

Successful aging as an oxymoron: older people – with and without home-help care – talk about what aging well means to them

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Abstract

Notions of what it means to age well or successfully are central to social gerontological research and practice. As such, one would expect that there would be consensus as to what the construct of successful aging means and/or how aging well is achieved. This is not, however, the case which is why this study explores the meanings that a group of older people (i.e. some with home-help care and some without) attach to this construct. The empirical material is constituted of 16 semi-structured interviews. The findings bring to fore the different resources (such as physical, mental, psycho-social, spiritual, and financial ones) that are associated with successful aging and the kind of outlook on life that is regarded as useful if one wants to age well. Differences between home-help care recipients and those that do not receive this type of care were found. Those that are managing without the help offered by home-help care services listed more resources and offered more nuanced descriptions of what successful aging

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means than those that receive home-help care. This suggests that receiving home-help care and/or not being able to manage primarily on one's own might shape the manner in which older people think about what constitutes a good old age. The in-depth analysis of the notions of successful aging that were brought to the fore suggests also the paradoxical fact that the title of this article attests to; namely that some associate aging well with not aging at all and deem, in fact, the term successful aging to be an oxymoron.

Keywords: successful aging, aging well, older people, aging, home-help care recipients.

Introduction

Ideas regarding what it means to age well and/or successfully date back to Cicero's writing from 44 BC (Bowling 1993; Rodeheaver 1993). They permeate most social gerontological research and practice still, even though there is no consensus as to how the construct of successful aging should be defined, how it can be operationalized and how it is best measured. The fact that we are yet to reach an agreement in these respects is rather puzzling, especially if one takes into account that this construct has been a highly debated one since its inception into the vernacular of aging research some 50 or so years ago. Stock (1982) has suggested that it was the establishment of the Committee on Social Adjustment to Old Age by the American Social Science Research Council that gave this construct the place it undoubtedly has in social gerontology. Fisher (1995) has argued, however, that it was not until the Gerontological Society of America made successful aging the theme of their 1986 annual meeting that this construct became established – so to speak – as one of gerontology's guiding principles. He argues also that Rowe and Khan's now seminal article on successful aging (published originally in 1987) played also an important role in establishing this term since this was the first piece of work that explicitly challenged the idea that aging and disease came hand in hand.¹

There has been some debate as to when the idea of successful aging was first documented, when the term was originally launched within social

gerontology and when it was in fact established as one of our discipline's guiding principles. Successful aging is, therefore, still regarded as a highly controversial and much debated concept (e.g. Thomas & Chambers 1989). It has, for example, been argued that the successful aging paradigm that Rowe and Khan launched is parochial since it fails to take into account the fact that age-related losses and dependency can be defined differently and that there are numerous ways to age well (Scheidt et al. 1999). Some have also contended that this paradigm is a blatant example of the fact that it is the Western template that dominates the gerontological imagination (Thomas & Chambers 1989); a fact that is problematic in a highly globalized world since non-Western understandings of this construct are seldom taken into consideration (Torres 2001, 2003, 2004). Dannefer (1987) has also argued that the focus on normative outcomes that is often characteristic of gerontological work on successful aging fails to acknowledge the fact that old age is a social construction. Strawbridge et al. (2002) have, in turn, pointed out that the word "successful" suggests a competition, which some gerontologists find problematic; an angle that has been debated by disability researchers as well who have argued that the paradigm does not take into account the realities of those who age with disabilities (Minkler & Fadem 2002).

The suitability and applicability of this construct has been debated on numerous occasions. The popularity of successful aging has not, however, been dissipated by the controversy. Giving older people – in different circumstances – a voice in the matter seems therefore like a fruitful way to go about contributing to the never-ending debate about this construct. They are, after all, "the most appropriate people to define successful aging/.../ and although some researchers have made a start in this area, far more work needs to be carried out" (Bowling 1993: 452); an assessment that still stands even though more than a decade has passed since it was demonstrated that older people themselves are seldom given a chance to say what successful aging means to them. Thus, in this article we explore the understandings of successful aging that are upheld by a group of older people in two different predicaments; half of them receive help and support in their everyday lives from home-help care services, while the other half does not. The reason why we will focus on these groups is not only that the literature on older people people's own understandings of

successful aging is relatively scarce, but also that very little research on the importance of present life situation for these understandings has in fact been conducted.

Literature Review

Successful aging studies have progressed over the years by moving their focus from the state or “what” of successful aging to the strategies through which we age well, i.e. the “how” of successful aging (e.g. Baltes & Carstensen 1996; Torres 2001, 2004). A look at the body of evidence collected through social gerontological endeavors that have looked into successful aging specifically² suggests also that there are at least three types of approaches to research in this area. The first one can be traced to Rowe and Khan’s (1987, 1997, 1998) attempt to define successful aging by proposing what the state of successful aging entails. They define successful aging as low probability of disease and disability, high cognitive and physical-functional capacity and active engagement with life; a definition which has been criticized for several reasons, including its lack of cultural sensitivity (Scheidt et al. 1999; Torres 1999, 2001); its poor acknowledgement of the fact that aging implies not only losses but gains (Baltes & Carstensen 1996); its inability to encompass the realities of disabled older people (Minkler & Fadem 2002), and the inherent class bias that characterizes this approach (Cole 1984). Nevertheless, successful aging research, which aims to identify the conditions necessary to age well and which focuses on the objective measurement of successful aging, has grown over the past few years and further measures of this state, such as sustained personal autonomy (Ford et al. 2000) and well-being (Westerhof et al. 2001), have been proposed. Thus, although this is a highly debated construct, it has been acknowledged that Rowe and Khan’s definition (as problematic as it might be) did in fact have a positive effect on the study of aging and old age, since it argued that aging and disease were two different things and it encouraged a shift in focus from people doing poorly to people doing well (Strawbridge et al. 2002). This is probably why studies of successful aging have continued to be designed and why other ways of approaching the study of this construct continue to be delineated.

There are also studies that have worked on how successful aging is achieved by focusing on the strategies people use to age well (e.g. Baltes &

Baltes 1990) as opposed to trying to define what the state of successful aging entails. As such, these studies represent attempts to overcome some of the problems associated with the normative focus on outcomes described earlier. Proponents of this approach believe that it is problematic to define successful aging as objective outcomes which only a few older people can achieve, which is why they argue that a shift in focus is necessary if we are to allow the heterogeneity of older people and of socio-cultural and historical constructions of success to be addressed (Baltes & Carstensen 1996). Thus, their focus is not on what constitutes successful aging per se but on how older people go about achieving a successful old age despite the various increasing limitations in resources that growing old can entail. This type of research focuses on the process of successful aging as opposed to the state of aging successfully and has often concentrated on the testing of the theoretical model that Paul and the late Margaret Baltes first formulated – the SOC model. Researchers working from this perspective tend to focus on how the strategies of selective optimization with compensation, which have been launched as the key to aging well, actually work, and on identifying the various outcomes that are associated with them (such as well-being, positive emotions, and absence of feelings of loneliness; e.g. Freund & Baltes 1998).

The third and last research type that can be identified with regard to successful aging is the one that is of particular relevance to the task at hand. This last type aims to shed light on the understandings of successful aging that older people uphold. Proponents of this approach argue for the theoretical fruitfulness embedded in older people's perspectives, since these are believed to be necessary for gerontological practice, patient-centered care and clinical programs (Phelan et al. 2004). Some of the studies belonging to this category have been designed in such a way that the older people interviewed have been asked to rate statements according to how important they believe them to be to aging well, while others have asked participants to define what the construct means to them without offering any preconceptions of how it can be defined. Regardless of which study design is employed, these types of studies aim to give the older population a voice in order to see if and how their perspectives differ from what we already know in terms of successful aging as a state and as a process.

In their study of college students' and independent living adults' opinions of successful aging, Charbonneau-Lyons et al. (2002) used a rating method and found that social and familial relationships, intrinsic values, financial concerns, accomplishments, cognitive functioning, physical appearance, and independence are believed to be factors that contribute to successful aging. Torres (2001, 2003, 2009) used vignette methodology to clarify the relationship between cultural values and understandings of successful aging, and found that there are a variety of ways in which this construct can be understood. Her findings show that not everybody associates aging well with the mastering of nature and with the future and productivity orientation that is so common in established definitions of successful aging within mainstream gerontology. The study of von Faber et al. (2001) compared results regarding objective measurements of successful aging with what older people believed to be necessary in order to age well and found that older people's views on the subject were more process-oriented than state-oriented. They tended also to value well-being and social functioning higher than physical and psychocognitive functioning. Thus, because character and attitude were found to be so central to the manner in which the older people interviewed viewed successful aging, these researchers concluded that "the absence of limitations and losses does not constitute one's success at old age; rather, success is measured by the way these limitations and losses are integrated into one's attitude to old age" (von Faber et al. 2001: 2699).

The idea that attitude is central to older people's understandings of successful aging has been confirmed by the various studies that have been launched to explore, with a more traditional qualitative approach, the meaning attached to this construct. Fisher (1992, 1995), who was among the first to explore the meaning older people themselves attach to this construct, set out to clarify this and another construct that is often used by aging researchers; i.e. life satisfaction. He found that people's understandings of successful aging involve attitudinal or coping strategies nearly twice as often as their understandings of life satisfaction, and that successful aging ideas were often described in present and future-oriented terms, whereas understandings of life satisfaction tended to be more oriented toward the past (Fisher 1995). The features associated with successful aging were, in short, interactions with others, a sense of

purpose, self-acceptance, personal growth, and autonomy, which is why he concluded that the understandings in question suggest an orientation to life that is future-oriented and adaptive in nature. Dorfman and Walsh (1996), who collected their data through focus groups, found that mental aptitude, attitude, social support, and self-care were central to their interviewees' understandings of successful aging, while other aspects such as physical activity, interpersonal behavioral skills, financial status, autonomy, coping strategies, and a sense of meaning and purpose seem also to be important even though they were mentioned less frequently. Fisher and Specht (1999) asked contributors to a senior art exhibition to define what successful aging meant to them and found, in turn, that aging well was associated with having a sense of purpose, interactions with others, personal growth, self-acceptance, autonomy, and health. Collings (2001) interviewed members of a Canadian Inuit community and found that they valued an individual's ability to handle declining health and their overall attitude toward life (and their willingness to transmit their wisdom to younger generations) as much more important than good health per se. Duay and Bryan (2006), who are amongst the latest researchers to explore the meaning that older people themselves attach to this construct, have found that senior adults' understandings of successful aging involve engaging with others, coping with changes and maintaining physical, mental, and financial health.

Studies such as these ones have started to yield results that point out the spheres of life that older people themselves deem to be important in order to age well. These include coping-related strategies and/or interaction with others whereas other areas – such as financial status – do not seem to have been brought up as often. Research in this area is, however, relatively limited especially if one takes into account that we have yet to shed light on how different circumstances – such as diminished everyday competence and/or having home-help care – affect the manner in which the construct of successful aging is understood. It is, in other words, too early to say whether or not studies of older people's understandings of this construct challenge the disciplinary understandings of it that have guided gerontological research over the past few decades. However, one thing that is already clear is that the few studies conducted have yielded a series of answers to the question of what successful aging means to those that are

undergoing the various types of transitions (such as those implied by declining health, diminishing everyday competence, and increasing dependency) that are associated with the process of growing into old age. This is why we will hereby focus not only on studying the content of older people's understandings of successful aging, but also on showing what characterizes the way in which they formulate their vision of what it means to age well.

Methodology

The Overall Project to Which this Particular Study Belongs

The research that will be presented departs from data collected for a project that investigated how "cognitively healthy" older people with minor physical health problems handle the transition that being in need of help and support in order to manage everyday life entails.³ The data that was collected for this project was collected in a two-stage manner.⁴ The first wave of data collection was conducted after the second author had completed a survey on home-help care commissioned by the municipality of Uppsala, Sweden,⁵ and realized that qualitative data was needed in order to shed further light on the situation of older people who are in need of help and support because of diminished everyday competence. The second data collection wave was launched after preliminary analysis of the data collected in the first wave had been conducted, since it was then that the authors realized that more interviews were needed in order to tap into the understandings of older people who are managing primarily on their own despite having health problems and/or having had their everyday competence diminished by them.

Sampling Strategies and Sample

As is customary in projects that have been designed in a two-stage manner, a variety of sampling strategies were used to recruit the informants. Some of them were, as implied already, recruited via a questionnaire used in a project that the second author of this article conducted about home-help care while those that did not have home-help care were recruited through a contact that worked at the local Red Cross as well as through the

snowball technique. The sampling strategies utilized in this project can therefore be described as a combination of criteria (since age, living on their own, and being home-help care recipients were among the criteria used in the first wave of data collection), disconfirming cases (since we did not want to be limited to home-help care recipients exclusively), and snowball (e.g. Creswell 1998).

The data that will be utilized in this article consists of 16 interviews with people between the ages of 77 and 86 who live either alone or with a spouse (seven men and nine women). All of them are people interviewed during the second wave of data collection described earlier which is when questions regarding successful aging were posed. Half of them receive some home-help care whereas the other half do not.

The Interviews

The interviews lasted between an hour and a half and two hours, and were all tape-recorded and transcribed verbatim for the purpose of data storage and analysis. They tapped into a variety of themes, but were semi-structured since we were interested in exploring people's understandings and needed to follow their own trains of thought and pace. All of the interviews conducted during the second wave of data collection began with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) questions since we wanted to make sure that our informants were, among others, people that could be claimed to have diminished everyday competence. Table 1 shows a summary of the responses given by the informants with regards to the questions having to do with mobility in the shortened ADL and IADL questionnaire that we used.⁶ A closer look at the two groups in which we have grouped our informants and at the number of answers that indicate that they could not execute and/or needed help with (see the second column of this table) clearly shows that those that received home-help care listed a fewer number of activities they could execute on their own (23 compared to the 64 that the non-home help care recipients listed). Hence we tentatively and cautiously draw the conclusion that the home-help care recipients interviewed in this study gave answers to the ADL and IADL questions we posed which indicate that they had more diminished everyday competence than those who did not receive help from home-help care

Table 1. Summary of answers to ADL and IADL questions having to do with mobility per informant

Informant's pseudonyms, age and group	Number of answers indicating that they can execute the activities in question	Number of answers indicating that they cannot execute and/or that they receive help with the activities in question	Number of questions that were either not answered or which were not applicable
<i>Home-help care recipients</i>			
Bo (86)	7	4	1
Sören (85)	4	8	–
Niklas (85)	4	5	3
Britta (77)	5	4	3
Hedvig (82)	3	6	3
Annika (84)	–	10	2
Hermine (79)	–	11	1
Eyvind (83)	–	11	1
<i>Non-home-help care recipients</i>			
Hans (79)	6	–	6
Alexandra (83)	5	6	1
Fredrika (86)	6	1	5
Fanny (79)	9	2	1
Frans (80)	9	2	1
Fredrik (82)	11	–	1
Olivia (80)	10	1	1
Wilma (86)	8	2	2

services. Of interest is, perhaps, that although Swedish home-help care services are a general right, they are in fact only awarded on the basis of an individual assessment of needs which is based, in part, on ADL and IADL questions. We would also like to draw attention to the fact that the differences we will be pointing toward cannot be attributed to age since there were not any major differences in the age distribution of those belonging to the group hereby referred to as home-help care recipients and the group that was managing without the help of home-help care services. This comes across if one pays attention to the ages of the

informants which are disclosed in parentheses next to their pseudonyms in both tables.

The particular section of the interview guide that is at stake in this article is the one that tapped into successful aging. In that section we asked people to share their thoughts on what aging well means and what they think is needed in order to age successfully. To this respect it must be mentioned that the construct of successful aging does not translate well into Swedish, which is why Swedish gerontologists talk about the “*goda åldrandet*” – which translates into good aging or aging well – when they are talking about this construct (e.g. Tornstam 2005). This is interesting in and by itself since it speaks to the kind of translation problems that highly culture-specific concepts such as success pose (cf. Pahl 1995). The construct’s culture-specificity notwithstanding, it must be mentioned that we do not believe that the usage of the Swedish term for this construct poses a problem since the interviews tapped into the understandings that our informants had about what aging well meant and what was necessary in order to have a good old age. Something else worth mentioning when it comes to the interviews is that what we asked was for people to share their understandings of successful aging with us and not to assess whether or not they were aging successfully themselves. Our interest did not, after all, entail the “actual” state of affairs as perceived by our informants but how they define different aging-related constructs and whether or not their understandings in these respects had changed as a result of their present situation – i.e. because they are experiencing diminished everyday competence, live with various limitations and (in some cases) receive help and support from home-help care services.

The Analysis

The first phase of analysis for this particular study entailed the identification of themes brought up when our informants shared their understandings of successful aging with us. This means that each of the answers we obtained regarding successful aging was dissected into the smallest unit of meaning possible. A total of 36 units of meaning were uncovered in this stage of the analysis. These units were sorted into categories by virtue of what they shared in common. Once this sorting out had been completed, we identified the three types of themes into which the units

of meaning identified could be categorized. As Table 2 shows, these were: resource-related statements (five different kinds were identified), attitude-related statements and continuity-related statements. Once these themes had been uncovered, we proceeded to read and re-read each of the statements in order to reduce the data so that the meaningfulness of each of these was emphasized. During this phase of the analysis we realized that we were in fact dealing with two types of categories: one concerning *what* successful aging means [i.e. the different kinds of resources that seemed to be associated with successful aging – be they of a physical, psycho-social, mental, spiritual or financial nature – or the kind of outlook in life believed to be conducive to aging well] and another concerning *how* the understandings of successful aging that were disclosed were in fact constructed. We have therefore chosen to present our findings in three separate sections; one concerning the state and/or resources that our informants associated with successful aging, another concerning the outlook they described as conducive to a good old age, and a third one concerning how the understandings in question were formulated.

The Findings' Credibility: Ensuring the Quality of Qualitative Research

In order to guarantee the credibility of the findings we shared the responsibility for data analysis between ourselves. The first author was responsible for the identification of units of meaning and for sorting these out into themes and categories, whereas the second author assumed the role of inter-rater of the analysis in a peer-debriefing session (Cresswell 1998). This entailed the double checking of the units of meaning that had been identified by the first author and the themes and categories into which these had been sorted. This involved also suggesting alternative coding (cf. Silverman 2001). As inter-rater, the second author corroborated most of the identified units of meaning and the classification of these into themes, but it was her inter-rater coding that suggested that another resource type be added (the mental one). Thus, although a relatively high degree of inter-reliability agreement was reached rather easily, the credibility of the findings was guaranteed by the alternative coding that the second author conducted. The peer-debriefing session in question

worked, therefore, for the inter-subjective verification purpose for which it was conducted (cf. Seale 1999).

Findings

Three different kinds of themes were disclosed with regard to the way in which the construct of successful aging was understood. These had to do with resources, attitude, and continuity. The first two themes concerned the aspects our informants believed to be needed for a person to age successfully, while the latter was more about the manner in which the units of meaning were formulated; i.e. the fact that continuity seemed to have played such a central role when some of our informants described what successful aging meant for them. It is these findings that suggest that the term successful aging is perceived to be, as the title of this article indicates, an oxymoron, since it is not uncommon for people to equate successful aging with not aging at all. The following section will tap into this angle after the first two aspects of understanding successful aging (i.e. resources and attitude needed to age well) are presented.

Resource-related Statements Regarding What Successful Aging Means

The most common statements made about what successful aging means entailed the listing of the kind of states and/or resources one needs in order to age well. Whereas these were of the physical, psycho-social, mental, spiritual, and/or financial type, our informants often began their descriptions of what successful aging meant to them by mentioning what they felt were necessary pre-requisites for aging well. Table 2 shows, however, that interesting differences were found between the types of resources that were listed by those with home-help care and those that manage without. Thus, although informants belonging to both groups made allusions to physical resources, it was mostly those that did not receive home-help care that brought up mental, psycho-social, and financial resources as necessary for a successful old age. This means that home-help care recipients were in fact less nuanced in their understanding of successful aging since their answers focused mostly on one aspect; physical resources being the ones most often brought to the fore in their

case. This is, in and by itself, an interesting observation and one that deserves further exploration since it suggests that present situation might play a role when understanding of successful aging are being described; which in this case is related to receiving home-help care and to what seems to be – at least comparatively speaking – a higher degree of diminished everyday competence as suggested by the answers to ADL and IADL questions shown in Table 1.

With regards to physical resources – or health which was the term that most of them used – it must be mentioned that these were listed by the vast majority of our informants. Aging well seems to be associated with healthy aging which makes us wonder whether our least healthy informants would define themselves as successful agers had we asked them to assess if they were aging well or not. The following informant, who had rather a hard time formulating what successful aging meant to him, said for example:

Interviewer: If I were to say to you – aging well – what would you associate with that term? What do you consider a successful old age?

Niklas: Hmm ... whoever came up with that term should explain it to me, I think ... I don't know what it means, I guess, it means different things to different people, doesn't it?

Interviewer: I am sure it does ... but what do you think? How would you define a good old age?

Niklas: I would ... if anything ... I would want to be healthy so that I can move about. I am disabled. (Niklas, 85 years old, home-help care recipient)

This quote, which is interesting in and by itself because of the hesitation the informant expressed when first asked to define what successful aging means to him (a matter which we will discuss in the section on continuity), shows how being healthy (which in this case seems to be synonymous with being mobile) often became the first spontaneous thing our informants brought up when talking about what aging well means. Having said this, it must be pointed out that although the later part of this quote suggests that this particular informant did not think that the term successful aging was useful to describe his situation, we cannot in fact draw that conclusion since

Table 2. Understandings of successful aging: distribution of themes by informants

Informants' pseudonyms and age	Physical resources	Mental resources	Psycho-social resources	Spiritual resources	Financial resources	Attitude/ Outlook	Continuity in life
<i>Home-help care recipients</i>							
Bo (86)	X	X	X	X			X
Sören (85)							
Niklas (85)	X						X
Britta (77)	X	X	X				X
Hedvig (82)	X						X
Annika (84)							X
Hermine (79)							X
Eyvind (83)							X
<i>Non-home-help care recipients</i>							
Hans (79)		X				X	
Alexandra (83)	X	X	X				X
Fredrika (86)		X					X
Fanny (79)	X	X	X			X	X
Frans (80)	X	X	X			X	X
Fredrik (82)	X	X	X				X
Olivia (80)	X	X	X		X	X	X
Wilma (86)	X	X	X		X		X

we did not explicitly asked people to assess whether or not they were aging successfully. The only thing we can say and which we would like to use this one statement to point out is that being healthy (and in this case, “being able to move about”) was one of the first resources our informants listed when asked to define what this term means to them. Statements to this end were made in various ways. Some said, for example:

/.../ to be able to still have the opportunity to move about. (Bo, 86 years old, home-help care recipient)

yeah ... well ... it is about being able to remain healthy, not having any aches and pains. (Hedvig, 82 years old, home-help care recipient)

/.../ remaining healthy, I think ... that is it. (Hermine, 79 years old, home-help care recipient)

Remaining healthy, having one’s health, being free from aches and pains, and having physical strength or health were all among the resources that were spontaneously listed when our informants were asked to define what successful aging meant to them.

Some of our informants made statements that were more about mental resources as well. These were people that felt that remaining alert and/or being able to remember things were needed in order to age well. One of our informants began to formulate what he felt was needed to age well by saying:

That demands a bit of thought ... well, good aging? ... that is, in my case, about having some clear headedness left so that one doesn’t need to think about it. (Bo, 86 years old, home-help care recipient)

Clear-headedness, being able to remember things and being alert were all among the things that were described as pre-requisites, so to speak, to aging well. When talking about the opposite of a good old age, one of our informants said, for example, that “becoming demented” (Alexandra, 83 years old, without home-help care) would be the worst. The thought of losing one’s memory and/or of being afflicted by dementia were often brought up when our informants tried to describe what the opposite of a

successful old age would look like. Some of those who talked in detail about their fear of losing their memory talked about this as a threat to one's quality of life; a threat some of them thought was more devastating than the capacity to function physically. It is therefore as if mental resources were the most coveted even though physical resources (such as good health and the ability to move around) were also listed spontaneously when our informants first started to formulate what aging well meant for them.

Psycho-social pre-requisites were also mentioned when trying to formulate what successful aging meant. Having good relationships with other people (which some described as being the kind of relationships which one considers close, and others as relationships which are free from conflict and animosity), remaining active in one's social network of affiliation and maintaining one's engagement in social events were among the psycho-social-like resources listed when our informants tried to formulate their understandings of this construct. Some brought up the fact that having something meaningful to do was important if one is to age well, as is being able to enjoy the company of one's partner in life (which was an issue brought up by the two informants that still lived with their partners), one's children and grandchildren and/or of one's friends. Thus, when asked to describe the opposite of successful aging some of them talked about loneliness and social isolation as "threats" to aging well since "good friends can cheer one up," as one of our informants said.

Although not as common, some of our informants made resource-related statements that tapped into the spiritual sphere. The following response came, for example, from one of our male informants, who had always been involved in his local church:

Something else that means a lot, since it is a natural part of who I am is the congregational community, which I think is also a part of what a successful old age is all about. To have the wisdom necessary to know upon which leg one stands in one's spiritual life, that means a lot as well. (Bo, 86 years old, home-help care recipient)

The financial sphere was also brought up in the interviews. One of our female informants said the following when asked what she thought successful aging meant:

/.../ I think I am aging successfully but that is also because I have ... I can't say that my financial situation is fantastic but I manage and I have a nice home and I ... so in that sense I think I have a very good old age even though these are material things but they mean a lot to be able to have a comfortable life and have it nice and good and as one wants/.../ I can afford to do the things I am interested in ... music, for example, I can go to concerts and I can afford to travel to visit my children and grandchildren. (Olivia, 80 years old, without home-help care)

There were a variety of pre-requisites (hereby referred to as resources) with which the construct of successful aging seemed to have been associated. As Table 2 clearly shows, some interesting differences were observed with regards to what the informants listed as needed resources in order to age well since those without home-help care were in fact more nuanced in the manner in which they talked about successful aging. They were also – as shown in Table 1 – those that listed a higher number of ADL and IADL-mobility oriented activities that they could manage on their own.

Attitude-related Statements Regarding What Successful Aging Means

Some of our informants described an attitude to life that they defined as conducive to aging well. Interestingly enough, however, only those that were not home-help care recipients made attitude-related statements when describing what the construct of successful aging meant to them (see the next last column of Table 2). Among the things that were mentioned with respect to attitude are: having a positive approach to things, being curious enough to learn new things and/or keep up with the latest developments in, for example, technical advances or music, avoiding nagging and/or dwelling on difficulties and being able to forget other people's wrongdoings. Descriptions of successful aging that touched upon the topic of attitudes were about having the kind of positive and optimistic outlook in life that one assumes joyful people have.

Some explained why they felt this kind of approach was necessary by saying, for example, that when one has such an outlook one remains stimulated and positive, which is good if one is to avoid dwelling on the various infirmities with which the process of growing into old age is associated, or as the one couple we interviewed said when asked what is needed in order to age well:

Frans: It is necessary that one doesn't have big worries. One could say that we each have our share of those but we try to disregard them ... and that one can do a few things now and then that one has the strength to do.

Interviewer: Hmm ... is health important?

Frans: Yes.

Fanny: Yes, health is important.

Frans: That is what is important.

Interviewer: But at the same time you say that the tumor is something you disregard.

Frans: Well as long as it doesn't spread.

Interviewer: Hmm ... ok.

Fanny: Yes but one just has to accept that. One has some ailments when one is running around and one thinks that everybody else has it OK but then one starts ... and then one sees that everybody is feeble in some way or another.

Frans: Yeah.

Fanny: But it is very important, I think ... And I think that is something I learned while being sick that year that one has to have a positive outlook and be curious and continue to live ...

Frans: Yeah, and avoid nagging ...

Fanny: Well one has to be able to nag sometimes ... [we all laugh] ... but one can't dwell on it.

Frans: Yes, that is probably more important.

Fanny: That one continues to be curious and like that ... (Frans, 80 years old, without home-help care & Fanny, 79 years old, without home-help care)

Outlook-related statements were, in other words, made in order to allude to the kind of attitude one needs in order to be able to manage the various vicissitudes that are associated with the process of growing into old age. One of our informants said the following when asked to describe what the opposite of successful aging would be like:

Successful aging, ha ... if I were to remember earlier wrongdoings that would be bad aging ... if I were to get hung up on those and try to exploit them in some way ... that would be bad aging ... let me see if I can think of more examples for what bad aging means/.../ Bad aging is also when all possible sorts of physical handicaps crop up ... well what I just mentioned about remembering wrongdoings ... that is not physical but on top of that if one were to have physical handicaps ... well that would naturally be bad aging but that can be compensated for by a kind of more forgiving and understanding attitude to things (Hans, 79 years old, without home-help care).

In this quote we see how different types of themes were intertwined in this idea that successful aging entails a positive and tolerant outlook on life. This particular informant pointed also out that even though physical handicaps could be perceived as a threat to a successful aging, one's approach to them is just as important.

Related to the idea that it is up to us to decide how to handle the various challenges that life and aging pose is also the idea that remaining engaged and/or remembering that one needs to continue to do what one can to make sure that one gives of one's best is also conducive to aging well. One of the women we interviewed talked, for example, about this when the topic of social relationships came up, and she spontaneously began by saying that being surrounded by one's children and grandchildren was important, as was having a good social network. But as she reflected more she said the following:

Yes, a good social network, that is ... but then it depends also a lot on how one is ... There are many that ... one hears sometimes ... well it maybe doesn't matter if I tell but ... there is this old lady that sulks and says oh, I am so lonely ... And yes but one must also ... one must give of one's best so to speak. One can't just sit in a chair and wait for others to come ... and like, one has to do that and if one can't, for there are some people that can't ... they don't have the strength to do that and what not, but one has to do something also ... and this woman that I am talking about ... the only thing she does is nag about everything, everything is wrong. It is never clean in the laundry room and it is always dirty in the elevator and it is this and it is that and I think that maybe it isn't that strange that she is so alone, for who has the strength to put up with her so I think that one must, one must give everything in a way ... One has to try, I think. (Olivia, 80 years old, without home-help care)

Thus, as expressed by this informant and so many of the other ones that talk about the importance of having a positive outlook in life, successful

aging was believed to be associated with having the kind of attitude that makes life easier just because one approaches things in an open and tolerant manner. These were people that believe in the fact that it was in their power to age well since it was not all a question of how healthy one was and/or what kind of situation one has but also of how one tackles the various difficulties with which aging is associated; how one approaches life. It can therefore be said that this understanding of successful aging brings to the fore the idea that aging well is, to a certain extent, a question of mind over matter.

Lastly, when it came to “the what” of successful aging there were those that thought successful aging was about the various “gains” that the process of aging brings about. For example, one of the men we interviewed said the following when asked what came to mind when he heard the construct in question:

To be able to remember, to be able to do things in a calmer way, whether it is reading, or writing or taking a walk ... there is a sort of calmness, a sort of relaxation that I don't think one can reach as a younger person and which I don't think a younger person would appreciate ... young people prefer that which is stressful and exciting and not that which is calm and relaxed. And I have to say that it is fun to be able to appreciate this calmness. And that is one of the things that one could count amongst the pros of growing old ... that one can become more relaxed. (Hans, 79 years old, without home-help care)

So whereas successful aging was described in terms of an outlook one has and/or one that is gained as we age, it is clear that some of the older people interviewed thought of aging well in terms of an attitude and/or approach to life in general, and aging as a process in particular.

Continuity-related Statements About What Successful Aging Means: When Aging Well is Understood as Not Aging at all

As mentioned earlier, this particular theme does not have to do with what informants defined as necessary pre-requisites to aging well. Instead, this one theme is about how some of our informants formulated their understandings of successful aging; i.e. the manner in which they talked about what aging well entails. The in-depth analysis of our informants' perspectives on aging well showed that understandings of successful

aging – irrespective of whether or not they were upheld by those that were managing without home-help care services – were often framed in terms of continuing with business as usual so to speak. The underlying message being, in a way, that one ages well if one could “freeze time” and remain the same. Some of our informants seemed, for example, rather tentative when they were first asked what successful aging meant to them. It was as if they were hearing an oxymoron that they needed time to reflect on, and they wanted to have further explained, which is perhaps what one of the men interviewed – Niklas – eloquently expressed when he wondered where the term successful aging came from (as he is cited doing a few pages ago). Irrespective of how our informants reacted when they first heard the term, it is clear that most of them could easily formulate their vision of successful aging as the interview progressed. Few seemed actually to have a problem describing what aging well meant to them despite the initial hesitation and/or tentativeness that accompanied most of their formulations of what aging well means.

In addition to this interesting observation and related to this continuity theme is the fact that some of our informants formulated their definitions of successful aging by referring to the way things were at the moment and the fact that being able to carry on as they were doing was what successful aging was all about. For example, when talking about the importance of health for aging well some of our informants made statements such as “to be able to *remain* as healthy as I am today.” In this regard it must be added that when our informants talked about having their health they did not mean being “disease free” but rather “not getting worse.” In a similar manner, others began to formulate what successful aging meant to them by saying, for example: “Well, above all...that I am able to be *who I am today*” or as one of our informants said:

A good old age is ... in my case it is about having my senses *left* / ... / I think that it is very important that I can *continue* to have a fairly normal ability to communicate ...
(Bo, 86 years old, home-help care recipient)

Thus, the idea that continuity is needed in order to age well permeated the understandings of successful aging that this study brought to fore. As one of our informants said, “if nothing worse happens to me other than what has happened already (which in this informant’s case meant the two back

operations she had had) then I will be very grateful” (Britta, 77 years old, home-help care recipient). The informants that talked about successful aging in terms of continuity suggested that the construct in question seems to have been perceived as a contradiction in terms since aging was about getting to a point where one was no longer able to continue as usual. This makes sense if one takes into account that these were people that seemed to associate the process of growing into old age with “falling prey” to the various difficulties that aging seems to have been expected to bring about. For example, after making numerous remarks about having thought about what the various challenges associated with aging would feel like, one of our informants said the following:

Well, it is clear that years pass by you know and that one just has to you know realize that, sooner or later, one will become a victim of old age as one might maybe say [the interviewer asks him what this means and he responds] well, it can you know ... it means some sort of ... it is probable that one can ... that troubles will increase in one way or another ... Body-wise or spiritual ones or whatever it might be that can crop up ... so it is just that ... I mean that it is because of this that I say this ... one never knows you see ... how it will be so in a way it is just an objective assertion that that is just life. (Fredrik, 82 years old, without home-help care)

The process of growing into old age seemed to have been implicitly assumed to be a threat to continuity in life (cf. Torres & Hammarström 2006, 2007) which is why we are suggesting that some of our informants seemed to draw a parallel between successful aging and not aging at all. This might explain why some of them went as far as saying – in a joke-like manner – that successful aging was about “being young forever;” a statement that was not really typical of the statements of most of our informants made but that captured the essence of what all of those that made statements regarding continuity in life seemed to have wanted to convey. Continuity in life is, after all, about wanting things to stay the same and about assuming that the future holds changes that imply deterioration in one way or another. Our informants’ understandings of successful aging suggest that the term can be regarded as an oxymoron since aging is believed to be about the kinds of transitions that jeopardize being able to continue as usual and to age well one would need to be able to “freeze time” since remaining the same is the only way in which one

could avoid the various deteriorating transitions with which aging seems to have been associated.

Discussion

The findings hereby presented corroborate previous research on understandings of successful aging since health was found to be central to aging well (cf. Duay & Bryan 2006; Fisher & Specht 1999). Another aspect of successful aging, which previous research has brought to the fore and which our study also shed light on, is the importance of psycho-social resources, i.e. having good social relationships, remaining active in one's social networks of affiliations as well as in social events, and having something meaningful to do. Thus, whether described as social functioning (cf. von Faber 2001); interpersonal behavioral skills (cf. Dorfman & Walsh 1996) and/or interactions with others (cf. Fisher 1992, 1995 as well as Fisher & Specht 1999), our ability to remain active and engaged socially seems to be among the aspects that people deem to be conducive to successful aging along with having a sense of purpose and meaningfulness. Spiritual and financial resources were mentioned by some of our informants even though these were issues that were not brought up as often. The importance of spirituality has been identified as important by others (cf. Ruffing-Rahal & Wallace 2000), as has the issue of finances (cf. Charbonneau-Lyon et al. 2002; Duay & Bryan 2006). Thus, these are also some aspects that our study has in common with previous research, even though one could say that these were issues that were relatively peripheral to most of the understandings of successful aging that our informants expressed.

With respect to the importance of health and physical resources it must be mentioned, however, that this aspect was exclusively brought up by those that indicated – in their responses to the ADL and IADL questions we posed and in comparison with those that were managing without home-help care services (as shown in Table 1) – that there were numerous activities that they were either not able to execute on their own and/or needed help with. Here it seems necessary to reiterate that age did not seem to play a role. The number of activities one had trouble executing on one's own or needed help with was not related to the number of years one

was. Something else worth reiterating is that these were people that were home-help care recipients. Hence that the findings suggest that it might only be those that are relatively healthy and physically able who define successful aging in other terms besides those related to physical resources. The underlying idea being that understandings of successful aging can only "afford" to be about something else besides health when one is still relatively healthy. The size of our sample and our study's design does not allow us to draw the conclusion that home-help care recipients are more prone to think of successful aging in more narrow terms than those who manage without the help of home-help care services because they are still relatively mobile and are not yet hindered by their diminished everyday competence. Future research should, however, explore this further since it might very well be that as people's own physical resources deteriorate and their need for help and assistance with everyday activities increases they begin to think of aging well in health-exclusive terms. Our own research has shown, for example, that there is a relationship between how people think about diminished everyday competence and how they conceive the process of growing into old age (cf. Torres & Hammarström 2006). The question that the findings presented here pose is therefore whether degree of diminished everyday competence is related to how we think about successful aging and what we deemed to be needed to age well.

The importance of attitude toward life in general, and the various changes that aging brings about in particular, were also amongst the issues that some of our informants (those that were not home-help care recipients) associated with aging well. Statements that stressed having a positive approach, being curious, avoiding nagging and dwelling on negative issues, forgiving wrongdoing and remaining stimulated were made by the informants that were managing without the help of home-help care services and these were classified under the umbrella concept of attitude-related statements. It must, however, be stressed that what these statements tap into are, in fact, an issue that has often come up as one of the key aspects of successful aging (cf. Dorfman & Walsh 1996) even though some research refers to this in other terms (such as self-acceptance as in the case of Fisher 1992, 1995 as well as Fisher & Specht 1999 or coping with change as in the case of Duay & Bryan 2006). Related to this is also the fact that our findings suggest that we need to look further into whether

or not there is a relationship between being in need of help and support and how one thinks about the attitude-oriented aspect of successful aging.⁷

Last but not least, there are the findings that show that some of our informants thought of aging well in terms of remaining the same and/or “freezing time;” findings that show that these informants think of aging as deteriorating change which is why they formulated their understandings of successful aging by suggesting that aging well is about not aging at all. This is, of course, in line with the provocative statement that Baltes and Carstensen (1996) once made when they alluded to the fact that “some critics argue that successful aging is an oxymoron; successful aging means not aging at all” (Baltes & Carstensen 1996: 400). Our findings suggest that it might very well be that some older people think of this construct in such a way. Conceived in this manner, successful aging is about remaining the same, i.e. about continuity.

Concluding Remarks

The findings having to do with *what* successful aging is and the aspects believed to be conducive to aging well are in line with what previous qualitative research about older people’s understandings of successful aging has identified. The heterogeneous sampling strategy utilized in this study allowed us, however, to make an interesting contribution to the ongoing debate by suggesting that present circumstances – such as being a home-help care recipient and having diminished everyday competence – might have an impact on the way in which older people think about successful aging. The findings having to do with *how* the understandings were formulated are also interesting since they suggest that even though most people can define what this construct means to them, there are some that formulate their understandings in a manner that suggests that this very popular gerontological construct is, in fact, an oxymoron to them.

By unveiling the manner in which understandings of successful aging are formulated we have tapped into how the process of growing into old age can be viewed. Aging seems to have been regarded as a process associated with numerous threats to the way things are at present, which is why some of our informants seemed initially to have a hard time

formulating what aging well entailed. Most of our informants could, however, define rather easily what successful aging meant to them once they began to list the pre-requisites or resources they believed to be needed in order to age well and the type of outlook in life they deemed to be conducive to successful aging. Future research should explore how the understandings in question are mediated by the different circumstances in which older people can find themselves. Our findings suggest (albeit tentatively), after all, that being a home-help care recipient and degree of diminished everyday competence might have an impact on how older people think about successful aging.

Acknowledgements

The research upon which this article is based was funded through grants from the Swedish Research Council (Vetenskapsrådet) and the Faculty of Social Sciences at Uppsala University. We would also like to thank the members of the Social Gerontology Research Group at the Department of Sociology of Uppsala University for their support throughout this project.

Notes

1. When referring to Rowe and Khans' contribution, Strawbridge et al. (2002) have argued that what was innovative about their way of thinking about aging is that it suggested that one could in fact age successfully (i.e. disease-free), which was something totally different from thinking that one could have a good old age despite disease.
2. Hereby we would like to stress what we have already pointed out in the introduction; namely that the idea of aging well has always been an underlying theme for research on adjustment, adaptation and coping (cf. Tornstam 1973) even though the actual term "successful aging" is relatively new. Our interest in this construct is, however, not historical, which is why we deem the discussion regarding the origins of successful aging to be peripheral to our endeavor. Our literature review focuses, therefore, on literature that uses the term successful aging explicitly since our interest lies in the differences there might be between what aging well is believed to be (by the social gerontological literature) and how elderly people define the term.

3. Other results from this project can be found in Hammarström and Torres (2005, 2007, 2009) as well as in Torres and Hammarström (2005, 2006, 2007).
4. A total of 49 interviews were collected during the course of this project. Only 37 interviews qualified, however, as useful data since some of the interview tapes had poor sound quality and some of our informants were deemed to lack lucidity or failed to answer our questions. This particular study is, however, based on the 16 interviews in which we asked about successful aging explicitly.
5. Results of this survey can be found in Hammarström (2001, 2002).
6. The shorter version that we used is composed of 35 items. In this article we focus only on the twelve items that have to do with mobility.
7. Our own research has shown, for example, that being in need of help and assistance does not necessarily mean that one regards oneself as dependent (cf. Hammarström & Torres 2007, 2009), which is why it is important to keep in mind that parallels cannot automatically be drawn between circumstances which might at first glance seem similar (such as being in need of help and assistance and regarding oneself as dependent and/or – for that matter – having such assistance and thinking about successful aging in a given manner).

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