am successfully aging!” Embracing active aging and permanent personhood in everyday practice

When I began formal research with US elders in January 2013, I initially expected to find my informants critical as I had been of the popular successful aging discourse. Yet why should I have expected this? My US informants are living in the same cultural and political-economic context that produced the successful aging discourse, so it might make good sense for them to naturally embody many of its ideals. Indeed, my first impressions from fieldwork with US elders were that many quite delightedly embrace the ideals of the successful aging movement. Being inspired by the successful aging movement, and proud of being able to define oneself as “successfully” aging or aging well, is in fact one of the central themes emerging from fieldwork data among the relatively healthy, financially privileged, and well-educated group of Boston-area participants I have concentrated on thus far.

I met with one informant, vibrant sixty-seven-year-old Dale Abbey, several weeks after I had given an evening talk for Wellesley at Home comparing US and Indian perspectives on aging. A nonprofit membership organization for older residents in Wellesley and nearby towns, Wellesley at Home works to “support you in your community—independent, active and connected.”8 Dale is a committed member, attending and organizing lectures, classes, lunches and neighborhood gatherings. When she commented how much she had liked my lecture and found it interesting, I probed her further—what struck her as interesting about it—expecting her, because of my own preoccupations, to say something about how it’s weird that we in the US deny death and such and try to fashion ourselves as permanent persons. Instead she emphasized that my talk had made her realize that she is so lucky to be living in the United States. “It’s rather like real estate: ‘Location, Location, Location!’ I would not be who I am if I lived in India!” I didn’t directly ask her to elaborate what she found more desirable and familiar about her life in the US, but she proceeded to pull out a list of activities she had prepared in advance of our meeting—all the things she does to stay active during what she termed her “blissful retirement,” so many activities that she hadn’t been sure she would have been able to recall them all if she had not pre-prepared the list. Her activities included two book clubs, a memoir writing class (in which she “met fabulous people: one just turned ninety, the hottest ticket”), volunteering in a fourth-grade classroom, co-chairing several Wellesley at Home committees, attending lectures, taking classes, subscribing with friends to a theater series, going to foreign films and museums, and making her home and garden a beautiful space. A retired nurse, she described herself as post-retirement “working as hard as I can at keeping my mind active,” and was pleased to report that “I am as busy as I want to be.” Dale had divorced years earlier and had lived alone for many years. When I asked about this, she commented: “I enjoy living alone…. If I were joined at the hip with someone now, I would hate it. I am used to being independent. I was raised to be independent.”

Often my interlocutors ask me to tell them a little about my own research interests before or after we conduct a formal interview. If I begin describing the successful aging movement in the United States, with its emphasis on being physically, mentally and socially active, my informants not uncommonly interrupt me to chime in enthusiastically, “I am successfully aging, then! I do all that!” or “I fit all those three categories!” I met with one informant—Liz Goldfarb, a stylish, well-coiffed woman in her early seventies—on the Brandeis campus one lovely Sunday afternoon following commencement; she had

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7 For another look at a contemporary US health obsession as a biopolitical project, see Susan Greenhalgh’s “Weighty subjects: the biopolitics of the U.S. war on fat” (2012). Greenhalgh argues: “I view the war on fat as a biopolitical field of science and governance that has emerged to name, study, measure and manage the ‘obesity epidemic’—a newly threatening flaw in the biological and social body of the nation—by remaking overweight and obese subjects into thin, fit, proper Americans” (pp. 472-473). The notion of biopolitics has become popular in the social sciences since Michel Foucault introduced the concept, along with the related notion of biopower, in his lectures and writings (e.g., 1978, 2002). See also Rose, 2007.

been there to attend and was interested in my research on aging, so we agreed to meet for an informal interview and exchange. When I began to describe the concept of "successful aging," she interrupted to affirm, almost defensively, as if I were neglecting to include her in this great "successful" group: "I do all of that, too."

Ellen and Max smiled at each other when I asked them what successful aging means to them. "Our lives! Aren't we the poster boy and girl for successful aging?" The two had known each other in childhood and reconnected in their sixties and seventies after both had become widowed, marrying several years later and very much in love. 83-year-old Max went on: "We're both relatively healthy, which I think is really prime. We both have our minds still—which is also prime. We are economically comfortable, so we can do pretty much what we want. We are both active in various ways. We're quite happy! One reason is that we really enjoy each other. We have a light touch. Some of our friends are, oh, so serious, 'Oh, life is hard'—which of course it is! But it's better to have fun!"

Betty Rowe—who at age 84 had just recently moved into a condominium in an attractive retirement community after losing her husband to a long struggle with Alzheimer's disease—replied to my question about successful aging: "Personally, I feel like I'm successful. I've kept learning. I haven't become crotchety. I've done things to keep my health up [like swimming each morning at 6 AM], I've reached out. Instead of wallowing in sadness when I do feel sad, I get to the phone.... I think I'm creative [like hosting a green Shabbat dinner].... My family sees me as fun—it makes life more interesting! I'm open to doing new things. I teach classes on subjects I was never an expert on before.... I don't know—I guess all that is successful aging!"

77-year-old Sophie Ostermann replied that, for her, successful aging is "doing exactly what we're doing!" such as "enjoying having this space" (the beautiful home and garden she shares with her husband), gardening, working on projects on their computers splayed out across from each other on the dining room table (both Sophie and her husband are retired academicians), travelling, skiing, going on long walks, doing yoga, playing in a musical ensemble, volunteering, participating in Wellesley at Home activities, enjoying making friends, and relishing the extra time and decreased stress encountered in the post-retirement years.

Ted Schulz described successful aging as involving "physical health, mental health and social aspects—being involved." He feels he does well in each of these realms, although there are now "some limitations" physically, "but I manage," including going four days a week to a local gym where he not only exercises but also enjoys chit-chatting with the other gym attendees. Since retiring as an engineer seven years ago at age sixty, he has made himself very busy by taking and teaching classes at the Brandeis Osher Life-Long Learning Institute, volunteering (on a university IRB and as a tutor for underprivileged children), and becoming elected to his town's Board of Selectmen. "In my post-retirement phase, I can do a lot more than I did before, and I enjoy it." Ted described some aspects of his daily life and how he enjoys staying very busy:

We're at a stage without children at home—just my wife and I—so we can do what we see fit, like go out for cheap eats if we don't feel like cooking, or go to lectures and plays.... I'm finding life very rewarding.... When I retired, though, it was very difficult the first few years.... I had to figure out what to do.... Now I have more things to do than I have time for.... I have a feeling that as more time opens up, I would fill it with another activity. Even though my energy is less than it was twenty years ago, I like to be on the go every day. This is critical for me.... I like to be very busy.

Marie Lawrence similarly voiced the value of busy-ness, after describing all her activities post-retirement—including exercise, a second part-time job, volunteering as a fundraiser and secretary for a nonprofit organization, active involvement in Wellesley at Home: "I want to be busy, busy, busy. I absolutely want to be. I have to get up and go.... I'm happier when I'm really busy." She articulated her vision of successful aging: "Being able to do everything I can do now."

In addition to emphasizing their vital engagement in physical, mental and social activities, many informants articulate a vision of an "ageless" self (cf. Kaufman, 1985), shunning defining themselves as "old," or finding themselves surprised that they qualify for a research study on "aging." Miriam Burkhart, a lively 75-year-old woman who lives with her husband in a home not far from her older daughter's, began our interview by saying: "I told my friend, 'Guess what, I'm being interviewed for an old age study!'" She laughed. "How did I get there?" She had expressed in an earlier email to me, "I would be delighted to participate in your research on aging. It feels sort of incredible that I am actually writing this because I don't 'feel' aging but here I am!" Dora Koenig, at age 72, remarked, "I feel like I'm exactly the same as I was when I was a kid." She continued, "You know, the other funny thing is: when I go on a subway and people stand up to give me their seat, I don't know why they're doing it! And I don't mean their manners, and I don't mean I don't appreciate it, because I do get tired. But I don't feel I look like what people see. And I think that's true for all of us."

I have also been struck by how—in keeping with prevailing US mores, perhaps—the majority of those in my research study have not brought up death and dying unless I raise the topic myself (though some do bring up mortality, as I get to below). If I do raise the topic, it is often quickly dismissed, as in one man's response: "I'll cross that bridge when I come to it" or another's "No, I don't think about it"—or answered only in terms of the practical details of having one's wills and trusts in order. Dale Abbey replied, when I asked if she thought about death and dying at all, "I joke, if I get hit by a bus tomorrow, I've had a good full life. But I don't waste my time worrying about it. It's better to live now. It's better to do it while you can, because you never know. I'm making the most of it." I mentioned to 85-year-old Edna Feldman, "I know that aging has all its aches and pains, but I'd still love to make it to eighty-five and—" Edna interrupted, "Yes! I am really wanting to remain on this earth a while longer! I am trying my best!"

In terms of valuing independence: those living in their own homes—all in my study thus far, if one includes private "independent living" apartments in retirement communities—really want to stay that way, and shudder at the prospect of moving into a nursing home or assisted living facility. Michael and Joan Kaplan had moved three years earlier into a posh independent living community at the ages of 77 and 65. They
felt strongly about the importance of segregating independent living folk from those further along the “slippery slope,” to enable them to preserve their own sense of ongoing independence and, perhaps, agelessness. Joan remarked, “I don’t accept all of this.” She gave a small, nervous laugh. “I find it disturbing—[pause]—to see a lot of wheelchairs…. Sometimes they come in from the nursing home or from the assisted living or from rehab [pause] in their hospital attire, in their wheelchairs—and it’s not very nice. It’s supposed to be here—I don’t like the intermingling of, of the well and the sick.” Her husband Michael agreed: “It’s very, very dangerous in a way. ‘Independent Living’ is supposed to be independent living…. If the manager isn’t on their toes; if they don’t have the right regulations, then within a period of five, six, seven, eight years, you have—what amounts to a nursing home. People who come here, they’re older; they’re on the verge; they’re on that last [pause] part of the slope…. You go to the dining room, and there are people in their bed clothes, and clearly nursing home apparel—.” Joan interjected, “Well, that doesn’t happen often. It’s not usual. But when it does happen—” Michael continued, “You say to yourself, There am I, but I’m not ready yet. I don’t want to be confronted with it yet.” Joan added, “That’s what bothers me. Because when we were in our [own] apartment, we didn’t have any of this [pause] exposure. I never gave it [the possibility of our own future infirmity?] a second thought.”

When I ask what they might do if independent living were to become no longer possible, none in my study have yet envisioned to me wishing to depend fully on, or to move in with, their children. If, curious about the contrast between Indian and US views, I raise that possibility myself, most all have dismissed the idea out of hand, some while laughing, “No way!” or exclaiming, “I would hope not!”—explaining that they had never really considered moving in with children a possibility, or that they wouldn’t want to burden their children, or that they could only imagine doing so if their own help were needed in the household in a “mutual assistance” arrangement, or that they don’t think they would get along with their children well in a co-housing situation. “I think it would be very hard on them [the children],” Carol Silverstein expressed. “I’ve seen situations where it evolved that way [into moving in with children], and I don’t think it’s good.” Many do live near their adult children and grandchildren, in the same or neighboring towns, some having sold homes elsewhere post retirement to relocate closer to children. Most all of my informants with children and grandchildren report tremendously valuing such relationships—engaging in mutual exchanges of love, visiting, talking on the phone, emailing, assistance, etc.—but do not expect to cultivate with them full physical, financial or co-residential (inter)dependence.⁹

For many of my informants, these practices of active, successful aging are pursued as a self-conscious, self-disciplining project. Retired Wellesley College professor Susan Katz’s vision of successful aging clearly rests on a notion of individual agency: “Figure out what it is you like to do, and then figure out a way to do it.” Betty Rowe acknowledged that “it takes a lot of energy”—to be upbeat all the time, to exercise every day, to stay active, and to not let on to one’s family that one feels needy at times. Edna Feldman commented: “I do think you have only yourself to blame if you don’t use whatever body you have left, to upkeep it.” Marjorie Newman declared, “My mom went from being very active and working to really almost an invalid—very little mobility. So really I just refuse. She was always bright and interested in things, but she gave into the physical. So I had two knee replacements and I’ll do anything I have to, to just be very active…. I have aches and pains and I try not to focus on it. But if it stops me from doing what I want to do, then I am going to do something about it! I’ll have the parts replaced one by one until I have a whole new bionic body!” Ted Schulz plans to do all he can to stay out of an assisted living facility, because “I don’t like that idea—of not being able to cope well as an individual—because that’s a concession. It’s one thing if I have to because of mental or physical problems, but not because I’ve simply failed to manage on my own.” 100-year-old Alice Rosenthal attributes her long life and good health partly to fortune—she feels very lucky not to be poor—but also to her own individual efforts, including eating well, exercising physically (such as walking rather than taking a wheelchair), and most importantly engaging in daily mental exercise, including reading books and The New York Times and taking classes where she will “learn new things—learn a lot.”

For those who have the physical, mental and financial resources to be able to pursue “successful” aging in these ways, all this activity, productivity, health and independence can be really fun and rewarding—giving life meaning and pleasure, and sustaining self-esteem. Carol Silverstein articulated, “I’m really excited that I’m so well and so active. I hope to keep it that way.” Fieldwork with US elders has helped to reveal the appeal of the successful aging project. What had seemed strange to me coming from years of fieldwork in India where I encountered quite different ideals of aging has now become much more familiar. I can see why many find it fun and inspiring, and healthy, to pursue life-long vitality and longevity.

Meaningful decline?

Philosophers, moralists, and novelists have long played out the disputes between those who feel humans are at their most noble when they recognize their natural limits, and embrace their inevitable finitude in the fallen world in which they live, and those who say that the most human form of life is to conquer, subdue, manipulate, and escape such natural limits.

—[Nikolas Rose, The Politics of Life Itself (2007, p. 96)]

If so many apparently enjoy and support the successful aging movement, then, one might ask: What’s not to like? Who wouldn’t want to be healthy, fit, independent and active? Or not?
In this section, I draw on the thoughtful, articulate perspectives of some of my informants to begin to make a case that the popular and scientific model of successful aging would be enhanced—more productive, helpful, realistic and perhaps even inspiring—if it were to incorporate the realities of change, decline and mortality. The only certainty in the human life course is that we each will die. And few are able to live life in perfect health until suddenly dropping dead at age 100. Rather, most experience some degree of decline for months or years leading up to death, and/or profoundly experience a spouse’s, partner’s or close friends’ decline and dying. Yet the prevailing successful aging model, in popular discourse, biomedicine and academia, does not include such declines. In the current standard model, one could say that once a person declines or approaches death, he or she is no longer “successful” at aging and so drops out of the paradigm (Cosco, Stephan, et al., 2013). This means not only that we each become doomed to “fail” but also that we miss out on the opportunity to accept and learn from the realities and spectrum of life as lived.

Although my informants to date, in keeping with prevailing US norms, have not as a majority brought up mortality on their own, a notable few have initiated the topics of death, dying and decline, while even integrating these realities into their visions of aging well. Some articulate compellingly that we must accept declines, limitations and mortality as part of the aging and human life process. Some are disgruntled with our wider society that denies these realities. Adapting to and accepting change and limitations are thus, for these persons, an important part of aging well. Even some dependence on others should be okay and not so feared, some argue.

One informant, Max Stemmer, whose first wife had died in her fifties, complained: “Our society shuns death, pretends it doesn’t happen... The Baby Boomers haven’t quite accepted that they’re mortal. Yet: isn’t the whole process of living a gradual acceptance of: ‘Hey, I’m really going to die?’ I was chatting with both Max and his second wife Ellen and mentioned that I welcomed his speaking of death and dying, because it’s a subject people don’t seem to acknowledge or talk much about in our society. ‘Certainly they don’t!’ Max replied. ‘People don’t die in our society; they pass away.’ We all laughed. Ellen rejoined, ‘No, now they just pass.’ Max concluded with a broad smile: ‘Or, one could say they failed.’

Max and Ellen felt they both had in common very close encounters with death, making death an undeniable reality, in that each lost a first spouse to death, and each had also lost a parent at the age of fourteen. About their parents’ passing, Max described: “None of our families talked about it at all. Ellen found out that her mother was going to die just the day before, and I never knew my father was going to die until he was already dead.”

When I asked Max how he thought he had changed or stayed the same over his life, he replied: “Well, hopefully one grows. I’ve become—I’m really getting older, old, in fact.” He is now 83. “We all know we’re going to die sometime; this has new meaning now than in the past. There’s a kind of sadness is this recognition. Really, I didn’t choose to be born, and I’m not choosing to die. But I try to acquire some wisdom and understanding—how I want to be as a person. ... I have produced kids and grandkids who will live on—that’s something.” He paused. “Certainly one becomes more mature, hopefully.”

Another informant, a cancer survivor, Shirley, uttered: “I hate the way death is viewed in this culture—it’s just viewed as something that’s bad.” Shirley had been a participant in the one-week intensive cultural anthropology course I taught through the Brandeis-Osher Lifelong Learning Institute, and she sometimes coaxed her classmates into trying to regard processes of change, decline and mortality as potentially meaningful conditions worth confronting rather than hiding under the rug. In the class on “The Human Life Course Across Cultures,” I had assigned Harry Moody’s compelling essay “From Successful Aging to Conscious Aging” (2009) advocating that we expand our views of successful aging to include recognizing and adapting to, rather than postponing or denying, decline. Reacting to classmates who said they found the article a waste of paper, or that it didn’t seem to have an important point, Shirley defended the piece, saying that she especially loved one line, which she read and re-read to the class: “Personal meaning is sustained through inner resources permitting continued growth even in the face of loss, pain, and physical decline” (Moody, 2009, p. 75). In another discussion, inspired herself by Buddhist perspectives, Shirley helped me try to explain some Buddhist principles to others in the class—including that life is fundamentally transient and full of suffering, principles that the woman sitting next to Shirley found “depressing,” but which Shirley argued can instead be viewed as uplifting and enlightening. Shirley cited to the class two of her favorite quotes: One, attributed to Justice Louis Brandeis, she had encountered on a plaque when crossing the bridge to Brandeis University’s Gosman Gym: “If you would only recognize that life is hard, things would be so much easier for you.” The other, attributed to an “unknown yogi”: “Change is inevitable; growth is optional.”

Other of my informants have critiqued and been disturbed by the myth of individual control in the dominant successful aging paradigm. Most of those wishing to talk about death, dying and decline are those who have experienced closely their own or a partner’s infirmity or passing, experiences that have forced them to acknowledge the limits of individual autonomy. Emile characterizes herself as having metamorphosed from a person who, at age 86, was delighted by aging to being terrified. This transformation happened suddenly when her husband and life-long beloved partner of 65 years had a stroke. Our popular, rosy vision of successful aging, Emile told me, is utterly contingent on certain things beyond individual control, such as good health. Shirley commented similarly, “There are so many times in life when you don’t have a choice”—such as in illness, cancer, (often) divorce, and economic circumstances.

A model implying that the individual is in control leaves one open to a sense of personal failure and embarrassment if things don’t continue to go well. Dora Koenig told of how embarrassed she was by her cancer: “What happened when I got sick ... I was profoundly embarrassed that I was going to die. Nothing short of that. For six months I couldn’t tell anybody. That’s weird.” “Yeah, that is weird;” I said, “but I—” “You can relate to it?” Dora asked. “It was like I had a personal failing.” Later I mentioned to Dora the notion of “permanent personhood” I found in our North American models of successful aging. Dora interrupted, “Oh, I believe permanent personhood is an evil idea. Because it is so wrong. It is just not true. And it is like never-never land and princesshood. It just doesn’t help you be a person.”
Once I showed several members of a lifelong learning program the cover of a New York Times Sunday magazine from January 30, 2000 featuring two older people riding scooters as they cheerfully wave, with the headline: "Racing toward Immortality (Or at Least Your 150th Birthday)." I commented that such images imply that successful aging is to maintain as much as possible one's active, independent adulthood. One of the women retorted: "That almost makes becoming disabled a crime! I mean, this is designed to make people who can no longer do those things feel bad." Another: "It's a fantasy." I was curious, "A fantasy. Is it, you know, a sort of pleasurable fantasy to pursue, or is it scary because you know you can't achieve it?" The reply: "It makes you feel like something's wrong with you."

Several others in my study expressed annoyance that the popular media and their younger doctors telling them to be active all the time don't actually understand what it's like to have less energy. One woman in her eighties commented: "A key feature [of successful aging], I think, is the capacity to accept your limitations, and not to be in struggle with that: The world changes; you change. ... This is what I've learned the most in my later years and what I've found the most reassuring."

Conclusion: the culture and biopolitics of successful aging

The contemporary successful aging movement is a powerful cultural and biopolitical project shaping ways of thinking about aging, the life course, and personhood at both the individual and population levels. The shifting demographics of an aging population have made aging one of this era's primary individual, medical and national concerns. Like the "war on obesity" discourse (Greenhalgh, 2012, p. 482), successful aging discourse in North America is at once a morality tale, a medical tale, a governmental tale, and an existential tale, enacting cultural norms for persons as healthy, active, independent, and long-living subjects.

The successful aging movement emerged partly as a counter response to ageism and the negative views of old age circulating amidst North American society (Holstein & Minkler, 2003). In Declining to Decline, cultural critic Margaret Morganroth Gullette indict the "master narrative of decline" constraining contemporary American age ideology, resolving to attack the "age binary young/old and the narrative binary progress/decline" (1997, pp. 202, 11). In this way as a counter to ageism, the successful aging movement seems a positive development—offering hopeful, even celebratory images of what maturity can be.

In a way, however, both the bipolar "ill-derly" and "well-derly" (Moody, 2009, p. 68) models of aging are expressions of our anti-aging culture and broad discomfort with situations of bodily and cognitive impairment, dependence, and human transience. In his part-satirical classic essay on "Body ritual among the Nacirema [Americans]." Horace Miner ponders American culture: "The fundamental belief underlying the whole system appears to be that the human body is ugly and that its natural tendency is to debility and disease. Incarcerated in such a body, man's only hope is to divert these characteristics through the use of powerful influences of ritual and ceremony" (1956, p. 503). The successful aging movement has certainly emerged as a powerful contemporary ritual and ceremony—aiming to counter debility, disease and even mortality, while fostering a cultural-political model of personhood emphasizing individual control and self-determination.

For most all world nations, not only in the United States, population aging has emerged as a problem of biopolitical governance, as states the world over contend with how to administer their aged at both the individual and population levels. Yet different biopolitical approaches to population aging, and different anxieties regarding the conditions of old age, are apparent across national-cultural settings. In India, for instance, the passing of the Maintenance and Welfare of Parents and Senior Citizens Bill of 2007 (enacted into law in 2009) highlights the widespread belief that the family, rather than the self-reliant individual, the state, or the market, is the key (most natural, healthy, appropriate) site of elder care. The law stipulates that children may be fined Rs. 5000 and jailed for up to three months if found guilty of neglecting their parents. This law has arisen amidst national anxieties that family-based care is on the decline, as what was once a 'natural' moral obligation must now be legislated (Lamb, 2009, pp. 237–249, 2013a). In China as in the United States, the government has recently taken to promoting individual-centered active aging practices, including daily exercise (Zhang, 2009, pp. 211–212). Hong Zhang comments, "Clearly the Chinese government has a strong vested interest in facilitating this new trend of active aging among the elderly," as a means to "translate into fewer health costs" and to create "a more stable social order" (p. 212). At the same time, Chinese law-makers have passed an "Elderly Rights Law" similar to India's, requiring grown children to visit their parents, and ensure their parents' financial and "spiritual" needs are met, or potentially face fines or jail,10 drawing on familiar Chinese cultural models of filial piety and interdependent personhood as they legislate a vision for managing and optimizing aging. The individual-based active aging movement still has not hugely taken off in India, although some among cosmopolitan circles are picking it up. The Dignity Foundation is one that has recently updated its mission statement to include productive, active aging discourse: "We enable senior citizens to lead active lives through easy access to trusted information, opportunities for productive ageing and social support services."11 One Delhi-based gentleman who has spent several years in the United States and is active on the internet proudly reported to me over email his own activity level at age seventy (which includes walking, yoga, meditation, reading, writing, participating in seminars, and working in the areas of human rights and environmentalism). His emailed comments took up the internationalizing successful aging discourse: "Where many people my age or younger in India lead vegetative lives, I think I have achieved 'successful aging.'"


Our very ideas about what it is to be a normal, valued and successful human being over the life course arise out of and are shaped by particular and powerful cultural–historical, political–economic conditions and discourses, many of which today are circulating around the globe. The aim of this piece has been to expose, complicate and enhance our own North American readings of aging and the place of late life and old age in our visions and experiences of personhood.

In so doing, I suggest that the vision offered by the dominant successful aging paradigm is not only a particular (peculiar?) cultural and biopolitical model but—despite its inspirational elements—in some ways a counterproductive one. The population of US elders I focused on for this project comprises those, one might argue, especially suited to take part in the successful aging movement—those having the financial resources, the educational backgrounds, and (on the whole) the good physical health to enable them to partake in the kinds of lifelong-learning and independent-living organizations from which I recruited participants in the Boston suburbs. Nonetheless, there are those in my pool who find the (over)emphasis on positivity and individual autonomy disturbing. What of others less privileged?

Other writers similarly critically expose the extent of the current North American exuberantly optimistic anti-aging trend. Essayist Jennifer Graham (2013) cautions in a recent opinion piece for the Boston Globe: “Our retirement homes will soon be full of smiling boomers wondering how they got so broke and weak when they’d summoned health and wealth from the universe, just like Oprah said.” Physician Muriel Gillick critically visualizes: “If the aging process could be stopped in its tracks, we would not need to think about dealing with frailty or to imagine designing better nursing homes or to ask whether assisted living is adequate for people with dementia. ... Nor would anyone have to face the assorted dependencies and disabilities that arise from weakened muscles, worn-down joints, and wobbly memories” (2006, p. 195). Anthropologist Sharon Kaufman reflects: “Medicine provides and supports a view that humans can overcome disease and, in fact, can overcome nature through scientific discovery ... and through sheer perseverance. ... In fact, the biosciences and their clinical applications seem to suggest that potential solutions for much terminal illness and end-stage disease, indeed for old age itself, are just around the corner” (2005, pp. 321–322, second emphasis added). Are these aspirations—stopping the aging process in its tracks, devising a solution for old age itself—what we really want to be striving for?

In one of the few popular successful aging texts that focuses on human transience, physician Andrew Weil remarks: “We cannot change the fact that we are all moving toward physical decline and death. The best we can do—and it is a lot—is to accept this inevitability and try to adapt to it, be in the best health we can at any age. To my mind the denial of aging and the attempt to fight it are counterproductive, a failure to understand and accept an important aspect of our experience” (2005, p. 6). Theodore Cosco, Blossom Stephan and Carol Brayne argue that by “notably failing to include processes of death and dying,” “current models of successful aging neglect the realities of the lived life” (2013, p. 751). In an op-ed essay for The New York Times, author and neurologist Oliver Sacks suggests compellingly that heightened consciousness of transience in late life can even bring joy (2013).

Our ideas about what it is to be a successful human being over the life course arise out of and are shaped by profound cultural–political visions of who we are as human beings and how best to live. We in North America might do well to come to better terms with the normal human conditions of decline, dependence and death. A recognition of meaningful decline as a valid dimension of aging and personhood need not be incompatible with the enjoyment of a vibrant late life.

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