

Applied Positive Psychology

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Week 5

Lecture 16: Successful Aging: Part 1

Welcome to Module 5 of the course Applied Positive Psychology. Module 5 is titled Psychological Strengths and Assets, and today we will be discussing Lecture 15. This lecture is divided into two parts, and in this session, we will cover the first part. Lecture 15 focuses on successful aging. We will explore the concept of successful aging and review various studies related to it. In the second part of this lecture, we will continue our discussion by examining additional aspects of successful aging, along with some applied concepts.

To briefly recap Lecture 14, we discussed two major perspectives used to understand psychological strengths. One of these was the Gallup StrengthsFinder, also known as the Clifton StrengthsFinder. This particular perspective is associated with understanding the concept of psychological strength, primarily in relation to functioning within a work setting. It was developed largely in the context of workplace performance and development. We discussed the different varieties and the overall classification system, as well as the key findings from foundational research that contributed to the development of this approach. We also explored how these strengths can be developed and applied in practical settings. We then discussed the CAPP's Realize 4M Model from another strength-based perspective. Through this, we understood that there are various categories of strengths—such as realized strengths, unrealized strengths, learned behaviors, and weaknesses—and how each of these should be addressed to make the best use of our strengths in daily life and in the workplace. These were the major paradigms discussed in the previous lecture.

In today's lecture, we will begin the first part of Lecture 15, focusing on the concept of successful aging. We will examine different models that explain this concept and discuss how successful aging can be understood through various theoretical frameworks. We will also discuss some significant studies on successful aging, which will be the main focus of this lecture. So, let us begin today's session.

Before we discuss what successful aging is, it is important to first understand why we should study aging and why it matters. As both researchers and laypersons, we need to ask: Why is it important to understand the process of aging?

According to Chevens, there are several reasons that highlight the significance of studying the aging population. One key reason is that preparing early for successful aging can enhance our future well-being. Aging is an inevitable reality that every human being will face. By understanding the concept of aging and the factors that contribute to successful aging, we can better prepare ourselves for this transition, leading to a smoother and more fulfilling later life. In other words, preparing now for successful aging can enhance our future well-being. That is why it is important to understand this concept — it forms a key reason for studying aging. To put it simply, although people generally prefer immediate rewards, research shows that when we recognize the long-term benefits of certain behaviors, we are more likely to delay gratification and make choices that support successful aging. Therefore, by understanding the different aspects and significance of successful aging, we can better prepare ourselves now to ensure a smoother transition later in life. Understanding what contributes to aging well can motivate us to take meaningful actions in the present that will positively impact our future. If we lack this understanding, we are less likely to take proactive steps toward healthy and successful aging. The motivation to act comes from understanding the process and importance of aging itself.

The second important reason for studying the aging population is that global demographics are changing — life expectancy is increasing while birth rates are declining. Now, due to increased life expectancy because of improved medical facilities and so on. This whole demographic is shifting in terms of the aging population increasing, and there is also a declining birth rate happening across the world. So, the aging population will keep increasing as we know, proceed towards the future. So, we need to understand what to do with them and how to look after this increasing population, especially how to facilitate a transition into successful aging. So, for example, some of the statistics show that between 2000 and 2015, life expectancy rose by five years, marking the largest increase since the 1960s.

So, this is life expectancy increasing gradually. So this trend is creating a growing aging population, with the number of people over 60 expected to rise by 56% by 2050. So this is going to increase dramatically in the coming decades. So this change presents a challenge in opportunities as well, including imbalances in workforce demographics and shifts in social structures requiring societies to adapt, ensuring that added years are fulfilling and productive benefits for both younger and older generations. So, as this whole population is increasing, we should be prepared and also ready to understand their requirements and address their issues properly.

So, that is why this shifting demographic is also another reason why we should study the ageing population and address their issues.

The third important reason why we should study the ageing population is that we also have many negative stereotypes about ageing at the population level. This can hinder positive interactions and prevent effective support for older people. We all have many negative stereotypes about the aging population, which may hinder our interaction with them and our perspective on the aging population. So we should understand this properly so that these whole stereotypes and biases are removed, allowing us to have healthy views about the aging population and address their issues properly. Many people hold biased views, believing that older adults are resistant to change and therefore do not adapt or learn new things. These kinds of stereotypes can lead to biased judgments, especially in professional settings such as healthcare and finance. For example, professionals who assume that aging always involves cognitive or physical decline may misdiagnose conditions or provide suboptimal services. There are also many other common stereotypes about aging — such as the belief that growing older inevitably leads to cognitive and physical deterioration. While such changes can occur, they are not universal. In fact, there are many positive aspects of aging, which we will explore in this and upcoming lectures. Research shows that increased interaction with older adults can reduce these biases, helping people better understand and support successful aging. The more we interact with and understand older adults, the less likely we are to hold biased or negative attitudes toward them.

These are some of the key reasons why studying the aging population is so important. This demographic is expanding rapidly, and its numbers are projected to increase dramatically in the coming decades. Understanding aging, therefore, is not only relevant but essential for both individuals and society as a whole.

So, we need to understand the broader issue of aging and actively address it. These are some of the important reasons why the aging population should be studied in depth. Now, one of the main focuses of this lecture is to understand what successful aging actually means. Let us explore how this concept has been conceptualized and the different ideas associated with it. When we talk about successful aging, it can be broadly understood from two perspectives.

The first perspective is a rather general one — it suggests that if someone reaches old age or crosses a certain age threshold, that person can be considered to have aged successfully, simply by virtue of having lived that long. In other words, successful aging here is equated with longevity or survival — reaching and surpassing a specific chronological age. However, this is a very basic understanding and not the central idea of successful aging.

The second perspective goes beyond merely growing older in terms of physical years. It emphasizes achieving a high quality of life in old age — maintaining physical health, psychological well-being, and social engagement. From this view, successful aging is not just about living long, but about living well. The second perspective, which is the most important from a psychological standpoint, goes beyond merely entering a certain age group to define successful aging. It focuses on whether an individual has achieved a particular quality of life — encompassing psychological factors such as life satisfaction, well-being, and emotional stability. The key question here is: Has the person attained these essential dimensions that enhance the quality of life? If so, that person can be said to have achieved successful aging.

Let us now look more closely at these two perspectives. Our primary focus will be on the second one, since psychologists generally emphasize this viewpoint.

In the first perspective, successful aging is understood simply in terms of chronological age — that is, living to an older age. For instance, researchers often consider age 65 as the beginning of old age, and age 85 as the stage of the “oldest old” in countries such as the United States and the United Kingdom. These are objective parameters used to categorize age groups. According to this criterion, if someone reaches the age of 65, they are typically classified as belonging to the “older adult” category, and those aged 85 or above are referred to as the “oldest old.” Similarly, the United Kingdom and the United Nations define older adults as individuals aged 60 years or above. Thus, different organizations and countries may adopt slightly different age-based criteria. For example, the United Nations defines older adults as those aged 60 years and above, and the “oldest old” as those aged 80 years or above. According to this standard, if someone reaches these advanced age groups, they are considered to have aged successfully in terms of chronological age. This represents the first perspective of successful aging.

The second perspective, which is of greater interest to us, defines successful aging in terms of quality of life in later years. It focuses on whether an individual has truly aged well — not merely by living longer, but by living in a fulfilling, healthy, and capable way. This view highlights the importance of maintaining physical, mental, and social well-being in older adulthood. Successful aging, from this standpoint, is multidimensional. If a person is able to sustain these key aspects of well-being — staying physically active, mentally sharp, and socially engaged — then we can consider that individual to be aging successfully, and categorize them as part of the successful aging group.

Now, let us look at some of the models of successful aging. These models propose different criteria, each offering a unique perspective on what constitutes successful aging. Understanding these models will help us grasp the concept more comprehensively.

The first model we will discuss is the one proposed by Robert Havighurst. In *The Gerontologist* journal, in its very first issue published in 1961, Havighurst introduced the term “successful aging.” One of the earliest uses of this term in academic literature emphasized the idea of adding life to years, rather than merely adding years to life. In other words, Havighurst defined successful aging in terms of enhancing the quality of life — not simply reaching old age chronologically. Havighurst sought to develop a comprehensive theory of successful aging that would not only maximize individual satisfaction and happiness in later life but also ensure a balance between the needs and desires of different age groups within society. Thus, the core idea behind this model was to promote a fulfilling and satisfying life in old age — a distinctly psychological approach, aligning closely with the second perspective of successful aging that we discussed earlier.

Havighurst’s approach focused on the psychological aspects of aging, such as life satisfaction, active engagement in activities, and acceptance of the changes that come with aging. These were some of the parameters used to understand successful aging. This perspective emphasizes the importance of well-being and adaptation throughout the aging process. The focus, therefore, is primarily on psychological well-being — determining whether an individual has achieved a sense of satisfaction, happiness, and fulfillment in later life. To the extent that older adults experience these positive states, they can be said to be aging successfully.

Another influential framework discussed in the literature is the Rowe and Kahn model of successful aging. Rowe and Kahn proposed this model in 1997, and it became one of the most widely cited conceptualizations of successful aging. Their model differentiates between three categories of older adults, based on distinct patterns of functioning and well-being. According to Rowe and Kahn’s model, older adults can be broadly categorized into three groups. The first group includes older adults who experience diseases or disabilities. These individuals may have chronic illnesses or other health-related conditions that significantly affect their functioning and quality of life. The second group represents those who experience normal aging, which involves the typical patterns of physical and cognitive decline associated with aging. These individuals may not suffer from severe diseases, but they show the usual, gradual decreases in physical strength, mental sharpness, and overall functional abilities that accompany the aging process. The third group consists of successful agers — individuals who have aged well and maintained a high level of functioning. Rowe and Kahn emphasized that while normal aging may involve modest functional decline (a common and expected occurrence as people age), there exists a group of older adults who demonstrate high functional capacity and low disease risk even in later years. This distinction led them to highlight the importance of studying successful agers — those who remain physically healthy, cognitively capable, and socially active despite the challenges of aging. According to their model, individuals who sustain these capacities can be classified as successfully aging, setting them apart from those experiencing normal or disease-related aging.

This first group includes individuals who may have significant diseases or disabilities. From this perspective, such individuals cannot be considered successful agers. Even those in the normal aging category are not classified as successful agers, since they typically experience a natural decline in cognitive and physical functioning.

Successful agers, according to Rowe and Kahn, are those who maintain high functional capacity and exhibit low levels of disease or disability, even in old age.

Rowe and Kahn's model of successful aging identifies three key components that must be fulfilled for someone to be considered a successful ager:

1. Low likelihood of disease and minimal disability – Even in later life, successful agers experience very few diseases, and they show minimal signs of disability or functional decline.
2. High cognitive and physical functioning – These individuals maintain strong mental and physical abilities. They remain mentally alert, capable of processing information effectively, and physically active — able to move around and perform daily tasks independently.
3. Active engagement in meaningful activities and relationships – Successful agers stay actively involved in life. They participate in purposeful activities and maintain close, meaningful relationships with others, contributing to a sense of belonging and fulfillment.

According to Rowe and Kahn, all three criteria need to be met for an individual to be considered a successful ager. This holistic framework emphasizes that successful aging involves not only physical health but also mental vitality and active social engagement. So, that is Rowe and Kahn's perspective. There are, of course, different viewpoints on successful aging, but if one adopts Rowe and Kahn's model, these three criteria form the core basis for identifying who can be considered a successful ager. This definition, however, places strong emphasis on physiological health. According to this model, older adults who may have chronic conditions—such as diabetes or heart disease—but who are otherwise happy, active, and psychologically well, would not meet the criteria for successful aging.

One of the key criticisms of this model is that it focuses heavily on physical and cognitive functioning. While it acknowledges other aspects of well-being, physical health is treated as a primary determinant. As a result, individuals who lead fulfilling, happy, and meaningful lives despite chronic illness would not be classified as successful agers under this framework. This reflects a somewhat limited view, as it does not fully capture the subjective or psychological dimensions of well-being.

Now, let us move to a more psychological model of successful aging, proposed by Carol Ryff. Ryff introduced the Model of Eudaimonic Well-Being, in which successful aging is conceptualized through six key dimensions of psychological well-being. These dimensions form the foundation of how Ryff understood and explained the process of aging successfully. The Ryff (1989) model of successful aging takes a more psychological approach, in contrast to models that emphasize physical health. For example, the Rowe and Kahn model that we discussed earlier focused heavily on physiological well-being. In contrast, Ryff's model conceptualizes successful aging purely in terms of psychological factors, without emphasizing physical health. Ryff highlighted the importance of ongoing psychological development throughout later life and recognized the influence of cultural and historical factors on the aging process. According to her, successful aging involves continuous growth and adaptation across various dimensions of psychological well-being.

She adapted her general model of eudaimonic well-being—which we discussed in earlier modules—to define successful aging through six components. These six dimensions represent the essential elements of psychological well-being that together characterize successful aging.

1. Self-acceptance – Maintaining a positive self-view is fundamental. Even in old age, if individuals can accept themselves and view their lives positively, this reflects a key aspect of successful aging.
2. Positive relations with others – Building and maintaining meaningful, affectionate, and reciprocal connections with others is another crucial element. The quality of one's relationships significantly contributes to overall well-being.
3. Autonomy – Exercising independence and self-regulation, even in the face of social pressures or expectations, represents another important dimension of psychological maturity and successful aging.
4. Environmental mastery, which refers to one's ability to manage the surrounding environment and maintain control over daily activities. It reflects the extent to which individuals can shape their environment to meet their needs and effectively handle everyday challenges.
5. Purpose in life. This involves finding meaningful ways to remain engaged with significant life goals and directions. Even in later years, maintaining a sense of purpose and meaning—by continuing to pursue personally valued aims—plays a vital role in successful aging.
6. Personal growth, which refers to staying open to new experiences and demonstrating ongoing self-improvement. Successful agers, according to this view,

continue to develop as individuals, showing curiosity, adaptability, and a willingness to learn and grow, even in older age.

Thus, these six components—self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth—together form the foundation of Ryff’s model of eudaimonic well-being. The same six criteria can be used to distinguish successful agers from those who are not aging successfully, emphasizing continuous psychological development rather than physical health or absence of disease. This is a typical eudaimonic well-being model. Ryff’s model promotes a holistic view of successful aging, recognizing psychological well-being as central to a fulfilling life, regardless of one’s physical health status. From this perspective, physical health is not a determining factor. Even if an individual faces physical challenges or illnesses, as long as they are able to maintain these psychological dimensions of well-being, they can still be considered a successful ager.

Now, let us look at another perspective on successful aging, known as the subjective experience view. This perspective emerges from the broader movement toward patient-centered care in disciplines such as medicine and psychology. It emphasizes collaboration between professionals and individuals, respecting each person’s personal goals, values, and lived experiences. In this view, the subjective experience of the individual takes precedence over external or predefined criteria. Unlike models that define successful aging through specific benchmarks—such as physical health, cognitive ability, or social engagement—this approach argues that each person’s own perception of their aging process is what truly matters. There are no fixed criteria that must be met; instead, successful aging is defined by how individuals themselves evaluate and interpret their quality of life and sense of fulfillment in later years. What does an individual think about their own life? Do they believe they are aging successfully? From this perspective, the key question is how the person themselves experiences and evaluates their aging process. If individuals perceive their lives as fulfilling, meaningful, and satisfying, they can be considered to be successfully aging, regardless of any external standards or medical criteria. Thus, in this approach, the subjective experience of the person holds greater importance than objective or externally defined measures.

Reflecting this approach, Strawbridge and colleagues (2002) conducted an empirical study with 867 older adults from the Alameda County Study. Participants were simply asked to self-assess whether they believed they were aging successfully. Interestingly, about half of the participants responded positively, indicating that they considered themselves to be aging successfully based on their own personal understanding and criteria. This finding highlights that perceptions of successful aging are deeply individual and subjective, shaped by personal values, expectations, and life experiences rather than standardized definitions.

Many participants felt that they were aging successfully based on their own perceptions. However, when the researchers applied Rowe and Kahn's criteria—which, as discussed earlier, emphasize physical health, cognitive functioning, and active engagement in life—only 19% of the participants met the standard definition of successful aging. This finding highlights a clear discrepancy between subjective and objective assessments of successful aging. A person may feel they are aging successfully, yet may not qualify as such when evaluated using externally defined criteria.

The study demonstrated that this discrepancy was largely due to chronic health conditions. Since Rowe and Kahn's model places strong emphasis on physical health, individuals with chronic illnesses were automatically excluded from being classified as successful agers. Notably, 43% of participants with chronic conditions still reported feeling that they were aging well subjectively, even though they did not meet the objective criteria.

Interestingly, those who were classified as successful agers under either framework—subjective or objective—reported higher levels of overall well-being compared to others. However, only a small subset of participants met the criteria for both models, underscoring how different conceptual approaches to defining successful aging can yield very different conclusions about who is considered to be aging successfully. Those 19% of individuals who qualified as successful agers based on Rowe and Kahn's criteria actually reported greater overall well-being, including higher levels of happiness, optimism, relationship satisfaction, energy, and perceived control. Similar findings were observed in a Scottish sample, where participants generally perceived themselves as aging successfully even though they did not fully meet Rowe and Kahn's physical health criteria. These findings highlight that physical factors may not always play a central role in how individuals perceive their own aging. When people reflect on whether they are aging successfully, they often prioritize their subjective experiences—such as life satisfaction, relationships, and emotional well-being—over physical or clinical measures.

Overall, this body of research suggests that personal definitions of successful aging align more closely with subjective well-being than with rigid, objective criteria. In other words, many older adults evaluate their aging in terms of how fulfilled and content they feel, rather than based on physical health or the presence of chronic illness.

To summarize the discussion so far, different models conceptualize successful aging in distinct ways. The first perspective, known as the longevity model, defines successful aging simply as reaching a certain age or surpassing a chronological milestone.

We can say that living into old age or entering the old age category—whether that begins at 60 years, 65 years, or even 80 or 85 years—depends on the criteria different countries or organizations use. This first model defines successful aging purely in terms of

chronological progression, that is, physically moving into certain age groups. Havinghurst's model, on the other hand, emphasizes maximizing happiness and life satisfaction in older age. According to this perspective, if individuals experience a sense of fulfillment, satisfaction, and psychological well-being in later life, they can be considered successful agers. In contrast, Rowe and Kahn's model defines successful aging using three specific criteria:

1. Low likelihood of disease or disability,
2. High cognitive and physical functioning, and
3. Active engagement with life.

All three criteria must be met for an individual to be classified as aging successfully.

Moving to a more psychological perspective, Ryff's model conceptualizes successful aging through six components of eudaimonic well-being:

- Self-acceptance,
- Positive relationships,
- Autonomy,
- Environmental mastery,
- Purpose in life, and
- Personal growth.

These dimensions highlight the importance of psychological development and inner fulfillment rather than physical health.

Finally, the subjective experience model emphasizes how individuals personally perceive their own aging. From this perspective, if an older adult feels that they are aging well and living meaningfully, they can be regarded as a successful ager, regardless of external or objective criteria.

Having reviewed these major models and perspectives, we will now turn to some classic studies on aging populations. These studies have provided valuable insights into the factors that contribute to successful aging, helping us understand what enables people to thrive in later life. One such influential investigation is the MacArthur Study of Successful Aging. This long-term research project, formally known as the MacArthur Research Network on Successful Aging, was conducted between 1985 and 1996, spanning over a decade. It played a pivotal role in transforming the field of gerontology by shifting focus from the deficits and decline associated with aging to its positive and adaptive aspects.

The network was composed of 16 interdisciplinary scientists, brought together by the John D. and Catherine T. MacArthur Foundation, with the goal of redefining how aging is understood and studied. Their central aim was to identify the factors that enable individuals to maintain—or even enhance—their functioning as they grow older. The study examined a range of biological, psychological, and social factors contributing to successful aging. By integrating insights from genetics, physiology, psychology, and sociology, the researchers sought to understand why some people thrive in later life while others experience decline. Importantly, the MacArthur Study laid the groundwork for the Rowe and Kahn model of successful aging that we discussed earlier. The three-part framework—emphasizing low disease risk, high physical and cognitive functioning, and active engagement with life—emerged directly from this extensive research network.

The criteria for successful aging that we discussed earlier are also known as the MacArthur Model. In fact, the MacArthur Model and the Rowe and Kahn criteria originate from the same research initiative. As we have already seen, this model emphasizes low disease risk, high functional capacity, and active engagement with life as the three essential components of successful aging. Thus, the MacArthur Study can be considered one of the classic and foundational studies that established concrete criteria for understanding successful aging. A significant component of this research initiative was a longitudinal study that followed more than 1,000 well-functioning older adults over a period of eight years. Being a longitudinal study, it observed the same group of individuals across time, examining how their physical, psychological, and social functioning evolved. This comprehensive design provided deep insights into the aging process and the factors that help individuals maintain well-being over time.

The MacArthur Study laid the groundwork for modern gerontological research by introducing and popularizing the concept of successful aging. Its influential findings also led to greater recognition of the importance of studying positive aging processes and attracted substantial support from major funding agencies such as the National Institutes of Health (NIH) and other prominent organizations. This was one of the most comprehensive studies that introduced the concept of successful aging. The interdisciplinary approach of the MacArthur Network enabled a well-rounded examination of aging by incorporating multiple methods such as self-reports, structured interviews, and imaging techniques, providing a robust foundation for understanding the dynamics of aging. The study gathered data from diverse sources—including participants' self-assessments, in-depth interviews, and physiological measures like brain scans and imaging of physical functioning. This integration of methods made the research particularly rigorous and multidimensional, offering valuable insights into how various biological, psychological, and social factors interact in the aging process. Overall, the MacArthur Study was methodologically robust and played a key role in shaping the conceptual and empirical understanding of successful aging.

Now, moving to another landmark study on aging—the Harvard Study of Adult Development. This study, which began in 1938, predates the MacArthur Study and remains one of the longest-running research projects in the world. The Harvard study focuses on understanding what helps people thrive and experience well-being across the lifespan. Its central goal has been to identify the psychological, social, and biological factors that contribute to happiness, health, and fulfillment throughout adulthood and into old age. In this study, researchers followed the lives of two groups of men for more than 75 years, making it one of the most comprehensive and enduring longitudinal studies ever conducted. Such a long-term study is exceptionally rare and requires immense dedication and consistency from both researchers and participants. The Harvard Study of Adult Development has generated valuable insights into the factors that contribute to living a long, healthy, and fulfilling life. Importantly, it does not focus only on old age but also examines the developmental pathways and early-life factors that influence well-being throughout the lifespan.

The study began with two main cohorts of men. The first was known as the Grant Study group, consisting of 268 men who graduated from Harvard University between 1939 and 1944. These participants were selected to represent a sample of relatively well-off, educated individuals from diverse family and social backgrounds. The researchers aimed to understand how various aspects of their physical health, psychological development, and life experiences evolved over time and contributed to long-term well-being. If you look at this first group, it represents a privileged sample—men who had studied at Harvard University and generally came from well-off families, though they were from somewhat diverse social backgrounds. When the study began, these participants were in their late teens or early twenties, having just graduated from Harvard. Researchers followed this same group across the decades, observing their lives as they transitioned through adulthood and into old age. This makes the study exceptionally comprehensive in scope and duration.

The second group in the Harvard Study is known as the Glueck Study (also called the Inner-City Cohort). This group consisted of 456 men recruited from working-class neighborhoods in inner-city Boston. Unlike the privileged Grant Study participants, these men largely came from less advantaged socioeconomic backgrounds, providing an important contrast to the first group. The Glueck participants were also recruited as teenagers, both in their early and late teens, allowing researchers to compare how differing life circumstances and environments shaped development, health, and well-being over time.

In their early twenties, both groups were quite similar in age; however, their socioeconomic backgrounds differed sharply. One group consisted of men from highly privileged backgrounds, while the other group represented those from working-class, less privileged environments. Researchers followed both groups from their teenage years all

the way into old age, allowing them to observe changes and continuities across the entire lifespan.

The study collected a wide range of data from participants, including self-reports, structured interviews, and objective health assessments. This multimodal approach provided a rich and nuanced understanding of human development and successful aging, as data were drawn from multiple sources rather than relying on a single measure.

Over the decades, the Harvard Study of Adult Development has yielded numerous groundbreaking insights into what promotes human flourishing and longevity. Among its most influential findings is the central role of relationships in shaping well-being. One of the study's most consistent and powerful conclusions is that close, supportive relationships are critical for happiness, physical health, and successful aging—far more so than wealth, fame, or social class. Importantly, this effect was observed across the lifespan, from early adulthood to late life, highlighting that strong interpersonal bonds are vital not only in old age but throughout the course of human development.

The Harvard Study of Adult Development revealed that individuals with strong, supportive relationships—whether with family, friends, or romantic partners—tend to be happier, healthier, and live longer than those who experience social isolation or limited support. This was one of the most significant and consistent findings of the study. People who maintained close and caring connections throughout life demonstrated better emotional well-being, greater physical health, and higher life satisfaction compared to those who were more socially disconnected. Importantly, the study found that the quality of relationships outweighed other factors such as wealth, fame, or even intelligence (IQ) in predicting life satisfaction and longevity. In essence, good relationships were found to be the strongest predictor of a long and fulfilling life, making this one of the landmark conclusions in the field of developmental and aging research.

Another classic study in the area of aging is the Alameda County Study, also known as the Health and Ways of Living Study. Initiated in 1965 by principal investigators Breslow and Kaplan, this study followed 6,928 participants, including 890 individuals aged 65 and above, from Alameda County, California, over a span of 35 years. The long-term design and large, diverse sample made it one of the most influential epidemiological studies exploring the relationship between lifestyle behaviors, health, and longevity among older adults. Again, this was a very comprehensive study, following a large group of participants for nearly 35 years. Unlike the Harvard Study, which primarily focused on two male cohorts differing in socioeconomic status but not highly diverse otherwise, the Alameda County Study included participants from varied demographic backgrounds, encompassing differences in gender, race, ethnicity, and socioeconomic status.

This demographic diversity allowed researchers to examine the long-term effects of health behaviors and social factors across different population groups—something that earlier studies like the Harvard and MacArthur projects could not fully address. The longitudinal design made it possible to observe how lifestyle choices influenced health and well-being over the lifespan.

Among its many findings, one of the key outcomes of the Alameda County Study was the identification of what became known as the “Alameda Seven.” These are seven health-related behaviors that were found to be strongly linked to longevity and successful aging.

They identified seven key factors that were found to play a significant role in longevity and successful aging. These factors, known as the “Alameda Seven,” include:

1. Sleeping for seven to eight hours per night,
2. Eating breakfast regularly,
3. Maintaining regular meal times and avoiding frequent snacking,
4. Maintaining a healthy body weight,
5. Engaging in regular physical exercise,
6. Limiting alcohol consumption, and
7. Not smoking.

These behaviors were found to be significant determinants of longevity and indicators of healthy or successful aging. Although subsequent research has shown that not all of these behaviors are consistently predictive of successful aging, the Alameda County Study provided a strong empirical foundation for understanding how lifestyle habits influence health and longevity over time.

Another important concept that often arises in discussions of successful aging is the idea of “Blue Zones.” The term refers to specific regions of the world where people tend to live significantly longer and healthier lives than the global average. These regions are characterized by high concentrations of centenarians and communities that maintain exceptional physical, mental, and social well-being well into old age.

Researchers have identified five major Blue Zones around the world:

1. Loma Linda, California (USA)
2. Okinawa, Japan
3. Sardinia, Italy

4. Nicoya Peninsula, Costa Rica

5. Ikaria, Greece

So in these five zones, they found that the people actually living in these zones lived much longer than people in the other regions of the world. So in 2004, how did this all begin? Researcher Pauline Pae and colleagues initially identified Sardinia, Italy, as a region with higher rates of centenarians, meaning higher rates of people who live longer. This discovery led to the term "Blue Zone," describing areas where people live significantly longer than the average. Then Buechner later expanded this research and identified five blue zones, as I mentioned: Sardinia, Italy; Okinawa, Japan; Nicoya, Costa Rica; Ikaria, Greece; and Loma Linda, California, US.

So, these are the five zones they identified. Buechner's team investigated these regions, focusing on genetic, lifestyle, and social factors. They identified nine behaviors associated with extreme longevity in these zones. They were trying to understand why people live so long in this zone. And they found that the factors included why people in this zone live very long. Some of the key factors identified in these Blue Zones are related to natural physical activity — people in these regions remain active throughout the day through walking, gardening, and performing manual tasks rather than relying on structured exercise. They also exhibit mindful eating habits, including calorie moderation and plant-based diets with limited meat consumption, which contribute to better health and longevity.

Another common characteristic is moderate alcohol consumption, typically in the form of wine, and always in social contexts. Equally important are strong social and spiritual connections — residents tend to have close family relationships, participate actively in community life, and maintain a clear sense of purpose in their lives.

Across all five Blue Zones, these shared lifestyle factors were found to contribute significantly to both well-being and longevity. These findings suggest that longevity is not merely a result of good physical health, but also a product of meaningful social relationships, emotional well-being, and purposeful engagement with life.

Notably, these themes—social connection, active engagement, and physical vitality—recur consistently across nearly all classic studies on aging. Together, they highlight that successful aging is a multidimensional process that integrates physical, psychological, and social well-being.

Thus, through these classic longitudinal studies—such as the MacArthur Study, Harvard Study of Adult Development, Alameda County Study, and research on the Blue Zones—we gain a comprehensive understanding of the diverse factors that contribute to successful aging.

This lecture, therefore, aimed to clarify the meaning and conceptual models of successful aging and to present the classic empirical studies that have shaped our understanding of the topic. We will continue with the second part of this discussion in the next session.

Thank you.