Combating Ageism: How Successful Is Successful Aging?

Toni Calasanti*

Department of Sociology, Virginia Tech, Blacksburg.

*Address correspondence to Department of Sociology, Virginia Tech, 648 McBryde Hall, Blacksburg, VA. E-mail: toni@vt.edu

Received February 4, 2015; Accepted May 8, 2015

Decision Editor: Barbara J. Bowers, PhD

Abstract

Purpose: To explore the extent to which the successful aging discourse has accomplished Rowe and Kahn’s (1998) goal of combating ageism by (a) eradicating the narrative of decline and burden, and highlighting the positive aspects of aging; and (b) emphasizing individuals’ ability to age successfully. To investigate this, I first situate ageism in a framework of age relations.

Design and Methods: Using a qualitative approach, I analyze data generated from semistructured, in-depth interviews conducted among a diverse sample of 19 middle-aged men and women. Respondents were asked about what successful aging means to them, as well as their perceptions of their own aging, and old age.

Results: Respondents are familiar with the notion of successful aging, and they believe that they can and should achieve this. However, rather than easing ageism, they experience the mandate to age successfully as a source of tension as they simultaneously realize that it is outside their control. They express continued fears of aging; and they implicitly blame themselves or others who fail to age successfully. Their comments suggest that, rather than supplanting the discourse of decline, the successful aging narrative coexists with it.

Implications: By not challenging the age relations that denigrate differences, the successful aging framework does not eliminate ageism and might even increase it.

Keywords: Ageism, Successful Aging, Age Relations, Aging Bodies

While scholars have long discussed what constitutes a good old age, Havighurst (1961) provided the first explication of the now commonplace notion of successful aging. Emphasizing the social conditions “under which the individual person gets a maximum of satisfaction and happiness” (p. 8) without causing other groups in society to be deprived, the long-standing attraction of Havighurst’s conceptualization lies in its assertion that aging can, in fact, be positive (Katz & Calasanti, 2015).

Contemporary notions of successful aging have moved away from the emphasis on life satisfaction, drawing instead on the more medical framework rooted in the work of Rowe and Kahn (1987, 1998). Their 1998 book was especially influential in light of the media attention it received (Holstein & Minkler, 2003), and various iterations of this medical framework have since been adopted broadly, in a multitude of scholarly and public writings (Katz & Calasanti, 2015). Whereas most research seeks to delineate factors that facilitate or hinder successful aging, debate its measurement, or expand it to include subjective dimensions, coping strategies, and the like (Depp & Jeste, 2006; Montross et al., 2006; Pruchno, Wilson-Genderson, Rose, & Cartwright, 2010; Van Wagenen, Driskell, & Bradford, 2013), a small group of scholars have challenged the construct itself on a variety of grounds, from its utility to its impact on the study of aging and policies, to its neglect of the power relations that shape the ability of some groups to age successfully (Dillaway & Byrnes, 2009; Holstein & Minkler, 2003; Katz & Calasanti, 2015; Liang & Luo, 2012). Regardless of kind, the level of attention successful aging has received speaks to its influence and continuing relevance (Flatt, Settersten, Ponsaran, & Fishman, 2013).
Here, I take a different tack in looking at successful aging. Given the campaign to promote successful aging through “the major public relations effort that followed the book’s publication and the resulting media attention [that] have deepened its cultural resonance” (Holstein & Minkler, 2003, p. 788), I ask how effective this successful aging crusade has been. Specifically, I examine Rowe and Kahn’s (1998) stated goals in developing their construct, namely, to counter ageism and the negative discourse of decline. After a brief overview of their framework and a discussion of the age relations that underlie ageism, I then explore data garnered from in-depth interviews among 19 middle-aged men and women to assess the extent to which, first, the notion of successful aging resonates with them; second, is seen to be attainable and within their reach; and third, has lessened their fears about aging, decline, negative stereotypes and exclusion as they face their future aging selves.

**Successful Aging**

The impetus for Rowe and Kahn’s (1998) iteration of the successful aging concept was to counter ageism and myths about aging which stem from the overall discourse of decline. At the outset of their work, they enumerate these misconceptions: old people are sick; cannot learn new things; cannot make lifestyle changes that would matter to physical and cognitive health at that point in life, or that genetics are the most important predictors; that old people lack sexual energy; and that old people are dependent (p. 11). In essence, they say, old people “are depicted as a figurative ball and chain holding back an otherwise spry collective society” (Rowe & Kahn, 1998, p. 12). They argue that, despite evidence to the contrary, the ageism reflected in this portrayal persists, and they fault “both science and society” (1998, p. xii)—that is, not just media but gerontologists who continue to focus on such issues as frailty and long-term care needs. It is this negative vision and ageism that they seek to change, by pointing to the positives related to aging, and, using evidence from a variety of scientific studies, demonstrating that one can, indeed, age successfully (p. 12–13). As they say, their work “emphasized the positive aspects of aging—which had been terribly overlooked.” (1998, p. xii; emphasis in original).

While the term successful aging has been used in myriad ways (Depp & Jeste, 2006), Rowe and Kahn (1998, p. 38) define it as (a) the avoidance of disease and disability; (b) maintaining high levels of mental and physical function; and (c) active engagement with life, which revolves around “relationships with other people, and behavior that is productive” (p. 40). In turn, productivity includes “all activities, paid or unpaid, that create goods or services of value.” (p. 47). Key to their framework is their claim that individuals can achieve these dimensions of successful aging through appropriate lifestyle choices (an important departure from Havighurst’s (1961, p. 12) caution that successful aging was not likely to “be associated with only one particular life-style”). As they state the crux of their argument: “Our main message is that we can have a dramatic impact on our own success or failure in aging. Far more than is usually assumed, successful aging is in our own hands.” (Rowe & Kahn, 1998, p. 18; my emphasis). Their book is thus geared at demonstrating that individuals can achieve successful aging by making the proper choices. “To succeed…means having desired it, planned it, worked for it. All these factors are critical to our view of aging which…we regard as largely under the control of the individual. In short, successful aging is dependent upon individual choices and behaviors. It can be attained through individual choice and effort.” (Rowe & Kahn, 1998, p. 37; my emphasis).

I focus on two key aspects of their framework. The first is their emphasis on individuals’ ability, indeed responsibility, to control aging through lifestyle choices. The second relates to their belief that countering the discourse of disease and decline through the promotion of successful aging framework will reduce ageism. While the former aspect appears fairly straightforward, a short discussion of ageism both provides greater context for examining the latter and challenges the individual emphasis.

**Ageism and Age Relations**

Rowe and Kahn (1998) draw on Butler’s original formulation of ageism as parallel to sexism and racism. To them, this means that ageism is “a negative view of a group, and a view divorced from reality.” (p. 12). Ageism is thus a negative stereotype; a belief or attitude that can be changed through education. Asserting that they will be “replacing myth-based beliefs with science-based conclusions”, they say that people “must first ‘unlearn’ the myths of aging. Here we present each myth with a glimpse of the scientific evidence that corrects or contradicts it.” (p. 13). The only other two mentions of ageism in the book implicitly relate to exclusionary behavior (on p. 66 they note that “Most prevention studies excluded elderly subjects”); and on p. 107 they argue that while evidence shows that “weight training can help older people,” ageism has kept this to a minimum as “there is something unsettling or odd about the concept of legions of older persons pumping iron”). In all instances, the focus remains on individual-level beliefs about aging and rectifying these.

Equating ageism with attitudes or individual actions, as Rowe and Kahn do, is not uncommon. But it is noteworthy as it has an impact on how we challenge ageism. While Butler’s original notion does point to attitudes, it goes much further, depicting ageism as “the systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender” (Butler, 1969, p. 243). This aspect of discrimination—systematic exclusion—is critical. Of course, the emphasis on attitudes and beliefs could be viewed as a
causal mechanism by which such exclusion occurs, but the point is that the accuracy of negative stereotypes is not the issue. Ageism involves behaviors, and such behaviors need not be intentional, based on individuals, or on the veracity of negative stereotypes.

The association of ageism with sexism and racism prods us to think somewhat differently about ageism. Scholarship on sexism and racism has made clear the power relations by which groups are advantaged or oppressed; it has also revealed their embeddedness in social institutions such that sexism and racism are not dependent upon individual actions or beliefs. The same case can be made for ageism. Individuals can intend to exclude another; but group exclusion can also emerge from the way social institutions “normally” operate: the ways that we typically perform family, or education, or work.

Like power relations based on gender, race, or ethnicity, the concept of age relations conveys the ways that age serves as a social organizing principle such that different age categories gain identities and power in relation to one another (for a longer discussion, see Calasanti, 2003). Those who are “old” suffer inequalities in distributions of authority, status, and income, and they are culturally devalued (Calasanti & Slevin, 2006); such losses are not only based on attitudes but are also structured into social institutions and daily life. For instance, old people are not only treated differently by doctors, with their conditions naturalized as just a part of aging, but they also lose their abilities to exert control over their bodies (Estes & Binney, 1991; Robb, Chen, & Haley, 2002). They experience ageism in the labor market directly but also through staffing and recruitment policies, career structures, and retirement policies (McMullin & Berger, 2006; Roscigno, 2010). And the presence of a burgeoning, multibillion dollar antiaging industry (Mehlman, Binstock, Juengst, Ponsaran, & Whitehouse, 2004) (In 2009, the AMA estimated the worth of the antiaging industry to be $50 billion (Jepson, 2009)) makes clear that old age is a position of low status, one that is to be avoided by purchasing often expensive products and services that are meant to erase visible, physical markers of age. Those who are seen to be “not old” benefit, intentionally or not, from this ageism; for instance, they face less discrimination (Estes & Binney, 1991; Robb, Chen, & Haley, 2002). They experience ageism in the labor market directly but also through staffing and recruitment policies, career structures, and retirement policies (McMullin & Berger, 2006; Roscigno, 2010). And the presence of a burgeoning, multibillion dollar antiaging industry (Mehlman, Binstock, Juengst, Ponsaran, & Whitehouse, 2004) (In 2009, the AMA estimated the worth of the antiaging industry to be $50 billion (Jepson, 2009)) makes clear that old age is a position of low status, one that is to be avoided by purchasing often expensive products and services that are meant to erase visible, physical markers of age. Those who are seen to be “not old” benefit, intentionally or not, from this ageism; for instance, they face less discrimination (Estes & Binney, 1991; Robb, Chen, & Haley, 2002).

This brief overview of ageism and age relations gives a somewhat different view from Rowe and Kahn concerning how to alleviate ageism. From the standpoint of age relations, their attempt to attack ageism by dismantling myths or pointing to a positive model of successful aging likely will not succeed because it does not directly address the sources of ageism, the underlying age relations. Their successful aging model seeks to show that as people age, they can retain physical and mental functioning, avoid disease, and stay socially engaged. They do not challenge the cultural devaluation of aging itself, or the fact that physical, mental, or social losses should warrant exclusion. Indeed, some have argued that their depiction of successful aging reinforces a middle-aged standard of little change that is ultimately ageist (Dillaway & Byrnes, 2009; Holstein & Minkler, 2003; Liang & Luo, 2012; Strawbridge, Wallhagen & Cohen, 2002), but this has not been examined empirically.

This issue takes on added significance in light of the emphasis on individual choice and lifestyle in the successful aging paradigm. That is, to the extent that Rowe and Kahn argue that individuals can age successfully, that it is dependent upon individual choices and behaviors (noted previously), then this takes on a moral dimension as well. The implication is that if the individual is responsible for his/her success, then the ageism that would befall those who do not age successfully is justified.

This study explores these issues by examining the extent to which successful aging is a construct that people recognize; a goal that they feel is within their control; and a positive vision that counters the narrative of decrement and disease, thereby alleviating fear of aging and ageism. To address these questions, I conducted in-depth interviews among 19 men and women aged 42–61 that asked about their views of successful aging, and their relationship/s to it; and the degree to which their knowledge of this more positive discourse, and their belief in their ability to achieve it, shapes their thoughts about aging and the prevalence of ageism.

Method and Sample
I focus on a group of middle-aged individuals for several reasons. First, middle age is often a time of relatively privileged status (though the extent to which this holds varies by intersecting statuses), one in which individuals have garnered enough experience to be respected (and, if in the paid work force, better earnings), on the one hand, and not lose authority due to age, on the other. Second, bodies serve as a principle marker of age (Laz, 2003). Our bodies generally change slowly such that we only gradually see such changes as signifying aging; middle age is a time wherein people often begin to observe physical changes that mark them as “growing old.” Old age thus takes on a particular salience for this group.

The semistructured interviews, which received institutional research board approval, focused primarily on aging bodies, and covered a wide range of topics, including: respondents’ changing bodies, and concerns; their ideas about age-appropriate behaviors and appearance; ageism; meaning of and thoughts about middle age; knowledge and use of antiaging products and services; meaning of successful aging; and their thoughts about growing older. Rowe and Kahn (1998, p. 39) posit a “hierarchical ordering among the three components of successful aging” in which “The absence of disease and disability makes it easier to maintain mental and physical
function” which then facilitates social engagement. Given their emphasis on the primacy of physical aspects, a focus on respondents’ bodies is appropriate for exploring successful aging.

I conducted all the interviews but one (which was conducted by a graduate assistant) in 2006 and 2007. The convenience sample, garnered mostly locally (three were collected at distant locations), contained 9 men and 10 women, aged 42–61 (average = 53). Overall, the sample was relatively privileged, although there is some diversity by gender, class, and sexuality; in some respects their privilege might situate them better to work toward successful aging (see Lamb, 2014). All are White; 16 were heterosexual, and 3 were nonheterosexual. Three of the men had never married; of the remainder, 1 man and 3 women were presently divorced. Of the 19, 17 had some college or more (including graduate and professional degrees); the other 2 had completed high school. Finally, all were employed; 15 were employed in professional and semiprofessional fields, whereas 2 were in pink collar occupations, and 2 others (1 man and 1 woman) were working in primarily physical labor. They described their health as good to excellent, and generally free of major disability.

Interviews were conducted at a location of the respondent’s choosing, and averaged about 2 h, with some lasting three. All were digitally recorded and transcribed professionally, and then coded using QSR NUD*IST 6.0 as themes emerged. Coding was done in an iterative fashion (Miles & Huberman, 1994; Taylor & Bogdan, 1984), and the graduate assistant and I derived a code sheet and themes collaboratively. We began with an open-ended code sheet that recorded first-level codes in response to questions that asked, for instance, how respondents would define successful aging. We then derived higher level codes that related responses across the first-level codes, and themes that emerged (Luborsky, 1994), such as “meanings of old age” or “tensions,” one of the themes I explore subsequently.

Next, I elaborate my findings, beginning with respondents’ views of successful aging, and the extent to which these fit Rowe and Kahn’s paradigm.

Findings

How Respondents View Successful Aging?
Unsurprisingly, respondents’ comments made clear that they both understand the notion of successful aging, and assess it positively. When I asked what it would mean to age successfully, there was little hesitation, indicating familiarity with the notion, at least on a popular level. Typical responses included:

Elizabeth: “healthy, active, optimistic, engaged, contributing.”
Maggie: “maintaining their relationships with people… doing the best they can for their health.”
John: “energetic, adventurous, happy, humor-filled… Intellectual…”


Their responses meshed with all three dimensions of Rowe and Kahn’s framework, and most, as above, reflected at least two, if not all of these.

Next, I examine the extent to which respondents felt personally responsible for aging successfully. Exploring the mandate to control their aging involves addressing two related questions: whether they feel they can control their aging, and whether they should do so.

Individual Responsibility for Successful Aging
Given that the interviews often focused on their bodily changes, it is not surprising that participants reflected on their feelings and responses to these throughout, and not just in response to questions about successful aging. For the most part, their comments reflect a strong belief in the importance of lifestyle and changes therein to influence their bodies and, hence, aging, even if they sometimes felt that not all was within their control. For instance, Maggie states that bodies are “not 100% in people’s control, but they are being as fit as they can be…. There are things you can’t necessarily change, you know, some genetic kinds of things…” Greg says, “[I]t was very fortunate that I didn’t smoke or drink very much…[C]lean living does have its benefits when you get to be 60 and 61 and probably good genetics doesn’t hurt either. … But you know, I think you have to optimize your genetics. You can certainly do that.”

Such beliefs in control are not exclusively the realm of class privilege. Dreama, whose working-class labor involves mostly physical activity, agrees with these assessments: “I do tremendous amounts of studying on nutrition and health… because you have to work harder at it…. And now that you are older, I mean you [can] still do a lot…you can still get the quality that you can out of what you do… to make it better as you get older.”

Referring explicitly to some dimensions of successful aging, Mary says that “it’s important to physical and mental well-being to… eat right and exercise and sleep right and try and stay healthy.” Similarly, Mike opines that those who age successfully have taken control of their bodies and lives: “they have got a good head on their shoulders and they have got their act together and they have a good understanding of what needs to be done… in order to age so that you can maximize your life and have the best quality you can.” Finally, Shelley gives the clearest example of the belief that one can achieve all of Rowe & Kahn’s dimensions of successful aging through lifestyle efforts: “I… want to stay so physically active… to slow down that whole aging process… I think … if you don’t [control the things you can] then you age prematurely, which makes you slow down and not be able to participate in life.”

The lone exception to this narrative of control comes from Darryl, a working-class man who had labored in construction until back injuries prevented his continued employment in the field. He discussed successful aging as...
somewhat beyond individual control, though not entirely. Asked what words he would use to describe someone who is aging successfully, he said: “They’re lucky. They made some good choices when they were younger. And set themselves up in a little better situation that I did, but aside from that, they don’t have any more than God gave them.”

Tensions in the Discourse

At the same time that most respondents expressed their general belief in individual control and the responsibility to enact it, tensions also emerged. Their comments showed that they often felt unable to exert the control they thought they should, and they sometimes wrestled with how to view this.

For example, Jim said that he is “recognizing that I can’t work harder to stop a physical decline; work harder doesn’t solve everything. It’s just there are some things I am not ever gonna do again.… It’s something going on, and I can’t stop it.” Katherine says that she has realized, “It doesn’t matter how much exercise you do, your body just looks more and more different as you age.” She continues, “I have heard … [others]…say they were okay until they got to their 70s and then it just seemed that there was nothing left to do. … And that was a real shock to them.” As Katherine’s story implies, for most respondents, recognizing their lack of control was daunting, and a source of stress. The following longer excerpts show the struggles some respondents faced in simply talking about these issues.

I begin with Elizabeth: “I have always had this feeling that … just looking at my physical self, there’s the potential for improvement…. [B]ut it has crept into my consciousness that down is the only way it’s going to go…. [E]ven at my heaviest I felt like with a little effort… I could feel like I looked great. You know, lately I am thinking maybe, you know, it’s starting to slide a little bit, which bothers me that I even worry about it…. Why should it bother me? I mean … how long do we have to keep trying to keep everything up? … [W]hen can we just say okay, next phase? … I don’t know how old you have to be to be in the world that we live in when you can just let it all go to hell and feel okay about that. …So…sometimes I do sit back and say, you know, would you just leave me alone? Can’t I just deteriorate at my own pace here?” While she was laughing by the end of this, she clearly found this emphasis on personal responsibility for one’s body stressful, as it gets even more time consuming as one ages.

Others expressed similar tensions. Also laughing, Carrie said: “I vacillate between acceptance and going ‘oh my God.’ I go back and forth with, ‘Look, you know, you are not 12 anymore or 20 anymore. Your body is gonna change. Stop beating a dead horse because this is the way it’s going, may as well just deal with it,’ versus ‘Oh, I can’t stand this, I look so frumpy, I am gonna change.’ … I kind of go back and forth between, you know, denial and then acceptance. … And then horror, denial, acceptance.” Likewise, Mary said, “[I]f there’s any natural law functioning it is that we get old and we die and that we live in between and that we don’t have control over it. That’s the most profound human truth.” By the same token, Mary also regards some aspects of bodies as changeable. After citing some examples of this, she says, “You see that it’s very confusing for … people … to decide if something going on with your body is something you should try to fix or if it’s just gonna be that way.”

Feelings About Aging, and Ageism

These tensions indicate that despite their individual efforts, respondents were highly concerned about their ability to control the aging process. And the anxieties they expressed demonstrated that they still harbored both fears about aging, and ageism. Indeed, and despite the relatively privileged statuses of most of them, some were beginning to feel that they were being marginalized, losing power, and becoming invisible.

Such concerns can be gendered; women’s fear of aging revolve around attractiveness and being viewed as nonsexual—a loss of that which brought them status and notice earlier in life (Hurd Clark, 2011). Indeed, research on middle-aged heterosexual couples finds that wives can interpret their husbands’ decreased sexual functioning as an indictment of their attractiveness (Lodge & Umberson, 2012). As Elizabeth says, “my cousin and I sometimes talk about how we have both become invisible … [Y]ou do hear a lot of women my age saying that as a sort of sexual person they will start becoming invisible.” Along the same lines, Mary said that “one has to struggle to remain sexual…[T]hat’s practically the definition of old age, the absence of that.”

But both men and women also see this invisibility in their work lives. Jim, a professional at the height of his career, noted that, “I am now sensitive to the fact that oh, I am not just one of the group. I am a senior member of the group, or a senior in every dimension. It means, okay, one-foot-out-the-door sort of member of the group, or…maybe even gone-before-long member of the group.” Similarly, Elizabeth, a highly regarded, professional woman said that “I do get the sense that I am kind of over the hill as far as gaining advancement in the workplace. … I mean … I am well-treated and I am well-respected and that’s fine …But I also feel like, you know, people that are …looking for [advancement] are younger than I am, and … I also feel like at this point it’s an age issue because I am … [older and] all the young lions are roaring.”

Respondents’ discussion about what old age means to them, and their fears about aging, also demonstrated that their belief that they could age successfully did not cause ageism to disappear. They still saw old age as negative. Indeed, many noted that they dreaded growing older:

Maggie: I am not looking forward to it. I mean all the people who are quite a bit older … they all say growing old is the pits. So, you know just looking at them you
can kind of go well when you get really old it doesn’t look like a lot of fun. I used to want to live to be really, really old, and now I am thinking I am not sure. It doesn’t look like much fun.”

Darryl concurred, asserting that “[growing older] sucks. Nobody wants to get old. If we can help it, we want to be young and youthful as long as we can.”

In fact, respondents’ fears about aging reflected the typical discourse of disease and decline, the very ideas about physical and mental losses that successful aging sought to supplant. In particular, concerns about loss of physical function and mobility in old age emerged as a prevalent theme, confirming Minkler and Faddem’s (2002) concern that successful aging further disadvantage those already marginalized by disability prior to age 65. The prospects of disability that interferes with daily life was problematic for both men and women; John worried about “the idea, of course, of being debilitated and … being prevented from things I like to do.” Similarly Mike said his one concern was “Not being able to do what I want to do. … physically.” Mary, Carrie, and Patrick also expressed concerns about losing mobility or being, as Carrie put it, “feeble.” While other concerns, such as being alone, were mentioned, loss of mobility was most prevalent. No one expressed the belief that someone with limited mobility could be valued. Shelly’s sentiments were typical: “I realized that in 15 years I would be 60; that really was a turning point for me…That whole silly phrase ‘I am not getting older, I am getting better,’ I really believed that …But … also I am coming to terms with … the aches and pains… some of the physical pieces … that … actually … hold you back… [T]he reality is that there [are] more the past couple of years. And so … one of my concerns is, if I can’t keep that in control, what happens?”

Ageism, and age relations, underlies much of their discussion. The physical changes they feared would not just hinder them, but also mark their bodies as different from those of younger age categories. And unlike some other physical changes that happen to us in life, such as puberty, this difference is not valued and thus marks one for exclusion. For example, Greg said, “I am a bit concerned about getting to the point where I get a little bit frail or feeble …. I worry that I can’t go out in public because I am not able to protect myself and might become victimized…. Robbed. I worry about that. Assaulted….I am going to work on strategies for…when I am so restricted that I have to be in a very safe environment … where… you don’t have to interact with the public, you don’t become an annoyance for someone, you are standing in a grocery line and you are an annoyance because you are not moving fast enough or you are driving your car and you worry, you know, people are [saying], ‘what’s that old man doing?’ and that sort of thing. So… I don’t want to get in anybody’s way in a sense.”

Jake also expresses concerns about exclusion; he worries about not being “in the middle” of things: “Well, I definitely don’t like [growing older], and I spend a lot of time thinking about it and a lot of time preparing for it … I haven’t got it figured out … but I do know that my plan of attack is to … go into it with … an aggressive mental outlook on it and whatever I do [I will] hopefully be in physically good enough shape… I love everything about life, and I enjoy it and I just hate to think that … I would have that taken away from me… I want to be in the middle of it.” Jake just fears aging, despite his talk about preparing for it. When asked to describe when someone is old, he said that “[Y]ou’re old … when you’ve resigned yourself to not working, you’ve gave up on some of the things that you like to do… I don’t know. I don’t like it, I don’t like that topic.”

Indeed, respondents’ comments make clear that they equate successful aging with staying middle aged and thus not aging, at least not in terms of becoming or looking old. They discussed various strategies for not growing older, including using an array of antiaging products and services, despite uncertainty on the part of some that such consumption would have the desired impact. Again, their use was gendered in that only women spoke of using products that promise to make one more attractive, that is, cosmetics and cosmeceuticals. This is best exemplified by Elizabeth’s discussion of such antiaging products: “Oh, I buy them all…. I am always trying something different…One is for wrinkles, one is for age spots…I keep trying to find one that has it all wrapped up in one…I don’t like that my hands look old…What bothers me is, I guess, [is] the stuff I look at the most, which is you know, my face, my hands. … So, yeah I am always looking for something.” While Elizabeth and others are clear that they do not want to continue to age, Jake would go further still: “My favorite thing is to talk about reversing [aging]. If we were getting younger every day, life would be awesome, you know?” For these respondents, middle age remains the valued standard and status; striving to age successfully becomes equated with this.

**Discussion**

That the idea of successful aging is widely accepted and heralded by the public is evidenced by the large numbers of old people who claim it, even when they do not fit Rowe and Kahn’s objective criteria (Strawbridge et al., 2002). My respondents also indicated familiarity with successful aging, and they included most, if not all, of Rowe and Kahn’s dimensions in their definitions. Further, it represented a more positive discourse about later life. Even those respondents with less privilege believed successful aging was worthwhile, possible, and that they should seek
to achieve it; and they engaged in activities aimed at reaching this goal. In these respects, then, this study concurs with Flatt et al.’s (2013, p. 944) assertion that “the success of successful aging models [is] in shaping popular conceptions of what aging is.”

At the same time, however, successful aging was not successful in alleviating ageism among my respondents, as their awareness of a burgeoning inability actually to control their aging increased tensions for most of them. Their belief in successful aging did not decrease their ageism or fears of aging. Instead, rather than supplanting the later-life disease and decline rhetoric, the successful aging paradigm simply became another discourse that existed in tandem with it. In this sense, ageism was not challenged so much as displaced, redefined, and perhaps intensified. Instead of accruing to chronological age, ageist exclusion is based on proximity to the successful aging paradigm. The “unsuccessful” agers are those that look old: whose bodies are frail, or disabled; those who are cognitively impaired; or those who are not socially engaged. While the framework may not intend this division into “winners and losers” (see Kahn, 2002 and Strawbridge et al., 2002), it is a reality in these respondents’ lives.

Given this continuity of ageism, respondents’ adherence to Rowe and Kahn’s assertion of individual control over the aging process has two important ramifications. First, it adds to the burdens individuals face as they age. While perhaps inadvertent, it places the blame on individuals for having bodies that do not live up to successful aging ideals, while it also deflects attention from the social nature of group differences, such as those that exist between old people and younger age groups. As many comments made clear, respondents faced increasing internal and external pressures to “not age,” to keep their bodies looking younger, to fight invisibility—all of which took both more of their time, on the one hand, and seemed futile, on the other. Lamb’s (2014) recent study of 30 fairly privileged persons aged 62–100 finds similarly: some expressed dismay with the focus on individual control, which they experienced as a sense of personal failure or embarrassment when faced with physical decline. Second, and related to this, the emphasis on individual control justifies ageism. If one can avoid disease, maintain physical and mental function, and stay socially engaged, and yet is not doing so, then exclusion is justified. From this standpoint, the discourse of inevitable decline that accompanies aging is, oddly, preferable. If decrement is “natural,” at least one need not take the blame for its occurrence. But for those deemed unsuccessful agers, ageism may be enhanced as aging becomes a “choice.” No longer a result of nature or genetics, and in light of the education and availability of antiaging products and services, “unsuccessful” aging can now be seen as a personal failure.

Successful aging advocates thus may be aligned unintentionally with antiaging practitioners, a group with whom some gerontologists are depicted as fighting for legitimacy and authority in relation to appropriate ways to respond to aging (Binstock & Fishman, 2010). Despite this struggle, Flatt and colleagues (2013) find considerable overlap in the rhetoric of antiaging practitioners and successful aging advocates, a perhaps not surprising result given the rootedness of both approaches in neo-liberal ideals of personal autonomy and responsibility (Flatt et al., 2013). Of most relevance to the present study is the possibility that, while both groups work differently to alleviate what they perceive to be negative impacts that can accompany aging (Mykytyn, 2008; Rowe & Kahn, 1998), each contributes to reinforcing ageism by not attacking the devaluation that accompanies old age itself, or decline. Further, the emphasis on individual responsibility obscures the systemic bases for both ageism and social inequalities that shape access to resources that can influence experiences of aging. The decline narrative may be countered, but my study suggests that it is not supplanted but instead, the burden for denying it is placed squarely on individuals’ shoulders. To be sure, my sample is small, mostly without disability and with a fair amount of resources at their disposal. That said, their ageism and feelings of tensions are perhaps all the more striking (see also Lamb, 2014).

Limitations and Suggestions for Future Research
As noted previously, the sample is small and diverse by gender, sexuality, and class but not by race and ethnicity. Middle-aged, non-White respondents may define successful aging differently than do Rowe & Kahn, in which case exploring the link between Rowe & Kahn’s framework and ageism would not be relevant for them. Or, racial and ethnic minority group members might espouse Rowe & Kahn’s paradigm, and yet not express ageism. Further, it is plausible that there would be differences among racial and ethnic minority groups on each of these points. Unfortunately, this study cannot assess these important variations.

Based as they are on a small sample, the findings of this study are not generalizable. Instead, I use this sample to articulate a theory of how, while still in a position in relative privilege based on age, middle-aged people may view old age. Their assessments should not be taken to speak to those of old people or indeed, their own views of successful aging as they grow older.

This study is only suggestive of the limitations of the Rowe & Kahn model, and future research, with a larger and more representative sample, should be conducted to address this issue. As well, similar questions need to be asked, using both qualitative and quantitative methods, concerning other successful aging frameworks not so steeped in the medical model.

Finally, this study provides some empirical support for the concerns of such scholars as Dillaway & Byrnes (2009), Holstein & Minkler (2003), Strawbridge, et al. (2002), who argue that successful aging reinforces a middle-aged
standard of not continuing to (at least appear to) grow older. However, further research could show the extent to which it is the case that people experience successful aging in that way, what it means to forestall aging and in relation to which aspects of middle age people do so, and how all of these might vary by social location.

**Implications**

None of this is to argue that promoting health is wrong-headed. And Rowe and Kahn’s goals of combating ageism and promoting better quality of life for old people are laudable. But the unintended consequence of the successful aging paradigm may be both intensified ageism and greater burden on individuals to avoid being marked as old. Focusing on individual lifestyles and personal choices leaves age relations intact. The devaluation accompanying particular bodies, cognitive abilities, and the like is not questioned; difference, or distance from normative, middle-aged standards is not challenged. Instead, the goal is to show that old people (the stigmatized group) are really “not that different” from younger groups and thus are worthy. This successful aging framework saddles individuals with responsibility for fixing a problem—ageism—that is social in origin. But even more, the issue is that old people are different from other age categories. Bodies will age and change in ways that are assessed negatively; social circles will contract as loved ones die; and life course changes that can result in fewer roles will occur. Rowe and Kahn’s successful aging framework is unsuccessful because does not challenge these realities or the social devaluation and exclusion that accompanies them. Rather, challenging ageism involves directly valuing differences: validating old age as a different and meaningful time of life (Lamb, 2014). Although we hear little about “successful infancy” or “successful teenagehood,” they too are different—not only socially but physically. Still, they are valued. Without challenging age relations, and the notion that such things as physical changes or “decline” is negative, no formula for alleviating ageism will be successful.

**References**


