ISSN: 2755-631X

Review Article

Journal of Global Health and Social Medicine

Contemporary Review of Successful Aging: The Concept, Shortcomings, and Promise

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Received: July 14, 2026; **Accepted:** July 17, 2026; **Published:** July 30, 2026

Summary
This cumulative review examines the origins and definitions of the term 'successful aging', a concept and outcome variable deemed desirable, but hard to attain. Employing selected peer reviewed articles focusing on 'successful aging' and located in the major data bases it is clear many contributors continue to discuss and expand on one or more aspects of the concept of 'successful aging', for example cognitive aging and vitality preservation or stimulation. There are however, many differing definitions of the concept, and varying conclusions that prevail among these than not, but the idea one can overcome perceived or actual age associated age derived negative expectations and limitations clearly prevails. As well as fostering more agreement and clarity about what the term 'successful aging' denotes, researchers are urged to more clearly establish a more solid framework and one likely to be helpful for optimizing global efforts to offset predictable aging related inherent declines.

Keywords: Aging; Healthy Aging; Older Adults; Prevention, Public Health, Successful Aging

Introduction

The quest for a means of allaying or limiting age-associated declines in health and prowess, a goal pursued literally for many centuries has not attained any universal or widespread success. To the contrary, as of 2026 despite advances in some health spheres, health concerns that are possibly preventable, such as obesity, continue to rise, and tend to do so despite the promise of AI and the adoption of many nationwide social programs designed to eradicate health inequalities and specifically designed to ensure a desirable quality of life for all. However, in many respects what is seen across the globe, is that the lifespan of many citizens is one of declining health and one clearly contrary to desired national goals. Indeed, while longevity appears to have been extended, and the United States Census Bureau predicts there will be increasing numbers of centurions in this country alone in the near future, the question arises as to whether longevity alone is equated with the broader human dimensions of health, as well as meaning, and life satisfaction and if so, if more can be done in this regard [1].

In this updated review we describe one idea in this context that has emerged for some time, namely the possible more widespread attainment of a perception of 'successful aging' a theme derived from early studies that examined high level agers and why they did not fit the pattern of 'decline' many believed was inevitable and still believe. The early observations of samples of healthy rather than disabled aged adults led to the idea aging is not uniform or a declining process as defined functionally, rather there are potential modifying factors impacting or slowing the genetically programmed process of death and debility under certain circumstances especially in the presence of certain behaviors and thoughts and not others. This idea was subsequently embedded in a conceptual framework or model termed 'successful aging' and that opened the door to a differing perspective of aging, and one where the goal was one of optimum health, plus the idea that one can still actively pursue one's goals, regardless of age, and should be encouraged too so do [2-5].

Rationale

Societal ageing, which is increasing globally, and denoting success in advancing public health and medicine in reducing the risk of premature death, plus the control and prevention of numerous diseases, and improvements in social and economic development, has not however yielded commensurate or desirable life quality outcomes or opportunities for all even though potentially more attainable than is currently observed [5].

Citation: Ray Marks. Contemporary Review of Successful Aging: The Concept, Shortcomings, and Promise. J Glob Health Soci Med. 2026. 2(3): 1-9.
DOI: doi.org/10.61440/JGHSM.2026.v2.52

Indeed, whereas almost all countries are experiencing growth in the size and proportion of older persons that is projected to double to 1.5 billion by 2050 many adults 65 years and above may not be prospering as per the assumed desirable concepts of healthy or successful ageing that dates back to the 1980s. This is despite the goal of aging 'successfully' which is probably much more realistic to attain in today's ageing societies as a result of effective interventions to control and reduce disability and health risks, as well as advances in human biology, genetics, technology, health services and education access [6,7].

Aim

This paper sought to outline the key trends and controversies embedded in the successful aging realm over time, issues that prevail or have emerged since its conceptualization, and to discern if this idea or outcome is of relevance today in 2026 as well as especially noteworthy for health professionals as well as policy makers interested in fostering the optimal wellbeing of the aging individual as well as aging population.

Question

Is the original or adapted 'successful aging' model of positive aging designed to guide, motivate, and promote a greater chance of more positive aging states than not over time among the older population, a possible valuable aging intervention tool, or will some flourish-via socially oriented factors and personal commitments and life opportunities in their own right?

Hypothesis

Social factors and the pursuit of meaningful activities will override biological explanations of unsuccessful aging and offer measureable advances in personal perceptions and health adaptations.

Methods

To examine what is known about the topic, and where today almost 200,000 articles have emerged, we searched for an array of current articles and others published since 1980 using the PUBMED, PubMed Central, and Academic Search Complete data bases and the key terms: successful/healthy aging, cognitive aging, and older adults, alone or in combination. Those articles that focused on the concept of 'successful aging' and its determinants, and cognitive health in particular, a major public health concern in 2026, were specifically sought and examined. All forms of research were deemed acceptable, and those deemed relevant were carefully scrutinized to obtain a sense of the salient definitions, conceptual attributes, and applied conclusions reached in the related literature. No studies using or conceptualizing technology or AI were included, as these tools are possible deterrents to an older person who is not 'tech' savvy, cannot afford to access technology, is visually or manually impaired, and worries about privacy and desires or clearly requires face to face assistance to begin to accept and act on the idea of a possible advantageous more desirable life than is espoused by the public as well as many in the medical sphere.

Once the material was scanned the current report strove to focus on key salient points deemed of worth by the author in the realm of possible social or public health policy, plus the geriatric researcher, and health worker realms.

Key Search Results

Global Observations

The current literature search and material extracted from that search, while not necessarily representative of all publications in the field shows many researchers and possibly clinicians have had and continue to have a high interest in this topic and are continuing to enlarge upon the framework in multiple respects. Largely focused on has been endless attempts to define the construct of 'successful aging', even though it remains challenging to find concordance among what is meant by the idea of aging when seen through a lens of the human capacity to harness one's inherent strengths, alter cognitions, control one's thoughts, and overcome functional losses and impairments.

This attribute of 'successful aging' is indeed hard to unify or aggregate, and populations studied may not represent those not studied at all adequately. Methodologies too are inconsistent and focus on dissimilar dimensions of potential influence. The wide array of research questions that abound, alongside the varied assessment approaches, including in-depth interviews, life story interviews , concept analyses, and literature reviews, plus a large focus on biologically derived aging impacts, rather than the less well accepted variables of cognitive perceptions, renders it impossible in our estimation to arrive at any uniform conclusion on this theory in an applied sense at this time. In addition, even though several systematic reviews prevail, they frequently examine small convenience samples of healthy cohorts of varying ages, but may exclude high age samples, and very few reports can yet be found that are devoted to the application of the concept of 'successful aging' as applied to the chronic disease population-who constitute the majority of the older population. Moreover, very few studies have discussed or compared interventions across time to assess the value of one or more identified potentially modifiable 'successful aging' determinants in the process of either healthy aging or aging in selected disadvantaged populations [4-14, 16].

Another confounding feature of the current body of data is the observation that very few studies have examined the attribute and meaning of 'successful aging' from a holistic or positive inclusive balanced perspective. Additionally, the cultural perspective of what it means to age successfully is often omitted, or is not universally relevant when discussed, and most studies appear to be researcher-generated, rather than grounded in any theory or inclusive of the participants' view of 'successful aging'.

Selected Aging Perspectives

Although the concept of 'successful aging' appears to offer promise for advancing the wellbeing of an aging adult across the lifespan, early work in this regard to explore this theme precluded the possible presence of chronic health conditions. This is less obvious, although still debated today in 2026, but does prevail despite the fact as outlined by Hsu that many older adults not only suffer from multiple concurrent chronic health conditions, as well as other disablers, thus their blanket exclusion from aging studies seeking to foster older adult wellbeing is questionable. Other data reveal many older adults even those who have one of more chronic health conditions may still perceive they are aging or have aged 'successfully' and have not been deterred from advancing their personal wellbeing, where possible, and/or retarding the rate of possible disablement. Moreover, elements

of the 'successful aging' process such as physical function, and cognitive health attributes, may be amenable to intervention, despite age, and neither muscle function, nor memory losses with age are presently considered inevitable [17].

Many older adults are also found to be physically as well as cognitively able and agile, and are involved in creative, challenging tasks even in their later years, hence myths about aging and its depiction solely as a state of decline must surely be questioned. Indeed, the idea of a 'successful aging' process which emerged almost 45 years ago was based on the findings that emanated from several studies that tried to discern distinctive features of the health profiles and attributes of so called 'successful rather than unsuccessful agers. Since that time, and the finding health behaviors, social factors, and attitudes are attributes that appear to have highly significant health implications, this viewpoint of 'successful aging', which has grown to embody a health state or process that can be attained as an outcome through the adoption of selected strategies and elimination of others, among other factors, was forged to offer an aging individual the opportunity to proactively try to attain an outcome that is personally optimal, rather than one dictated by passive resignation, or genetic endowment. It opened the door too for public health organizations to embrace the concept and offer older community members low-cost options to obtain optimal health, and thereby to reduce their budgets and population wide health demands.

At present, this idea is not a divisive one because it readily applies even in the case of key diseases prevailing today among the aging population, such as heart disease, dementia, cancer, and arthritis as many of their attributes that appear to reflect poor lifestyle choices and social resource disadvantages that counter the maintenance of intrinsic capacity, physical, mental, and social well-being throughout life, rather than biology alone [15]. Many studies also overlook the importance of examining the potent influence of subjective factors – such as a person's beliefs and perceptions about their own age and aging – that have been shown to predict development in old age [16]. Presumably, therefore, many more elders could attain this idealized state, if encouraged or enlightened about this alternate life trajectory perspective.

Increasingly, too, it turns out that rather than genetics or drug based aging attenuation options, the attributes of meaning and purpose in life are being acknowledged as key determinants of efforts to achieve 'successful aging' and may yet be experienced by aging adults both with and without impediments, and can be encouraged by logotherapy or logotherapy training or counseling as well as by concerted societal efforts ro value the abilities and experiences of the older adult as well as fostering opportunities to advance these, if desired.

In this respect, Karki who studied predictors of successful aging concluded that even if increasing age was associated with lower odds of successful aging, older adults could yet be encouraged to maintain partnerships, engage in some form of employment or volunteer activities, and participate in physical or mental activities known to promote 'successful aging' or a more protracted aging decline [5].

McClaren who have studied and discussed brain health optimization approaches across time indicated that the adoption of one or more uplifting health goals and associated lifestyle changes is likely to play an important role in determining brain aging status for older adults. They advocate for provider efforts to work with the client who is not flourishing to gain insight into their personal interests and activities that could motivate them to consistently participate in their personally desired behavior goals and action plans, as indicated [19].

In cases of cognitive decline alone, Daffner further proposes the promotion of successful cognitive aging that might involve the dual goals of preventing a loss of information processing capacity and cognitive reserve, and enhancing brain capacity and cognitive reserve, a strategy increasingly being encouraged and often enjoyed by the elderly, for example working on jigsaw puzzles or crossword puzzle or orienteering. Rae describes success and the effectiveness of an intervention designed to foster social connectedness that enabled participants to select related program components to suit their individual needs and preferences that might prove highly beneficial as well [8,24].

Consequently, although many examples of debilitated older adults can be found, sufficient data show the majority of the older adult population to be neither debilitated, nor disabled. Moreover, those that appear debilitated or frail can yet advance to a healthier state. Today, in fact, there are many examples of adults in their eighties and beyond, who remain actively employed voluntarily, or who are involved in creative tasks, politics, education, mentoring, writing, journalism, and other endeavors and are apparently largely happy to do so for the most part. Other data show that much of the innovation, beauty, science, and laws that prevail today are due to the efforts of talented or motivated adults, who pushed themselves and developed their potentials, even though they were already deemed to be 'senior' citizens, for example Helen Keller and Mother Theresa.

It can further be shown that many older adults, not only exhibit a complete 'lack' of any identifiable or seriously disabling disease or exposure to trauma, but that they may be more fit and functional than those in their 30's as a result of adopting a sound lifestyle early as well as later in life, for example giving up smoking or narcotic drug usage. Indeed, even though bodily systems do still change over time, additional research shows a steady rate of decline from age 30-90, rather than any steep or rapid decline. These changes may also not occur simultaneously in all body systems, and even if they do change and influence the onset or risk of disease and dysfunction, these changes may still be reversible, e.g., abnormal glucose levels can be impacted favorably in many cases of pre-diabetes, arthritis or chronic pain can be controlled, health beliefs and practices can be modified, as can sleep disorders that impact cognitive health and reserve [24-27].

Moreover, even if change is a constant in life, regardless of the stage of development or growth, a philosophy that can encourage as well as enable the aging dividual to adapt to any special challenges, and be motivated to do so, may yet foster a meaningful existence, rather than an inevitable and painful declining, and depressive existence. The acceptance of its underpinnings may well heighten longevity, rather than not, and

discourage the likely excess onset of disability or senescence that would possibly ensue in the absence of supportive cognitions and health behaviors.

Indeed, as with younger adults, it appears increasingly true that a focus on embodying the positive aspects of aging into one's daily routines and thoughts may permit certain individuals to function quite effectively, both physically and mentally, in old age, and where some may even demonstrate a linear improvement of about 1 standard deviation with respect to various mental health attributes over an extended life period [17].

Successful Aging

The idea that one could 'grow old', while maintaining their health, strength, and vitality, an idea initially termed 'successful aging', remains a concept that since its inception in the 1980's has yielded many hundreds if not thousands of articles related to this idea, and is one that now dominates the aging literature. Also known as healthy, active, productive, optimal, vital, or positive aging this ever growing body of research continues to enlarge upon and expand on the early concept of 'successful aging', a viewpoint of aging built on the idea of the generally hidden benefits of harnessing the untapped resources of middle-aged adults and older individuals so as to enhance their well-being as they age or extend their years of favorable life by compressing the duration of any inevitable physiological decline. It encompasses and encourages attempts to maximize the potential of the aging adult to adapt to change despite any physiological decline, to change or eliminate unhealthy practices, and in so doing, to boost their chances of increasing their life satisfaction, mastery, growth, and longevity, as key components of 'successful aging', rather than succumbing to downward spiral of disablement and depression [3, 6, 18-20].

One overriding tenet of this idea is that aging in the negative sense is not inevitable, but is more likely than not to depend at least partly, on individual choices and behaviors, as well as their personel efforts. A second premise is that the concept is multidimensional, and may implicate a variety of social and political factors as well as personal factors [3]. It may also embody a concept greater than the presence or absence of disease, such as the importance of independence, mobility and social participation [12].

However, Cosco [11] noted that even though almost half a century has elapsed since the inception of the 'successful aging' term, no clear definition and hence no clear understanding of its underlying concepts has emerged. After conducting a systematic review that focused on the nature of the quantitative operational definitions of 'successful aging', 105 operational definitions, across 84 studies using unique models were observed. A further analysis showed 92.4% or 97 studies included physiological constructs (e.g. physical functioning), 49.5% or 52, engagement constructs (e.g. involvement in voluntary work), 48.6% or 51 well-being constructs (e.g. life satisfaction), 25.7% or 27 personal resources (e.g. resilience), and 5.7% or 6 focused on extrinsic factors (e.g., finances). Thirty-four definitions consisted of a single construct, 28 of two constructs, 27 of three constructs, 13 of four constructs, and two of five constructs. The operational definitions utilized in the included studies identified between <1% and >90% of study participants as 'successfully aging'. It was concluded the concept of 'successful aging' is multidimensional and is not necessarily a universal concept.

Rather than attaining unity, it seems research results in this realm, which remain inconclusive for the most part, depend on what is being studied, who is being studied, or how the research is operationalized, but with no cross-cutting consistency or consensual guiding specific definition of 'successful aging'.

Earlier, Depp found 28 studies with 29 different definitions that met the researcher's criteria. Although most investigations used large samples of community-dwelling older adults, rather than those elders in assistive living settings, the mean reported proportion of successful agers was low on average [35.8%]. The most frequent significant correlates of the various definitions were age, nonsmoking, and absence of a disability. Moderate support was found for greater physical activity, more social contacts, favorable self-rated health perceptions, the absence of depression or cognitive impairment, and having few medical conditions [21].

In this regard, Tesh-Romer suggest an updated set of propositions designed to address diversity and the importance of having a desirable living situation as one age, regardless of disability, as well as environmental, and care related factors may prove beneficial as well as insightful. Assessing and ruling out any aging barriers such as depressive symptoms, extensive disability, cognitive impairments, respiratory symptoms and systemic conditions (e.g. cancer, coronary artery disease) is arguably also warranted [22,23].

In the interim, and until more definitive research evolves, it does appear that pursuing a state of ultimate 'successful aging via the adoption of a proactive health promoting lifestyle, alongside a reduction in certain behavioral risks, and making healthy choices the only choice is likely to be largely achievable and raise life quality for many for years to come. In addition, a dedicated role for the pursuit of stimulating cognitive activities, nutrition and physical activity is also emerging as more helpful in all probability than not, if compared to the adoption of a sedentary lifestyle of poor diets and negative thoughts that increase the risk for disability as well as depression [4].

The availability of appropriate information and other resources such as assistive devices, societal efforts to counter ageist ideas, images and prejudicial untested claims, statements, and perspectives that stigmatize elders, as well as uplifting opportunities to engage with others, including inter-generational activities, may similarly enable more 'successful aging' across the lifespan, regardless of health or wealth status. Additionally, the construct of 'having a sense of purpose or not', as well as autonomy, and the ability to maintain physical and cognitive functioning, encountering favorable living circumstances, and low pain levels may induce more life satisfaction than not when measured against social or family efforts to house older adults in confined spaces where their autonomy is marginalized [4,5,9].

Other potentially impactful positive aging factors are the extent and quality of available social resources, the presence or absence

of progressive health and aging policies, and efforts to reduce care gaps. Efforts to market favorable rather than fearful and negative psychological perceptions and beliefs of the aging adult appear warranted as well. Especially stressed should be the notion that it is possible for aging individual to attain a robust aging state, and can be encouraged to reassess and redefine themselves if necessary to adopt more health affirming practices, than not, regardless of any prevailing disease or impairment. Fostering one's resilience perceptions, adaptation and compensatory practices are other important characteristics that appear to favor optimally desirable, rather than limited aging encounters [7,16].

In this regard Amin implies success as applied to the course and outcome of aging appears highly dependent on the individual and her perceptions, as well as how practitioners, policy makers, and researchers view aging and the degree to which they believe in positive rather than negative aging [3, 4, 25].

Implications

To advance more universal 'successful aging' outcomes, until more is known, it appears access to health care and nutrition sources, having an active meaningful lifestyle, a degree of financial security, and sound sleep hygiene, plus efforts to reduce or minimize late life anxiety, depression, stress, and low self-concept are likely to prove advantageous, regardless of health status and there applications where relevant are strongly encouraged. In addition, societal efforts towards fostering a sense of value of the older adult, and possibly letting those who thrive at work to continue, or giving them a reason to live, such as looking after a pet appears to foster active aging, rather than any passive acceptance of declining expectations. Other factors identified are opportunities to attain a state of optimal cognitive and physical function and social wellbeing over time, optimal opportunities to avoid disease and disability, and more focus on resilience than holding a pervasive adverse degrading stance towards aging [14,17,25].

Another view is that disease and disability might be viewed as a normal part of aging, and thus freedom from disease or longevity is not necessarily of high import in a realm where the individual can proactively contribute to their own wellbeing on a consistent basis, in conjunction with their provider's recommendations to a high degree [4].

This ability to manage their health condition is not a given though, and may depend not only on the degree of presiding impairment, but on other intrinsic factors such as health beliefs, motivation and ability to comply with their providers' recommendations, and extrinsically on the degree to which providers are knowledgeable and accessible, program attributes are tailored and clearly imparted, and the degree of societal or family support is one the adult desires. More direct interventions including the use of supplements, selected nutrition elements, behaviours that help maintain a healthy weight and blood pressure, plus home and worksite adaptations may be suitable as well [26].

Tu further propose along with diet and social factors, there may be a negative impact of vision impairment on successful aging if unaddressed and this group thus suggest that sustaining vision fitness can undoubtedly benefit the well being of middle-aged individuals and seniors and should be considered more intently and routinely to avoid setbacks [27-29].

Moreover, among the challenges in moving from ageing to successful longevity, Muhammad who examined the premise of 'successful aging' in Indian urban and rural centers concluded that rather than biology alone, positive or negative aging manifestations are largely determined or influenced by lifestyles and behaviors, the prevalence of under-diagnoses of health conditions, particularly non-communicable diseases, thus by modifiable factors [30,31].

Ambriz who studied an aging rural Latina population noted this group to desire better health due to their concerns about their wellbeing and its impact on their children if degraded unduly. They found those interviewed stressed the importance of work and other independence issues as an antidote to declining health, and were thus more likely to favor a way or ways of maintaining an active lifestyle despite aging. Their data highlighted the importance of careful assessments of the voices of aging community members alongside their cultural beliefs and life affirming needs and goals [32].

Discussion

As populations age, for example by 2030 the population of older adults in the United States alone will more than double to about 71 million, how to deal with this trend socially and fiscally is of increasing concern globally. Indeed, even though technology has afforded this population and other populations' greater longevity, many aging adults remain impaired or excessively disabled. While this generally accords with long held negative societal and medical aging views, the promotion of the idea that aging does not need to denote decline, even in the presence of distinctive co-morbid health condition or any form of impairment, introduced in the 1980s. potentially opened the door to the attainment of a possible state of more successful aging rather than a protracted state of unsuccessful functional and structural physiological declines and thoughts that appear barriers to the achievement of a fully functional satisfying high quality life for 'all' [1].

In this regard, even where many national goals advocate for the health equity of all, it is often observed aging adults neither do nor prosper equally and many who may want to work and would benefit are discouraged from doing this. In other cases, social support offerings may be insufficient to foster either health or positive practices, for example where monthly Governmental financial support is clearly suboptimal for those who have worked but favor retirement. In addition, older adults who are increasingly forced to continue to work, may not be able to pursue meaningful work. As a result, although aging can be time of growth and creativity as well as satisfaction, the role of policy, resources and unified well funded efforts to ensure the achievement of 'successful aging', an antidote to doing 'nothing' can no longer be overlooked.

Moreover, despite the emerging import of the attributes of resilience, vitality, acceptance, the ability to cope to achieve personally valued goals, self-efficacy and independence as

valued attributes of 'successful aging' these traits alone, among others, are not widely endorsed or encouraged or personified in the clinical realm, the media rhetoric, as well as past and present literature and health guide sources, and perspectives of many public health practitioners, as well as social policy governance white papers, and educational monographs, that can all be anxiety provoking as well as stressful to encounter [4,6,10,43].

Alternately, given the great promise of what can be achieved by aiming to heighten a vision of aging as state of hidden potential rather than by the uncontrollable dismal negative stance espoused by many Aging Foundations and others that assume older adults will decline and should be sent to the nursing home, use more assistive devices, and beauty products, more upbeat science based messages and others of what can be done to protect against excess downward declines in life quality over time is essential in efforts to limit much suffering as well as untold social and personal costs in our view.

In particular, the emotional burden of persistent exposure to negative images and harmful demonizing generalizations and rhetoric regarding the older adult, plus the myth that nothing can be done for this cohort must be actively and widely embraced in our view. Additionally, more current evidence-based efforts by physicians and allied health personnel to combat ageism, while improving their older clients' self-care and coping skills as well as their outlook and self-image, will undoubtedly help advance the goal of fostering the 'success' of the individual across their later years, regardless of uncontrollable factors.

Possible innovative approaches here are Pickard's feminist self-help guide to aging, which accepts both limitations and growth and incorporates depictions of the possibilities of authentic aging and empowerment that can be achieved despite the contexts of poverty, patriarchy, and possible Alzheimer's disease [33].

To this end, a holistic approach that combines sensitivity both to older people lived experience and to their underpinning material conditions and embodied realities is strongly advocated. This clearly involves legal and other efforts to actively reject the toxic "anti-aging" industry messages that often actively encourage bodily views of aging degradation and breakdown for profit, rather than celebrating the wisdom of the lived experience of older adults to create their own independent conclusions, and any desired remedial strategies.

Betlej further identifies three attributes that appear essential to consider in advancing the trajectory of a positive rather than a declining aging state. These include 1) a salient role for optimally adaptive thoughts and practices, personal and meaningful goals; 2) a salient role for advancing and securing supportive environments and access to health care; 3). a salient role for social integration efforts, rather than separation [34].

Celik to note the enabling role of easy access to healthcare services, while Das et al. [20] specifically emphasize the pivotal role of education, environmental safety, and opportunities for social participation in fostering healthy ageing. These data when aggregated imply the long-held belief of aging as an inevitably declining state is somewhat errooneous and short sighted and does not explain the case of an individual who do not appear to 'decline' objectively to any degree over time, as well as those who do decline markedly, but remain engaged and content.

However, when the healthy able bodied or disabled elder is studied, certain commonalities related to life style and behaviors, as well as socioeconomic opportunities appear more relevant than genetics in determining the life course and quality and perceptions thereof [35].

Indeed, from what we do know, it appears that almost all aging adults can improve their health outcomes through a variety of self-directed proactive strategies provided they are mentally able, as well as motivated towards achieving the promised outcomes. Moreover, despite their challenges, older adults with chronic health conditions who consistently practice positive healthy behaviors, and have access to and can take advantage of clinical and community-based services are quite likely to be able to engage in and pursue a personally meaningful life, and to achieve an acceptable level of independence, if desired, and one they personally will deem to be 'successful', despite their challenges.

Those older adults who choose to actively: accept reality, maintain a positive attitude, foster a sense of independence where possible, as well as a nurturing social life, and array of cognitive abilities can be expected to be more successful than those who do not. Having a good attitude and faith, and accepting challenges also fortifies an aging individuals' chances of a high degree of perceived success [36] as does the wisdom to balance one's own interests with the greater good, plus the adoption of stance of self-transcendence, compassion, and acceptance of the uncontrollable and the appreciation and savoring of the joys of life. Asquith add to this by observing 'successful ageing' among Alaskan natives to implicate a favorable reciprocal relationship between the societal elders and their family groupings as well as access to or the pursuit of meaningful activities, opportunities for elders to share their Native way of life alongside family and community members, and continual engagement in spiritual practices [37].

According to Viljanen who studied high age older adults –main age 87- with poor physical ability and subjective health, very few voiced negative aging views, and many still reportedly satisfied with their lives. The authors felt this may have demonstrated the importance of fostering positive societal attitudes and those that enhance psychological resilience opportunities. As a whole the adults surveyed were questioned about their ability to live at home without daily care and as a whole felt they were moderately satisfied in this regard. A striking finding was that on average the older adults who were studied personally perceived they were 6-10 years younger than their chronological age at the baseline and one year follow up review, respectively [38].

Rather than age alone Burns show a strong case can be made for programs linking health and the social dimensions of aging and that support the active aging approach and the importance of cognitive health, as well social connectedness and engagement opportunities. Related well designed community-based programs in this regard may indeed prevent and combat mental and physical health declines that would otherwise be inevitable, while fostering and increased quality of life and well-being [39].

Other data show engagement in healthy aging behaviors can foster the degree to which the person experiences successful aging, whereas persistent aging fears do not [40]. Unco [41] affirm supporting the psychological and spiritual resources of older adults plays an important role in strengthening the successful aging process, while supportive interventions that encourage active health-promoting behaviors can harness the untapped psychological and spiritual resources of many older adults.

To add to the literature, Stephens proposes more attention be forthcoming by researchers to the examining the interconnections between subjective aging and successful aging throughout the life span and across historical time. Burton who support a multidimensional definition of 'successful aging' and one that promotes the perspectives of older people also echoes these aforementioned thoughts. They specifically encourage future researchers investigate the ways in which person-environment factors influence successful aging. Identifying the role of culture, gender, race, ethnicity, and socioeconomic background is also advocated [42,44,45].

Other related 'successful aging' points raised in the literature are the need for more concerted efforts to advancing the science of physical independence in older adult's efforts to understand; Successful Aging' versus Wise Aging, perspectives active and productive aging [44,47,48].

Conclusion

Despite the limitations of this review as well as much of the underlying research, we conclude the concept of 'successful aging' and what it entails, and how to attain this state, can potentially advance the degree of life satisfaction and longevity of an aging adult no matter where they reside. Indeed, we further conclude that among the many dimensions of 'successful aging' that prevail, all aging adults, can likely find some opportunity to improve their overall situation and degree of life satisfaction, regardless of the presence of any disability or adverse environmental situation [49-52].

We also conclude that its emerging precepts are clearly not only of immense current import but of high future value as well as being worthy of future research pursuits, as are more concerted efforts to overcome pervasive societal and research derived aging biases, and especially any neglect of the historical and cultural attributes that influence health trajectories and outcomes, such as pervasive service gaps. Additionally, the unexplored mediating or moderating role of educational quality, access and attainment, health literacy, media and provider messages that may dampen motivation for 'successful aging', warrant attention.

In appears safe to further assert that:

a) Biology alone does not dictate equal outcomes in cases where same age adults face unacceptable housing environment, low food quality and possible access, role losses, disctimination, poorly treated comorbid and disability issues, and all can benefit by opportunities to live safely and advance their self-directed best health options [53,54].
b) Parallel efforts to advance community and global wide aging options more widely and concerted efforts towards maximizing resource allocation efforts and plans, reviewing or modifying existing pathways to aging in general, and especially in the context of a successful aging outcome for all are also essential [25,50].
c) The need to view the 'successful aging' umbrella concept holistically, and inclusively, across varying ages, abilities, and cultural groups is apparent and will prove highly insightful and far reaching for many [50].

In this regard, we agree with Loeser [55] who encourage a greater understanding of the specific cell signaling pathways that lead to aging including those embedded in success models that appear to differentiate well from poor aging outcomes and that may help to validate or point to novel targets and approaches that drive aging biology.

To this end, a mixed method research approach is potentially of high value and could render the debate about 'successful aging' less contentious as may more intentionally study of the relationship or linkage between successful aging, psychological well-being, and perceived social support in the older people population. In the process of formulating desirable future aging health policies, actions, and goals to overcome low rates of global aging successes, and to ensure future agers needs and values are met, their voices, experiences, and desires must be respected and duly embraced both in the clinic as well as the research venue [56-60].

Final Thoughts

Successful aging' is clearly something substantively more than an idea, it is a concept that strongly encourages and has as its foundation positivity rather than negativity, and aims to foster personally responsible active aging behaviors, perceptions, intrinsic capacity, and acceptance rather than the status quo and a possible resultant undesirable life quality and trajectory. Provisions as needed should be forthcoming however, alongside integrated health policies as well as informed multidisciplinary providers who can successfully address barriers and facilitators in this respect. In particular, in addition to an empathetic provider-client relationship that takes cultural preferences and personal views into account, one that focuses on the socio-emotional and resource needs of the client, and focuses on optimizing their physical health and intrinsic strengths, will clearly foster more advantageous outcomes for all regardless of age, level of income, ability, environment, or disability, and in multiple societal respects.

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