

Review

Living in an Age of Longevity: Enduring Insights and Perspectives for Embarking on a Quest for Health and Well-Being in Later Life

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Abstract

While increases in life expectancy along with extended longevity can be seen as a success story, there remains the central issue surrounding the health and quality of life for increasing numbers of older people. As populations live longer the idea that older people should be empowered to remain active and productive citizens will be paramount. Questions concerning the meaningfulness, purpose and desirability of living longer present an existential challenge for all and sundry. It is clear, that the speed of population aging has made many existing policies, support services and social structures obsolete and thereby societies worldwide will need to face the profound challenges of rethinking aging and old age in wholly different ways. The need to combat ageism including a re-conceptualization of successful aging is seen to be a critical undertaking to promote healthy and productive aging. In particular, understanding the lived experiences of older people warrants deeper focus surrounding the complex interconnections between agency, social structures and quality of life. Insights and perspectives on human finitude, resilient aging, and self-care are offered for the purpose of highlighting their prospective associations with health outcomes in later life. Human longevity presents new realities demanding serious collaborative conversations on



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heterogeneity, equity and social justice in the context of a rights-based approach to aging policy.

Keywords

End-of-life care; human dignity; life course; risk-taking; social integration; social justice

1. Introduction

There is now ample evidence that shows that the world's population is aging and that this demographic transition is also accompanied by increasing life expectancy [1-5]. While Momtaz et al. [6] identified the continuing increase in life expectancy as a medical, social and economic success story they also recognized "it also poses a challenge of maintaining the health and well-being of older adults" (p. 863). In a report on population aging the United Nations [7] maintained that the longevity effect presented a new and challenging reality with the expectation that "The proportion of the world's older persons who are aged 80 years or over is projected to rise from 14 per cent in 2015 to more than 20 percent in 2050" (p. 2). As life expectancy has increased so too have social, ethical and philosophical questions emerged concerning the meaningfulness, purpose and desirability of old age as a life course stage. Human longevity must necessarily be linked with such matters as functional ability, autonomy, independence, well-being, vulnerability and financial security in later life.

There is of a course the need to address the fundamental question "Is the increase in life expectancy a bane or blessing"? (see Ridenour, 2013 [8]). At the same time, there will be concerns relating to whether or not longer life will be an asset or liability which in turn has implications for both individual and societal resolution. Carlsen [9] provided what now is a timely and relevant commentary on how increasing longevity "can be a perplexing challenge because former generations have not generally had that gift to play with. How, what, where, and why, then are shaping questions for older people to consider" (p.188).

This essay is supportive of the view offered by Kenyon [10] "that human aging is for many people, and could be for others, much more than an invitation to despair" (p. 32). While acknowledging the countless issues, challenges, imperatives and concerns emanating from the demographic phenomenon of human longevity the present approach has been to narrow the presentation to a limited and manageable focus on selected aspects encompassing philosophical, existential, social, and political imperatives. The preceding aspects have been embedded in relevant research literature dealing with ageism, successful aging, living in an age of longevity, human finitude, resilient aging and self-care. It is hoped that the approach taken will promote 1) an increased awareness of pathways to healthy aging and 2) the need for appropriately funded interdisciplinary and multidisciplinary evidenced-based research [11]. Jasmin [12] offered what might now represent the quintessential longevity challenge requiring societal attention and resolution:

Today we find ourselves in an ambivalent situation. We feel the need to live longer while also being afraid of a difficult old age. To cope with this contradiction, health promotion based on control of lifestyle, in particular diet and the environment, must be initiated early so as to ensure that as many people as possible can enjoy a slow and harmonious aging process. (p. 2)

2. Rethinking Aging Societies: Facing the Longevity Revolution

A significant challenge arising from the longevity revolution will undoubtedly require societies worldwide to develop and implement a range of new policies, healthcare systems and community services that support the diverse needs of increasing numbers of older people. There will also be the need to address the social justice issues relating to the availability, accessibility and affordability of health and community support services for marginalized groups through equity based policies [13]. Preparing for the new demographic reality will require improved collaborative research undertakings into aging and older age that foster a) innovative advances in theoretical and methodological approaches b) recognition of the diversity and heterogeneity within and across aging populations and c) examination of the aging process within a life course perspective.

Exemplary work in the area of critical gerontology by Baars et al. [14] and others such as Phillipson and Walker [15], Wray [16], Dannefer and Settersten [17], Marshall and Clarke [18] and Wellin [19] have opened new ways of thinking about human aging that recognize the issues and challenges surrounding the dynamic and complex interconnections relating to agency and social structure. Critical gerontology considers the lived experiences of people, and as a consequence, takes into account the significant stages and points of life based transitions that mark the progress of individuals through political, socio-economic-cultural and historical contexts that collectively contribute to individual circumstances and adjustments in later life [20].

Barbosa et al. [21] in a conceptual analysis of vulnerability of older people highlighted that “vulnerability consists of a multi-dimensional construct, where behavioral, sociocultural, economic and political conditions interact with biological processes throughout life” (p. 340). As a consequence, it will be important that in the years ahead that individuals, health professionals and key decision makers are truly alive to the risks, vulnerabilities confronting people in later life including the opportunities and possibilities offered by increased longevity. While it is important not to remove a measure of individual responsibility for the circumstances prevailing in old age it is also worth noting that due recognition should be given to the Baars and Phillipson [22] contention that “*ageing* as a process of continuing to lead a meaningful life after one has been labelled as ‘old(er)’ by society tends to be reduced to problems of (biomedical) *senescing* and problems of *the aged*” (p. 15).

A central question warranting consideration by all aging societies is very clearly “Will the worldwide trend towards increased life expectancy mean that more people will be living better lives in later life?” Harper [23] raised yet a more challenging and perplexing question “Will life expectancy increase in line with life extension-that is will we all enjoy the benefits of longevity or will it only be for a few?” (p. 223). Surely, with increased longevity the challenge will be to foster the ability of older people to age well rather than simply having them living longer lives [24]. Longevity should not be seen as a problem but as an opportunity and a challenge, a challenge for everyone: for the aging individual, for his or her family and for society.

It is now time for key stakeholders to recognize and act on the fact that the traditional notion of the life journey involving the three stages of education, career and retirement is an outmoded way of thinking and planning. The preceding three stage linear sequencing of the life pathway is already being challenged by the emergence of a multi-stage approach to human education and learning which will affect all current and future generations and ages-young, middle-age and old age alike. Kim et al. [25] made the salient and disturbing point that societal institutions such as education,

health care systems, and work settings, including the housing industry and design of *'caring neighborhood environments'* have simply failed to keep abreast of the needs and aspirations of increasing numbers of people who are now living to be old. Likewise, Harper [26] also reported that the demographic changes signalling population aging and increased longevity were "taking place within existing institutional structures mainly inherited from the twentieth century" (p. 135). More than ever, the challenge for policymakers is to take time to step back and examine aging as it is evolving in the 21st century, and as a consequence, transform age policy into a balanced and realistic process that recognizes the diversity of needs and support requirements of older people [27-31]. For example, policy making focused upon quality of life outcomes in later life "should also take cognisance of increasing proportion of women in older age groups and the importance of their role in informal care has on their quality of life" ([32], p. 362).

The German Federal Ministry of Education and Research [33] declared that it will be incumbent upon policymakers to recognize, understand and act upon the fact that "Demographic change affects several social sectors and contexts. In account of this, it will influence people's understanding of inclusion, participation, welfare, equality, and the life course" (p.3). Kirby [34] recognized the rapid pace of technological, economic, and social changes and based upon his belief in the naturalness of learning as a lifelong process argued that "Education and training systems in the future will need to provide a strong foundation of learning for *all* citizens, provide continued opportunities for formal learning, and establish an awareness of the importance of and enthusiasm for continued learning" (p. 1). Krain [35] considered the future of employment opportunities for older people by presenting the following question "Can a labor force accustomed to a 30-years-and-out concept of career deal with the decisions of people in their late 60s to seek or remain at work?" (p. 143). Taylor, Earl and Mcloughlin [36] reported that recent evidence appears to indicate a growing acceptance of older workers in response to expected labor shortages and "that significant proportions of employers anticipate an ageing of their workforces" (p, 243). Taylor, Rolland and Zhou [37] provided a useful guide on the employment of older Australian workers that encompasses advocacy actions and approaches for developing a workforce culture that does not discriminate against older workers (see also Ackerman & Kanfer, 2020 [38]; Settles, 2013 [39]; Taylor & Smith, 2017 [40]; Thornton & Luker, 2010 [41]). Greiner [42] in a statement on the longevity economy identified the need for a rethink on the *'working age'* population and duly suggested that "Businesses, industry and government departments require a systematic review of the human capital potential offered by older people" (p. 35).

The movement towards long-lived societies worldwide should be the basis for the formulation and adoption of an age-integrated life-course approach that allows for education, work and retirement to be separated from their traditional attachment to chronological age per se [43]. At the same time, the notion of *'productivity'* will require a major re-think in order to avoid the narrow alignment of the term with the world of paid employment [44, 45]. Foster and Walker [46] argued for fundamental changes across the life course that emphasize the relationship between health, activity and the concept *'Active Aging'*, with implications for shaping older age in relation to health and functional ability. Kalache [47] suggested that the achievement of good health and more specifically meaningful participation in later life will necessarily require that "Our life courses need to be radically reassessed in response to the longevity revolution. The existing models are neither sustainable nor desirable" (p. 95).

Moses [48] presented a strong case for promoting more serious and collaborative conversations on aging in relation to a just society “human longevity today demands an understanding of justice that can help to recognise and respond to the aspect of human dignity that is tied to social inclusion and participation” (p. 343). At the same time, an existential transformation may emerge from a combination of an individual’s lived experiences and introspections leading to the generation of broader imaginative conceptualizations of what life might hold in later life. Harper [26] stated that longevity involves two key challenges a) finding new ways to achieve and maintain the well-being of long lived individuals and b) learning how to manage the equitable distribution of essential resources within the changing demographic profile of world societies.

3. Combating Ageism to Promote Healthy Aging

While human longevity is on the increase there still exists the challenge to combat the damaging impact of ageist attitudes and negative stereotyping of aging and old age [49-51]. Crampton [52] declared that aging policy has been formulated on the false perception that life in older age is unproductive and dependent. Officer et al. [53] called for a global campaign to eradicate the harmful misconceptions and negative attitudes associated with human aging which are known to negate the creation of good policy development for older people. Despite some progress in combating ageism there still exists a universal mind-set that views the biological, psychological and medical aspects of aging in degenerative and pathogenic orientations. More than ever, policymakers need to give serious attention to the potential and possibilities for adaptive and developmental capacity in older age (see Antonovsky, 1996 [54]; Baltes & Baltes, 1990 [55]; Brandtstädter & Greve, 1994 [56]). Burnes et al. [57] presented a case for utilizing low cost strategies involving educational and intergenerational approaches to address the harmful aspects of ageism and further suggested that subsequent interventions should be sensitive to national and cultural differences. Dean [58] expressed the view that ageism and intergenerational conflict provide useful themes for exploring the complex terrain of older person abuse. With human longevity on the increase there exists an urgent need to utilize emerging research on elder abuse to formulate and implement policy and practice. Older people worldwide have a right to live a life free from abuse, neglect and maltreatment, including support from social and public policies that offer genuine benefits for older adults as well as for society as a whole.

Bugental and Hehman [59] reported that ageism is known to activate downturns in the physiological and psychological functioning of older adults. Nelsen [49] reported that cognitive decline in older people can occur among those who believe in the negative messages relating to aging and old age. Perhaps the death of the existential self may well begin for some older people when they unwittingly accept the negative stereotypes of aging. As a consequence, combating ageism presents theoretical and empirical challenges with subsequent implications for policy and intervention practices aimed at improving the health and well-being of older adults. In the case where frailty and impairment compromise independence in later life there must be provision of an ‘*ethics of care*’ that engenders a genuine action against age-based discrimination and an associated “commitment that older people with high supports needs have the right to personhood and citizenship being supported and defended” ([60], p. 149). Surely, the broadening of aging studies through critical gerontology [14, 19] and recent advocacy undertakings to promote ‘*active and productive aging*’ [61, 62] should awaken society to the detrimental aspects of assigning older

people a devalued social identity. The overall status and meanings attributed to aging and old age take place in a social context, and as such, all societies should be held accountable in relation to the level of their commitment to combating ageism. Cohen [63] rendered the viewpoint that old age should not dampen the interest or capacity for social connectedness and interpersonal relationships across all ages. Ranzijn [64] argued for a '*positive psychology of aging*' that builds upon emerging empirical evidence that demonstrates the considerable resourcefulness and flexibility of people in later life. Improving the health, well-being and quality of life of older adults will require a major rethinking of aging and old age. Overall [65] offered the following perspective that aligns with the preceding viewpoint:

It is arguable that the concept of 'old' needs revision, both because of recent empirical advances in human longevity and for normative reasons, having to do with justice and well-being. Although to be old is not necessarily to be feeble and debilitated, many of the social and medical problems associated with oldness are affected by social perspectives on aging and the socio-economic deprivations they produce. (p. 13)

4. Facing Finitude: Implications for Aging Well

Rather than engaging a morbid and pervasive fear of death in older age it is perhaps more realistic to acknowledge what Kokosalakis [66] recognized as the educative lessons that can emerge from an acceptance of the *naturalness of death* in older age. Baars [67] proffered the view that "a meaningful and realistic understanding of aging needs to include a confrontation with the finitude of life" (p. 969). The challenge is to confront this human reality by vigorously engaging the existential calling to lead a healthful, meaningful and purposeful life. The reality and certainty of life is such, that life for each and every one of us will terminate at some point in time. Perhaps a more balanced acceptance of our finiteness can be found in being resigned to the following factual reality provided by Dohmen [68]: "everything in our life is finite: our youth, parenthood, love, friendship, knowledge, meetings, results, and even fame" (p. 48).

A dominant, inescapable and bewildering situation arising in later life requiring focused attention is when one realizes that they have reached a point in life when the years behind them far outnumber the years that lay ahead. Dowrick [69] reminded us that while a long life is ever so brief we should still remain attentive to our choices and behaviors. De Beauvoir [70] spoke of how entry into old age awakens one to the realization of the finite nature of human life. Arthur Schopenhauer (1788-1860) a German philosopher in his discourse on the ages of life in his text *The Wisdom of Life and Counsels and Maxims* concluded that it is only in old age that an understanding of the natural course of life can be fully attained including recognition of the reality that there is a final exit (see Schopenhauer, 1995 [71]). Baars [72] presented a case for challenging the notion that old age is merely a residue of life by suggesting the need to heighten an awareness of human mortality, and in so doing, enhance the likelihood for facing and addressing questions on the purpose of life in older age. Hillman [73] fervently stated "It is an enormous mistake to read the phenomena of later life as indications of death rather than as initiations into another way of life" (p. 60).

De Beauvoir [70] alluded to the terrible curse of *boredom* that pervades the life of many people in old age. For some older people a pervading sense of weariness and boredom relating to their everyday life can produce behaviors that tend towards the '*killing of time*' with increasing potential for detrimental outcomes on health and general well-being. Aronson [74] reflected that the

difficulties and constraints impacting the lived experiences of some older people can be traced to “the threat or reality of socially contrived accompaniments such as lack of purpose, poverty, exclusion and isolation” (p. 256). Pate [75] provided the clear warning that being socially isolated for protracted periods of time is not only harmful for physical and mental health but also heightens the risk of death comparable with the dangers of smoking, alcohol consumption and obesity. Work by Krause [76] identified that meaning in life and health are connected in some way with mortality. Further, Krause made the point that older people who have lost their sense of meaning in life are susceptible to self-neglect as well as losing the will to live. Carmel et al. [77] offered fruitful findings in their work on the will to live (WTL) and depression in later life with the suggestion that a lowering or actual loss of the WTL can result in the onset of depression, and if left unattended, can lead to the development of more depressive symptoms. However, due recognition must be given to a substantial number of older people who despite adversity and difficult circumstances maintain a balanced, optimistic and purposeful engagement with life. Marcus Tullius Cicero (106-43 B.C.) a Roman senator, lawyer, and writer in his essay *Cato Maior de Senectute* provided a well-balanced commentary on aging and death:

One must fight old age and combat its inconveniences with the weapon of care; one must resist it as one resists disease; maintain one's health, exercise as appropriate, eat and drink to regain one's strength without undermining it. But it is not enough to care for one's body, one must also nourish the spirit and the soul. Indeed, both run the risk of being snuffed out by old age like the flame of a lamp deprived of oil. (cited in Butler & Jasmin, 2000 [78], p. 13)

5. Longevity in the Age of COVID-19

The current COVID-19 pandemic has created unheralded social chaos, family and social trauma and large-scale tragedy not thought possible pre-pandemic. Kokosalakis [66] provided a telling message pertinent to people across all ages that holds substance for both present and future generations “This sudden global threat of death makes it timely to re-examine our values, our beliefs (secular or religious), and the meaning of life” (p. 407). Gawande [79] reminded us about the *naturalness* of death and is critical of the lack of due attention given to aging and dying and the over reliance on medical intervention, technology and the relentless pursuit of survival. Much more remains to be done in relation to the management, organization and care of those who have succumbed to debilitating illness including those older adults requiring end-of-life care. Watson [80] argued that part of the essential ingredients of a nursing care paradigm should include a genuine respect for the personhood of the patient along with a delivery of care that incorporates a sustained language of kindness and compassion. With increasing longevity, there will be substantial numbers of older people living healthy lives, while at the same time, there will be the need for the allocation of sufficient resources in order to provide high-quality palliative and end-of-life care for people residing in long-term care facilities. The litmus test as it applies to end-of-life care for those in need should be measured by how well “people age and die in humanly fitting ways, always cared for until the end, never abandoned in their days of need” ([81], p. 97). Willcox, Willcox and Ferrucci [82] suggested that human longevity requires more rigorous and sustained research on frailty, morbidity and disability in order to better identify and implement positive models of care until the end of life. Powell [83] coined the term ‘*expert gaze*’ arising from the medicalization of aging and the overall management of health care and warns against the potential for the construction of negative and

ageist images of the aging population. The challenge for societies at large will be to ensure that principles pertaining to social justice and equity are promulgated in practice with vulnerable older people within an *'ethics of caregiving'* [81, 84, 85].

6. Resilient Aging and Societal Responsibility

Kim et al. [25] introduced the notion of *'resilient aging'* a term applied to older adults who despite a host of social, physical and role related losses demonstrate a capacity to remain resilient and optimistically engaged with life. Deveson [86] offered the view that resilience can be seen as comprising 'an innate self-righting mechanism' that reflects "the strengths that people, families, schools and communities call upon to promote health and healing" (p. 35). Obrist [87] placed resilience in the context of risk type situations which raise the potential for harm and vulnerability which impact individuals, groups or organizations and concerns "people's and / or systems capacities to cope with, recover from and adapt to various risks and adversities, and directs attention to the ways in which the state and the civil society can enhance or erode these capacities" (p. 279). Southwick et al. [88] emphasized that resilience as a construct can vary in definition depending on whether the focus is on individuals, family, organizations or societies. In essence, resilience can be taken to include a mix of capacities, resources, and support systems that together enable the development and maintenance of healthy adaptation of individuals, communities and societies during times of adversity and social upheaval [20, 25, 89]. Resilience in relation to a focus on the individual is best examined in a life course framework and refers "to the processes or patterns of positive adaptation and development in the context of significant threats to an individual's life or function" (Masten & Wright [90], cited in Windsor, Hunter & Browne-Yung, 2015 [91], p. 12). Windle, Markland and Woods [92] proposed that the utilization of theoretical models of psychological resilience in older age may help to explain the ability of some older people to cope remarkably well with adverse life situations. Hayman, Kerse and Consedine [93] raised concern that both resilience and aging well are under-researched in advanced old age. The notion of psychological hardiness may also provide a fruitful pathway for further methodological and theoretical based research on coping and resilience in later life [94, 95].

Deveson [86] recommended that when addressing the nature of individual resilience that due attention should be given to the kind of environments that assist both people and their respective communities to cope with adversity. Andrews et al. [96] offered a contemporary view of aging that is reflective of a positive engagement with community life and the wider world "For many, older age is increasingly an active stage of life, a period of extended participation in economic, social and cultural spheres" (p. 1642). Hayman, Kerse and Consedine [93] added support for the preceding viewpoint by way of the following acknowledgement given to those older people who vigorously maintain a responsibility for a life yet to be lived "The most resiliently ageing older adults might be the ones who are able to review their lives as active coping strategies" (p. 583). Kim et al. [25] put forward a case for resilience as a target for the promotion of healthy aging and formulated the following question that is worthy of consideration by policymakers, health promotion professionals and health care researchers "If we identify the factors that foster resilience among the most resilient (across the socioeconomic and health spectrum) can such factors be cultivated in less resilient individuals through policy and intervention?" (p. 2).

Any attempt to understand personal resilience in later life is less complete if there is no or only limited consideration given to the influence of the dynamics surrounding '*person-environment interaction*'. The preceding consideration allows for a more realistic account of the degree or measure of support available to a person during times of hardship and trauma [97]. Moraitou et al. [98] revealed that adaptation to old age is essentially the outcome of complex interactions between the aging individual and his / her environment. At the same time the preceding researchers found that a positive sense of good health in later life along with the maintenance of meaningful social connections had significant effects on adaptation to the challenges of old age. Gilroy [99] a strong advocate for the design and building of environments that enhance human flourishing suggested that planners need to give more attention to the dynamic inter-play between quality of life for older people and their environment. It is to be noted that Momtaz et al. [100] identified flourishing as a new concept in the field of aging and positive psychology requiring more research in order to advance understandings and subsequent application of positive interventions to support flourishing across all ages. VanderWeele [101] put forward the view that family, work, education and religious community offer important pathways for promoting individual and societal flourishing and argued that "these four pathways are important, and common, and that if efforts were made to support, improve, and promote participation in these pathways, the consequences for human flourishing would be substantial" (p. .8157). Wild, Wiles and Allen [102] promoted the notion that 'age-friendly environments' can be influential in supporting increased resilience among older people in later life and that more attention should be given to "the structural constraints that set parameters of individual resilience" (p. 13). For Wild, Wiles and Allen understanding resilience in older age might benefit from contextualizing older person resilience as a dynamic interacting and influenced by a range of resilience scales involving "household, family, neighbourhood and community resilience, recognizing that each contributes to (and potentially detracts from) any of the other scales of resilience" (p. 14). MacLeod et al. [103] on the basis of an extensive literature review reported that older people with high levels of resilience demonstrate a range of positive outcomes including successful aging and enhanced longevity. On the matter of successful '*successful aging*' Tomczyk and Kilmczuk [104] recommended a selection of valuable articles that challenge the limited model on successful aging as proposed by Rowe and Kahn [105]. In particular, Evseeva [106] revealed how postmodern critical gerontologists identified that past "concepts of successful ageing individualize and psychologize ageing and ignore power relations and structural inequalities in society" (p. 8). All too often, planning considerations neglect the health and active living requirements of specific population groups, particularly older community members [107]. Wiles et al. [108] warned against an approach that necessarily blames individuals for not achieving resilience in later life while at the same time ignoring how the wider environment and social structures shape and influence individual resilience and health [109, 110]. One should be careful to not assume that resilience is an all-or-nothing phenomenon as this can lead to a separation into those who successfully cope with adversity versus those who are seemingly unable to deal with life related stressors and adverse situations. It might be argued that high level resilience at the individual level might well be a by-product of a fortunate and privileged life that has managed to avoid "many of the stressors known to accelerate aging" ([74], p. 276). Some policymakers are only too ready to prune social support services and access to needed resources by adopting a policy approach that transfers responsibility by simply blaming victims [111].

Keck and Sakdapobrak [112] proclaimed that social resilience can be viewed as both a technical and political issue that warrants urgent attention in order to face the challenges of global change. At the same time, social resilience needs to embrace a clearer appreciation of how those disadvantaged by social inequality, marginalization, isolation, and abject poverty are at a greater level of vulnerability and risk during times of rapid social change, natural disasters and pandemic type events. Harper [26] commented that increased longevity means that societies will need to become more resilient in dealing with this demographic change. Jewett et al. [113] emphasized how the COVID-19 pandemic has demonstrated the need for social cohesion and that “community resilience can strengthen and support recovery in many ways, such as including additional finances, public trust, and public support for policies” (p. 3). Hopefully, lessons will be learnt from the current pandemic and that ongoing research will enhance improved ways of minimizing the disastrous effects of future pandemics on the health and well-being of older adults [114, 115]. The lockdown and resultant marginalization of older people during the COVID-19 pandemic created a range of psychosocial vulnerabilities across populations, and as such, support programs and related services need to be implemented to foster a resilience capacity amongst the aged, including informal and formal caregivers and the wider community [116]. In the end, social resilience should be seen as a collective, rather than viewed as a process aligned solely to individual personality traits.

Social integration has the potential to foster and nurture resilience based competencies and may act as an important factor against the vicissitudes of life in old age [117]. Hayslip [118] a strong advocate for lifelong learning and the social integration of older people called for more intergenerational programs that engage young and older people in innovative and challenging learning enterprises. Machielse and Hortulanus [119] offered older people an important perspective on the need to establish a good working balance between independence and connectedness as “only then can they fully enjoy the freedom, and at the same time feel safe and protected in the face of limitations and adversity” (p. 135). The more an individual is engaged in meaningful social contexts the more likely he or she will be able to call upon established networks and contacts during times of need for social support [120-122].

7. Healthy Aging: The Importance of Self-Care

For present purposes, self-care is described as “The practice of activities that individuals initiate and perform on their own behalf in maintaining life, health and well-being” (Orem [123], as cited in Leenerts, Teel and Pendleton, 2002 [124], p. 356). Maddox [125] called attention to the value of self-care for health promotion in later life through the adoption of an integrated array of activities that support and maintain overall mental and physical functioning. Self-care offers an important pathway for coping effectively with the challenges and associated transitions and stresses encountered while traversing the life course [20]. Aronson [74] advanced the belief that “Although some of how we age is determined by personal choices, much of the aging process is the result of genetics, social situation, and the public policies that shape our day-to-day world.” (p. 276). Self-care, however, cannot operate in a vacuum, and to be effective, requires access to established and credible social support services that protect and empower the individual to achieve and maintain health and general well-being. In the case of older people, family, friends and neighbors can augment their competencies, skills and knowledge surrounding health practices and behaviours and can often be the first source of emotional support and care during a crisis type situation [126]. Ways

of thinking about self, health and aging can influence the approaches taken by each individual regarding self-care. Leenerts, Teel and Pendleton [124] posited the view that promoting self-care among the aged represents an important focus for nursing practice. Discussions and policy initiatives relating to the promotion of self-care should include a focus on issues and concerns surrounding autonomy and self-care within the context of nursing home environments [127]. Seedsman [128] offered a broader perspective by making a case for using health literacy as a tool across the life course for promoting healthy aging. Duggan [129] claimed that the COVID-19 pandemic has heightened the immediate need for health policy to support and strengthen the resilience of individuals and communities through self-care health initiatives as an effective response to communicable diseases. Promoting self-care programs for people throughout the life course may in the long term prove to be an effective and prudent social investment that delays frailty and disability in later life. Dohmen [68] asserted that it is important to understand that “ageing means trying to make your life your own life. Self-care and the art of living apply to concrete actions taken throughout the life course” (p.45). When people enter older age, there exists the potential to reduce their level of social connectedness leading to a sharp narrowing of meaningful personal relationships that may lead to the likelihood for loneliness and social isolation with detrimental consequences for mental health and quality of life [75, 119, 130]. The self-care capacity of people, including older people is best facilitated through a community based approach that combines health and welfare systems in an integrated and coordinated manner that supports the diverse needs of the population [131]. Denton and Kusch [132] reported that older people who are in receipt of social support from families and the wider community during times of challenging life related transitions involving stress, illness, or disability have higher levels of well-being than those without such support. The preceding researchers also emphasized the need for future research undertakings on “how self-care behavior varies by age group, socio-economic status or among ethnic or cultural groups” (p. 24). Poor health status in later life can often be explained by early life circumstances involving such factors as limited access to socio-economic resources and sub-optimal health behaviors leading to detrimental lifestyle habits and practices [133]. Perry [134] provided an important caveat in relation to an over reliance on self-care, particularly in the case of older people who may inadvertently ignore serious symptoms and / or adopt inappropriate actions and behaviors that result in deleterious outcomes:

Self-care, then, has a significant impact on the health care system. If carried out knowledgeably, when professional attention for symptoms is not warranted, self-care can improve life. Carried out inappropriately, it may delay seeking care when medical care is needed or actually result in over use of the medical care system for trivial symptoms. (p. 160)

With an extension in life expectancy there will be an array of opportunities for older people to contribute to family, community and society, however, the ability to take advantage of the opportunities will be very much dependent upon health and overall functional ability [135]. The World Health Organization [136] in the document *Global Strategy and Action Plan on Ageing and Health* reported that the opportunities offered by longer lives requires a major rethink of the life course, in so far, that “opportunities are very dependent on people maintaining good health into older age” (p. iv). Living healthier lives in the age of longevity will require genuine actions to address the adverse effects of low environmental quality on individual and population health with implications for political actions that are specifically focused upon addressing “environmental factors realistically amenable to change using available technologies, policies, and preventive and

public health measures” ([137], p. 8). A comprehensive report by the European Environment Agency [138] identified incontrovertible links between environment, health, life expectancy and social inequalities. The preceding report supported the mounting evidence [32, 78, 139, 140] that living better and longer in later life aligns with the ethical and moral challenge of providing quality of life outcomes across the life course. Duggan, Chislett and Calder [141] in relation to the status of self-care in Australia opined that “Overall there are significant challenges in embedding self-care into people’s lives and in public policy” (p. 3).

With increasing longevity, there will be those made vulnerable by disability, sickness, frailty and cognitive decline leading to increasing difficulties with self-care. As a consequence, societies worldwide will need to be sensitive to the needs of people who display declining potential and / or limitations on their ability for self-care. Baars and Phillipson [22] provided a telling commentary worthy of serious contemplation by key decision makers “The quality of a society, however, can also be determined by the way it cares for the most vulnerable” (p. 26). In the end, societies and their respective local and central governments will need to commit to the moral and ethical task of “promoting a future in which human well-being will be served by science and medicine, human beings will be respected at every stage of life, and human dignity will always be upheld and preserved” ([142], p. xi). Dohmen [68] furnished the idea that self-care is essentially a practice of personal freedom and responsibility operating within the context of a vital and engaged lifestyle that is supported by an open mind and a commitment to self-renewal in a dynamic and uncertain world (see also Hemberg, Forsman & Nordmyr, 2017 [143]; White, 2014 [144]). Like it or not, the practice of self-care requires a disciplined orientation akin to the action focused mind-set as proposed by Brown [145] who argued “to grow a relationship or raise a family or create an organizational culture...it takes awareness, commitment and work...every single day” (p. 29). However, for those older people who are not willing to resign themselves to being socially irrelevant and in the words of de Beauvoir [70] “defined as a reduced, diminished individual” (p. 540), then there has to be an approach to self-care that is inclusive of ‘*risk taking*’ in order to foster health promoting processes as part of an active and engaged lifestyle. In essence, there can be no truly meaningful life without risk. Söderhamn [146] presented a balanced perspective on self-care that has implications for healthy aging within a life course framework:

Successful self-care involves having contacts with the health care system, being conscious of a sound lifestyle, being physically and mentally active, being engaged, having social contacts with family and others, and being satisfied and positive and looking forward. (p. 608)

8. Conclusion: The Added Years and Implications

It will be important not to lose sight of the fact that older people in the future will be very different from their predecessors, in so far, that their capabilities, outlooks expectations and aspirations will be vastly different. The value and respect attached to older age in the years ahead will depend on the extent to which policy making is sensitive enough to recognize and use the creativity, talent, and motivations of older people who wish to remain productive contributors to society, both within and outside of the workforce. Indeed, the policy implications arising from a longevity economy will undoubtedly require a focus on productivity, older adult education and training, social security systems including the need to address “health inequalities in ways that exploit the malleability of aging” ([147], p. e834). If the role and significance of ‘*active*’ citizenship

in older age is to be fully realized then it will be crucial to undertake a serious challenge to the persistent, limiting and damaging interpretations that have been central to the social construction of aging and old age [61].

In order to sustain improvements in the health and well-being of future cohorts of long-lived people it will be incumbent upon policymakers to set the longevity agenda within a framework that promotes 'A New Way of Life' that is supported by innovative policies, strategies and interventions that facilitate health and well-being across the entire life course. With people living longer healthier lives it is surely feasible to extend opportunities for working longer. For example, Kulik et al. [62] detailed the need to explore the implications of population aging as applied to workplace management practices and research. Notwithstanding the preceding challenges there still remains the need to accept the following reality articulated by Andrews et al. [96] "Indeed, whatever improvements are made—for example, in care, accommodation and affluence—older age will always present a challenge both for officialdom and those experiencing it" (p. 1641). While the world of tomorrow may witness increasing numbers of people living healthier lives in later life there will always remain the "existential limitations and vulnerabilities that are inherent in human life and that will inevitably manifest themselves as people live longer" ([22], p. 25). Lehr [148] recognized the importance of nations worldwide confronting the realities of living in an age of longevity:

Longevity should not be seen as a problem but as an opportunity and a challenge, a challenge for everyone: for the ageing individual, for his or her family and for society. We should not only ask about the problems and deficits of ageing and old age. We must also ask about—and open our eyes to—the new potentials of the aged, even the competencies and new potentials of very old people. We must see the aged as human capital. (pp. 350-351)

The true way to view aging is to see that it has a unique significance and depth that no other stage of life can claim. It might be said that all life stages prior to old age have been the training ground that has provided opportunities and conditions, far more favorable for some than for others, to grow from immaturity to maturity. At the same time, recognition must be given to the fact that the aging process is essentially a complex and dynamic interaction between biological, psychological and socio-cultural influences operating throughout the life course and includes the decisions, motivations, attitudes and actions taken by each individual during their life journey. Zaraska [149] raised the prospect that the human psyche may well play a role in enhancing longevity potential including contributions from the so called 'soft' health factors comprising kindness, empathy, friendships, optimism and life purpose. An important clue for understanding the pathway to a healthy and authentic lifestyle in older age is forthcoming from Brits [150] who claimed "If we make an effort to stay in love with life itself by cultivating contentment, we engender wellbeing. Our methods are unique to each of us" (p. 133). While much has been written on aging and wisdom [151-153] there remains a dearth of meaningful research on wisdom and healthy living in later life.

The realities of increasing human longevity can no longer be ignored by key decision makers. In particular, the focus should not be on living longer but living better thereby bringing forth an array of implications relating to the need for a complex mix of interventions that advance societal improvements in educational, environmental, political and economic conditions for humankind. Scott and Gratton [154] and Crisp [155] presented impassioned proposals for policy based initiatives to promote human flourishing in an era of increasing longevity that will have profound and challenging implications for health systems including key social institutions worldwide. The future of aging is by no means preordained and there is the cardinal issue concerning the ability, courage,

foresight or otherwise of political leaders to introduce new public policies and structures aimed at highlighting and supporting the heterogeneity and diversity of the ever-increasing proportion of people who will experience a prolonged life course [156]. The world is currently unable to accurately forecast how much life will be extended including the degree to which the added years will be relatively healthy [157, 158]. The fact remains, however, that societies worldwide will have to address their social justice obligations relating to the demographic consequences and implications of longevity and aging [85]. Surely, an important starting point for recognizing aging as an important part of the life course is to accept the moral imperative facing all countries worldwide which involves the need to ensure the adoption of a rights-based approach to policy making for older people [47, 159]. Coll-Planas [160] a strong advocate for promoting social capital in aging societies argued for policy initiatives that create “a healthy, inclusive and resilient ageing process in a supportive environment” (p. 323). The implications arising from the preceding perspective are unequivocally clear for governments and policymakers—change the way people age, reduce vulnerability [21] and promote resilience and overall adaptive capacities and competencies in older age. Perhaps the following contentious historical perspective offered by Simone de Beauvoir [70] holds sufficient relevancy for provoking and mobilizing political intentions and actions to shape the future of aging:

Once we have understood what the state of the aged really is, we cannot satisfy ourselves with calling for a more generous ‘old age policy’, higher pensions, decent housing and organized leisure. It is the whole system that is at issue and our claim cannot be otherwise than radical - change life itself”. (p.604)

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References

1. Christensen K, Doblhammer G, Rau R, Vaupel JW. Ageing populations: The challenges ahead. *Lancet*. 2009; 374: 1196-1208.
2. Mujahid G, Siddhisena KA. Demographic prognosis for South Asia: A future of rapid ageing. Bangkok: UNFPA Thailand and Asia and the Pacific Regional Office; 2009.
3. Olshansky SJ, Carnes BA. The future of human longevity. In: *International handbook of population aging*. Dordrecht: Springer; 2009.
4. Robine JM, Crimmins EM, Horiuchi S, Zeng Y. Human longevity, individual life duration, and the growth of the oldest-old population. Dordrecht: Springer; 2007.
5. Uhlenberg P. Introduction. In: *International handbook of population aging*. Dordrecht: Springer; 2009.

6. Momtaz YA, Haron SA, Ibrahim R, Hamid TA. Social embeddedness as a mechanism for linking social cohesion to well-being among older adults: Moderating effect of gender. *Clin Interv Aging*. 2014; 9: 863-870.
7. United Nations, Department of Economic and Social Affairs, Population Division. *World population ageing 2015*. New York: United Nations; 2015; ST/ESA/SER.A/390.
8. Ridenour AA. The coming of age: Curse or calling? Toward a christological interpretation of aging as call in the theology of Karl Barth and WH Vanstone. *J Soc Christ Ethics*. 2013; 33: 151-167.
9. Carlsen MB. *Creative aging: A meaning-making perspective*. New York: W. W. Norton & Company; 1991.
10. Kenyon GM. *Homo viator: Metaphors of aging, authenticity, and meaning*. In: *Metaphors of aging in science and the humanities*. New York: Springer Publishing Company; 1991.
11. Cherbuin N, Ligima K, Kalula S, Malhorta R, Rasmussen LJ, Chan A, et al. Societal need for interdisciplinary ageing research: An international alliance of research universities "Ageing, Longevity and Health" Health Stream (IARU-ALH) Position Statement. *Biomed Hub*. 2021; 6: 42-47.
12. Jasmin C. *A malthusian revolution*. In: *Longevity and quality of life*. New York: Plenum Publishers; 2000.
13. Pratt B, Merritt M, Hyder AA. Towards deep inclusion for equity-oriented health research priority-setting: A working model. *Soc Sci Med*. 2016; 151: 215-224.
14. Baars J, Dohmen J, Grenier A, Phillipson C. *Ageing, meaning and social structure: Connecting critical gerontology and humanistic gerontology*. Bristol: Polity Press; 2014.
15. Phillipson C, Walker A. *The case for a critical gerontology*. In: *Social gerontology: New directions*. London: Croom Helm; 1987.
16. Wray S. Women growing older: Agency, ethnicity and culture. *Sociology*. 2003; 37: 511-527.
17. Dannefer D, Settersten RA. *The study of the life course: Implications for social gerontology*. In: *The SAGE handbook of social gerontology*. London: SAGE publications; 2010.
18. Marshall VW, Clarke PJ. *Agency and social structure in aging and life course research*. In: *Handbook of social gerontology*. London: Sage Publications; 2010.
19. Wellin C. *Critical gerontology comes of age*. New York: Routledge; 2018.
20. Zaidi A. *Life cycle transition and vulnerabilities in old age: A review* [Internet]. New York: Occasional Paper, Human Development Report Office; 2014. Available from: http://hdr.undp.org/sites/default/files/hdr_2014_zaidi_final.pdf.
21. Barbosa KT, Oliveira FM, Fernandes MD. Vulnerability of the elderly: A conceptual analysis. *Rev Bras Enferm*. 2019; 72: 337-344.
22. Baars J, Phillipson C. *Connecting meaning with social structure: Theoretical foundations*. In: *Ageing, meaning and social structure: Connecting critical and humanistic gerontology*. Bristol: Polity Press; 2014.
23. Harper S. Addressing longevity, life expectancy and health life expectancy. *J Popul Ageing*. 2015; 8: 223-226.
24. Kushner HS. *Living a life that matters*. Oxford: Sidgwick and Jackson; 2002.
25. Kim ES, Tkatch R, Martin D, MacLeod S, Sandy L, Yeh C. Resilient aging: Psychological well-being and social well-being as targets for the promotion of healthy aging. *Gerontol Geriatr Med*. 2021; 7: 23337214211002951.

26. Harper S. Living longer within ageing societies. *J Popul Ageing*. 2019; 12: 133-136.
27. Asian Development Bank Institute. *Ageing societies: Policies and perspectives*. Tokyo: Asian Development Bank Institute; 2019.
28. Gibson D. *Aged care: Old policies, new problems*. Cambridge: Cambridge University Press; 1998.
29. Graycar A. Policy design for an ageing population. *Policy Des Pract*. 2018; 1: 63-78.
30. Sanderson WC, Scherbov S. *Prospective longevity*. Cambridge: Harvard University Press; 2019.
31. Scott AJ. The long good life: Longer, more productive lives will mean big changes to the older rules of aging. *Finance Des*. 2020; 57: 1-13.
32. Netuveli G, Wiggins RD, Hildon Z, Montgomery SM, Blane D. Quality of life at older ages: Evidence from the English longitudinal study of aging (wave 1). *J Epidemiology Community Health*. 2006; 60: 357-363.
33. German Federal Ministry of Education and Research. *More years, better lives: The potentials and challenges of demographic change*. Proceedings of the JPI "Ageing Society"; 2010 January 28th-29th; Berlin, Germany. Bonn: German Federal Ministry of Education and Research.
34. Kirby P. Ministerial review of post-compulsory education and training pathways in Victoria-A discussion paper. Melbourne: Victorian Government; 2000. pp.1-8.
35. Krain MA. Policy implications for a society aging well: Employment, retirement, education, and leisure policies for the 21st century. *Am Behav Sci*. 1995; 39: 131-151.
36. Taylor P, Earl C, McLoughlin C. Recent public policy and Australian older workers. *Aust J Soc Issues*. 2016; 51: 229-247.
37. Taylor P, Rolland L, Zhou J. *Retaining Australian older workers: A guide to good practice*. CSIRO-Monash University working paper. Melbourne: Monash University; 2017; No: 2017-02.
38. Ackerman PL, Kanfer R. Work in the 21st century: New directions for aging and adult development. *Am Psychol*. 2020; 75: 486-498.
39. Settles J. *Return to work after retirement: Contributing factors and health implications*. London: Western University; 2013.
40. Taylor P, Smith W. *What's age got to do with it? Towards a new advocacy on ageing and work*. Melbourne: Per Capita; 2017.
41. Thornton M, Luker T. Age discrimination in turbulent times. *Griffith Law Rev*. 2010; 19: 141-171.
42. Greiner K. *Age-old views hurt longevity economy*. Sydney: The Australian Financial Review; 2021. pp.35.
43. UNECE Working Group on ageing. *Realizing the potential of living longer*. UNECE policy brief on ageing No.19 [Internet]. Geneva: UNECE; 2017. Available from: https://unece.org/DAM/pau/age/Policy_briefs/ECE-WG1-26.pdf.
44. Loh V, Kendig H. Productive engagement across the life course: Paid work and beyond. *Aust J Soc Issues*. 2013; 48: 111-137.
45. Thanakwang K, Isaramalai SA. Productive engagement in older adults: A concept analysis. *Nurs Health Sci*. 2013; 15: 124-130.
46. Foster L, Walker A. Active ageing across the life course: Towards a comprehensive approach to prevention. *BioMed Res Int*. 2021; 2021: 6650414.
47. Kalache A. *The longevity revolution: Creating a society for all ages*. Adelaide: Department of the Premier and Cabinet; 2013.

48. Moses S. A just society for the elderly: The importance of justice as participation. *Notre Dame J Law Ethics Public Policy*. 2007; 21: 335-362.
49. Nelson TD. Promoting healthy aging by confronting ageism. *Am Psychol*. 2016; 71: 276-282.
50. Robertson G. Ageing and ageism: The impact of stereotypical attitudes on personal health and well-being outcomes and possible personal compensation strategies. *Self Soc*. 2017; 45: 149-159.
51. World Health Organization. Multi-sectoral action for a life course approach to healthy ageing: Draft global strategy and plan of action on ageing and health: Report by the secretariat [Internet]. Geneva: World Health Organization; 2016. Available from: <https://apps.who.int/iris/handle/10665/252671>.
52. Crampton A. Global aging: Emerging challenges. Boston, MA: Boston University-The Fredrick. S. Pardee Center for the Study of the Long-Range Future; 2009.
53. Officer A, Schneiders ML, Wu D, Nash P, Thiyagarajan JA, Beard JR. Valuing older people: Time for a global campaign to combat ageism. *Bull World Health Organ*. 2016; 94: 710-710A.
54. Antonovsky A. The salutogenic model as a theory to guide health promotion. *Health Promot Int*. 1996; 11: 11-18.
55. Baltes PB, Baltes MM. Psychological perspectives on successful aging: The model of selective optimization and compensation. In: *Successful aging: Perspectives from the behavioural sciences*. New York: Cambridge University Press; 1990.
56. Brandtstädter J, Greve W. The aging self: Stabilizing and protective processes. *Dev Rev*. 1994; 14: 52-80.
57. Burnes D, Sheppard C, Henderson Jr CR, Wassel M, Cope R, Barber C, et al. Interventions to reduce ageism against older adults: A systematic review and meta-analysis. *Am J Public Health*. 2019; 109: e1-e9.
58. Dean A. Elder abuse: Key issues and emerging evidence. Melbourne: Australian Institute of Family Studies; 2019.
59. Bugental DB, Hehman JA. Ageism: A review of research and policy implications. *Soc Issues Policy Rev*. 2007; 1: 173-216.
60. Ray M. Critical perspectives on social work with older people. In: *Ageing, meaning and social structure: Connecting critical and humanistic gerontology*. Bristol: Polity Press; 2014.
61. Del Barrio E, Marsillas S, Buffel T, Smetcoren AS, Sancho M. From active aging to active citizenship: The role of (age) friendliness. *Soc Sci*. 2018; 7: 134.
62. Kulik CT, Ryan S, Harper S, George G. Aging populations and management. *Acad Manage J*. 2014; 57: 929-935.
63. Cohen GD. *The mature mind: The positive power of the aging brain*. New York: Basic Books; 2005.
64. Ranzijn R. Towards a positive psychology of ageing: Potentials and barriers. *Aust Psychol*. 2002; 37: 79-85.
65. Overall C. How old is old? Changing conceptions of old age. In: *The Palgrave handbook of the philosophy of aging*. London: Palgrave Macmillan; 2016. pp.13-30.
66. Kokosalakis N. Reflections on death in philosophical/existential context. *Society*. 2020; 57: 402-409.
67. Baars J. Aging: Learning to live a finite life. *Gerontologist*. 2017; 57: 969-976.

68. Dohmen J. My own life: Ethics, ageing and lifestyle. In: Ageing, meaning and social structure: Connecting critical and humanistic gerontology. Bristol: Polity Press; 2014.
69. Dowrick S. Love life now. Sydney: Good Weekend; 2007. pp.52.
70. de Beauvoir S. Old age. Harmondsworth: Penguin; 1977.
71. Schopenhauer A. The wisdom of life and counsels and maxims. Amherst: Prometheus books; 1995.
72. Baars J. Philosophy of aging, time and finitude. In: A guide to humanistic studies in aging. Baltimore: John Hopkins University; 2010.
73. Hillman J. The force of character: And the lasting life. New York: Ballantine Books; 1999.
74. Aronson I. Elderhood: Redefining aging, transforming medicine, reimagining life. New York: Bloomsbury Publishing; 2019.
75. Pate A. Social isolation: Its impact on the mental health and wellbeing of older Victorians. COTA Victoria Working Paper No.1. Melbourne: Council on the Ageing Victoria; 2014.
76. Krause N. Meaning in life and mortality. *J Gerontol B Psychol Sci Soc Sci.* 2009; 64: 517-527.
77. Carmel S, Tovel H, Raveis VH, O'Rourke N. Is a decline in will to live a consequence or predictor of depression in late life? *J Am Geriatr Soc.* 2018; 66: 1290-1295.
78. Butler RN, Jasmin C. Longevity and quality of life. New York: Plenum Publishers; 2000.
79. Gawande A. Being mortal: Illness, medicine and what matters in the end. London: Profile Books Ltd.; 2015.
80. Watson C. The language of kindness; A nurse's story. London: Vintage; 2018.
81. President's Council on Bioethics (US). Taking care: Ethical caregiving in our aging society. Washington: Executive Office of the President; 2005.
82. Willcox BJ, Willcox DC, Ferrucci L. Secrets of healthy aging and longevity from exceptional survivors around the globe: Lessons from octogenarians to supercentenarians. *J Gerontol A Biol Sci Med Sci.* 2008; 63: 1181-1185.
83. Powell J. Rethinking community, medicalization, social and health care: A foucauldian analysis. *Arch of Community Fam Med.* 2019; 2: 27-35.
84. Brannelly T. Sustaining citizenship: People with dementia and the phenomenon of social death. *Nurs Ethics.* 2011; 18: 662-671.
85. Westwood S. Ageing, diversity and equality: Social justice perspectives. New York: Routledge; 2019.
86. Deveson A. Resilience. Sydney: Allen & Unwin; 2003.
87. Obrist B. Editorial. *Prog Dev Stud.* 2010; 10: 279-281.
88. Southwick SM, Bonanno GA, Masten AS, Panter-Brick C, Yehuda R. Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *Eur J Psychotraumatol.* 2014; 5: 25338.
89. Pruchno R, Heid AR, Genderson MW. Resilience and successful aging: Aligning complementary constructs using a life course approach. *Psychol Inq.* 2015; 26: 200-207.
90. Masten AS, Wright MO. Resilience over the lifespan: Developmental perspectives on resistance, recovery, and transformation. In: Handbook of adult resilience. New York: The Guilford Press; 2010. pp.213-237.
91. Windsor TD, Hunter ML, Browne Yung K. Ageing well: Building resilience in individuals and communities. Adelaide: Flinders Centre for Ageing Studies-Flinders University; 2015.
92. Windle G, Markland DA, Woods RT. Examination of a theoretical model of psychological resilience in older age. *Agings Ment Health* 2008; 12: 285-292.

93. Hayman KJ, Kerse N, Consedine NS. Resilience in context: The special case of advanced age. *Aging Ment Health*. 2017; 21: 577-585.
94. Hamid N. Study the relationship between hardiness and hope with life satisfaction in managers. *Int J Psychol*. 2020; 14: 310-339.
95. Ng SM, Lee TM. The mediating role of hardiness in the relationship between perceived loneliness and depressive symptoms among older. *Aging Ment Health*. 2020; 24: 805-810.
96. Andrews GJ, Milligan C, Phillips DR, Skinner MW. Geographical gerontology: Mapping a disciplinary intersection. *Geogr Compass*. 2009; 3: 1641-1659.
97. Sapountzaki K. Social resilience to environmental risks: A mechanism of vulnerability transfer? *Manag Environ Qual*. 2007; 18: 274-297.
98. Moraitou D, Kolovou C, Papasozomenou C, Paschoula C. Hope and adaptation to old age: Their relationship with individual-demographic factors. *Soc Indic Res*. 2006; 76: 71-93.
99. Gilroy R. Places that support human flourishing: Lessons from later life. *Plan Theory Pract*. 2008; 9: 145-163.
100. Momtaz YA, Hamid TA, Haron SA, Bagat MF. Flourishing in later life. *Arch Gerontol Geriatr*. 2016; 63: 85-91.
101. VanderWeele TJ. On the promotion of human flourishing. *Proc Natl Acad Sci USA*. 2017; 114: 8148-8156.
102. Wild K, Wiles JL, Allen RE. Resilience: Thoughts on the value of the concept for critical gerontology. *Ageing Soc*. 2013; 33: 137-158.
103. MacLeod S, Musich S, Hawkins K, Alsgaard K, Wicker ER. The impact of resilience among older adults. *Geriatr Nurs*. 2016; 37: 266-272.
104. Tomczyk Ł, Klimczuk A. Between successful and unsuccessful ageing: Selected aspects and contexts. Kraków: Pedagogical University of Cracow; 2019.
105. Rowe JW, Kahn RL. *Successful aging*. New York: Random House; 1998.
106. Evseeva Y. Successful ageing: State of the art and criticism. In: *Between successful and unsuccessful ageing: Selected aspects and contexts*. Kraków: Uniwersytet Pedagogiczny w Krakowie; 2019. pp.7-22.
107. National Heart Foundation of Australia (Victorian Division). *Healthy by Design: A planners' guide to environments for active living*. West Melbourne: The Foundation; 2004.
108. Wiles JL, Wild K, Kerse N, Allen RE. Resilience from the point of view of older people: 'There's still life beyond a funny knee'. *Soc Sci Med*. 2012; 74: 416-424.
109. Lee E. Aging successfully and healthfully. *Int Psychogeriatr*. 2019; 31: 439-441.
110. Wahl HW. Aging successfully: Possible in principle? Possible for all? Desirable for all? *Integr Psychol Behav Sci*. 2020; 54: 251-268.
111. Shakespeare T, Watson N, Alghaib OA. Blaming the victim, all over again: Waddell and Aylward's biopsychosocial (BPS) model of disability. *Crit Soc Policy*. 2017; 37: 22-41.
112. Keck M, Sakdapolrak P. What is social resilience? Lessons learned and ways forward. *Erdkunde*. 2013; 67: 5-19.
113. Jewett RL, Mah SM, Howell N, Larsen MM. Social cohesion and community resilience during COVID-19 and pandemics: A rapid scoping review to inform the United Nations research roadmap for COVID-19 recovery. *Int J Health Serv*. 2021; 51: 0020731421997092.
114. Berger E, Reupert A. The COVID-19 pandemic in Australia: Lessons learnt. *Psychol Trauma*. 2020; 12: 494-496.

115. Schrack JA, Wanigatunga AA, Juraschek SP. After the COVID-19 pandemic: The next wave of health challenges for older adults. *J Gerontol A J Gerontol A Biol Sci Med Sci.* 2020; 75: e121-e122.
116. D'cruz M, Banerjee D. 'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic-an advocacy review. *Psychiatry Res.* 2020; 292: 113369.
117. Lindgren CL, Burke ML, Hainsworth MA, Eakes GG. Chronic sorrow: A lifespan concept. *Sch Inquiry Nurs Pract.* 1992; 6: 27-40.
118. Hayslip Jr B. Lifelong learning: A dyadic ecological perspective. *J Intergener Relatsh.* 2014; 12: 368-380.
119. Machielse A, Hortulanus R. Social ability or social frailty? The balance between autonomy and connectedness in the lives of older people. In: *Ageing, meaning and social structure: Connecting critical and humanistic gerontology.* Bristol: Polity Press; 2014.
120. Laceulle H. Self-realisation and ageing: A spiritual perspective. In: *Ageing, meaning and social structure: Connecting critical and humanistic gerontology.* Bristol: Polity Press; 2014.
121. Li F, Luo S, Mu W, Li Y, Ye L, Zheng X, et al. Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic. *BMC Psychiatry.* 2021; 21: 16.
122. Zautra AJ, Arewasikporn A, Davis MC. Resilience: Promoting well-being through recovery, sustainability, and growth. *Res Hum Dev.* 2010; 7: 221-238.
123. Orem D. *Nursing concepts in practice.* 6th ed. St Louis: Mosby; 2001.
124. Leenerts MH, Teel CS, Pendleton MK. Building a model of self-care for health promotion in aging. *J Nurs Scholarsh.* 2002; 34: 355-361.
125. Maddox M. Older women and the meaning of health. *J Gerontol Nurs.* 1999; 25: 27-33.
126. Antonucci TC. Convoys of social relations: Family and friendships within a lifespan context. In: *Handbook of aging and the family.* Westport: Greenwood Press; 1995. pp.355-371.
127. Sacco-Peterson M, Borell L. Struggles for autonomy in self-care: The impact of the physical and socio-cultural environment in a long-term care setting. *Scand J Caring Sci.* 2004; 18: 376-386.
128. Seedsman T. Health literacy as a tool to ease pressure on long-term care systems: Perspectives and issues on healthy aging across the life course. *J Aging Longterm Care.* 2020; 3: 11-25.
129. Duggan M. *Self-care and health: By all, for all: Learning from COVID-19.* Melbourne: Mitchell Institute, Victoria University; 2020.
130. Pitkala KH, Routasalo P, Kautiainen H, Tilvis RS. Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: A randomized, controlled trial. *J Gerontol A Biol Sci Med Sci.* 2009; 64: 792-800.
131. Damon-Rodriguez J, Lubben JE. Family and community health care for older persons. In *Lessons on aging from three nations: Volume 1-'the art of aging well.* New York: Baywood Publishing Company, Inc.; 2007.
132. Denton M, Kusch K. Well-being throughout the senior years: An issues paper on key events and transitions in later life. *Quantitative studies in economics and population research reports.* Hamilton: McMaster University; 2006.
133. van den Broek T. Early-life circumstances, health behavior profiles, and later-life health in Great Britain. *J Aging Health.* 2021; 33: 317-330.
134. Perry D. Researching the aging well process. *Am Behav Sci.* 1995; 39: 152-171.

135. World Health Organization. World report on ageing and health [Internet]. Geneva: World Health Organization; 2015. Available from: <https://apps.who.int/iris/handle/10665/186463>.
136. World Health Organization. Global strategy and action plan on ageing and health [Internet]. Geneva: World Health Organization; 2017. Available from: <https://www.who.int/publications/i/item/9789241513500>.
137. Prüss-Üstün A, Corvalán C. Preventing disease through healthy environments: Towards an estimating of the environmental burden of disease. Geneva: World Health organization; 2006.
138. European Environment Agency. The European environment-state and outlook 2020: Knowledge and transition to a sustainable Europe [Internet]. Copenhagen: European Environment Agency; 2019. Available from: https://d2ouvy59p0dg6k.cloudfront.net/downloads/soer_2020_executive_summary_embargoed_4_december.pdf.
139. Butler RN. The longevity revolution: The benefits and challenges of living a long life. New York: Public Affairs Books; 2008.
140. Van Leeuwen KM, Van Loon MS, Van Nes FA, Bosmans JE, De Vet HC, Ket JC, et al. What does quality of life mean to older adults? A thematic synthesis. *PloS One*. 2019; 14: e0213263.
141. Duggan M, Chislett WK, Calder R. The state of self-care in Australia. Melbourne: Australian Health Policy Collaboration Victoria University; 2017; No. 02/2017.
142. Kass LR. Letter of transmittal to the President of the United States. In: President's Council on bioethics. Taking care: Ethical caregiving in our aging society. Washington: President's Council on Bioethics; 2005.
143. Hemberg J, Forsman AK, Nordmyr J. One day at a time-being in the present experienced as optimal health by older adults—the existential health dimension as a health-promoting potential. *Nurs Palliat Care*. 2017; 2: 1-7.
144. White R. Foucault on the care of the self as an ethical project and a spiritual goal. *Hum Stud*. 2014; 37: 489-504.
145. Brown B. Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent and lead. New York: Penguin Books; 2012.
146. Söderhamn O. Phenomenological perspectives on self-care in aging. *Clin Interv Aging*. 2013; 8: 605-608.
147. Scott AJ. The longevity economy. *Health Policy*. 2021; 2: e828-e835.
148. Lehr U. Living in an ageing world: A challenge for the individual and society. *Eur View*. 2008; 7: 341-351.
149. Zaraska M. Growing young: How friendship, optimism and kindness can help you live to 100. London: Robinson; 2020.
150. Brits LT. The book of hygge: The Danish art of living well. London: Ebury Press; 2016.
151. Grossmann I, Karasawa M, Izumi S, Na J, Varnum ME, Kitayama S, et al. Aging and wisdom: Culture matters. *Psychol Sci*. 2012; 23: 1059-1066.
152. Hoblitzelle OA. Aging with wisdom: Reflections, stories and teachings. New York: Monkfish Book Company; 2017.
153. Seedsman T. The art of living well and the gaining of practical wisdom in later life: Perspectives for undertaking future work in the intergenerational field. *J Intergener Relatsh*. 2021; 19: 392-406.

154. Scott AJ, Gratton L. The new long life: A framework for flourishing in a changing world. London: Bloomsbury Publishing; 2020.
155. Crisp N. Human flourishing in a health-creating society. *Lancet*. 2021; 397: 1054-1055.
156. Yaylagul NK, Seedsman T. Ageing: The Common Denominator? *J Popul Ageing*. 2012; 5: 257-279.
157. Hughes BB, Kuhn R, Margolese-Malin ES, Rothman DS, Solórzano JR. Opportunities and challenges of a world with negligible senescence. *Technol Forecast Soc Change*. 2015; 99: 77-91.
158. Olshansky SJ, Carnes BA. Inconvenient truths about human longevity. *J Gerontol A Biol Sci Med Sci*. 2019; 74: S7-S12.
159. Tang KL, Lee JJ. Global social justice for older people: The case for an international convention on the rights of older people. *Br J Soc Work*. 2006; 36: 1135-1150.
160. Coll-Planas L. Promoting social capital in an ageing society: A win-win proposition? *Gac Sanit*. 2016; 30: 323-325.



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