Good aging. A Comprehensive Approach

By Frits de Lange

Society is getting grey and is badly prepared for it. People are getting older and more old people are getting very old. Male life expectancy in Holland is 75, for women it is almost 81. In 2035 almost 25% of the population will be 65 or elder, against 14% today. The amount of 55 plus is expected to increase with 63% in the coming 30 year, when the baby boom generation is going to retire. Shall their aging be a good aging?

This demographic time bomb of 'double aging' doesn't concern only the government's aging policy, but also aging people themselves. How do you prepare for it and how do think you live through? What is good aging? The retired baby boomers, representing in 2035 a quarter of our population, strongly identify themselves with values as autonomy, individual freedom, self-fulfilment. Does such a value orientation prepare you well for good aging? Those who grow up with rock 'n roll probably get anxious with the prospect of a 'rollator' or wheel chair. The most popular concept in this area is *successful aging*, coined on the market of well being and happiness. Under that title self help groups and therapeutics offer their assistance. Gerontology as well develops theories about how aging well. But what does 'well' mean in this respect? Must an answer to this question be left over to publicity spots showing vital and active seniors, enjoying the Bahamas?

In this article I want to raise the question: good aging, what does that mean? Therefore, I start with observing the embarrassment in our liberal society in developing shared visions of good life in general, and visions of good aging in particular. Consequently, I try to develop a comprehensive approach to aging that, though it values positively personal well being as well as individual autonomy (central notions in our culture), at the same time presupposes a more complex and substantial understanding of the good life than liberal individualism, which makes the good life predominantly or even exclusively the concern of individual autonomy and personal preferences. The moral dimensions distinguished in this vision can be used as a kind of checklist in putting aging policies to the test whether they really contribute to good aging or not.

The denial of age in the liberal ethos
The first requirement for any theory of good aging is the acknowledgement that aging exists and should be confronted. Any aging person will have to prepare him or herself for the period of life in which increases the chance to physical decay, the fading out of memory, the death of partners, friends and relatives, and finally our own hour of death. In the liberal ethos of modernity however, age and aging hardly plays a role. 'The autonomous individual is young and never dies', the sociologist Thomas Luckmann once wrote. Personal identity is based on life style and life projects, not on age. Age becomes an instrument employed by an individual in function of its own self projection and fulfilment, if he's still young and his life full of possibilities. Age becomes an obstacle in the process of self determination when you are old and relatively time is left for the realisation of your plans. In any case, age as such does not have a constitutive meaning for the definition of personal identity. It is an additional, contingent factor. An aged person is an individual of certain age.

Age is getting an instrumental value, when life course and personal identity are regarded as an individual reflexive project (Giddens 1991). Age will help you when you are young; age will be smoothly integrated as long as you are vital and active; age will be experienced as an impediment, or – in the end – as a failure of that project, if one gets slow and stuck to one's place. The activism of modern citizens, managing their lives as a business career, does not fit

well to a period in life in which the scope of self creation gets smaller and the dependency on others bigger.

This liberal perspective takes leave of any standard normative vision of aging. Life course as a prescribed sequence of stages in which youth is the period of ascension and old age the stage of decline - 'the standard bourgeois image of a life time for the next 350 years' (Cole 1992, 19) - has reached its end. Everybody gets old on his or her own way, everybody is just as old as he or she feels and behaves. There isn't a collective biographical standard any more. Age is just an empty cloak. So we get used to 21 year old members of parliament or internet millionaires, retiring 50 ers, 65 years old students at college en 70 year old fathers notifying their new born child. Life style is more determining than life course.

But is age really so irrelevant? As soon as one embeds this thin concept of the liberal individual into the concrete and complex societal reality in which this individual is born and fed, a massive denial of aging gets visible behind the liberal ideal of agelessness. Pharmaceutical industry and plastic chirurgy promises us to liberate us from 'age markers' and sell the illusion of an 'ageless body, a timeless mind' (Deepak Chopra, in her bestseller 1993). Youth is the cultural standard in a society in which action, dynamics, productivity, performance and competition is emphasized. The active senior too keeps up to this ideal to the – literally - bitter end, and is preparing him or herself for the unavoidable time of decay by denying it with desperate tenacity.

In her fixation on youth, modern society seems to stand backwards to old age, that however comes closer at an unknown large scale. Old age cannot be denied. Either physically, nor socially. Retiring from work forces people to rearrange their life schemes. Physical restrictions – around the age of 75 everybody gets acquainted with – take their toll. Dependency on medical and social care increases. Partners, friends die. Social networks are shrinking. A next generation takes the lead in society and culture. The moment of one's own death gets nearer. Anyway, aging means a radical change in the life course, whether one resists or denies it or not. Age is relevant, personally and politically. Society should better prepare itself for the coming grey wave, by putting the question what a good old age means on the public agenda. By discussing publicly issues on legislation and regulation concerning family politics, labour participation and retirement preparation, social and medical care. But also by – as a way of prevention politics – letting the aging better prepare themselves on their last stage of life. Because we are all aging – *more* of us and *older* than ever before.

Deficits in the use of the concept 'successful aging'

But what is good aging? In answering that question, gerontology coined the term successful aging. The concept normally is attributed to Robert J. Havinghurst (1961), who defined successful aging in terms of additional life expectancy and experienced well being and satisfaction. After him, the concept was refined. In the *Encyclopaedia of Aging* (1995) Palmore points out that an encompassing definition of successful aging consists in a combination of the parameters length of life, health and personal well being.

Gerontological theories differ in their vision on what contributes to the success of successful aging. For one of the first theories of aging, the disengagement theory (Cumming/ Henry 1961), successful included a gradual withdrawal from social life. Aging well means consenting in a stage of life in which one prepares for a definitive farewell and makes room for a coming generation. Here, gerontology reflects the post war culture of the fifties. Retirement means enjoying a well earned period of rest for only a few years left and preparing oneself for a rather soon to expecting death. Aging was defined in terms of decay en deficit. In its resistance against this notion the subsequent activity theory (Lemon, Bengtson & Peterson, 1972) breathes

the more activist atmosphere of the sixties and seventies: getting old does not mean at all to be sidelined. On the contrary, successful aging means staying dynamic, being on the move, participating actively to society. A more equilibrated variant on this theory, the continuity theory, defends the view that if aging people keep doing what they did, and take with them into their old age the habits, their life styles, their preferences and relations network from their dynamic adulthood, they can expect living a good old age.

Gerontological theories seems to reflect subsequent trends in culture. However, what seems to connect them all is a description of success, both quantitatively as qualitatively, in subjective individual terms. Obviously, there is no objective and inter-subjective shared vision on good aging possible or desirable anymore in our society. The Dutch moral philosopher Houtepen (1993, 106) speaks of an 'evaporation of normativity' in contemporary gerontology. A enumeration of the minimal physical, psychological and social conditions for a individual good aging seems to be the highest reachable. In a good old age you are quick of foot, keep your brains together, have your beloved partner still next to you, and are you feeling well about all this. Good aging means: living in good health, and being active and social as long as possible in the way you prefer it.

This presentation follows the individualizing tendency in the liberal ethos. In her wish to be as little as normative as possible, it reflects the dominant normativity of Western society: articulated visions of the good life are left over to the private realm of live, in order to keep public morality as thin as possible. To guarantee a maximum of individual freedom in a pluralistic society a minimum consensus is required about values that have to be shared by all citizens. The highest reachable is an agreement on a few basic physical, psychological and social conditions. You don't have to wish for more, otherwise people cannot live their own authentic lives anymore. Citizens should be considered as the managers of their own life course. Just leave it to them selves to decide how they are living their own version of good old age. Age is a personal, no cultural variable.

This picture of old age is obviously – precisely in her rejection of shared, collective visions – a social construction, reflecting the morality of late modern society. It directs and influences normatively aging policies and practices of elderly care. Regardless the gerontological theory in successful aging that is defended, they all seem to put individual autonomy – often restricted to 'self reliability' - of the aging person in the centre, by reducing the role of society and government to functions that facilitate and stimulate this autonomy (by means of social regulation and medical care). Aging policy has to be focussed on self reliability, in order to give elderly people the opportunity to shape their own lives themselves as long and as much as possible.

In fact, there is nothing wrong with this objective. I mention two reasons why it should be handled with care indeed. Firstly, in our culture individual autonomy represents a dominant value, and quite rightly. Gerontological theories describing aging in terms of the acquirement of individual *competences* and no longer with the stereotypes of some standard life course, are a welcome support for people who have to face up their ascribed modern autonomy, whether they like it or not. Ethical theories about the 'art of living' can work side to side with a competence oriented theory of aging. An autonomy centred approach in which age does not count as a decisive parameter anymore has, in the second place, a clear political, anti-discrimination effect. Any deviant treatment of aged people based on their age is unjustified and unjust (ageism); they don't claim facilities or social and medical care because they are old, but because they are entitled to as autonomous citizens.

Ethics as hermeneutics – the good life: a complex and layered concept

The question is however, whether there can and should be said more about good aging. Though essential and indispensable, individual autonomy on its own seems to be a value too thin to bear the whole notion of good aging. In the discourse of successful aging the meaning of aging seems to be reduced to the active endorsement of the subjective quality of life. But there is more to getting older. For example: that one takes part in communities (family, religious communities, neighbourhoods, health care institutions, civil society), that one stands in the line of generations, perhaps being a father or mother, grandfather, grandmother. That life is limited, and one gets closer to death. That one's personal life story is fixed more and more in the past and demands for an account. That one's body doesn't obey blindly anymore and refuses duty. That partners and friends die and one can experience oneself as a strange survivor in one own's life – all that belongs to aging as well and has to be accounted for in a description of its meaning.

Moreover, the complex and rich meaning that the word 'good' obtained in our culture evaporates, when it is medicalized in gerontology or is trivialized by the consuming culture. 'Good aging' should be considered as a variant and concretisation of 'good life'. However, what is 'good'? Since its Socratic origin ethics lives on this question. The classical Greek tradition in ethics associates the good life above all with happiness. Besides the hedonist perception, in which happiness is defined as subjective well being (Epicures), the Aristotelian vision exists, which regards a life to be good when it has reached its goal in excellence. The Kantian tradition in ethics relates 'good' first of all to morality: a human being is called good when he or she has a good will and lives as a good person among and with others. These three different traditions never merged. Besides, ìt remains an open question what happiness is (pleasure, satisfaction?), when a life has reached its goal, or when a person should actually be called 'good' (if he sacrifices himself, or: is just, or: decent?).

The three ethical traditions exist next to one another. Together with the religious traditions of Judaism and Christianity they determined the shape of Western ethics, without resulting in one, integral and substantial conception of the good life. Modern ethics didn't spend much effort to realise such a integrity anyway. As I mentioned earlier, it delegated the reflection on the good life to the private realm, in order to guarantee public plurality.

In sum, the answer to the question of what makes up a good life has developed in our culture into a complex network of different meanings. It does not even only consist of a variety of ethical or philosophical theories, but is embodied also in many traditions of practical wisdom. The good life is not only defined in cognitive discourses, but also narrated in religious stories and symbols. What a good life is can only be laid open with the help of a *hermeneutic of culture*.

The same counts for good aging. The question what makes up a good old age also needs a broad *hermeneutical* approach. In distinction, the concept of successful aging predominantly seems to understand 'successful' or 'good' in line with only one of the three classical traditions in ethics mentioned, namely hedonism: happiness as the subjective experience of well being. However, the reflection on good aging deserves the input from the other main streams in the ethical reflection, the Aristotelian and Kantian tradition as well, and also the stimulus from the religious traditions of the West. I think that a hermeneutically oriented ethics, as I defend here, must be able to deliver such an impulse.

First let me give a few remarks on my understanding of ethics. Ethics as reflection on the good life is embedded in the concrete practices of communities. That means, first, that ethics by definition is *dialogical*, and secondly that its description of the good always and by definition is tentative and

provisional. The good is the provisional outcome of an open dialogue about how the practical implications of what our traditions have called good so far should be understood. The good life – also the good aging life – cannot be determined in a monologue and in absolute terms. I don't want to do that here neither. In the limited framework of this article I only intend to create some sensibility to the complex and layered character of the moral dimensions that play a role in any practical discourse, in this case the discourse concerning good aging. Any practical-reasonable discourse (described by Aristotle as *phronèsis),* whether it is moral, political or juridical, operates on several different levels at the same time.

Five moral dimensions (Browning)

In order to display this complex and layered character of the good I make – quite loosely – use of a model developed by the theologian and ethicist Don S. Browning (Chicago). The reflection on the good life is only ripe and matured if she – as Browning (1996, 94ff.) puts it - takes place on five different levels. The five moral dimensions he distinguishes are helpful in my reflection on aging, because together they provide a 'thick description' of the conditions that have to be minimally met in order to call an aging life 'good'. They are not meant to be used exclusively; together they give less than the substantial conception of the good life that some social conservatives would like to be prescribed collectively. At the same time, however, the five dimensions give more than the liberal reduction of good aging to individual success.

2. The fulfilment of natural needs and desires
Ethics is not a concern of angels, nor saints, but of humans of flesh and blood. They need food, shelter, and intimacy (biological and physiological needs) and they desire safety, love and respect (social and psychological needs). And they are longing for the realization of their aspirations and the fulfilment of their selves (ego needs). Ever since Aristotle's teleological ethics of *eudemonia*, these needs are recognized and acknowledged as the basic human conditions to be met in order to realize human flourishing. A vision on the good life needs to render an adequate account of these pre-moral fundamental human tendencies, needs and desires. They have to deal with the question how and in how far a good life includes that these tendencies should be fulfilled.
Most theories of successful aging indeed do have the individual physical well being of the aging person as their utmost component. Anyway, aging means dealing with a more and more awkward body that refuses to cooperate or causes pain. For most of the aging health is not only their first concern, but also their highest value. In the majority of visions on good aging this (first) dimension of moral discourse is represented well and taken good care off. For a decisive part the care for the elderly is justly focussed on medical care, adequate housing, and safe living surroundings.
To the perception of some, however, it is even not more than that. But is that all that is to say on good aging? For people can reach the age of hundred, vitally and florid, but still feel miserable. Because friends or family are lacking and they feels lonely. Because they failed in life, frustrated in their plans and projects. Because they did meet scorn instead of respect by their surroundings. Because they think that their life did not contribute anything of value for the good of the next generation.
The claim that elementary physical, psychological and social demands should be met, cannot be left out of any articulated vision on good aging. But a good human life needs more than that. 'Man shall not live by bread alone' (Luke 4:4), but needs friendship, respect and social recognition, self fulfilment and generativity as well. These values cannot be realized by political management or medical technology. In liberal aging policies they are soon delegated

to the private realm. In this way an essential dimension in the public dialogue on the huma Random House Inc n flourishing of the aged is eliminated.

Public discussion should deal with the question how much satisfaction human needs and desires deserve in order to get old well. About how far communal responsibility should reach in their fulfilment. Even the question whether physical health is a necessary condition for good aging needs to be put on this dialogue agenda. For it is quite well thinkable that the negative experience of – even strong – physical disabilities does not counterbalance the positive experience of fulfilment in other moral dimensions of life (social esteem, moral autonomy, spiritual meaning; see below). Maslow's hierarchical pyramid of needs – in which every subsequent need demands the fulfilment of the preceding one) should be critically scrutinized from an ethical perspective.

2. Being a estimated member of community

As said before, the reflection on successful aging draws heavily from the hedonist tradition in ethics. But there is an Aristotelian strand too that deserves recognition in the good aging discourse. In this perspective, persons are called good if they are regarded as estimated members of the communities they belong to. Praise and blame for the concrete conduct one displays in social institutions is a decisive element for the goodness or badness of a life. Does someone follow the rules, does he take up the assigned roles, is his conduct exemplary? In that case a person deserves the praise of others that enhances the goodness of his or her life.

Good aging also should be seen from this 'communitarian' perspective. This is hardly done. On the contrary, it is typical for old age in our liberal society that aged people less and less take part in communities. Retired from the production process, moved to a senior apartment or a nursing home, they have lost the social network of their former neighbourhoods. Their relational network gets poorer and thinner. Relatives and friends are lost to death. Often (eventual) children provide the only fragile bond with the vital society. This bond even gets more ephemeral, when children have moved away or family ties are broken by divorces. The world then shrivels up to the four walls of the nursing house room. The only role someone seems to have to play there is the 'roleless role' of the old.

Good aging implies participation to communities and a critical appraisal by others of the role and position played in them. Do others see you as significant to them, in such way that you obtain their esteem? Aristotle summarized the variety of roles played in communities under the heading of the one value of 'friendship'. We would like to distinguish more, and prefer speaking of citizenship, besides friendship, partnership or collegiality for example. To Aristotle, the meaning of friendship encompassed both the careful maintenance of reciprocal useful and pleasant (thus instrumental), as intrinsic good relationships (for which we would reserve the word friendship). He considered the art of maintaining this broad spectre of relationships to be the very virtue of community.

I think this dimension of good life still prevails today and should be inserted too in any theory on good aging. Are aging people still capable to enter into – useful, pleasant or intrinsic - friendships and maintaining them? And what do they contribute to the communities they participate in? Social esteem is essential for good aging. This esteem goes for nothing; you have to deserve it. After his retirement my father raked the village green he lived nearby. Once he was not able to do that anymore he collected the old paper. In doing this he continued in practising what he had done his whole life through: delivering an estimated contribution to the community he lived in, by the simple work of his hands.

In our society community participation is expressed first of all in paid work. Therefore prolonged participation in the production process should be stimulated, also after 65 – an age that represents to a lot of people their forced so-called 'guillotine retirement'. For people are getting older, and healthier older than before. Also, institutions for elderly care should be

critically scrutinized on the question whether they enable their residents to be a valued member of their life community. It is an attempt on his or her good age when the role he or she has to play in a care of nursing institute is reduced to the role of care receiving patient only.

3. Living according to convictions; moral integrity
Here we touch upon another ingredient of the good life: moral actorship and integrity. Besides an Aristotelian impulse, the reflection on good aging also needs a Kantian element. A comprehensive approach of the good life implies also that someone lives according certain values and to more or less articulated moral principles, and takes them seriously. To a good life belongs the wish to be a good person committed to one's own standards and in conformity with morality. In other words: to act with integrity.[1] Good aging requires that the aging person wants to behave consciously and responsibly. Someone who has the competence to judge and monitor his or her conduct in the light of morality.
Aging persons should continue to criticize others but must be liable for their conduct, their opinions and statements as well. In the review of their own lives they won't be just able to observe that it was a success or a failure, but also that they did things right and wrong. This competence to lay down the moral law to oneself (the Kantian meaning of autonomy) belongs to human dignity. It makes a person self-critically and deserving respect.
Moral integrity primarily concerns the structure, not the content of a person's moral household. Someone can be utilitarian, hedonist or Kantian; takes his moral convictions from a religious tradition or from a secular ideology. A moral belief can be both clearly articulated and thought through, but also slumber until it wakes up because it was challenged to speak up. Several moral beliefs are possible and justifiable. An integral vision on the good life has to be pluralistic, as soon as it abdicates – as I think it should - the ideal of an absolute *summum bonum*. The moral content is variable and always disputed. However, moral integrity demands that one stands for his or her convictions and brings them in in a dialogue with others. Until their last gasp aging persons too remain moral beings, living in accordance to moral beliefs, which should be prepared to give account of their conduct. Nobody is called good except the one who continuously examines his life.
Moral actorship is paramount in the Kantian tradition in ethics. Often, in aging policy legislation, regulation and management however, the aging person is seen as just a patient, a receiver of care and of moral consideration. One of the basic features of moral agency, reciprocity, is eliminated from the relationship of care. The aging person ceases to be a 're-sponsible' being; he or she only takes or gives. He or she just receives care, just demands attention (from his or her children notably, or caregivers). Or the other way around: he or she just gives away, or should sacrifice him- or herself. In some life course theories also, aging at the outset is the life stage of letting go and giving up. In old age no one should be concerned about him- or herself anymore, but should put his or her life (or possessions, or attention) in the service of others (his or her children, the next generation, the world in general). The aging person in this vision represents the pre-eminent altruist.
In both cases the balance between give and take, the reciprocity, characteristic for genuine moral relationships, is lost. The community that lets its aging members behave like ethical egoists – 'we worked hard for it, so we deserve all the credits now' – or, reversed, obliges them to sacrifice themselves totally, does not enable people to age well. Any vision on successful aging should negotiate this moral dimension as one of its parameters. 'Successful aging means giving to others joyously whenever one is able, receiving from others gratefully whenever one

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[1] Integrity properly denotes both wholeness and soundness. … To act with integrity is to *have* values and take them seriously.' (Philip Selznick, The Moral Commonwealth. Social Theory and the Promise of Community, Univer. Of California Press, Berkeley. Los Angeles. London 1992, 213)

needs it, and being greedy enough to develop one's own self in between.' (Vaillant 2003, 61; vgl. Schotsmans, 1991, 45 – 54.)

Moral actorship-in-reciprocity is important in both the personal realm, in the relationship between parents and children, as on a more institutional level notably in centres for elderly care, as the relationship between care takers and care givers is concerned, as in the political sphere, where the issue of intergenerational justice and solidarity is at stake in legislation of retirement. There are moral boundaries to the claim of the older to the younger generation to pay for its old age. According to the principle of reciprocity one may ask the young to contribute proportionally to the fulfillment of the basic conditions to a dignified old age. At the same time however, it belongs to the personal financial responsibility and solidarity of the aging generation to provide, if possible, in her own subsistence and to pay over social insurances for the young as well.

4.Giving life a meaning

Another essential dimension in the reflection of the good life, mostly forgotten in the discursive rationality of modern ethics, is – as Browning calls it - the visionary level of moral experience and expression. The good (and evil as its counterpart) is expressed by means of metaphors and narratives and myths. They enable us to relate our individual way of life into structures of meaning that transcend the personal. In this visionary dimension we touch upon the primitive – in the sense of: most original and essential – layers of human existence. These primitive symbols 'give to think' (Ricoeur). They precede our discursive rationality and ask for interpretation. They situate the human life span in a transcending time-space scheme of origin and destination, as it is told and retold in religious myths and is re-experienced in rituals. As such a myth counts, for example, the almost universal theme of the human being as a pilgrim-traveller on his voyage of life, threatened by evil, destined for a lost paradise from which he once was expelled. A symbol that 'gives to think'. Though this image is almost completely secularised nowadays and though hardly no one reads John Bunyan's *Pilgrim's Progress* (1965, first published in 1678) anymore, it still is influential at the backdrop on our ideas on aging.

Anyway, religiously or not; only if one is capable to relate one self to a bigger, transcending structure in which one's individual life is embedded, a life is good. This structure can be the cosmos, religiously interpreted, but also a historical or a philosophical movement, a generation, a family. Without some embeddedness an individual life is meaningless, because it does not participate in a larger structure of meaning. Individual life has a beginning and a destination that transcend it. This anthropological fact was articulated expressively in Christian western culture in Judaist and Christian religion. But Aristotle too estimated the philosophical contemplation of the eternal unchanging structures of being (*theoria*) even higher than practical wisdom (*phronesis*).

One of the etymological roots of the word *religare* is 'to connect'. In this sense the activity of giving transcendent meaning to one's life can be considered as 'religious'. In Hindu tradition, the last stage in life (*sannyasin* or *sadhu*) exclusively is consecrated to religious contemplation. But Western life span theories too regard this task of giving meaning as an assignment for especially the aging person. From which Whole you took part in your life? A satisfying answer to this question, according to Erik E. Erikson, opens up the way to the stage of integration; if not, despair is waiting.

Meaning is essential, particularly when people are confronted with tough and irretrievable existential limits. When nothing is left to do, the only thing one can do is to interpret the unchangeable. Old age pre-eminently seems to be the stage of life where no longer the solving of puzzles is at stake, but finding a relationship to mysteries. And mysteries require meaning. 'Born of moral commitment and spiritual reflection, the experience of meaning helps

individuals to understand, accept, and imaginatively transform the unmanageable, ambiguous aspects of existence,' that aging confronts us with, Thomas Cole writes. [2] Aging is an ambivalent process of loss and win, defeat and victory, progress and regression. Religion and spirituality offer ways of dealing with that ambivalence, of managing the unmanageable. This religious or spiritual dimension integrally fits into a comprehensive approach of good aging. It should not be isolated and suffocated in the private realm, like liberal society is used to, but should be brought in into the public discourse on good aging. For good aging the capacity of being able to incorporate one's life into a transcending whole is an essential condition. Only than, life has meaning.

As said before, in this respect religion makes sense, but not necessarily meaning is monopolized by established religious traditions. There is art and there is literature as well. One does not need to give meaning to life by identifying ones life course with the pilgrim Christian on his way to Celestial City, but can do the same too with the help of the myth Gilgamesh, the Odysseus epos, Jack Kerouac's cult novel *On the Road*, a Beethoven symphony or some lost phrases from a pop song. The experience of meaning can happen vertically, but also horizontally. By anchoring their lives transcendentally, believers make an effort to assign an unalterable sense to their life span. Their life acquires a 'timeless transcendent recognition', as the anthropologist Barbara Myerhoff puts is. Others however, reach for a more horizontal integration, a coherent biography, a life of a piece. The feminist philosopher Margaret Walker points out how dominant in our culture the vision on the life course as an individual and linear continuity is. Life in principle should be an unbroken career, in which one succeeds or fails. In the liberal myth of the life course as a reflexive project – recognizable in the so called life review techniques in elderly care – horizontal integration is clearly visible. Moreover, Walker refers to a more modest variant of horizontal meaning giving, that contributesto a good life too: a – as she calls it – *lateral* integration of the life course. 'Instead of a review of life in which many smaller bits must all add up to parts of ourselves, the memory of these stages will recall times when we were a smaller part of something else: a relationship, a family, a political movement, a partnership, an enterprise, an institution, a creative process, a ritual event.' (Walker, 2003, 199f) One did not live a life on his or her own, but took part in the life of others, in collective experiences – and this gave life a meaning.

Meeting this spiritual dimension of the moral life is even more imperative in our society, as it is getting more and more difficult to articulate. Religious institutions do secularise and the life course increasingly is becoming an individual project, a 'choice biography'. The wish to incorporate the life span into structures of time and space that transcend the personal realm, flies in the face of the 'disembedding mechanisms' that isolate and abstract the modern individual from the communities and traditions it previously belonged to (Giddens 1992). In a prevention directed aging policy, spiritual education and service gets more and more significant. One should not wait until 75 with reading a good book or assisting a religious service.

5. The art of reasonable balance

A fifth and last dimension of moral reflection is in fact not a separate one, but the one that integrates the previous four. Good life presupposes the competence to account for changing situations and contexts, and to attune one's acting to them flexibly. It's the virtue of practical wisdom (*phronesis)*. A virtue, according to Aristotle's *Nicomachean Ethic*, that is to be acquired gradually in the course of one's life. It is a kind of steersmanship, for which experience is required. Practical wisdom is gained from engaging in the practice of life, not

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[2] Thomas R. Cole, The Journey of Life. A Cultural History of Aging in America, Cambridge University Press 1992, xxiii.

from studying books. Therefore, the too young cannot be wise, in the vision of Aristotle. Their life is still too unbalanced. They still let guide themselves by emotions, and do not balance yet between their passions and reason. The old, on the other hand, are not wise per definition; but at least they should have been. For they have had time enough to develop wisdom.

Wisdom for Aristotle is a synonym for the art of equilibrium, one acquires through experience. To him good life consists in happiness (*eudaimonia*). Contrary to the hedonist tradition however, *eudaimonia* is not a state, a feeling of pleasure. Happiness implies an activity. Good life is a way of conduct. A happy person is someone who is engaged in doing the thing that fits to the aspirations he lives up with. A successful person is someone who succeeds in life. Therefore some character dispositions are needed. Qualities that contribute to let a life succeed, are called excellences, virtues (*arêtes*). Mere knowledge of the good is not sufficient to make us happy. We need to acquire patterns of conduct. For as reasonable beings, we also have feelings and passions, sometimes diametrically opposed to what we would choose to do after reasonable deliberation. The passions must be brought into agreement with reason. This requires exercise. Virtues consist of feelings and passions that are well ordered by exercise. We don't need to ask ourselves time and again how to react in new situations, but we know how to conduct ourselves routinely, according to an appropriated pattern of behaviour, learned by experience.

Aristotle distinguishes two kinds of virtues, the excellences of the intellect and those of character. The former are the result of the training of our intellectual capacities (theoretical, technical and practical knowledge), the latter of the training of our feelings and passions with the help of reason. The acquirement of virtues needs time, lots of time. That's why we should start with it – it is a condition – as early as possible in our youth (NE, 1103b23 – 25). To begin with the virtues of character, which are acquired by habitualisation. Self-control, moderation, overcoming anxieties – from early age on these dispositions must be practised. They look like being repressive, but eventually they will contribute to our happiness, in the relationship with others and with our selves.

Intellectual virtues on the other hand, require teaching, instruction. For them, mere conditioning will not do. We need experienced teachers and masters who introduce us into the secrets of their own practical wisdom. They can teach us how to conduct in a right manner in a variety of situations. 'Right' means here: that one has acquired the judging competence to choose the right mean (*meson*) between two extremes, the reasonable art of balance between the too much and the too little.

Virtues of character are helpful in finding the right mean in dealing with the passions. Courage for example, navigates between boldness and fear; moderation between exuberance and asceticism. These virtues are helpful in getting old, though the passions gradually fade out in old age. 'A test of successful living, then, becomes learning to live with neither too much desire and adventure nor too much caution and self-care' (Vaillant 2003, 61) Practical wisdom however is an intellectual virtue, required whenever one lives passionately or not. It is the competence to know how to react prudently in any given situation. In comparison to the virtues of character, prudence is a kind of second order virtue. It enables us to acquire, control and exercise the other virtues. In order to know the right mean every time anew, one needs more than personal habits; an educated eye is required. A wise person 'sees' almost blindly how to conduct in the 'absolute concrete'.

Prudence, Aristotle admits, is a capacity acquired only after years. A life in balance normally already is 'a complete life. For one swallow does not make a summer, nor does one day; and so too one day, or a short time, does not make a man blessed and happy.' (NE book I, 1098a20, trad. W.D. Ross). According to this definition of happiness a child cannot be called happy yet

(1100a 1- 5).[3] It did not live long enough yet to let its life 'succeed'. 'Therefore we ought to attend to the undemonstrated sayings and opinions of experienced and older people or of people of practical wisdom not less than to demonstrations; for because experience has given them an eye they see aright.' (Book VI, 1143 b10 – 15)

Virtues contribute to the achievement of happiness (human flourishing) in general; practical wisdom contributes to successful aging in particular. It enables people to adjust their lives to the sometimes radical changes in old age: the process of physical decay, the acquirement of new social roles, the coping with loss, the finding of new relations with friends of the same age. Old age constantly requires a reassessment of the scales on which one used to live and the finding of new balances. 'Just as the design of a building or a vase must be rethought when the scale is changed, so must the design of lives.' (Bateson 1990, 2) Practical wisdom gives for the competence to redesign one's life on new – often smaller – scales, depending on the circumstances, and finding again and again a new, acceptable and respectable balance.

This Aristotelian inspired ethics of the right mean should be integrated into a comprehensive vision on good aging. This could be done without great effort, by using the concept of homeostatis, already well known in gerontology to describe the central objective of elderly care, and broadening its scope. Borrowed from system theory and cybernetics, the concept can be deployed in ethics as well. By doing that 'homeostasis' gains considerably on normativity and thickness.

The task of geriatrics is defined as the support and – if disrupted – the recovery of the fragile equilibrium of aging people. Balance is regarded mainly as a physical and psychosocial phenomenon. Aging is defined as a *vulnerable*, illness as a *disrupted* homeostasis. Care is directed at the *protection* of homeostasis, and aims at an integral 'balance of care'. Dying finally means the *breakdown* of homeostasis. The aging process implies a loss in quality of the homeostasis, a decrease in quality of the 'autoregulation', that makes that the limits of equilibrium are attained earlier. The margins of adaptation are getting smaller, the homeostasis more unstable. The influence of the environment on the equilibrium is increasing, so that more additional and external protection is necessary to maintain it. 'Functional autonomy' – defined as the extent to which old people are actually capable of being self-reliant is decreasing (Van der Plaats, 1994)

Conclusion

A comprehensive approach of good aging requires an account of all five moral dimensions, indicated above, and not only one of them (for example the first one, the fulfilment of basic needs or the third one, moral autonomy). People are aging well, if and when they are able to attain, within the margins of their new situation in which old age brings them, a reasonable balance (5) between (1) the fulfilment of their legitimate needs and desires; (2) the demands that the role(s) they play within their communities make(s) on them; (3) their moral actorship and integrity and (4) the way they are capable to give meaning to their existence.

Good aging does not mean that one lives well in every one of the dimensions mentioned. People can be healthy and lonely at the time, autonomous and sick, being respected and experience life as senseless. The good experienced on one level can compensate evil on another. The reasonable art of equilibrium does not only mean that one seeks a balance within the different dimensions, for example between one's physical needs on one hand and possibilities on the other, or between one's contribution to the community and what is received

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[3] 'It is natural, then, that we call neither ox nor horse nor any other of the animals happy; for none of them is capable of sharing in such activity. For this reason also a boy is not happy; for he is not yet capable of such acts, owing to his age; and boys who are called happy are being congratulated by reason of the hopes we have for them. For there is required, as we said, not only complete virtue but also a complete life, since many changes occur in life, and all manner of chances, and the most prosperous may fall into great misfortunes in old age, as is told of Priam in the Trojan Cycle; and one who has experienced such chances and has ended wretchedly no one calls happy.' (NE Book I, 1100 a1-5)

from it. But also that one searches the right mean between the different moral dimensions mutually. The moral unbalance caused between a bad health or a physical handicap and a lack of spiritual resilience and virtuosity can perhaps be brought to a certain equilibrium again by the experience of being loved, valued and respected.

The building and sustaining of moral character needs to play an important role in a comprehensive approach of aging. The art of balancing between what one wants and what one is capable to, between desires and possibilities, between what is expected from us and what we are obliged to do, is no simple technique. In order to get old well, one needs to be more than a good mathematician or craftsman. The classic Greek employed a metaphor for this competence, popular since then: a good human being should learn to row with the oars one has ('should make shift with what one has') and adjust his sails to the wind. The art of life asks for the art to navigate (kubernesis); the good life requires steersmanship.

Moral dimensions in old age

Moral dimension	I. Adjustment to changing circumstances (situation/context) (*phronesis*)	II. Physical and psychological *well being* (fulfilment of natural desires and needs)	III. Being a respected member of *community*	IV. Living according to moral convictions/ Moral *integrity*	V. Giving *meaning* to individual life by integrating it into a larger whole
Problematic in old age	Difficult acceptance of getting older	Physical, psychological and social limitations	Chaing relationship to work, neighboorhood, concentration on primary relationships of family and/or institution, loneliness.	Loss of reciprocity (give or take)	Threat of loss of meaning
Good aging requires …	Reasonable art of balance	Optimal health	The competence to enter into and to maintain friendships	Being capable to give and to receive	Giving sense and meaning to one's life
Societal tasks	'Characterbuilding' (Family, school, permanent education)	Medical care, social work, political regulation. .	'Community building' (institutions of care/ local politics)	Reinforcement of moral autonomy, especially within institutions of health and elderly care.	Spiritual and religious education

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