

## Reconsidering How Successful Aging is Defined: Perspectives from Community-Dwelling Aging Adults

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**Abstract:** *Successful aging is a prominent framework within gerontology, yet an understanding of how aging adults define “successful aging” is often missing in the social work discourse around what it means to age well. This cross-sectional, exploratory study used an online survey to explore community-dwelling adults’ (aged 55+; n=471) definition of successful aging, the underlying components across all definitions, and any differences in components based on whether or not the adults identified as aging successfully. Summative content analysis yielded five main themes and 13 sub-themes for those who identified as aging successfully and five main themes and 11-sub-themes for those who identified as not aging successfully with elements of health constituting the largest percentage of responses across both groups. Bivariate analyses found participants in the “not aging successfully” group mentioned elements of Being Healthy and Financial Security more than those in the aging successfully group, and elements of Sustain Participation, Curiosity, and Learning less than those in the “aging successfully” group. The findings illustrate the extent to which aging adults view successful aging as the presence of health and ability. Social workers should be mindful to the ways in which adults view successful aging and the elements they believe to contribute to successful aging in order to provide and tailor programs, services, and resources that are supportive of aging adults’ needs and wishes.*

**Keywords:** *Successful aging; ageism; self-determination; health; well-being*

Successful aging is a prominent paradigm within gerontology and since its introduction has underpinned the way in which aging is viewed in the United States. Initially mentioned in the gerontology literature by Havighurst (1961) who argued a theory of successful aging should include elements of satisfaction and happiness (Martin et al., 2015), the modern version of successful aging is often based on the framework proposed by Rowe and Kahn (1987, 1997, 1998). Rowe and Kahn posited a view of aging that delineated the difference between those individuals who aged “usually” and those who aged “successfully,” the latter of which referred to individuals who were at lower risk and had higher functioning, which was achieved through a combination of physical, cognitive, and lifestyle factors. In particular, Rowe and Kahn (1997) theorized successful aging as: (a) low probability of disease and disease-related disability; (b) high cognitive and physical functional capacity; and (c) active engagement in life. Successful aging was achieved through healthy maintenance and “full engagement in life, including productive activities and interpersonal relations” (Rowe, 1997, p. 367), and placed the emphasis on lifestyle choices in maintaining health and reversing disabling problems, which has been argued to “move successful aging further from the social determinants of health” (Katz & Calasanti, 2015, p. 27) and away from an acknowledgment of the influence of the environment on the aging process (Teater & Chonody, 2017).

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The term “successful aging” is found throughout the gerontological literature and is often used interchangeably with optimal aging, productive aging, active aging, and healthy aging. Despite expansions on the definition of successful aging by other theorists and researchers (see Martin et al., 2015 and Michel & Sadana, 2017 for a review of these definitions), attempts to identify and measure successful aging have predominantly focused on one or more of the three components as identified by Rowe and Kahn (1997), thus leaving a limited and unclear picture of the extent to which people are aging successfully. For example, Evans (2009) argued for the need to “find more effective ways to add life to years or to age successfully” (p. 424) and explored specific markers of successful aging among urban and rural older adults in Iowa by operationalizing successful aging through the Life Satisfaction Index and the Depression Scale. Pruchno et al. (2010) examined early influences and contemporary characteristics of successful aging among older adults living in New Jersey by including objective and subjective variables such as having few chronic conditions, maintaining functional ability, experiencing little pain, and self-rated successful aging.

A criticism of the successful aging literature is the lack of a unified definition and measurement of successful aging (Katz & Calasanti, 2015; Teater & Chonody, 2020), particularly that existing definitions do not take into account the views and perspectives of aging adults (Cosco et al., 2013a; Teater & Chonody, 2019) or the potential non-biomedical constructs of this concept (Carver & Buchanan, 2016). Based on this limitation, many researchers have subsequently attempted to garner the views of aging adults through qualitative methods of successful aging and how it relates to their lives (see Cosco et al., 2013a and Teater & Chonody, 2019 for a review of the literature), or through systematic reviews of the literature examining the definitions of successful aging, and have explored the underlying dimensions or themes present across the definitions (Bowling & Dieppe, 2005; Depp & Jeste, 2006; Reichstadt et al., 2010; Teater & Chonody, 2020). Findings from such studies have highlighted that aging adults do not consistently view disease and disability as unsuccessful and have identified other factors as influential on their ability to age successfully, such as external elements, including financial resources and access to medical care, psychological elements of acceptance, coping, self-determination, and resilience, and other factors such as spirituality and/or religiosity, and gerotranscendence (i.e., the natural progression towards wisdom and maturation). Aging adults’ perspectives on successful aging have illustrated this concept to be multidimensional and to include both internal (bio-psycho-social-spiritual) and external (socio-political-economic) factors that move the discourse of successful aging away from individual choice and responsibility to a more comprehensive view of the person in the environment.

Holding fast to the three criteria as specified by Rowe and Kahn (1997) is discriminatory to many older adults, particularly those who live with dependency and disabilities, including age-related disabilities (Carver & Buchanan, 2016; Martinson & Berridge, 2015; Teater & Chonody, 2017), and can be viewed as a form of ageism where older adults are held to middle-age standards (Calasanti, 2003). Katz and Calasanti (2015) argue if older adults are “considered unsuccessful agers in theory, then such labeling deeply affects their treatment by health care regimes in practice” (p. 29), which will be exacerbated through an intersectional lens of gender and gender identity, sexuality, race and ethnicity, and socioeconomic status.

Social work should be included as one of the disciplines at the forefront of the debate on what successful aging means and how it is used to identify and define people. This is particularly important as the narratives around what it means to “age” and what is needed to create an environment for individuals to “age successfully” are influencing the policies and practices that affect social work with aging adults. This knowledge can shed light on how successful aging is viewed by aging adults and the ways in which this term can be used to influence social work practice. Therefore, this study sought to answer the following research questions:

1. What are community-dwelling aging adults’ (aged 55+) definitions of successful aging, and what are the components that comprise such definitions?
2. To what extent do the definitions and components vary by aging adults who identify as aging successfully and those who identify as not aging successfully?

## Methods

### Setting and Sample

The above research questions were answered through data collected from a cross-sectional, exploratory study using online surveys. A questionnaire consisting of open and closed-ended questions was distributed electronically through the use of Amazon’s Mechanical Turk (MTurk), which is a survey participant strategy that provides a monetary reward for the completion of surveys (\$0.75). Recruitment of participants was based on established study criteria as set by the researchers (e.g., age of participant; location of participant) and the prepaid sample size ( $n = 500$ ). Amazon recruits the participants from their pool of workers until the set sample size is achieved at which time the study closes and the data are made available to the researchers in a SPSS file.

Workers over the age of 55 and living in the United States were recruited for this study. Due to limitations with the age selection of Mturk, this was the “oldest” population that could be selected for recruitment. Moreover, past studies indicate that this platform is likely younger overall (e.g., Pew Research Center, 2016). The relevant Institutional Review Board approved the study prior to data collection. The participants were presented with a cover letter at the beginning of the survey that described the purpose of the study, detailed the confidential and voluntary nature of the study, and provided the contact information for the researchers. Completion of the survey served as consent for participation.

### Instrumentation

Two questions from the online survey were used in this study in order to answer the research questions. First, participants were asked to indicate the extent to which they agreed with the following statement, “I have aged successfully” (1 = *strongly disagree* – 6 = *strongly agree*). Second, participants were asked an open-ended question of, “What does successful aging mean to you? (please define/describe it). Finally, sociodemographics were collected to provide the context of the sample, which included identified gender, race/ethnicity, age, and sexuality.

## Data Analysis

A total of 500 participants were recruited for the study. After cleaning the dataset and removing cases with missing data, a total of 471 participants were included in the analysis. The quantitative data were analysed in SPSS using descriptive statistics where percentages, frequencies, and/or measures of central tendency were calculated for the sociodemographic variables and level of agreement for aging successfully.

The qualitative data were analyzed by the first author using a summative content analysis approach where the existing words or phrases in the responses were counted and collated followed by an exploration of the latent meanings and themes across the responses (Hsieh & Shannon, 2005). In particular, the summative content analysis consisted of the following steps as detailed by Lune and Berg (2017):

- (1) Data were collected and “organized” to be read. The data were separated by those participants who answered a level of *agreement* and those who answered a level of *disagreement* to the question “I have aged successfully,” and the list of all responses were read in full across the two groups;
- (2) Generate initial codes –The responses were re-read and initial codes of one word or a short phrase were generated that provided a brief summary or explanation of each data extract. Through this process, 1,042 initial codes were identified for the aging successfully group and 247 for the not aging successfully group with many of the initial codes being duplicates. Examples of initial codes across the two groups included: avoid assisted living; mental clarity; being healthy; having goals and aspirations; mobility; and no restrictions;
- (3) Codes are transferred into categorical labels or themes – The initial codes were reviewed and collated with similar codes into potential themes, which resulted in 47 themes for the aging successfully group and 41 themes for the not aging successfully group. Examples of themes across the two groups included: adaptation; coping; being healthy; financial independence; and self-determination;
- (4) Review and sort themes – In this step, all the data extracts were re-read under each theme to ensure they formed a coherent pattern. Themes were refined by collating similar themes and discarding themes which did not have enough support from the data or which were too diverse. For example, themes of sharing wisdom, helping others, and adding value to others’ lives were combined into a theme of generativity, and the themes of “the term makes no sense” ( $n = 1$ ), flexibility ( $n = 1$ ), and longevity ( $n = 1$ ) were removed from the data analysis due to low sample size. This process resulted in 14 themes being identified for the aging successfully group and 11 for the not aging successfully group;
- (5) Isolate meaningful patterns to define and name themes – The overarching themes across the two groups were reviewed to refine the specifics of each theme and determine each theme’s place and significance in telling the overall story, which resulted in the five overarching themes and 13 sub-themes for the aging successfully group and five overarching themes and 10 sub-themes for the not aging successfully group;

- (6) Identified patterns are considered in light of previous research and theories – The findings are presented below by describing each theme and including data extracts that provide support for the theme followed by a discussion of the findings considering previous research and theories.

Trustworthiness of the qualitative data analysis was enhanced through the following activities: (a) dependability was enhanced by creating an audit trail of the data analysis and by using direct quotes to support identified themes; and (b) while the first author conducted the coding of the data, credibility was enhanced by participating in regular peer debriefing sessions with the second author to explore codes, themes, and the final analysis (Lincoln & Guba, 1985).

Finally, the count data for the themes and sub-themes were entered into SPSS and separated by those who saw themselves as aging successfully and those who did not. A series of chi-square tests of independence were run to determine any statistically significant differences between the two groups (0 = did not consider themselves as aging successfully; 1 = saw themselves as aging successfully) on the 10 identical sub-themes and one theme of Financial Security (0 = did not identify a theme/sub-theme; 1 = did identify a theme/sub-theme). Alpha was set at 0.05.

## Findings

### Sample Demographics

The participants ranged in age from 55 – 81 years with a mean of 63.5 years ( $SD = 4.8$ ). The majority of the participants identified as a woman (68.6%), as White (89.7%), and as Straight/Heterosexual (95.9%). The participants tended to agree with the item, “I have aged successfully” ( $M = 4.3$ ;  $SD = 1.3$ ) with over 80% ( $n = 378$ ) indicating a level of agreement and nearly 20% ( $n = 93$ ) indicating a level of disagreement with this item. Table 1 provides the full details of the sample demographics.

### Definitions and Components of Successful Aging

The participants’ definitions were often multi-dimensional, comprising several elements of physical and/or mental health, social engagement and relationships, participation in activities and hobbies, financial independence, psychological aspects, and elements of independence and self-sufficiency. The following is a definition provided by a participant from the aging successfully group, “Remaining active and healthy, paying attention to self-care, being social to the extent that I want to be, continue learning new things, keeping in touch with family and friends, trying to maintain a positive outlook. Keeping the mind open to new adventures.” A definition from the not aging successfully group, was “Being healthy, mobile, busy, social, having enough money to be at least moderately comfortable, companionship, love, engagement”.

Table 1. *Sample Sociodemographics (n = 471)*

Variable	n (%)
Age (n=466, mean =63.5 years, SD=4.8)	
Identified Gender	
Woman	321 (68.6%)
Man	147 (31.4%)
Race/Ethnicity	
African American/Black	23 (4.9%)
American Indian/Native American	1 (0.2%)
Asian American/Asian	4 (0.9%)
Biracial/Multiracial	4 (0.9%)
Chicano/Mexican-American	5 (1.1%)
Puerto Rican	1 (0.2%)
White (non-Hispanic)	420 (89.7%)
Another Racial/Ethnic Identity	10 (2.1%)
Sexuality	
Asexual	1 (0.2%)
Bisexual	6 (1.3%)
Lesbian, Gay, or Homosexual	11 (2.4%)
Straight or Heterosexual	449 (95.9%)
Don't Know	1 (0.2%)
Aged Successfully (mean= 4.3, SD=1.3)	
Strongly Disagree	22 (4.7%)
Moderately Disagree	24 (5.1%)
Slightly Disagree	47 (10.0%)
Slightly Agree	137 (29.1%)
Moderately Agree	165 (35.0%)
Strongly Agree	76 (16.1%)

The content analysis of the definitions resulted in the following five themes that were identified across both the aging successfully (AS) and not aging successfully groups (NAS): (a) Health; (b) Choice & Ability; (c) Intrinsic Factors; (d) Engagement; and (e) Financial Security. Thirteen sub-themes and 10 sub-themes were identified under the first four themes for the aging successfully and not aging successfully groups respectively; Financial Security did not yield any sub-themes. Table 2 lists the five themes and sub-themes for each group, the accompanying number of responses that were counted under each theme and sub-theme, and the percentage of each theme and sub-theme for all of the responses of the two groups. The themes and sub-themes are detailed below with direct quotes provided by the participants.

Table 2. *Themes by Successful Aging Category*

Themes & Sub-Themes	f (%)		$\chi^2$	df	p
	Aging Successfully (n = 378)*	Not Aging Successfully (n = 93)*			
<b>1. Health</b>	<b>313 (35.3%)</b>	<b>82 (41.0%)</b>			
Being Healthy (actions taken...)	154 (17.4%)	49 (24.5%)	4.34	1	0.037
Good Physical Health (absence of...)	67 (7.5%)	15 (7.5%)	0.13	1	0.716
Mentally Active (presence of...)	68 (7.6%)	18 (9.0%)	0.09	1	0.760
Good mental health (absence of...)	24 (2.7%)	--	--	--	--
<b>2. Choice &amp; Ability</b>	<b>198 (22.3%)</b>	<b>40 (20.0%)</b>			
Self-determination	52 (5.9%)	10 (5.0%)	0.59	1	0.443
Self-sufficiency	146 (16.5%)	30 (15.0%)	1.29	1	0.256
<b>3. Intrinsic Factors</b>	<b>186 (21.0%)</b>	<b>40 (20.0%)</b>			
Acceptance & Adaptation	51 (5.8%)	17 (8.5%)	1.36	1	0.239
Existence & Essence	69 (7.8%)	11 (5.5%)	2.18	1	0.139
Being Happy & Content	48 (5.4%)	12 (6.0%)	0.003	1	0.958
Optimism	18 (2.0%)	--	--	--	--
<b>4. Engagement</b>	<b>158 (17.8%)</b>	<b>20 (10%)</b>			
Social Interactions & Relationships	67 (7.6%)	13 (6.5%)	0.74	1	0.389
Sustain Participation, Curiosity, & Learning	63 (7.1%)	7 (3.5%)	4.93	1	0.026
Generativity	28 (3.2%)	--	--	--	--
<b>5. Financial Security</b>	<b>31 (3.5%)</b>	<b>18 (9.0%)</b>	9.96	1	0.002
Total Number of Responses Across Themes	886* (100%)	200* (100%)			

\*The number of responses is greater than the sample size as participants provided more than one response as part of their answer.

### *Health*

Over 35% of responses from the aging successfully group and 41% of responses from the not aging successfully group were related to Health. The following three sub-themes were present across both groups: Being Healthy; Good Physical Health; and Mentally Active. For some participants, Being Healthy consisted of statements that merely stated, “be healthy” (AS) or “maintaining good health” (NAS), which indicated the presence of health while other participants provided responses that indicated actions or behaviors taken by an individual to maintain good health, for example, “exercise” (AS), “drink water” (AS), “remain physically active” (AS), “good sleep” (NAS), and “watch weight” (NAS). While Being Healthy was described as maintaining health or engaging in behaviors that can sustain health, the sub-theme of Good Physical Health was comprised of quotes that indicated the absence of health, for example, having good physical health meant having “no major health issues” (AS), “without disabilities, sickness” (AS), “without pain” (NAS), and “no diseases” (NAS), which did not seem to imply an action on the part of the participant. The sub-theme of Mentally Active also indicated the presence of good mental health, for example, “brain sharp” (AS), “strong mind” (AS), “sound mind” (AS), “brain healthy” (NAS), “mental clarity” (NAS), and “mind in gear” (NAS). For the aging successfully group, there was a fourth sub-theme of Good Mental Health, which was described as the absence of mental health difficulties,

such as “no cognitive decline” (AS), “no dementia” (AS), “no memory loss” (AS), and “no depression” (AS).

### ***Choice & Ability***

Over 22% of the responses from the aging successfully group and 20% of responses from the not aging successfully group were in relation to having a choice, being able to participate in decision-making, and being able to do what one has always been able to do and/or what one wants to do. Two sub-themes comprised this theme, which included Self-determination and Self-sufficiency. Participants across both groups defined successful aging as the ability to do what one wants to do and be able to do it independently (i.e., without help) and of one’s own accord. For example, “being able to do whatever you want without having the need of assistance from someone else” (AS) and “being able to do the things you have always done and/or want to do” (NAS). Other examples of Self-determination included, “being able to do what you desire” (AS) and “still be able to try to do things that matter to me” (NAS). The participants who spoke about being self-sufficient provided definitions that related to taking care of oneself and also not being a burden on others. For example, “that I can pretty much continue to take care of myself, home, life, food preparation, travel and pay the bills without having to agree to live in some sort of facility. I would remain at home until I die” (AS); and “able to maintain one’s daily needs and ability to keep one’s home in good shape without relying on others” (NAS).

### ***Intrinsic Factors***

Intrinsic Factors comprised 21% of all responses from the aging successfully group and 20% of responses from the not aging successfully group, and consisted of sub-themes of Acceptance & Adaptation; Existence & Essence; and Being Happy & Content for both groups with an additional sub-theme of Optimism for the aging successfully group. The elements under this theme were in relation to psychological and/or personal factors that are intrinsic to each individual, for example, coping and having peace, having a purpose, feeling gratitude, and having a positive outlook on life. The sub-theme, Acceptance & Adaptation, was mentioned by participants through the importance of accepting changes that come with the aging process and making adaptations along the way. For example, “accepting the changes in my body, strength, etc. and adapting to them” (AS), and “Successful aging to me means the ability to give up tasks you no longer can do, and replace them with things you can do” (NAS). Existence & Essence was comprised of responses that related to the inner being of a person that spoke to having a purpose, a sense of humor, wisdom, spirituality, and being vibrant and alive. For example, “aging with grace and dignity” (AS); “striving towards enlightenment and achieving spiritual freedom” (AS); “being vibrant” (NAS); and “having a purpose to waking up every day” (NAS). Being Happy & Content consisted of responses that referred to having inner peace, being happy and content with life, feeling good about oneself, living in the moment, and aging the way one feels comfortable. Participant responses included, “being content with that stage of my life” (NAS); “having inner peace”; (AS); “being happy with who you are” (AS); and “just to be content and satisfied with who you are” (NAS).

Finally, Optimism was a sub-theme for the aging successfully group and included elements of a positive outlook and no worries about the future. Example responses included, “positive outlook on life” (AS); “being able to face the remaining years with enthusiasm and optimism” (AS); and “having a good, positive attitude” (AS).

### ***Engagement***

Engagement comprised 17.8% of all responses from the aging successfully group and 10% of responses from the not aging successfully group, and consisted of sub-themes of Social Interactions & Relationships and Sustain Participation, Curiosity, & Learning for both groups with an additional sub-theme of Generativity for the aging successfully group. The sub-theme of Social Interactions & Relationships related to responses around being social or socially connected, accepting help from other people, and not being lonely. For example, participants expressed, “Keep trying to connect with others. Belonging to groups” (AS); “Having satisfying relationships with others” (NAS); “Participating in events with my children/grandchildren, vacations, dinners, and family time” (AS); and “Maintaining good social connections” (NAS). The sub-theme of Sustain Participation, Curiosity, & Learning was described as including elements of being involved and engaged, opportunities to participate in democracy, remaining forward thinking, and having opportunities to learn and to grow. Participant comments across the two groups included, “Staying active, involved, learning new things, trying new things” (AS); “active, engaged, having hobbies and activities that are fun” (AS); “having the ability to learn new things” (NAS); and “Being able to continue your favorite activities and also to find new ones” (NAS). Finally, the sub-theme of Generativity was a sub-theme for the aging successfully group and included elements of sharing knowledge, wisdom, and perspectives, helping others, and adding value to others’ lives, and caring for others and being useful. Example responses included: “able to contribute to the development of younger family members out of my experiences” (AS); “sharing and teaching your wisdom and knowledge to others, no matter what age” (AS); and “to continue to care for others and serve a useful purpose to society” (AS).

### ***Financial Security***

Over 3% of responses from the aging successfully group and 9% of responses from the not aging successfully group were related to Financial Security. Such responses were related to having enough money to meet basic needs as well as be able to retire and participate in hobbies and activities, such as traveling. Participant responses included, “retire from work because I want to instead of have to” (AS); “becoming financially secure” (AS); “having enough financial security to do everything” (AS); “sufficient funds” (NAS); and “enough money to retire” (NAS).

### **Differences in Components based on Aging Successfully or Not Aging Successfully**

The responses among the two groups were similar in terms of content and underlying dimensions except for three specific sub-themes that were present in the aging successfully group that were not present in the not aging successfully group: Good Physical Health, Optimism, and Generativity. When ranking the five main themes in order of most frequently mentioned, both groups mentioned aspects of Health most frequently, followed by Choice &

Ability, Intrinsic Factors, Engagement, and Financial Security. As Table 2 reports, a series of chi-square tests of independence found three statistically significant differences between the two groups in number of responses on the sub-themes of Being Healthy; Sustain Participation, Curiosity, & Learning; and Financial Security. In particular, participants in the not aging successfully group mentioned elements of Being Healthy and elements of Financial Security more than those in the aging successfully group, and elements of Sustain Participation, Curiosity, & Learning less than those in the aging successfully group.

### Discussion

Five main themes were found to constitute the underlying dimensions of the definitions of successful aging among individuals in the aging successfully group and in the not aging successfully group. For both groups, *Health* was mentioned most frequently, which supports the underlying premise of successful aging as proposed by Rowe and Kahn (1997) as well as many studies that have attempted to examine the prevalence of successful aging by using operational definitions that reflect physical and/or cognitive health (Cosco et al., 2013b; Pruchno et al., 2010). The second most common theme was *Choice & Ability* where participants defined successful aging as having self-determination and being self-sufficient, followed by *Intrinsic Factors* where participants viewed successful aging as a state of mind or being that allowed for peace, acceptance, resilience, and meaning. Such themes reflect elements of successful aging that is beyond the scope of Rowe and Kahn's framework, as found in the examination of non-biomedical constructs by Carver and Buchanan (2016). These themes illustrate the desire for adults to have choice and control in the aging process and use their personal strengths and resources to move through the aging process and cope and adapt to changes including disease and/or disability. *Engagement* was the fourth most commonly mentioned theme where successful aging was viewed as being engaged in social interactions and relationships, but also participating in society, activities, and having a sense of giving back—a component found in Rowe and Kahn's framework, but extended by the aging successfully group through elements of generativity. Finally, *Financial Security* was mentioned as the fifth theme across both groups where having enough money and being financially secure were included as part of successful aging—a missing element from Rowe and Kahn's framework, yet found in other studies examining aging adults' subjective views of predictors of successful aging (Cosco et al., 2013a; Stephens et al., 2015; Teater & Chonody, 2019).

The five themes across the definitions support previous research that found aging adults' definitions of successful aging are more multi-dimensional than typically defined by Rowe and Kahn (1997) and incorporates psychological elements and external factors as important to aging successfully beyond health, functioning, and social engagement (Carver & Buchanan, 2016; Cosco et al., 2013a; Teater & Chonody, 2019). Future research that includes successful aging as a variable should consider an operational definition of successful aging that is multi-dimensional to take into account the subjective nature of this concept. In particular, definitions and explorations of successful aging should include aspects of health and financial security and the extent to which these are perceived to contribute to successful aging and how they can serve as protective and risk factors of successful aging.

Additionally, any future research or considerations of successful aging should acknowledge the socially constructed and subjective nature of this concept. In particular, the ways in which people view successful aging is variable and dynamic, and the extent to which aging adults identify as successfully aging differs by the way in which they define and perceive this concept, which may shift as they age. Likewise, different perceptions of successful aging may be influenced by personal experiences with aging and perceptions of one's own internal and external strengths and resources that individuals perceive they can use and access to age in ways they deem "successful." Thus, it is important to examine the ways in which adults view successful aging, the elements they believe to contribute to successful aging, and the extent to which they are able to age successfully in a way that is comfortable and supportive to them.

Although there were overall similarities across the two groups in this study, some statistically significant differences were found. For example, the not aging successfully group placed more focus on Being Healthy and on Financial Security than the aging successfully group, and the aging successfully group placed more focus on Sustain Participation, Curiosity, & Learning than the not aging successfully group. Such findings highlight the ways in which individuals operationalize the term dictates how they hold themselves against the elements of this definition, which, again, could be based on their personal experiences with aging and their ability to access internal and external strengths and resources. For example, if someone does not have the financial security to engage in activities they deem (or need) to help them age successfully, or access resources (e.g., healthcare) that they deem (or need) to help them age successfully, then they may view themselves as aging unsuccessfully. Likewise, the aging successfully group may have greater access to external resources through their financial means and, therefore, are able to focus on other activities that elevate successful aging beyond meeting basic needs of health and financial security (e.g., participation, curiosity, and learning). Future research should examine definitions of successful aging in more depth while also considering the extent to which the environment and internal and external resources contribute to the differences in definitions.

The findings from this study should be considered in light of several limitations. First, the use of a convenience sample limits the transferability and generalizability of the findings beyond the sample, particularly as the sample largely identified as White, female, straight/heterosexual, and as aging successfully. People from different cultural backgrounds or racial/ethnic identities may influence either (or both) the definition of successful aging and/or the primacy of the factor. For example, financial security could be elevated for some groups due to the experience or fear of low socioeconomic status. Second, the participants are classified as MTurk employees as they receive small monetary awards for completion of survey tasks, which is different than holding a full or part-time job in formal employment. Therefore, it is unknown the extent to which the participants engage in the surveys due to financial need or as a hobby/pleasure, nor it is known whether the participants are employed full or part-time outside of the home in addition to these small survey tasks. These characteristics should be studied in future research to determine their relevance on how successful aging may be defined by a diverse group of older adults. Third, due to the nature of the online survey, the researchers were unable to undertake member checking to establish the credibility of the findings, although other activities to enhance the trustworthiness of this

study were implemented. Finally, the use of an open-ended item on a survey for qualitative research did not enable the researchers to explore in more depth the meanings and definitions the adults attach to successful aging. For example, there is a possibility that some respondents disagreed that they were “aging successfully” because they did not yet see themselves as in the “aging” period of their lives. Future research should replicate the study with diverse populations, including those who are disabled, residing in residential care homes, and individuals who are from older age groups, to further confirm and validate the findings, and should aim to include more in-depth qualitative studies to explore adults’ perceptions, definitions, and experiences with the term of successful aging.

### **Implications for Social Work Practice**

Based on the findings from this study, we suggest that there is limited utility of the term “successful aging” for social work and embrace the notion that social work can help shift the narrative about the aging process. Sen’s (1987) capability approach, as applied to aging by Stephens (2016), suggests that the current frameworks for understanding aging have influence on policies and programs as well as how older adults view themselves. Thus, there needs to be a shift in the ways in which aging successfully and the aging process is viewed that takes into account the perspectives and values of aging adults as well as the social and environmental factors that contribute to differences in perspectives, experiences, and values.

Using a capability approach to understand the aging process re-focuses attention on aging adults’ capabilities, instead of highlighting deficits and losses, and the extent to which they are able to function in ways that they value versus what the dominant members in society determine or value. The approach shifts the thinking from aging people remaining young and fit to acknowledging and valuing the needs of aging adults in their actual circumstances, including the ways in which the environment supports the capability of aging adults rather than expecting individuals to take personal responsibility to age successfully. Applying the capability approach to aging to social work practice means social workers, as well as the profession, need to be both inclusive and expansive when thinking about aging. This is consistent with a social work perspective that values strengths. Social workers who practice with aging and older adults can start making small changes, such as the language they use and the areas they focus on in their practice. For example, ensuring that as social workers, we put self-determination at the forefront of all our work with aging and older people and seek to empower and elevate their strengths first. That does not mean that we overlook problems or pretend that challenges and barriers do not exist, but we can help mobilize resources and seek to avoid practices that may infantilize or place undue pressure on aging people to be “successful” in their aging process in some unrealistic and antiquated way. Moreover, policies and programs have been developed around these ideas of “successful aging” and while keeping people healthy is important, shifts in these programs to promote choice as their hallmark can further support older people as they age.

This study has highlighted that indeed health is the center of aging successfully, but health is variable and will change as people age. Social work should elevate aspects of self-determination in practice and research alongside aspects of health. This points to the importance of highlighting the ways in which current health and social service programs and policies include or exclude certain groups of aging adults in accessing healthcare and other

resources to promote and sustain health. Social workers can be critical change agents in tackling the social and environmental factors that influence the extent to which aging adults can age successfully according to their own values and wishes. For example, when working with aging adults to foster health and well-being, we may need to begin with an understanding of their financial resources, and assessment of their perceived health, alongside their values and wishes of what is important to them as they age. Lastly, advocating for policy changes that stress choice, access to financial resources and supports, but also inclusion and variations to the aging process, can have an impact on social and cultural norms. For example, if a national policy existed to support and help fund aging in place initiatives, such as age-friendly communities, choice would be given back to aging people in a significant way. Wrapping services around older people instead of isolating them in far off places supports self-determination as well as health. This is problematic for social work as we want to elevate strengths and resources, not encourage competition, which then ends in “success.” Practitioners can help shift the narrative through their direct contact with older adults and by influencing policy and practice within their agencies. Advocacy at the state and national level for policy level change that supports new language as well as self-determination and capability is equally important. For example, many older people desire to “age in place,” and policy that supports this is quintessential, such as greater home care assistance instead of moving people to facilities.

To replace the term “successful aging,” we instead suggest the use of the term “actively aging,” which focuses on aging adults actively choosing to define what aging means to them and challenging societal expectations of a “right” or “wrong” aging process. This is based on the World Health Organization’s (2002) active aging policy and the six determinants of aging (Teater & Chonody, 2017). The term supports a capability approach to aging. Actively aging “considers the interplay between individuals’ experiences, their meanings of aging, and their social, economic, political, and cultural environment and structures” (Teater & Chonody, 2017, p. 142). This holistic approach considers the person in the environment, promotes self-determination, and looks at aging from a developmental perspective. That is, we are all in a constant state of aging. Older adulthood is not a specific time period, and even if it were, individual agency should be supported. This term creates greater inclusivity as there is no bar to reach and no competition to be had; rather, it suggests that we meet the person where they are and support their lives by elevating their strengths. In this framework, the word “actively” is used to “highlight that individuals do not need to engage in activities or be physically, socially, or politically engaged, but, rather, individuals are actively choosing the extent to which they are participating in decisions about their life” (Teater & Chonody, 2017, p. 142). Moreover, this term also supports WHO’s (2007) global action and strategy plan, which includes improving communities to ensure that they are age-friendly, and is underpinned by the active aging policy (WHO, 2002). WHO (2007) defined age-friendly communities as a type of community that “encourages active aging by optimizing opportunities for health, participation, and security in order to enhance quality of life as people age” (p. 1). Thus, inclusivity and self-determination are at the forefront of these policy shifts—both of which are in line with social work values and ethics.

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