

Successful Aging, Fortunately, Is Largely Subjective

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Posted: 06/12/2014 5:16 pm EDT Updated: 06/12/2014 5:59 pm EDT



Some years ago, shortly after I signed up for Medicare and Medigap, a nurse from the insurance company that provides my Medigap plan called to talk with me about my health. I told her about my chronic conditions -- diabetes, high blood pressure, minor heart disease, an enlarged prostate for which I had already had surgery, some gastrointestinal problems, excessively high lipids and occasional bouts of mild major depressive disorder. We talked about what I do to manage these conditions including but not limited to the medications I take. At the end of our conversation, she asked me how I would rate my health. I thought she'd be able to do that based on all the information I had given her. But the question was built into her interview protocol -- a multiple choice along the lines of very good, good, fair or poor. I said that I thought my health was good.

Good? I had just reviewed a list of seven chronic conditions. Objectively, my health was not so good. Not terrible, but certainly not good. Objectively, it was at best OK. But I felt my health was good.

I tell this story to illustrate a distinction that is used in research about "successful aging" -- a distinction between aging well objectively and aging well subjectively.

Objective definitions of successful aging generally include good physical and mental health, lack of disability and cognitive capability. It means you have lost relatively little physical or mental functioning as you have aged. And there are people who age well in

this sense. "(S)he's 95 but sharp as a tack and swims at the Y every morning before going to the office." We hear about such unusual examples from time-to-time, and many people hope for an old age as much like that as possible.

Subjective successful aging is different. It is determined by asking old people how they feel about their lives. Most, it turns out, have not aged terribly well objectively, but most say that they are doing just fine. Apparently, you can have experienced significant declines physically and/or mentally and still feel good about your life.* (Conversely, you can be objectively well and feel your life is awful.)

Of course, objective successful aging is much to be desired. Better to be healthy than not.

But to me, it is not nearly as interesting as feeling good about yourself even though you've experienced the typical declines of aging. Objective successful aging strikes me as more like staying young than it is like aging. And there is, of course, lots of advice available about how to stay young -- pills, exercise programs, mind games, face creams, sex in different positions and places, etc. Sometimes the people selling these remedies refer to them as "anti-aging" products, reflecting, I think, the ageist bias of our society. Better not to get old is the message.

But by 70+, many, if not most, of us have already experienced some significant declines in our physical and mental abilities. So it's good news that whatever the condition of our minds and bodies objectively, we can still age well subjectively. We can be old and feel good.

How? Here's some of what old people have told researchers.

First, having certain personality traits is a plus. These include: a positive attitude, optimism, adaptability and resilience.

Second, old people say that it's important to have relationships with people you like and care about and who like and care about you. They also say it's important to engage in activities that you find pleasurable, engaging, valuable and/or meaningful. In addition, having a sense of control (however limited) of your circumstances and condition is also characteristic of people who say they are doing fine even if they have significant problems to cope with.

Some research indicates that depression -- minor as well as major -- interferes with subjective successful aging. So, of course, do other mental and substance use disorders, such as anxiety, excessive drinking and overuse of prescription painkillers.

What does all this tell us about how to age well subjectively?

I am afraid that the information about helpful personality traits is not terribly useful to people who have grown old without these traits. It is hard to change personalities in old age.

But most people who are unhappy because they are isolated and/or inactive can push themselves to engage in social relationships and activities that they may find satisfying. Those who find it exceedingly difficult are probably suffering from depression, anxiety or other mental or substance use disorders (about 20% of older adults living in the

community). For them, treatment can help, as can exercise, long walks, yoga, creative activities and other non-medical remedies.

This is, of course, more than a little simplistic. In subsequent posts I will delve more deeply into such matters as finding meaning and other sources of satisfaction in old age and what makes it possible to age well subjectively if you are severely disabled, have dementia, or know that you are terminally ill.

In the meantime the take-away message is this. Aging, even though it typically involves declines in health and functioning, is not an enemy of well-being. Most of us can, and do, find great satisfaction in old age. We can, to say it again, be old and good.

References

* For an overview of the literature on successful aging and a good discussion of the distinction between objective and subjective aging, see Dillip Jeste's, "Successful Cognitive and Emotional Aging," *World Psychiatry*, 2010.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912035/>