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Toward a Global Geroethics –Gerontology and the Theory of the Good Human Life

Abstract

Gerontologists have proposed different concepts for aging well such as “successful aging”, “active aging”, and “healthy aging”. These conceptions are primarily focused on maintaining health and preventing disease. But these conceptions also raise the questions of what a good life in old age is and how it can be achieved. While medical in origin, these concepts and strategies for aging well also contain *ethical* advice for individuals and societies on how to act regarding aging and old age. This connection between gerontology and ethics is overlooked on both sides. We thus develop this research program for a systematic geroethics in four steps. First, we analyze „successful aging“ as put forward by Rowe and Kahn as a paradigmatic example for a gerontological conception of aging well. Then, in a second step, we move from criticisms within gerontology to an ethical perspective; in particular, we want to clarify the problem of the claim of universal validity of conceptions of the good life. In a third constructive step, we explain how the “capabilities approach” could be applied in this context as a normative foundation for the implicit normative assumptions of gerontological conceptions of aging well, such as a particular choice of functionings, the ethical relevance of human agency, and the resulting claims of individuals towards society. Finally, using a conception by the German philosopher Ursula Wolf, we systematically develop the different aspects of the connection between aging well and the theory of the good life in their full complexity and show their interconnectedness.

Keywords

Geroethics, gerontology, „successful aging“, active aging, capabilities approach, theory of the good life

INTRODUCTION

Gerontologists have proposed different concepts and strategies of aging well such as “successful aging”¹, “active aging”², and “healthy aging”.³ These concepts and strategies for “aging well” are not just directed toward individuals but are also aimed at the social context of aging and old age. They intend to help guide how societies can deal with the perceived challenges of an aging population such as rising old-age-dependency ratios, and health care and pension costs. Therefore different national and international organisations such as the European Union⁴, the Organisation for Economic Cooperation and Development⁵, and the World Health Organisation⁶ often refer to these conceptions in their policy suggestions in order to meet the challenges of population aging.

The gerontologist Robert Havighurst provided an early overview of different definitions of “successful aging” in 1961.⁷ Havighurst contrasted two main positions in gerontology: the “disengagement-model”⁸ and his own “activity-

¹ J.W. Rowe & R.L. Kahn. Human aging: usual and successful. *Science* 1987; 237: 143-149, J. Rowe & R.L. Kahn. 1998. *Successful aging*. 1st ed edn. New York: Pantheon Books: xv, 265 p. ; J. Rowe & R.L. Kahn. Successful Aging 2.0: Conceptual Expansions for the 21st Century. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 2015.

² L. Foster & A. Walker. Active and Successful Aging: A European Policy Perspective. *The Gerontologist* 2015; 55: 83-90. Fernández-Ballesteros, et al. Active Aging: A Global Goal. *Current Gerontology and Geriatrics Research* 2013

³ R. Sadana, et al. Healthy Ageing: Raising Awareness of Inequalities, Determinants, and What Could Be Done to Improve Health Equity. *Ibid.* 2016; 56: S178-S193.

⁴ E. Commission. 2015. Innovation and Active Ageing Summit Report.

⁵ P. Love (ed.). 2015. *Ageing*. Paris: OECD Publishing.

⁶ J.R. Beard, et al. The World report on ageing and health: a policy framework for healthy ageing. *Lancet* 2016; 387: 2145-2154.

⁷ R.J. Havighurst. Successful Aging. *The Gerontologist* 1961; 1: 8-13..

⁸ E. Cumming & W.E. Henry. 1961. *Growing old : the process of disengagement*. N.Y.: Basic Bks.

model” of successful aging.⁹ The first model describes and also recommends a withdrawal of older people from society. This is a combination of descriptive elements – what the situation of older people actually is – and normative elements – how older people should behave to lead a good life. In contrast, the “activity model”, which is now the dominant approach¹⁰, argues that, empirically, older people in contemporary societies are increasingly engaged in different kinds of activities and that, normatively, they should do so, both to their own benefit and for the benefit of society. The “activity model of aging” is the category under which “healthy aging”, “successful aging“, and “active aging” fall.¹¹

After Havighurst’s groundbreaking article the American discussion was largely influenced by the concept of “successful aging” proposed and developed by Rowe and Kahn.¹² This conception has also become a point of reference for critical discussion.¹³ “Active aging” is the counterpart shaping European debates and policies and focuses on the employment situation of older people.¹⁴ As already mentioned above, “healthy aging,” “active aging”, and “successful aging” are not merely descriptive but also normative concepts. Their normative content has a double aspect. Firstly, they put forward criteria to measure desirable outcomes. These can also be understood as evaluative reasons what kind of life older people should consider as good. Secondly, they provide recommendations about what individuals and society should do in order to achieve these outcomes. Consequently, the gerontological conceptions of aging well refer to aging as a

⁹ See also W.A. Achenbaum. 1995. *Crossing frontiers*. Cambridge: Cambridge Univ. Press: XIII, 278 S ;.

¹⁰K.J. Johnson & J.E. Mutchler. The Emergence of a Positive Gerontology: From Disengagement to Social Involvement. *The Gerontologist* 2014; 54: 93-100.

¹¹ Foster and Walker 2015, *op. cit.* note 2.

¹² See note 1.

¹³ For an overview see a recent special issue by the *Gerontologist* dedicated to Rowe and Kahn’s concept: Successful Aging: Contentious Past, Productive Future. *The Gerontologist* 2015; 55: 1-4.

¹⁴ Foster and Walker 2015, *op. cit.* note 2.

process which should be designed in a specific way, and to a specific form or shape of old age as a desirable outcome both for individuals and society, which can be achieved by an optimized aging process.

The common ground of these models of aging well is that they all refer to specific activities which they consider to be important for aging well and for flourishing in old age. The proponents of different models disagree about which activities should count as criteria for aging well and critics attack the respective choices.¹⁵ A more fundamental type of criticism addresses the focus on activity itself.¹⁶ A substantial part of the critical literature relates to the normative foundations of each concept, for instance, the justification of a particular choice of activities or, more fundamentally, the relevance of functioning and agency in general.¹⁷ Via these issues and the related criticisms the gerontological debate enters the domain of ethical questions: What are the activities people have reason to value and what is the ethical importance of agency in general? However, there is little awareness in the gerontological literature of this connection between gerontology and ethics, in particular, relating to the theory of a good life.¹⁸ Conversely, ethics has shown little interest in these practical concepts of good aging and in the question of the good life *in old age*.

From an ethical perspective, the strategies for “successful aging” and their counterparts can be characterized as prudential recommendations for how to attain happiness, human flourishing, and a good life under the specific

¹⁵ A. Bowling & P. Dieppe. What is successful ageing and who should define it? *Bmj* 2005; 331: 1548-1551, M. Martinson & C. Berridge. Successful aging and its discontents: a systematic review of the social gerontology literature. *Gerontologist* 2015; 55: 58-69.

¹⁶ V. Timonen. 2016. *Beyond successful and active ageing : a theory of model ageing*. Chicago: University of Chicago Press, C. Tesch-Romer & H.W. Wahl. Toward a More Comprehensive Concept of Successful Aging: Disability and Care Needs. *The journals of gerontology Series B, Psychological sciences and social sciences* 2017; 72: 310-318.

¹⁷ Bowling & Dieppe, Martinson & Berridge, Timonen.

¹⁸ An exception is Jan Baars, who also points out this shortcoming. J. Baars. 2012. *Aging and the art of living*. Baltimore: Johns Hopkins University Press: x, 283 p.

consideration of human aging. Once these gerontological conceptions enter public policies, they also have other normative implications beyond the prudential quality of their recommendations. How one “ought” to live in order to achieve a flourishing old age may easily become how one “ought” to live as an aging citizen who meets her duties towards society.¹⁹ For instance, people could be held responsible if they fail to meet the standards of “successful aging” by making them pay higher health insurance fees or co-payments. This can also lead to a risk-averse society which gives health an absolute priority at the cost of a pluralism of values.²⁰ The fifth expert report on aging for the German government, spells out this claim that risks for healthy aging can be eliminated completely by appropriate life styles, which illustrates this concern.²¹ On the other hand, the preconditions for successful, active, or healthy aging can justify claims that individuals have towards society, insofar as individual achievements in this respect depend on specific social conditions. This way “aging well” also defines duties society has towards its aging citizens.

In philosophy, there are very few classical monographs on aging. Cicero’s *de Senectute*²² written 44 BC is followed by Simone de Beauvoir’s *La Vieillesse*²³ from 1970. Only recently have some philosophers tried to close this gap.²⁴ But there is no systematic examination of the relation between gerontological conceptions of

¹⁹ Ibid., p.1.

²⁰ J. Savulescu. Golden opportunity, reasonable risk and personal responsibility for health. *Journal of medical ethics* 2017.

²¹ Bundesministerium für Familie Senioren Frauen und Jugend. Fünfter Bericht zur Lage der älteren Generation in der Bundesrepublik Deutschland. 2005. 23.

²² M.T. Cicero & J.G.F. Powell. 1988. *Cato Maior de senectute*. Cambridge [Cambridgeshire]: Cambridge University Press: ix, 298 p. ;.

²³ S.d. Beauvoir. 1970. *La vieillesse*. Paris: Gallimard: 604 p.

²⁴ Baars 2012, op. cit., note 18, H. Small. 2007. *The long life*. Oxford: Oxford University Press: xi, 346 p.

aging well and the theory of the good life.²⁵ The authors who have contributed to the revival of the theory of the good life are no exception. Neither Alastair MacIntyre²⁶, nor Phillipa Foot²⁷, nor Martha Nussbaum²⁸ have written extensively about aging.

The situation in bioethics is not much different. The interests of bioethicists have often focused on anti-aging medicine and lifespan extension.²⁹ Population aging has generated an interest in the ethical implications of some specific medical challenges such as dementia.³⁰ But to our knowledge there are no contributions in bioethics which have examined normative conceptions in gerontology and their implications for medicine and health care more closely. There is no systematic gerontological ethics or geroethics that develops the connection between gerontology, ethics and bioethics. The objective of this article is to develop the outlines of such a research program.

We develop this research program for a systematic global geroethics in four steps. First, we analyze „successful aging“ as put forward by Rowe and Kahn as a paradigmatic example for a gerontological conception of aging well. We point out the implicit evaluative claims of this conception which relate to the theory of the

²⁵ This includes a chapter of Diane Jeske on „Aging, Getting Older, and the Good Life“ in G. Scarre (ed.). 2016. *The Palgrave handbook of the philosophy of aging*. New York, NY: Springer Berlin Heidelberg.

²⁶ A.C. MacIntyre. *After virtue : a study in moral theory*.

²⁷ P. Foot. 2001. *Natural goodness*. Oxford: Clarendon.

²⁸ Oxford University Press has announced a book on aging by Martha Nussbaum for January 2018, retrieved from <https://global.oup.com/academic/product/aging-thoughtfully-9780190600235?cc=de&lang=en&>.

²⁹ See for instance: C. Farrelly. Framing the inborn aging process and longevity science. *Biogerontology* 2010; 11: 377-385, S. Horrobin. The Ethics of Aging Intervention and Life-Extension. *Aging Interventions and Therapies World Scientific Publishers, Singapore* 2005, H. Jonas. The burden and blessing of mortality. *Hastings Center Report* 1992; 22: 34-40, J. Harris. Immortal ethics. *Annals of the New York Academy of Sciences* 2004; 1019: 527-534, E.T. Juengst, et al. Biogerontology, „anti-aging medicine,“ and the challenges of human enhancement. *Hastings Center Report* 2003; 33: 21-30.

³⁰ C. Baldwin, et al. Ethics and dementia: mapping the literature by bibliometric analysis. *Int J Geriatr Psychiatry* 2003; 18: 41-54, J. Hughes & J. Common. Ethical issues in caring for patients with dementia. *Nurs Stand* 2015; 29: 42-47.

good life. Then, in a second step, we move from criticism within gerontology to an ethical perspective; in particular, we want to clarify the problem of the claim of universal validity of conceptions of the good life. Such claims have to be compatible with a variation of conceptions of the good in a pluralist society and in different cultures. In a third constructive step we explain how the capabilities approach (CA) could be applied in this context as a normative foundation for the implicit normative assumptions of gerontological conceptions of aging well such as a particular choice of functionings, the ethical relevance of human agency, and the resulting claims of individuals towards society. Finally, using a conception by the German philosopher Ursula Wolf, we systematically develop the different aspects of the connection between aging well and the theory of the good life in their full complexity and show their interconnectedness.

ROWE AND KAHN'S CONCEPT OF „SUCCESSFUL AGING“

John W. Rowe, a medical doctor, and Robert L. Kahn, a psychologist developed their concept of “successful aging” by both appreciating and departing from the gerontological distinction between pathological and normal aging. In their seminal article published in 1987, they support this distinction as an important correction of the prevailing idea that aging and old age are necessarily and wholly characterized by pathologies. Nevertheless, they believed that there is still the third and further possibility of improving the way people age and experience old age. To show this possibility, they identify people who age successfully as a third group in addition to those who suffer from a specific pathology and those who age normally. “Normal” or “usual” aging in this sense would still be characterized by an increased risk for disease or disability. In contrast, the third group experiencing “successful aging” is defined by a low probability of disease and disability.

The low risk of disease and disability is only one of the three components of the definition of „successful aging“ by Rowe and Kahn. The second component is a high level of cognitive and physical functioning. And the third is an “active engagement with life”.³¹ These three components are broken down into subparts which can be as detailed as specific physiological measures such as bone density³². “Active engagement with life” has two main elements: interpersonal relations and activities which produce social value. Such social value activities are not necessarily reimbursed directly, but could be measured in economic terms and are contributing to the GDP.³³ It is also in this third component that the distinction between the definition of “successful aging” and its implicit conception of the good becomes apparent, which we will analyze in more detail below. Taken together, Rowe and Kahn’s components of “successful aging” are, in effect, criteria which define desired outcomes of “success” in old age. Successful agers cannot only be identified by these criteria, but they can also serve as role models for others on how to achieve the desired outcomes. In their 1997 book, Rowe and Kahn collected the corresponding prudential recommendations.

The primary focus of Rowe and Kahn is on biomedical health and not general wellbeing. This becomes clear from their focus on the distinctions between pathological, usual aging characterized by high risk of disease and „successful aging“. From this perspective, aging is foremost a challenge to one’s health, and which should be met with different responses. Its primary focus is on individual behavior and, therefore, many critics have blamed Rowe and Kahn for not sufficiently considering the social context of individual health and, consequently, of „successful aging“. Rowe and Kahn have recently acknowledged that it is

³¹ Rowe and Kahn 1997, op. cit. note 1.

³² Rowe and Kahn 1987, op. cit. note 1.

³³ Rowe and Kahn 2015. op. cit. note 1.

increasingly necessary to take this into account.³⁴ However, they also argue that their concept always had a social aspect.³⁵

And, indeed, the third component defining “successful aging” goes beyond the focus on individual health in a different sense from the social aspect. This reference to agency and activity establishes the most direct link between the definition of “successful aging” and the theory of the good life. The third component defines not only the potential to act or function, but also defines the kind of activities they *should* be able to do (activities of economic value), i.e. activities older people have reason to value and society has reason to support them doing.

Rowe and Kahn define the desirable activities in terms of economic value. This is simply too narrow as a criterion for “successful aging” in a literal sense, since people might have reason to value old age beyond the mere possibility to engage in such activities. It is, therefore, no surprise that it is regarding this third component that many disagreements in gerontology arise and alternative suggestions are made. These are often based on different sets of values, for instance, in the alternative model of “active aging”.³⁶ As a case in point, Foster and Walker suggest broadening this narrow economic focus. They ask for an extended definition of activity which “should include all meaningful pursuits that contribute to individual well-being”.³⁷ Here again, the connection to the theory of the good life is clearly established by the terms “meaningful” and “well-being”,

³⁴ J.W. Rowe & R.L. Kahn. Successful Aging 2.0: Conceptual Expansions for the 21st Century. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 2015; 70: 593-596.

³⁵ Ibid.

³⁶ See note 2.

³⁷ Foster & Walker. *op. cit.* note 2.

which are also left undefined in Foster's and Walker's article. Below we will show how the CA can be used to fulfil this gap.

The discussion on activities in different gerontological conceptions which qualify „aging“ and „old age“ as successful should raise the question of how such activities can be selected and how this selection can be justified. In particular, there is a claim of universal validity for all human beings as implied in the title of the seminal article by Rowe and Kahn: „Human aging: usual and successful“. The far-reaching consequences of this strong claim also become apparent in a recent call of Rowe and Kahn to “reengineer core societal institutions” in order to adapt them to the “needs and capacities of older populations”. Gerontological conceptions of aging well claim to play a key role in such a reengineering and there are indeed examples for research programs and national and international policies on aging and old age which have been shaped by them. Rowe and Kahn mention several academic “successful aging” centers as well as the MacArthur Foundation for “successful aging” and the development of recommendations for “specific policies to facilitate the emergence of a successfully aging society”. Such policies have been adopted by different international organizations such as the World Health Organisation (WHO) and the European Union (EU).³⁸ The EU has adopted the active aging model with a focus on economic aspects and its strong appraisal of older people's employment opportunities and independence. For example, the Guiding Principles for Active Aging and Solidarity between Generations³⁹ recommend a variety of goals to support independent living. This is an illustrative example of our initial claim how narrow conceptions of the good – based on “activity of economic value” can enter policy guidelines. Thus, they

³⁸ For an overview see: *ibid.*

³⁹ Council of the European Union. 2012. Council Declaration on the European Year for Active Ageing and Solidarity between Generations Brussels: Council of the European Union.

contribute to the reshaping of social institutions – as Rowe and Kahn, as quoted above, also ask for – on a doubtful value foundation potentially contradicting social pluralism. Consequently, the needs of older people for support in the pursuit of activities which are important for a flourishing life may fall outside the scope of these guidelines. The same applies for conceptions of “successful aging” from a different cultural background.

CRITICISM OF „SUCCESSFUL AGING“: INDIVIDUAL AND CULTURAL PLURALITY OF THE GOOD

As we pointed out, gerontological conceptions such as “successful aging” contain broader implicit normative claims on how to lead a good life rather than just the narrow focus on health and functioning as initially suggested. The influence on social policies in order to reshape society and the reference to human aging in general terms also underline how strong these claims are. In contradiction to the broadness and influence of these normative claims, the underlying conception of the good is neither well-justified nor fully developed in its complexity. Within the field of gerontology itself, “successful aging” has been criticised for various reasons. One important criticism implicitly refers to the lack of recognition for pluralism of values in the “successful aging” concept. Some critics contend that the perspectives of older people and their individual and cultural diversity are not sufficiently considered by Rowe and Kahn.⁴⁰

Many studies have indeed found that older people themselves value a broad and diverse range of goods that are not represented in “successful aging” models. Among others, these include emotional and spiritual well-being, self-acceptance and self-contentment, acceptance of change of the aging process, a sense of

⁴⁰ M. Martinson & C. Berridge. Successful Aging and Its Discontents: A Systematic Review of the Social Gerontology Literature. *The Gerontologist* 2015; 55: 58-69.

humor, autonomy, financial security, living in a pleasant and safe neighborhood, and physical appearance.⁴¹ As can be seen from the variety, there is considerable diversity among individuals - much more than most scientific models of “successful aging” allow for.

An example of a different cultural understanding of aging can be found in the work of the Dutch anthropologist van der Geest, who did fieldwork among the Aku in southern Ghana for two decades, focusing mainly on the understanding of aging and attitudes towards old age.⁴² The term he uses to describe ideals of aging in Ghanese culture is not ‘successful’ aging, but ‘graceful’ aging, which obviously has different connotations. Interestingly, van der Geest observes that the local language of the people he studied does not have a term for ‘old’ as an adjective for people. Instead, the verb ‘to grow’ is used. The way to express ‘I am old’ in the language of the Aku people would be to say ‘I have grown’. Aging is thus seen as growth rather than as decline. Moreover, the most common term to refer to an old person is a title that expresses admiration and affection.

Van der Geest describes how in Aku culture the ideal of aging ‘gracefully’ implies that old people are respected by younger generations and valued for their wisdom and life experience. Old age is appreciated as a positive phase in life and elderly persons are seen as honorable, civilised, kind, composed, and wise. Van der Geest points out that this positive image of old age as respected and valued may be more of a normative ideal than actual practice – similar to the Western notion of ‘successful’ aging, and therefore being a reflection of an ideal and not necessarily describing the actual condition of old people. Such ideals set standards

⁴¹ Ibid., Rowe & Kahn. *op. cit.* note 8. and Bowling & Dieppe.

⁴² S. Van der Geest. 2012. Graceful and Successful Ageing: Observations from Ghana and the Netherlands. In *Alter(n) anders denken Kulturelle und biologische Perspektiven*. d.J.W. Röder B, Alt KW ed. Köln: Böhlau Verlag

of conduct and character: old people in southern Ghana are supposed to have virtues of wisdom, self-constraint, and dedication to their family, just as Western seniors are supposed to be active, healthy, and youthful.

When models that disregard individual and cultural differences are used for policymaking purposes, as in the policies and policy guidance by Rowe and Kahn we have referred to above, there is a risk of stigmatizing and discriminating certain groups of people, and of failing to cater to their needs. When success is measured according to certain culture-specific criteria, groups in which there are a different set of criteria and other values can be wrongfully labelled as unsuccessful and problematic.⁴³ Likewise, 'active social participation' may not be valued equally by all groups, and even people who share the goals promoted by "successful aging" could lack the resources and opportunities to achieve them. As a consequence, they may face an unjustified personal feeling of failure and an unfair negative evaluation of their own situation and responsibility for their own lack of success in a society aligned to ideas of "successful aging".⁴⁴

As a consequence, policy strategies aimed at aging well might be ineffective or even harmful for certain individuals or groups. For example, policies that facilitate and promote independent living for older people may impede their opportunities to live with family or to be taken care of in a facility for the elderly. Furthermore, policies focusing on the promotion of a healthy lifestyle may succeed in improving health at an old age but could be ineffective when it comes to achieving "successful aging" as it is perceived by the people themselves. Such as when they fail to promote building social networks or to improve financial security in old age.

⁴³ For example, some cultural groups attach less importance to self-sufficiency and independent living and thus do not consider dependence a sign of failure. Policies that consider dependency to be one of the bigger issues and, therefore, something to be avoided will likely discriminate and stigmatise these groups.

⁴⁴ Ibid.

These problems point to the general requirement of a better justification of the conception of the good which is included in gerontological conceptions of aging well. Such a justification can be found in the Capabilities Approach (CA).

CAPABILITIES AND AGING WELL

The CA is a broad analytical and normative framework that redefines the concepts of individual human well-being as well as social development.⁴⁵ When used in the analysis of human wellbeing, the CA perspective starts out by asking this fundamental question: “What are people *actually* able to be and to do in their daily lives?”

Five constitutive elements characterize this framework⁴⁶. The first concept is of *capability* itself. Capabilities represent the actual possible opportunities that a person achieves as being the valuable doings and beings in her daily life. A person’s capability is made up of the combined interaction of internal and external factors. These include a person’s internal endowments such as biology, knowledge, and skills as well as the external environment including social, material, and environmental factors. This is vitally important as there is a difference between a simple or formal opportunity versus the capability concept, which focuses on real, practical possibility. Some frequently used examples of capabilities include being able to live a long and healthy life, being able to become educated or well-nourished; being able to participate in valued productive activities; not feeling ashamed in public and interacting as an equal social

⁴⁵ A. Sen. 1985. *Commodities and capabilities*. Amsterdam; Oxford: North-Holland, A. Sen. 1992. *Inequality re-examined* Oxford: Oxford University Press, A. Sen. 1999. *Development as freedom*. Oxford: Oxford University Press, A. Sen. 2009. *The idea of justice*. London: Allen Lane.

⁴⁶ For a theoretical introduction to the CA see also I. Robeyns. The capability approach: a theoretical survey. *J Hum Dev Capabil* 2005; 6: 93-117, I. Robeyns. The capability approach in practice. *Journal of Political Philosophy* 2006; 14: 351–376.

member; and being able to express one's political preferences.⁴⁷ All these capabilities are seen to be valuable dimensions of a good life.

The second element is the notion of *functionings*. These are the realizations of capabilities into end achievements – the valued “beings and doings” – that an individual has chosen to pursue. The functionings correlated with the capabilities examples mentioned above would be living a long life without impairments, becoming educated; becoming well-nourished; participating in valued productive activities; not feeling ashamed in public, and expressing one's political preferences such as actually voting. Therefore, while capabilities represent the real opportunity/freedom aspect (being free and *able* to be or to do something), functionings refer to achieved beings or doings.

An important question that arises is which capabilities and functionings are valuable? On the one hand, the CA has a strong line of ethical argument about individuals being able to choose to realize the capabilities and functionings that they personally have reason to value. On the other hand, the concept of capabilities is not meant to be a superficial concept describing people's daily mundane beings and doings (e.g. being able to use a particular kind of soap). The concept of a capability is related to human wellbeing and to concepts such as moral equality and social justice. Capabilities that constitute wellbeing have to be morally significant and identified through a rigorous process of reasoning. Amartya Sen argues that there should not be one standard list of capabilities identified for all societies. Instead, each society must endeavor through public reasoning to identify the basic capabilities it wants to guarantee all its members.

⁴⁷ M. Nussbaum. 2011. *Creating capabilities. The human development approach*. Harvard: Harvard University Press, M. Nussbaum. 2000. *Women and Human Development: the Capabilities Approach*. Cambridge: Cambridge University Press. Nussbaum. Nussbaum (2011) distinguishes further three different notions of capabilities, namely basic, internal and combined capabilities.

However, when pressed for some indication of important capabilities, he does identify some basic capabilities that all societies might share in common.⁴⁸

Given the moral or normative aspects of capabilities and functionings they have certain characteristics: they are *plural* since people value multiple beings and doings, and a good life contains many things not just one; they are *qualitatively distinct* and, therefore, cannot be conflated or reduced to a single index or metric (such as income!) without generating distortion; they are *shaped by values and reasons*. That is, *capabilities are identified through public and individual reasoning about a minimally decent human life in the modern world rather than reflecting facts of human biology or nature*. Finally, although both capabilities and functionings are core concepts in the CA, the *primary evaluative space* is that of capabilities. This is because the CA considers the freedom of an individual to conceive, plan and pursue their own conception of a good life and the process through which outcomes are achieved to be of analytical, ethical, and political importance.

A third key concept is *agency*. Sen defines agency as the ability to pursue goals that one values and has reason to value.⁴⁹ Agency enables people to expand their freedoms and “[freedom] is also a principal determinant of individual initiative and social effectiveness.”⁵⁰ Thus freedom and agency are mutually enhancing components of development: greater freedom enhances the ability of people to

⁴⁸ A. Sen. Capabilities, Lists, and Public Reason: Continuing the Conversation. *Feminist Economics* 2004; 10: 77-80. See also Nussbaum. *op. cit.* note 26.

⁴⁹ The opposite of a person with agency is someone who is forced, oppressed or passive. S. Alkire. 2002. *Valuing freedoms : Sen's capability approach and poverty reduction*. Oxford: Oxford University Press, A.S.a.D. S. 2009. The human development and capability approach. In *An introduction to the human development and capability approach freedom and agency*, . S.S. Deneulin, Lila, ed. Sterling, Va. Ottawa, Ont: Earthscan International Development Research Centre: 22-48.

⁵⁰ Sen 1999, *op. cit.* note 24.

be agents, while agency also enables people to demand and achieve further freedoms allowing them to contribute both to their own development and to that of their community.

The fourth constitutive element is the idea of individual *endowments*, the amount (and quality) of resources ('things') available to the individuals. They include biological and mental features, private means (income, wealth, physical assets), public goods and services which are all instrumental to creating capabilities. The last key element of the CA is the notion of *conversion factors*. Conversion factors reflect people's different personal, social and environmental characteristics which affect – either in a positive or a negative sense – their ability to effectively access and convert their endowments and external conditions into effective capabilities.⁵¹

As stated above, conceptualizing aging and old age in terms of basic capabilities will prove fruitful for both gerontologists as well as philosophers of human wellbeing and social justice. The CA can both contribute important conceptual distinctions and substantial definitions to the respective debates. It helps to differentiate between what people are able to do according to their capabilities and between their actual achievements. From the perspective of conceptions of aging well, this would help to distinguish better between factors which contribute to aging well – capabilities in terms of endowments and conversion factors – and outcomes in terms of functionings as achievements. The CA would also be helpful to broaden the conception of activities which people have reason to value

⁵¹ Examples of personal conversion factors are age, ethnicity, gender, physical condition and presence of disabilities. Social conversion factors usually refer to family socio-economic background and characteristics of the social contexts where people live. Environmental conversion factors are mostly connected to the natural environment, the climate conditions etc.

understood from mere activities of economic value to capabilities and functionings. It can provide a theoretical framework for the justification of a particular set of capabilities and functionings in terms of public and individual reasoning of a minimally decent human life. And finally it highlights the necessity of the social context including resources and positive freedoms for the realization of the respective capabilities as functionings. At the same time gerontological knowledge will also improve the CA's understanding how the process of aging may influence one's agency and endowments and how age constitutes a conversion factor for effective capabilities. Therefore a dialogue and cooperation between gerontology and the theory of the good life, here represented by the CA would be highly desirable, and constitutes a major task for both fields.⁵²

„AGING WELL“ AND THE FIVE LEVELS OF THE QUESTION OF THE “GOOD LIFE”

The Capabilities Approach can provide a better justification for the third component, the choice of activities and human agency in “successful aging”. This is applicable to comparable components in other gerontological conceptions of aging well. Further, the Capabilities Approach can point to the social preconditions and context of human agency beyond the primary focus on individual responsibility. However, agency declines with old age and while indeed the “younger old” can enjoy a phase of life of activity, this applies to a lesser degree to the “older old” or “oldest old”. Indeed some gerontologists have called the “oldest old” or the “fourth age” as sign of the fundamental imperfection of

⁵² Indeed, the WHO has already begun to set this into practice by promoting healthy aging on a more comprehensive approach. It is based on the ‘social model’ of disability and Capabilities Approach and correspondingly on a wider set of functional abilities to achieve well-being. See: World Health Organisation. 2015. World Report on Ageing and Health. Geneva: World Health Organisation.

human life.⁵³ Since it excludes many people of a more advanced age, the narrowness of “successful aging” as defined by Rowe and Kahn becomes even clearer in this respect. An alternative model such as the Ghanian one might be better able to accommodate dependency, but its perspective might as well underestimate the relevance of negative experiences of a very advanced old age. How can the theory of the good life address this problem?

First of all, a better distinction of the different levels of the theory of a good life is helpful to clarify the different problems it has to address in this context. A useful tool for this purpose is the German philosopher Ursula Wolf’s insightful analysis of the structure of the question of the good life⁵⁴. According to Wolf the question of the good life can be formulated as: “Which way to live is good for human beings?” Or even simpler from an individual perspective: “How should I live?” This latter formulation has five different levels; the first level is addressed in the additional form: “How should I live here and now?” This refers to the actual situation of a person, her desires, abilities, past, resources, and cultural context. The second level addresses a possible conflict between preferences of different goals which a person considers to be good. Wolf’s example is the desire to run away from danger and the desire to be courageous. This leads to the third level, on which somebody questions virtues, values, ideals, and cultural justifications of goals which are specific for a particular society. For instance, by following one’s own inclinations one may reject the virtue of courage as it is understood in the culture to which one belongs. On the fourth level a person takes the perspective of her life in its completeness: “Which model for a life do I want to follow?” This refers

⁵³ P.B. Baltes. Facing our limits: human dignity in the very old. *Daedalus-Us* 2006; 135: 32-39, K. Aker & I. Fooker. Age(ing) and ambivalence. *Zeitschrift für Gerontologie und Geriatrie* 2016; 49: 1-2.

⁵⁴ U. Wolf. 1999. *Die Philosophie und die Frage nach dem guten Leben*. Reinbek bei Hamburg: Rowohlt.

to the possibilities that are available to an individual with a particular set of dispositions and in a particular context over a longer period of time as well as his or her biography. Finally, the fifth - and according to Wolf – the deepest of these levels refers to existential crises, contingency, and death and how we can live a good life in the face of these challenges.

This distinction helps to outline the possible integration of gerontological conceptions of aging well and the theory of the good life in a better way. On the first level, the question can be raised whether the components of "successful aging" are appropriate, particularly in relation to individual agency and activities which are part of a good life. On this level and also as a fundament for others, the Capability Approach provides a helpful orientation on what it means to age well. On the second level, there may be conflicting desires regarding how to age well, and how important preventive behavior and healthy life styles ("factors" according to Rowe and Kahn) are compared to other preferences with which it may come into conflict. Such conflicts have to be decided on the third level where life models, general cultural values and ideals are identified and particular desires are evaluated. On the fourth level, the context of life as a whole and its individual possibilities have to be considered and different options, which have been suggested in a more scattered form throughout the history of philosophy, have to be examined more closely. Is old age a part of one's life accomplishment and fulfillment of one's life's work and an opportunity to realize the meaning of human finitude as Thomas Rentsch⁵⁵ has written? Or is this an illusion and it is rather a phase in which the pieces of one's life and work drift apart as Noberto

⁵⁵ T. Rentsch. 2016. Aging as Becoming Oneself: A Philosophical Ethics of Late Life. In *The Palgrave handbook of the philosophy of aging*. G. Scarre (ed.), ed. New York, NY: Springer Berlin Heidelberg: 347-364.

Bobbio⁵⁶ has believed? Finally, aging and old age might be closely connected to Wolf's challenges which may lead to existential crises: finitude, limited time, and death. How should we deal with the negative aspects and ambivalence⁵⁷ of old age and integrate them in a concept of the good life? What are the limits of an "art of living" addressing these problems or indeed which different ways are there to conceive of such an art?⁵⁸

On this fifth level, one of the key challenges of a global geroethics in order to allow aging and older people a positive experience of old age is to develop strategies of how to deal with negative aspects of physical aging and old age. At first this may seem paradoxical. The difficulty is not to relativize or simply deny negative aspects of old age while at the same time avoiding negative stereotypes of old age. There are many examples for apologetics of old age which propose to change the perspective on age-related losses and treat them as advantages. The most prominent example is Cicero's *De Senectute*. Cicero suggests that a loss in sexual function should be welcomed since it allows concentrating on more important things in life. Jan Baars seems to be sympathetic to this view, at least to some degree: "Fortunately, there are still stories about continuing love beyond a 'sexually healthy' lifestyle". He sees the qualification of diminishing sexual interest or capacities in old age as part of a problematic anti-aging culture. But in a pluralistic society it is difficult to argue for a particular attitude towards sexual functioning and to a particular kind of sexual activity in advanced age as the result of some inauthentic desire generated by an "anti-aging-culture". In fact there are many different ways how older people experience their sexual activities. This example points to the more general problem how to deal with physical aging,

⁵⁶ N. Bobbio & A. Cameron. 2001. *Old age and other essays*. Cambridge: Polity.

⁵⁷ Aner & Foken 2016, op. cit., note 52.

⁵⁸ Baars 2012, op. cit., note 18.

which biologists define as an “increasing vulnerability to environmental challenge and a growing risk of disease and death.” Thus, preventing aging is also decreasing the risk of disease. However, for some authors a medical approach to tackle the aging process itself is deemed a fundamentally misguided attitude towards aging and the experience of human finitude it enables. On the fifth and deepest level of Wolf’s analysis of the question of a good life, the problem then is how to deal with human finitude from the perspective of the theory of a good life. While the authors named above have argued that human existence is exclusively characterized by finitude and to accept this is key to a good life, there are alternative perspectives which have scarcely been addressed in this context. For instance, Paul Ricoeur has argued that human existence is also characterized by an infinite aspect and by overcoming finitude.

CONCLUSION

These open questions point to an ambitious research program which is necessary to address the different problems raised by the connection between aging well and the theory of the good life. Our intention is not to replace gerontological conceptions of aging well, which are certainly useful to achieve an improved health in older age. This is without any doubt a goal that people have reason to value. Rather we want to point out their limitations and how they could benefit from an elaborated exchange with the theory of a good life. In turn, this theory can also benefit from such an exchange. The shortcomings we have identified include the following: the conception of the good implied in concepts such as “successful aging” is too narrow and not sufficiently justified. The complexity of the question of the good life is consequently not properly addressed, thus becoming particularly problematic once gerontological conceptions of “aging well” shape national and international policies. Then the needs of different

cultural and social groups would in all likelihood not be adequately addressed. At the same time, aging populations are now a global phenomenon and a global gerontology is required in order to support aging and older people and foster a positive experience of old age. We have outlined how the CA could contribute to such a global gerontology by enabling people with their choice and realization of particular options how to lead a good life facing the challenges of aging.

Obviously developing, justifying, and formulating a full theory of global gerontology would be a major task in an interdisciplinary dialogue, which would also require engagement with other approaches like the theory of a good life and ethics in general in order to address all five of Wolff's levels. A global gerontology has two fundamental tasks: establishing a fundamental justification for the concepts of the good in gerontology, and integrating gerontological knowledge into the theory of a good life on all five levels Wolff identifies.