AAG has been challenged over recent years in arriving at an appropriate term to describe the process of ageing in a manner which is seen as being inclusive of all, yet at the same time is respectful and encompasses the diverse experiences, journeys and pathways which are traversed for older members of our community.

Historically we know that ‘successful ageing’ was a term which was first adopted by Havighurst (1961) to describe ‘the conditions of individual and social life under which the individual person gets a maximum of satisfaction and happiness’. Havighurst also went on to suggest that successful aging serves to emphasize the principle of the greatest good for the greatest number. The most commonly quoted definition of ‘successful ageing’ is from Rowe and Kahn (1997) and is best summarised by Brown-Yung, Walker and Luszcz (2018) ‘as an absence of disease and disability, high levels of cognitive functioning and high levels of social and productive engagement’. Katz and Calasanti (2015) in their critical perspective of successful aging comment that ‘the enduring appeal of successful aging was its positive characterisation of the aging process’.

This positive approach to successful ageing was then widely adopted, added to and evolved into different iterations including; productive ageing, active ageing (adopted by the WHO in 2002), healthy ageing, optimal ageing, effective ageing, independent ageing, ageing well and resilient ageing (Hicks and Conner, 2014; Katz and Calasanti, 2015; Belanger, Perez-Zepeda, Castrejon-Perez et al. 2018).

All of these positive and healthy approaches to successful ageing have been criticised in that they promote a model of ageing that is not truly reflective of the ageing population. Belanger, Perez-Zepeda, Cattejon-Perez et al. (2018) comment that this definition of successful ageing would be unachievable for most older people, as it precludes the presence of chronic illness in the model. In contrast to Rowe and Kahn’s definition of successful ageing, Depp and Jeste (2006) concluded in their review of 28 larger quantitative studies of successful ageing that only one third of adults (35.8%) would be classified as ageing successfully using a definition based on the absence of disability.

One of the main criticisms of ‘successful ageing’ and positive/healthy ageing paradigm and approach has been that they promote discrimination against older people by promoting a healthier model of ageing to those well and relatively younger people who have thus far avoided significant chronic illness (Hicks and Conner, 2013). Stephens (2017) suggests that successful ageing as a model is oppressive as it sets an ideal that not all older people can live up to. Furthermore, Katz and Calasanti (2015) are equally critical of the successful ageing paradigm through the exclusion of groups of people who live with dependency and disabilities as well as those assumptions made ‘around concepts of individual choice, agency and lifestyle’. They conclude with some cautionary words around the use of positive discourse in ageing research and the need to be mindful of the exclusionary elements and therefore consequences of this approach.

This dichotomy between theoretical and operational definitions and older peoples’ definitions and experiences of ageing’ is pointed out by Depp and Jeste (2006) suggesting that we need to adopt more of an inclusive biopsychosocial definition rather than biomedical definitions. A recent study by Halaweh, Ivanoff, Svantesson et al. (2018) involving 56 participants aged 63-81 years of age, highlighted that overall well-being for some older people was highly dependent on how other people in their surroundings perceive them and whether this is positive or negative, suggesting that how we label older people has an influence on their own thoughts and feelings around ageing. The use of unrealistic optimism, benevolent attributions or labelling with a focus on success as an outcome can be quite detrimental, when individuals are labelled as being successful or unsuccessful (McNulty and Fincham (2012).
Interestingly in recent years more research is being undertaken from a qualitative perspective directly involving older people and seeking their comments, thoughts and views around ageing. Stephens, Breheny and Mansvelt (2015) conducted 145 interviews with people aged 63-93 years in New Zealand and found that concepts of ‘successful ageing’ and models do not necessarily fit well with older peoples’ views of their own health and well-being. Furthermore, many of those interviewed were very aware of their own bodily changes and vulnerability to changing health status.

Browne-Yung, Walker and Luszcz (2017), interviewed some 20 old adults aged 88-98 years of age recruited from the Australian Longitudinal Study of Ageing using a narrative approach. They found that they had developed adaptive strategies to ageing related physical challenges including compensatory strategies. Life-narrative interviews for all participants identified continuous self-identity with an integrated past and an anticipated future. Life experiences helped ‘to equip individuals with varying adaptive coping skills, and instrumental skills and an awareness of personal capabilities.’

Wiles, Miskelly, Stewart et al. (2019) recruited and interviewed 20 people aged between 85 and 90 years through the New Zealand Life and Living in Advanced Age study in Aotearoa, New Zealand. Within this study there was a strong theme emerging around creative adaption and supporting older people to ‘live’ and to develop ‘solutions’. ‘Older people’s creative adaptability and flexibility must also be supported and, crucially, their interdependence acknowledged’.

It is therefore evident that there is a changing dialogue and discourse in the language describing the process of ageing. It is clear that previous and historical constructs related to ‘positive’, ‘healthy’ and ‘active’ ageing as well as those various other descriptors and models are now being criticised for not resonating with lay definitions of what it means to age well (Belanger, Perez-Zepeda, Castrejon-Perez et al, 2018). A more respectful and appropriate dialogue would be to change the emphasis and focus away from older people remaining healthy, young, active and fit, to a greater emphasis and recognition of the needs of older people and their changing life circumstances (Stephens, 2017).

Accordingly we would like to advocate for and propose that within AAG we adopt a more respectful and inclusive term and approach towards ageing such as ‘adaptive ageing’ which we see as more appropriately representing the views of older people as they proceed through their respective ageing journeys. We see ‘adaptive ageing’ as being more inclusive of all older people reflecting the reality of the need to adapt, adjust, compensate, modify, alter, review and re-set. Rather than seeking to create an unrealistic or unachievable goal such as ‘positive ageing’ or any of the other related terms, ‘adaptive ageing’ would be seen as both more realistic and pragmatic.

Consultation questions

1. Do you have any feedback on the content of the paper, including additional references we should consider?
2. Do you support the adoption of the term “adaptive ageing” by AAG?

Please provide your feedback to Tom Voigt at tvoigt@aag.asn.au by Tuesday 9 March 2021.
References


