

CHAPTER 4

From Successful Aging to Conscious Aging

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A human being would certainly not grow to be seventy or eighty years old if this longevity had not meaning for the species. The afternoon of human life must also have a significance of its own and cannot be merely a pitiful appendage to life's morning.

Carl Jung

When we look at our globe from planetary perspective we recognize that population growth is slowing and that populations are aging. United Nations demographers estimate that by the middle of this current century global population will peak and then begin to decline, a process chiefly attributable to rapid decrease in fertility in both the industrialized and the developing world. Does this leveling of population mean the decline of humanity? On the contrary, it means an achievement of equilibrium, ecologically speaking, and the opening of a new chapter in the human story (Munford 1956). What does this new chapter entail? Specifically, what does a new planetary ecological balance involve in psychological or symbolic terms, in terms of how we think of ourselves and of the human future?

Within two decades, Americans over sixty-five years of age, instead of being one in eight (as of now) in the population, will be one in five—a dramatically larger proportion. In the nations of Japan and Western Europe, this shift is already further advanced. Developing countries will move in this direction as well. What will this shift mean for the economy, for family life, for the health care system? For those who unconsciously identify growth with sheer size or quantitative expansion, population aging provokes unease, even gloom (Moody 1988). An aging represents a shadow across the face of things to come and, psychologically speaking, it represents the shadow part or the unexamined dimension of our future selves. As a storm at sea approaches land, signs in the

sky are evident before the storm reaches the shore. So, too, there are signs that this enormous transformation of population aging is already having its effect on our understanding of ourselves and on our image of the second half of life.

THE FACE OF AGING

The face of aging in America is changing. We are moving away from a negative image (the “ill-derly”) toward a more positive image (the “well-derly”). The current sea change is prompted by rising longevity and health, by an exploding population of aging baby boomers, and by emerging deals of growth and development over the life span. A survey of periodical literature over the twentieth century confirms this shift away from managing problems of aging in favor of health promotion and contributions toward the well-being of society (Holkup 2001). This development is one chapter in an older story of ambivalence about aging, which historian Thomas Cole called “bipolar ageism” (Cole 1992). We vacillate between hope and fear, between negative stereotypes of old age and positive elixirs that promise the secret of overcoming time and aging itself (McHugh 2003).

The current shift can be summarized, in slogan form at least, by two phrases that redefine a shared understanding of what aging might mean:

- the first is Successful Aging (sometimes called “Vital Aging” or “Active Aging”)
- the second is Productive Aging (often linked to “redefining retirement”).

Successful Aging is the expectation that later life can be a time of sustained health and vitality. Successful aging appeals to individual hopes and dreams: “You should live and be well.” Productive aging is the expectation that later life should be a time not for disengagement but for a continued contribution to society, through worklife extension, volunteerism, or other contributive roles. Both ideals—sometimes subsumed under the label of “The New Gerontology”—amount to a new, more positive version of later life: rejection of familiar notions of old age as a social problem in favor of the idea of aging is an opportunity for the individual and society (Rowe 1997; Gergen and Gergen 2001). Both successful aging and productive aging represent the attraction of gerontology by the power of positive thinking, a hardy perennial in American life. But these deeply rooted cultural ideals of growth and expansion also may represent a refusal to face the “shadow” side of aging itself (Zweig and Abrams 1991).

SUCCESSFUL AGING: SCIENCE OR IDEOLOGY?

In this chapter, I want to look critically at the new positive image of aging—not so much to reject it, as some commentators have done (Holstein and Minkler 2003), but to understand what social and psychological conditions are required if the ideals are ever to become more than a slogan. Specifically, I want to look at the shadow elements neglected by our embrace of the new

gerontology. I have elsewhere described successful aging and productive aging as different elements of an ideology: that is, a system of ideas that expresses and simultaneously conceals underlying human interests (Moody 2001). To grasp this point about ideology, it is enough to note that in the United States, anything that appeals to success and productivity is likely to prove decisive, because values of success and productivity are so deeply embedded in the national character.

Where does the agenda of successful aging come from? How will it evolve in the future? First, note that the notion of successful aging is not exactly a new idea. The hope that later life could be a period of vitality and activity was first expressed in Cicero's treatise, *De Senectute*. The outlines of Cicero's view are parallel to what Rowe and Kahn (1998) would develop in their book, *Successful Aging*. Apparently, it took the MacArthur Successful Aging project millions of dollars to discover what a Roman philosopher stumbled upon 2,000 years ago and expressed so eloquently in his classic treatise.

But, in all fairness, the MacArthur Foundation was not mistaken to undertake its project. The MacArthur researchers needed to justify their conclusions by science, not by philosophical speculation. That fact makes all the difference in terms of the credibility of successful aging for Americans today. To be persuasive, an ideology must be accepted as true, not merely useful, to human interests of different kinds. Proponents of successful aging want us to believe it is not mere opinion, still less an ideology (as I have suggested). Indeed, in the spirit of positivism, successful aging is present as a fact, the way things are, in contrast to old-fashioned prejudice (i.e., ageism). This rhetorical foundation for successful aging is based on rejecting myths: for example, the mistaken idea that the course of the later life is foreordained by fate or genetic determinism. To the contrary, Rowe and Kahn reassure us, if only we open our mind to the facts, we will see that our condition in old age is largely up to us.

Now, it would be unfair to criticize Successful Aging simply as Horatio Alger in geriatric dress. But we do have to recognize and unmistakable appeal here to personal autonomy and individual responsibility ("A healthy old age is up to you!"), which is certainly a message Americans will respond to.

This characteristically American culture approach to successful aging demands that we look more carefully at Rowe and Kahn's original formulation of the idea. They distinguish successful aging from normal aging. Following their formulation, subsequent debate about successful aging has tended to assume that success in coping with aging means delaying the features of normal aging. Thus, for someone gifted with successful aging, to be eighty years old means looking and acting like a seventy year old, and so on. But, as Torres (1999) points out, this prevailing understanding of successful aging enshrines an activity and future oriented set of values. "Managing on one's own becomes prized above all else. Refusal of dependency is understandable insofar as dependency in caregiving often leads to loss of dignity" (Lustbader 1991). But the result of uncritically accepting the prevailing version of successful aging is that "dignity" becomes equated with independence, thus rectifying

individualist values and neglecting cross-cultural variations in patterns of family caregiving. Not all situations of caregiving entail loss of dignity.

What is needed to correct this misunderstanding is both more refined empirical work and a more thoughtful critique of the atheoretical patterns of social gerontology, which has long been a problem in the field. For example, some recent empirical work in Sweden by Torres and colleagues has involved looking more closely at the relationship between cultural values and successful aging: specifically, at value orientations around relational modes and social networks (Torres 1999). Whether dependency entails loss of dignity will be heavily influenced by such cultural differences, not by physical traits alone. In short, different cultures, even today, view self-sufficiency in ways that are profoundly different.

What is clear is that taking for granted our individualist, activity oriented and future oriented approach to successful aging becomes an uncritical kind of cultural blindness (a kind of ethnocentrism) that will not be overcome by empirical investigation by itself. Empiricism alone will not correct the problem. Offering more precise correlations between locus of control and life-satisfaction and then extrapolating these findings to ideas about autonomy or successful aging simply disregards the cultural context in which people live their lives. A genuinely critical gerontologist would attempt to bring such presuppositions to the surface, and Holstein and Minkler's critique is in the spirit of critical gerontology (Minkler and Estes 1999).

VARIETIES OF SUCCESSFUL AGING

A comprehensive review of the term successful aging in the academic literature turned up a variety of definitions. But different uses of the term converge on key ideas such as life satisfaction, longevity, freedom from disability, mastery and growth, active engagement with life, and independence. The predominant emphasis here is on maintaining positive functioning as long as possible (Phelan and Larson 2002). Against this progress oriented version of successful aging, this review also acknowledged a certain fluidity tied to a diversity of socioeconomic variables. Thus, individual progress is balanced by tolerance and relativism in characteristically American fashion.

By contrast, British gerontologist Alan Walker avoids the term successful aging in favor of active aging, which he links to five policy domains: employment, pensions, retirement, health, and citizenship (Walker 2002). Focusing mainly on Europe, Walker believes that a policy strategy on behalf of active aging can be justified on both an ethical basis (greater equality) and an economic basis (reduced old age dependency). In contrast to American proponents of successful aging, Walker's approach focuses on population and the life course: that is, he looks beyond individualism and emphasizes long-range consequences of habits of early life (Bower 2001). When we look at the new gerontology from a global, international perspective, it becomes clear why analysts in other countries outside the United States prefer the concept of active aging instead of successful aging. The semantic difference suggests a

deeper divergence between images of positive aging in America in contrast to the rest of the world (World Health Organization 2002). Again, the ethnocentrism of the dominant version of successful aging is apparent.

Finally, let us note that even critics of Rowe and Kahn's approach—for instance, those who favor a religious or spiritual view—seem to accept the premise that successful aging represents happy and healthy aging. For example, Crowther and her colleagues have argued that spirituality is a forgotten factor in the successful-aging paradigm (2002). But they end up arguing that spirituality or religiosity (the two are often conflated) is a factor that promotes better physical and mental health in old age. This line of argument—"Religion is good for your health"—will certainly have its appeal (Koenig 1999). But it amounts to accepting all too quickly the basic premise of Rowe and Kahn's initial formulation of successful aging.

POWER OF POSITIVE THINKING

Before we too quickly dismiss Rowe and Kahn's formulation, we need, again to look carefully at their text. When we do look closely, we note that the book actually contains not one, but two different definitions of successful aging. The first definition, the one discussed up to this point, is couched in terms of maximum wellness: avoidance of disease and disability and active engagement with life. A good old age, in this definition, is just an old age with minimum sickness or frailty, as much like youth or midlife as possible.

On this point, Rowe and Kahn bring forward the idea of "compression or morbidity" (Fries and Crapo 1995) originally articulated by Oliver Wendell Holmes in his poem "The Wonderful One-Horse Shay," which is cited in their book. Compression of morbidity is not exactly "prolongevity," but it is a descendent of the same progressivist spirit (Gruman 2003). We can think of compression of morbidity as a bit like political liberalism, in contrast to revolutionary political ideology. Political liberalism works the system to promote progress without challenging limits. By contrast, revolutionary ideology wants to overthrow the status quo. So, too, compression of morbidity doesn't promise we will live longer than the maximum life span in previous epochs, but incremental progress is still assured.

Compression of morbidity, and successful aging, are mainstream, liberal ideologies, whereas appeals to so-called anti-aging medicine are revolutionary and reject the dogmas of mainstream biology and medicine. Even if their present claims are bogus, this goal of "uncapping" maximum life span may not be impossible. However, these prospects lie outside what Rowe and Kahn understand successful aging to be. Their liberal incremental version of successful aging means that, as far we can, we postpone sickness (morbidity) until the very end of life and then die quickly, without lingering illness or debility. This is a hopeful, but realistic, version of progress in successful aging, couched in terms of individual responsibility and initiative: the triumph of contemporary American values.

DECREMENT WITH COMPENSATION

Now, interestingly enough, a close reading of Rowe and Kahn's book turns up a quite definition of Successful Aging, a definition expressed by the phrase "decrement with compensation." Like compression of morbidity, decrement with compensation is easy enough to understand. In this case, the goal of positive aging is not to stay healthy longer and longer but, rather, to adapt, to make the best of our situation, even if it means chronic illness and decline. Instead of postponing decline, we recognize that decline is to be expected, and so we compensate for it and adapt to it. Successful aging, in this second version, does not mean remaining healthy as long as possible but adapting to losses when they occur. For example, instead of downhill skiing, one takes up cross-country skiing. Instead of remaining a professional athlete, one becomes a coach; and so on. This definition of successful aging is more realistic in acknowledging the limits of individual autonomy. No matter how vigorous one's efforts at health promotion, anyone can succumb to accidents and the failings of advanced age. In statistical terms there is steady increase of chronic illness and frailty in later life and Gompertz's law (first formulated in 1828) still confirms that the rate of mortality in human beings doubles every eight years.

Successful Aging, then, comes in to two quite different versions. The first version stakes the whole meaning of success on avoiding bad outcomes and preserving health and vitality as long as possible. The second version looks for compensating factors and invites us to ask just what sorts of compensation might be possible, either individually or societally. I will come back to this point later, but for now it is enough to see that the two definitions of successful aging are very different in their implications. Curiously, they are never quite reconciled by Rowe and Kahn. Most commentators, especially those who attack the idea of successful aging, have concentrated their fire entirely on the first definition while ignoring the second.

The ideal of successful aging—understood in its first version as indefinite prolongation of the values of middle age—is a prescription for remaining on a superficial level of life: "Hold on to what you've got as long as possible." By contrast, when losses demand a new approach—the second definition of successful aging as "decrement with compensation"—we have the potential for going beyond, or below, that superficial level of life. Once we take seriously the second version of successful aging, then, age itself can be an opportunity for spiritual growth, as in the Sufi saying "When the heart grieves for what it has lost, the spirit rejoices for what it has found." It is this spiritual opportunity—what we may call "conscious aging"—that I turn to now.

MEETING THE SHADOW

Drew Leder accurately pinpoints the attractiveness of successful aging in terms of a Western model of combating losses as best as we can (2000). He contrasts this with what he terms "spiritual aging" that involves embracing

losses as a curriculum for developing the soul: "Age challenges us to see beyond the ego-self, now failing into disrepair. Who am I, if not just this wrinkled face in the mirror? The advent of illness in later life sometimes proves to be the trigger for this call, or descent into the underworld, "which is an encounter with a deeper level of living, as psychiatrist Jean Shinoda Bolen describes it:

When life is lived superficially or is almost entirely outer-directed, something has to happen that leads to soul-searching. Until then, there may be very little communication between the upperworld and the underworld, between the inner world of the personal and collective unconscious and the outer-world concerns of the ego. Layers of façade, of entitlement, and privilege that were built up over the years have no bearing on the occurrence or progression of an illness, and do not adequately prepare a person for the underworld descent. (1998: 70)

If we can no longer sustain the midlife values of maximum wellness and productivity, then the descent will trigger troublesome questions not asked earlier in life:

Illness raises questions: Who are you when you stop doing? When you cannot be productive or are no longer indispensable to others? When you can no longer go on as before because you are sick, when you lose status? Who are you when you can't be a caretaker or a boss or do your job, whatever this might be? Do you matter?

If we listen to these questions—those posed in the second version of successful aging as decrement with compensation—then we move along a different path from the prolongation of the values held supreme in the first half of life:

The truth that will set free in the last half of our lives is not to be found in ego complexification. Consciousness has a developmental quality in the first half. In our old age, it grows through disenvelopment. It moves backward. It is regression in the service of transcendence. (Bouklas: 300)

Bouklas writes from his long experience as a geriatric psychotherapist. Yet his conclusions echo our second version of successful aging. True, decrement with compensation rings like the jargon of abstract social science and the phrase "regression in the service of transcendence" does little to improve it. Yet, these ideas reflect a profound truth that the greatest artists have conveyed in their lives and works.

LATE FREEDOM

Take the case of Beethoven, who experienced an ultimate narcissistic wound with sensory disability that attacked the very core of his creative identity. In his Heiligenstadt testimony, Beethoven recorded his own descent into despair and soul-searching (Sullivan 1960). After he became totally deaf, he went on to produce the Ninth Symphony. His last years were a creative journey rooted

in the solitude of inner silence. One could imagine a Beethoven who never lost his hearing but went on to produce more and more symphonic creations that pushed the limits of classical form, just as the first version of successful aging would simply prolong the virtues of midlife. But Beethoven was forced to take the path of descent and solitude. He produced the Ninth Symphony and the last string quartets, and he burst the limits of conventional form in the service of musical transcendence (Solomon 2003).

Beethoven did not live into old age, but this pattern of creative response to disability—decrement with compensation—is recognized in other great artists. Some artists—Picasso is a great example—demonstrate the first version of successful aging: productive engagement, activity, and prolongation of the values of youth and midlife (Schiff 1984). But others are forced to undergo descent and decrement.

One of the most brilliant examples is the late work of Matisse, produced when the old artist suffered physical infirmities that confined him to a wheelchair and prevented him from painting large canvases. Instead, Matisse turned to cutting out colored pieces of cardboard. These cut-outs represented a radical simplification of his lifelong style (Elderfield 1978). In keeping with the continuity theory of aging, Matisse never lost his passionate love of color. But in his later years, the evocation of color became simplified, purified, and transformed into that late freedom seen in so many artists in old age (Dormandy 2000). Matisse demonstrated not ego complexification but a sublime kind of regression, a simplicity that was the fruit of a lifetime's experience.

THE VIRTUES OF AGE

So we may wonder: is the dominant version of successful aging an expression of our wider antiaging culture? In his critique of the contemporary ideology of successful aging, Stephen Katz points to the ascendance of ideas grouped under categories such as postmodernism and posthumanism (2001). Katz notes that the appeal of timelessness and self-reliance is tied to the promise of technology and the mirage of overcoming all limits. As a marketing agenda, successful aging tends to blend imperceptibly into antiaging (Katz 2001). From cosmetic surgery to lifelong learning, from virtual bodies to the prosthetic self the appeal is always to turn away from outdated images of maturity in favor of a reinvented identity outside of time and finitude. By contrast, Katz urges us to reflect more deeply about the true resources of temporality—the resources of tradition, wisdom, narrative, memory, and generativity—that affirm intrinsic values of aging instead of dwelling exclusively on risk and loss (Katz and Marshall 2003).

Let us push this matter of risk and loss to its ultimate extreme and ask the question: Is it possible to find successful aging in a nursing home? If we adopt the first version of it (prolonged wellness), then evidently not. But what about the second version, decrement with compensation? Here it is appropriate to point out that Erik Erikson, modern-day prophet of the virtues of the life cycle,

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died in a nursing home, as did his wife Joan. We have no testimony about their final days in a long-term care facility and can only speculate about it. But we do have a remarkable record of successful aging in a nursing home: the journal of Florida Scott-Maxwell (Berman, 1986). Her powerful words give a new meaning to the idea of decrement with compensation:

Another secret we carry is that though drab outside-wreckage to the eye, mirrors a mortification-inside we flame with a wild life that is almost incommunicable. ... It is a place of fierce energy. Perhaps passion would be a better word than energy, for the sad fact is that this vivid life cannot be used. If I try to transpose it into action, I am soon spent. It has to be accepted as passionate life perhaps the life I never lived. Never guessed I had it in me live. It feels other and more than that. It feels like the far side of precept and aim. It is just life, the natural intensity of life, and when old, we have it for our reward and undoing. (1968: 32–33).

Rarely have we heard words that so vividly convey the dialectical truth of losses balanced by gains, physical decline compensated by spiritual insight. The message of Florida Scott-Maxwell's nursing home journal is not far from the spirit of Rembrandt's late self-portraits, the visual record of a long journey toward ego-integrity achieved in the midst of losses and tragedy. What Rembrandt's late-life portraits convey are the same qualities some psychologists have discerned in successful aging: self-acceptance, inner mastery, purpose in life, and personal growth (Ryff 1989).

The testimony of great artists converges with life-span developmental theories and clinical concepts of personal growth. Whether in Matisse's cutouts, in Florida Scott-Maxwell's nursing home journal, or Rembrandt's self-portraits, we find the same recurring motif. Personal meaning is sustained through inner resources permitting continued growth even in the face of loss, pain, and physical decline. This compensation for decrement arises from a spiritual core that makes transcendence a genuine path in the last stage of life (Moody 2002). The inspiring account by Ram Dass of his struggle with a near-fatal stroke evokes the same message, the same decrement with compensation, that we have seen repeatedly in those who have made the descent and returned (Ram Dass 2001).

SHARED TRANSCENDENCE

Is this gero-transcendence limited to great artists or writers (Tornstam 1997)? Not at all. Collins conducted an empirical study of successful aging among the Inuit people on Victoria Island in the Canadian Archipelago (2001). It turned out that the Inuit people understand elderhood in much the same way as our own society. But they do not share the first version of successful aging (active engagement and good health). Instead, successful old age was viewed as the ability to manage declines in health in a positive way. The key element was understood as a capacity to transmit accumulated wisdom to the next generation. Rabello de Castro and Rabello de Castro's case studies of Brazilian

elders came to a similar conclusion: mechanisms of successful aging reflect ways in which we constitute a sense of meaning in terms of a total life history, not gains or losses at a particular point in time (2001).

This entire line of ethnographic research underscores the way in which successful aging—understood as decrement with compensation—depends in crucial ways on what Bourdieu would call social capital, especially the cultural and symbolic resources that provide a sense of meaning when the mask of mid-life achievement slips away (Marin 2001). Even in the American environment, we know that social networks and social relationships are of enormous importance for sustaining cognitive function associated with successful aging (Seeman et al. 2001). In contrast to the individualism (à la Horatio Alger) of the first version of successful aging, these sources of compensation are correlated with the social capital and the resources of the wider society. Instead of looking to elders on the ski slopes, we need to look at elders in wheelchairs who can inspire us with examples of successful aging in the face of chronic illness (Poon Gueldner and Sprouse 2003).

With this wider perspective—society's instead of the individual's—we come, full circle, to the question with which I began this exploration: namely, how do we come to see human aging in the widest ecological, planetary perspective? The prophets of gloom see in population aging only a loss because they have not listened to the testimony of those who have gone through the descent and returned with a message of hope. Coming full circle means coming to recognize the circle of life, which is compensation for finitude and a glimpse of what lies beyond. As the Celtic proverb puts it: "Make time a circle, not a line." When we regain this vision, a vision of the great circle of life, successful aging becomes conscious aging.

NOTE

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