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Understanding Older Adults' Wellbeing from a Philosophical Perspective

ABSTRACT: In spite of the large research interest in older adults' wellbeing, a theory of older adults' wellbeing as such is still lacking. I present the outline of such a theory, determining its scope and premises and suggesting avenues for its further development and related empirical research. I assume that wellbeing is a complex and dynamic phenomenon, depending on a subtle interplay between several different factors. Older adults tend to combine and value these factors differently from other age groups, and this should be reflected by a domain-specific wellbeing theory. I argue more specifically that dispositional properties are less important to older adults' wellbeing; that vulnerability is a second-order disposition, and that this explains why it does not seem to impede wellbeing; that hedonic adaptation takes very different forms, not least in older adults, and that it should be assessed in a correspondingly differentiated manner; that cognition and cognitive impairment can play very different, both positive and negative, roles depending on the context; and that notions like flourishing need modification, and are actually modified, in wellbeing assessments and self-assessments.

KEYWORDS: Older adults' wellbeing; philosophical theories of wellbeing; mid-level theories of wellbeing; gerontology; adaptation; cognition; happiness/wellbeing.

Introduction

In this article, I develop a theoretical framework for understanding older adults' wellbeing, interpreting empirical results and generating new hypotheses for subsequent empirical testing. The guiding idea is that peculiarities of older adults' psychology and typical life conditions require that the factors held to be constitutive of wellbeing should be interpreted and weighted differently than in the case of other age groups. The theoretical framework is based on philosophy – that is, on philosophical wellbeing theory and methodology. But the resulting theory should be considered relevant to empirical wellbeing research, as I presume it can shed light on extant (and potentially puzzling) findings as well as suggest directions for future research. Since the case of older adults' wellbeing also serve to highlight the need for domain-specific theories more generally, and the superiority of multifactor theories over standard, one- or few-factor-theories like hedonism, the article is also a contribution to the philosophy of wellbeing.

The structure of the paper is a follows: In Section 1, I motivate the enterprise by noting shortcomings of existing work in both gerontology and philosophical wellbeing theory. Section 2 lays down the criteria which a more adequate theory of older adults wellbeing should meet and specifies the role of empirical findings in its development. Section 3 reviews the most significant findings pertaining to psychological characteristics of older adults. In Section 4, these findings are preliminarily discussed and interpreted, before being, in Section 5, integrated into a (albeit still sketchy and tentative) theory by the application of the metatheoretical criteria (from Section 2). Section 5 also discusses possible limitations of the approach and points to topics that call for special attention and further empirical study, notably the complex and diverse forms of hedonic adaptation that are performed by older adults in order to cope with their life situations and maintain wellbeing.

1. The need for an age-specific theory

There is no shortage of studies of older adults' wellbeing. Most gerontology is concerned, in one way or another, with questions of how to understand or improve quality of life in old age.[1] Insofar as wellbeing can be understood as that which we ultimately care for when caring for a person or a group of persons (Darwall 2002), it is implicitly addressed by the large number of studies dedicated to elderly care. Even though much extant research proceeds without an explicit or theoretically grounded focus on wellbeing as such, there is a quite comprehensive body of research that specifically addresses questions of older adults' wellbeing and quality of life (for an

[1] It should also be noted that personality development theories, notably that of Erikson (Erikson & Erikson 1998), but also those of Kegan (1982) and Waterman (e.g. Waterman & Archer 1990), have considered the particularities of old age, including particular challenges to or possibilities for living a satisfactory life, at considerable detail. They could be an important source of inspiration for a detailed future theory of older adults' wellbeing. But they are not explicitly concerned with wellbeing, nor do they fit easily into the scheme of established positions in wellbeing research. However, it also true that "we don't see many discussions of the human life cycle these days", as Michael Slote has remarked (Slote 2016, 5); this supports my contention that older adults' wellbeing as such is an under-theorized topic.

overview, as well as an example of explicit focus on wellbeing, see Kirkwood and Cooper 2014).

It can nevertheless be argued that a genuine theory of older adults' wellbeing is still lacking. Extant studies focus either on possible sources of, or impediments to, older adults' wellbeing, while leaving open how wellbeing is to be understood. Or else they adopt one of several so-called theoretical "constructs" from general wellbeing theory, most often a definition of "subjective wellbeing" as consisting in a combination of life satisfaction and dominance of positive affect (e.g. Diener 1984). In the former case, the validity of otherwise well-crafted studies is doubtful, since it is not clear whether it is really wellbeing that is studied, or whether the indicators used to measure it are sufficiently reliable. This remains a serious concern in the latter case as well, since the appropriateness or adequacy of the adopted construct, even if it has a solid foundation in wellbeing theory, might be questioned.

It may be said that this is a problem common to all kinds of empirical research. There is always a risk that the theory or the concepts employed do not really fit the subject matter or research question. This must be assessed in each individual case. The question here, however, is not just whether a wellbeing construct is appropriate quite generally, but whether it is appropriate, or sufficiently specific, to capture *older adults'* wellbeing. The assumption that older adults' wellbeing is just a special case of human wellbeing is surely not unnatural, but also less than completely obvious, and may not cut much ice, anyhow. Even if the conceptualization of wellbeing employed in a gerontological study is a valid construct, its application may be a less straightforward matter than is typically assumed. There is a need for a translational theory that can guide the application of general wellbeing theory, interpret its key notions and balance its elements with special regard to the particularities of life in old age.

Theories of wellbeing are highly general and abstract. They enumerate a small number of basic factors or "constituents", like pleasant experiences, positive emotions, instances of desire satisfaction, life satisfaction judgments or features of a good human

life, like love, friendship and accomplishment. This appears well justified, inasmuch as the theories are *intended* to be general – they are meant as theories of *human* wellbeing as such (in some cases they are even meant to cover *animal* wellbeing as well). It is further motivated by a sensible wish to clearly distinguish genuine *constituents* of wellbeing from what are merely typical *causes* of it (see e.g. Diener 1984, 543). One of the most pervasive shortcomings of studies lacking a foundation in wellbeing theory (and even of some that pretend to have it) is that they focus on factors that have a crucial importance in some, but not in *all* cases. Financial insecurity, solitude, disengagement or ill health can surely indicate a lack of sufficient wellbeing, but need not always do so. By reducing wellbeing to a few very basic elements, wellbeing theories enable researchers to distinguish constituents from mere symptoms, and to study, instead of simply assuming, the specific connections between the two.

The highly general and abstract character of standard theories of wellbeing has less positive ramifications, however. One problem has to do not just with their applicability to special domains (though it has important consequences for this as well). It is that they say little, if anything, about the *interaction* between the constituent factors of wellbeing, and so provides little guidance as to how to *weigh* them. Some theories appear immune to this problem at least in principle. A hedonist[2] can stick to her guns and insist that it is ultimately all a matter of the amount of pleasurable experiences. A preference

[2] In line with standard usage in philosophy, I use the term "hedonism" to refer to this specific, strictly experience-based view of wellbeing (see e.g. Crisp 2017; compare also Haybron 2008, 34). This is to be contrasted with the more generic notion of "hedonic" theories commonly used in psychology, which covers both hedonist and life-satisfaction theories (inasmuch as these can both be said to be about "subjective" measures of wellbeing), and which is often contrasted with more objective, "eudaimonic" theories. "Eudaimonic" theories are of course "subjectivist" in that "eudaimonia" is usually *assessed* by self-reporting, just as in the case of e.g. life-satisfaction theories, and not by expert evaluations or "outward" criteria. But the *ontological* understanding of wellbeing implicit in such theories is objectivist in that it takes wellbeing to comprise more than mental states of the subject in question. Thanks to a reviewer for prompting me to clarify this. The delineation of hedonic and eudaimonic theories, and their relationship to the standard philosophical taxonomy (i.e. "the Big Three", see e.g. Alexandrova 2017), is a complex issue that deserves further attention, but lies outside the scope of the present article. Since I opt for a multifactor theory that can accommodate aspects of both "hedonic" and "eudaimonic" wellbeing, and since I am not committed to hedonism in the philosophical sense, the distinctions do not matter to my own purpose.

satisfaction theorist can likewise say that it is all a matter of the amount of preference satisfaction. But consideration of special domains or stages of human life, like old age, may serve to cast additional doubt on the adequacy of such very simple (i.e. one- or few-factor) theories. The fact that pleasure can be sensed or valued very differently, or that emotions become more salient and or are more strongly controlled in old age (e.g. Carstensen, Isaacowitz and Charles 1999) can of course be accommodated by hedonist or preference satisfaction theories, but might also seem to call for a more nuanced approach. Standard subjective wellbeing constructs may seem to have an edge in this respect, because they recognize different – both cognitive and affective – aspects of wellbeing; but due to a lack of principled considerations, the interpretation, combination and weighing of the different aspects often seem arbitrary. Besides, the sharp distinction between cognitive and affective wellbeing can be questioned, as I will do in the following.

More importantly, even if one of the general, one- or few-factor theories of wellbeing might be right in principle, in practice the hedonist must, for example, admit that the presence or absence of desires, commitments or higher-order mental states alongside experiences, as well as their order and interplay between them, strongly influence their hedonic quality. While it may be correct, in one sense, to set aside these factors as merely "causally conditioning", in another, more practically relevant sense they seem to be just as much a part of what *makes up* a person's wellbeing. And there can be no question of straightforwardly applying hedonism (or preference satisfaction theory, for that matter) to *any* real-world case without taking into account the often subtle and complex interactions between experiences, desires, preferences and commitments.

A further, related shortcoming concerns the *time-insensitivity* of standard theories of wellbeing.[3] Some theories seem implicitly biased towards earlier stages of life. For example, "eudaemonist" views that stress flourishing, development, maturing and perfection seem less well fitted to account for wellbeing old age. This is not to say that

[3] Notable exceptions are Slote (1983) and Velleman (1991)

there is no room for development or perfection in old age, or that there may not be some sense of "flourishing" that can apply to that stage of life. But the concepts are not straightforwardly applicable, and a term like "flourishing" evokes an image of being at the height of one's physical and mental powers. Indeed, one influential wellbeing theorist suggests, based on his theory of flourishing, that aging is necessarily accompanied by a decrease in wellbeing (Kraut 2009, 138). This is strongly at odds with the – far from completely reliable, but probably still significant – results of empirical wellbeing research, that suggest a general *increase* in wellbeing in old age (see e.g. Carstensen et al. 2000, and for a review of empirical findings Ulloa, Møller and Sousa-Poza 2013; a rare exception is Mroczek and Spiro 2005, who found evidence for a steady decrease in wellbeing after age 65). It might be seen almost as a *reductio ad absurdum* of the theory of flourishing, and an indication that a different, or at least complementary, approach is needed.[4]

In any case, extant wellbeing theories have rarely taken into account that there seems to be a crucial difference between having life *before* oneself, *being in the midst* of it, or *having had* a life that is now coming to a close. The value of goods and events, and even the relative importance of values and preferences, is likely to depend on the specific temporal context or life stage. On the other hand, wellbeing theories may have attached too much importance to *self* and *identity*. Theories of the desire satisfaction variety have tended to stress the role of deliberately formed preferences, or preferences with regard to the kind of overall life one would like to lead or the kind of person one would like to be. While it is possible that these factors are relevant to older adults' wellbeing – some kind of self-understanding or identity is likely to play a role even in very old age – both the prevalence of cognitive impairments and the less strategic attitude to one's own life typical of older adults indicate that they are less important for this age group.

[4] Again, it is not that the theory is incompatible with, or unable to explain, the empirical findings. It is widely recognized that the surprisingly positive self-assessments of wellbeing made by older adults can be explained, at least in part, by adaption, which might consist in the use of a less demanding standard of judgment (expecting less of life). A flourishing theorist like Kraut might simply dismiss this as self-deception and so maintain his verdict. But see below for an alternative interpretation of the findings.

2. In search of a theory of older adults' wellbeing

What, then, should we require from at theory of older adults' wellbeing? And what can we reasonably expect? The theory I am envisaging should meet the following criteria:

a) It should be *general* and *fundamental* enough to qualify as a theory of older adults' *wellbeing*, and not just of some more specific conditions of or manifestations of it.

b) It should take into account features that are special, or especially important, to the life of older adults as such, so as to qualify as a theory of *older adults'* wellbeing.

c) It should describe principled, but domain-specific ways of *weighing* different factors (putatively) constitutive of older adults' wellbeing, and/or typical patterns of interaction between such factors.

d) It should integrate philosophical and metatheoretical insights into the general nature and structure of wellbeing with domain-specific findings about the psychology, life trajectories and living conditions of older adults. The integration should take the form of a two-way adjustment. High-level theories should be used to interpret, prioritize and systematize the domain-specific findings, while the latter should also guide and constrain the interpretation and application of theoretical notions. It is important that particular weight be given to the empirical findings, since this is needed to ensure that truly domain-specific factors come into play and are able to have a real impact on the theory development. Still, considerations based on high-level theories should also be used to select and weigh such findings, since one may otherwise give too much importance to those obtained by applying a specific, theoretically loaded set of measures. For example, depending on the role assigned, from a theoretical standpoint, to more or less objective

factors, the prevalence of studies based on "hedonic" or "subjective" measures should not lead to disproportionately weighing subjective factors over more objective ones.

e) It should identify significant experiences, event patterns or situations open to further empirical study; in particular, it should help generate interesting hypotheses as to factors that might be conducive or detrimental to older adults' wellbeing.

As for what can be expected, three reservations are in place. First, it would be tempting to require something stronger than e), for example that the theory should be able to generate novel predictions and so itself be empirically "testable". But while it is surely reasonable to require that it can be fruitfully applied to empirical research and gradually corroborated, it would be misleading to speak of straightforward or strong testability. This is because it is a *theory* and not just a specific empirical hypothesis. It is supposed to systematize and select among potential factors and different strands of empirical research, and to assess the significance of the findings of such research. This makes outright falsification difficult. But the same holds for most theories of a comparable generality and complexity. While many empirical researchers still seem to believe in a kind of simple falsification criterion, it has long been acknowledged by philosophers of science that the interplay between concept construction, the concern for overall coherence and empirical studies and data makes the rejection or vindication of theories a less straightforward affair. This point should not be exaggerated, however. It is surely sensible to demand of the theory that it should ground and inspire hypotheses amenable to empirical testing. It is just that developing and testing a theory is a complex process involving mutual adjustment and interpretation of both concepts and alleged empirical findings.

Secondly, to a) and b) should be added the qualification that the theory is not expected to hold *without exception*. Otherwise it could not achieve the specificity required by b), but would fall back into the exaggerated generality typical of philosophical

wellbeing theories. The factors and relationships highlighted by the theory may be contingent on certain very pervasive cultural or physical conditions (for example a typical segmentation of life into phases of working and retirement age, or a typical decline in mental or physical powers or increased morbidity).

This point may seem trivial to those working in the social sciences, which deal in averages and probabilities (though it will hardly seem so to philosophers). Yet it takes on more specific significance when we consider how to demarcate the target group of the theory, that is, to decide who are to count as "older adults". That there are persons who must be considered older judged by their "calendar age", but are not subject to the conditions highlighted by the theory, should not be seen as a counterexample. Instead, the theory should be allowed to delimit its own target group, thus answering the question about who should count as "older" in a more qualitative way. The idea is to start from certain paradigm cases of "elderliness" and use them to arrive at an understanding of this stage of life that is sufficiently inclusive to apply to a wide variety of types and groups of persons, but also sufficiently specific to potentially exclude some individuals, or even groups of individuals. If it turns out that there are people with a calendar age of less than 60 years who otherwise match the criteria laid down by the theory, then it might apply to them, and so they might count as "older" in this specific sense. On the other hand, if it turns out that the typical life course, subjective experiences and/or social role of people aged 60 or more in some cultures (e.g. among indigenous people) deviates too much from the paradigm cases, they should not count as older in the sense stipulated by the theory. Whether we actually need culture-specific theories of older adults' wellbeing or not, and to what extent, will be an empirical question. But the attempt to construct a general theory of older adults' wellbeing is of course motivated by an assumption that "elderliness" denotes a common human condition and allows for informative generalizations across cultural groups, social classes etc.

Thirdly, the theory need not be restricted to *purely non-instrumental goods*. Wellbeing is usually defined as that which is non-instrumentally good for a person (Crisp 2017), and pains are taken to distinguish this from the merely causal factors and conditions that can produce or inhibit wellbeing. Yet in practice, the distinction can be difficult to uphold. Some wellbeing theories, especially of the "objective list"-type, posit goods the quality of which seems to be really just a kind of very general instrumental value (for example, *knowledge* is no doubt most often good to have, but not always. And in arguing for the special wellbeing value of knowledge of general truths, wellbeing theorists point to its explanatory importance and versatility (Hurka 2011). Indeed, the line between the instrumental and the non-instrumental is often drawn somewhat arbitrarily, as for example *dispositions* to experience certain moods and emotions have been included among the constituents of happiness and wellbeing (Haybron 2008; for criticism of this view with regard to happiness, but not necessarily wellbeing, see Klausen 2016; compare also Hill 2009 and Feldman 2010).

Hence it should be open to a theory of older adults' wellbeing to describe highly flexible assets or conditions that generally enable older adults to pursue a wide range of goals or enjoying a wide range of experiences. Surely one should also be cautious not to identify as central to older adults' wellbeing some good which is usually regarded as being so, but may in fact be more sensitive to the specific circumstances (*health* may be a case in point). But it is precisely the job of the theory to distinguish sufficiently central elements of older adults' wellbeing from those that are, perhaps in spite of first appearances, less robust or fundamental.

The approach I am advocating is in line with two influential, albeit non-standard, meta-philosophical views. First, it accords with the conceptions of applied philosophy (and, more specifically, *applied ethics*) championed by Beauchamp (e.g. 2005), according to which it is not a matter of simple top-down application of normative theories to particular problems. According to Beauchamp, particularities of the specific domain under study should also be used to constrain and modify the theories. Secondly, the

theory I am envisaging is what Alexandrova (2017) has termed a *mid-level* theory. It is more specific than the dominant "high" theories – hedonism, desire satisfaction and objective list-theories – in that it is sensitive to the nature of those whose wellbeing is in question (Alexandrova 2017, 51). Alexandrova combines her advocacy of mid-level theories with a rejection of "invariantism" and a defence of "contextualism" about wellbeing (including the semantic context of wellbeing assertions). I will not commit myself to such a more radically revisionist view. It suffices for my purposes to notice that "high" theories of wellbeing, though they may capture a common core meaning of wellbeing assertions, are incomplete and insufficiently informative about, or adapted to, the case of older adults' wellbeing.

3. Characteristics of old age

I will now lay out some of the most characteristic wellbeing-relevant features of being an older adult. First, in order to identify the paradigm case from which to start, I choose to focus on people who 1) are either retired or retain only a relatively loose attachment to the job market (or have never worked outside the home), 2) no longer live with, or have no, dependent children, 3) have undergone a significant change in some central physical (and, though not necessarily to the same extent, mental) abilities, typically a decline in muscular strength, motor skills and physical agility, and 4) have a limited statistical life expectancy, roughly so that they can be assumed to have passed three quarters of the total life span.

Remember that this is not meant as a set of necessary and sufficient conditions (to be precise, they are *neither* necessary *nor* sufficient), and that exceptions are to be expected. In cultures where a large proportion of women have not entered the job market, 1) does not help delimit the group of older women; and 2) is less relevant in cultures where children remain dependent on their parents for quite long. As long as it is not translated into any specific numerical value (for example above 60 years of age), 4) allows for some flexibility in the application to different cultures, since it implies that in

cultures with a shorter life expectancy, old age sets in earlier (which seems right). It could be argued, however, that the ¾-ratio should be adjusted in cases of shorter life expectancies, perhaps reducing the span of old age;[5] but it is also possible that the theory to be developed should not aim at capturing such cases in the first place, cf. the remarks about culture-specificity above.

Most importantly, the criteria are merely intended to define a *paradigm*, that is, a familiar, typical, uncontroversial *instance* of elderliness that may serve as a *starting point* for theorizing. They are not meant to exclude cases that don't fit them perfectly. It is, however, a foreseeable and acceptable consequence that they will exclude some individuals who we might otherwise be inclined to refer to as "older adults", perhaps due to their calendar age. A person who is in splendid health at 90 may still be included with reference to criteria 1), 2) and 4). But if future demographic and medical developments leads to a majority of people at 90 working fulltime and having undergone no significant changes in physical or mental abilities, then it seems right to say that they are no longer old in the relevant sense of the word.[6]

Now to the characteristic features. First, let me list some findings from empirical studies of ageing (some of these may be more like theoretically motivated hypotheses, especially hypotheses associated with the socio-emotional selectivity theory of Carstensen (e.g. Carstensen et al. 1999; 2000; 2003). But in all cases, the hypotheses have received strong empirical support (and results have been replicated), and can be independently motivated.

i) Older adults report higher levels of wellbeing than middle-aged people (and their self-declared wellbeing level continues to rise until very high age) (Steptoe et al. 2014; Weiman, Knabe & Schöb 2015, 44f.)

[5] As suggested by a reviewer

[6] On the same grounds, it can be argued that theories of so-called "successful ageing" (like that of Rowe and Kahn (1998)) are not really theories of *ageing* ("growing old"), but rather of *postponed* or *suppressed* ageing.

ii) Older adults selectively narrow social interaction and choose to spend time with fewer and more familiar people
iii) Older adults focus more strongly on present- and emotion-oriented, instead of development-oriented or instrumental goals (Löckenhoff and Carstensen 2004; Isaacowitz and Livingstone 2012)
iv) Older adults are more sensitive[7] to their emotional state and better able to control their emotions (Carstensen, Fung & Charles 2003; Magliani et al. 2012; Nagakawa et al. 2017)

Taken together these findings may sound almost too good to be true. They depict the older adult almost as a kind of *Übermensch* who is able to master life regardless of the conditions. And while the empirical findings are so pervasively and consistently positive that they must be taken seriously, we should indeed be wary of romanticizing. There is an overoptimistic tendency in contemporary gerontological research, which has been rightly intent to debunk popular myths about the perils of old age and prevent irrational stigmatization and fear, but sometimes done so at the cost of emphasizing the positive too strongly and taking apparent, but potentially misleading signs of satisfaction at face value. A more nuanced picture emerges when further and less positive findings are taken into account:

vi) A a very wide range of cognitive and physical skills decline significantly with age. This may seem like a trivial fact. But it has been documented that in spite of increased longevity and improved health (i.e. a general increase in so-called "health span"), serious impairments remain an almost universal condition, and can be found even in otherwise "well-preserved" or "successfully aging" individuals (Kluger et al. 1997; Salthouse 2009).

[7] The expression emotional "sensitivity" is ambiguous and the very notion of sensitivity is insufficiently discriminate. Hence this phenomenon is one the alleged "findings" that need further interpretation and clarification. See Section 5 below.

vii) Older adults are especially prone to experience loneliness and develop depression; suicide rates increase significantly in old age (Luppa et al. 2012; Kruse 2017; Erlangsen, Bille-Brahe and Jeune 2003).

viii) Older adults are especially *vulnerable* or *frail* (Fried at al. 2001; Clegg et al. 2013; Kruse 2017).

ix) In contrast to the surprisingly positive results of survey-based studies of older adults' wellbeing, a large number of in-depth studies or autobiographical reflections tend to emphasize the *perils* rather than (or at least just as much as) the pleasures of aging (see e.g. Beauvoir 1972; Powys 1974; Bobbio 2001, Segal 2013). Data obtained through observations and interviews (Emiliussen, Christiansen, Engelsen & Klausen, forthcoming) likewise indicate that positive self-reports should not be taken at face value. Residents in elderly care homes tend to speak about their wellbeing in a complexly relativizing manner, saying things like: "We are doing so well here. I feel fine. *But* I do miss my long walks. I enjoyed walking so much. But I don't dare to go for a walk anymore", or "The caretakers are treating us so well, we are getting along splendidly. *But* there's such a turnover of personnel. I seldom get to learn their names. And many of them have such strange names, anyhow. *Bu*t they do treat us so well".

There is evidence that the unambiguously positive answers obtained in surveys reflect a sense of moral obligation ("I ought to be grateful for having lived such a good life and still being alive"; "my family and the caretakers are very nice to me, so I shouldn't complain"), rather than an accurate estimate of the respondents' own wellbeing. This is a problem with life satisfaction studies quite generally (Haybron 2008, 91ff.). But moral norms may play an even larger role in wellbeing self-assessments done by older adults, the 'success' of whom in coping with life is generally supposed to depend in part on 'morale' and 'gratitude' (see e.g. McAdams and Bauer 2004; Zarifnejad et al. 2014). Even the more optimistic strands of gerontological literature tend to depict

old age as a condition which is especially challenging and so as something one has to "come to terms with".

4. Interpretations and explanations

Probably the most important issue in the theory of older adults' wellbeing is how to evaluate and understand the phenomenon of hedonic *adaptation*. For it provides the most obvious and popular explanation of i). Indeed, it provides an intuitive answer to the apparent paradox that emerges from the combination of i)-iv) and vi)-ix). If adaption is understood in the way typical of mainstream wellbeing theory, such an explanation paints a much less rosy picture of old age. For it is often taken to consist in a *redefinition of the reference level* for life satisfaction (Weimann, Knabe & Schöb 2015, 147). It is about learning to be satisfied with what one has, or simply "setting the bar low". If this is the secret behind the self-reported happiness of older adults, then life in old age appears less enviable. Of course, if one defines wellbeing in terms of explicit life satisfaction, it still follows that wellbeing is high – but then it becomes questionable if older adults' wellbeing is really worth as much as wellbeing in other life phases.

Yet adaptation is not just a complex construct. It is arguably an ambiguous expression, or at any rate an umbrella term comprising several different phenomena (see Teschl and Comim 2005 for a similar observation). Many wellbeing theorists interpret the notion in terms of perceptual psychology. For example, Frederick and Lowenstein do distinguish three types of processes in hedonic adaptation: shifting adaptation levels, desensitization and sensitization. However, they describe all three as ways of reacting to a given stimulus (1999, 303). This is arguably a much too narrow understanding of the phenomenon. It moreover leaves it open whether the processes described are cases of a genuine *hedonic* adaptation, in the sense of restoring a certain level of wellbeing. For a heightened sensitivity to positive or reduced sensitivity to negative stimuli need not result in a corresponding increase in wellbeing. It depends on how wellbeing is understood; and it is possible to deny that a given "affective response" corresponds

directly to a definite wellbeing (or "hedonic") value. Some hold that pleasurable experiences are "superficial" and do not in themselves matter to happiness or wellbeing (Haybron 2008); others that they only do so if they match the rational preferences of the individual in question (e.g. Sumner 1996), and still others that they can be intensified or attenuated by other mental states or facts about the context (Klausen 2017; Klausen 2018). On the other hand, a defender of a very simplistic, bottom-up form of hedonism could maintain that a change in affective response, which does not make the target experience (e.g. an intrinsically unpleasant experience) go away, does not suffice to alter its wellbeing value.

A broader and more adequate notion of adaptation can be gained by looking more broadly at the literature, including gerontological studies. Here one also finds the notion of adaptation as *learning to cope* with the circumstances (von Faber et al. 2001). Instead of reacting to a set of challenging circumstances, i.e. reduced physical fitness, by simply lowering one's expectations and resting content with less, one may adjust more actively, developing ways of maintaining the same degree of everyday functionality with less physical effort, or redesigning or changing the environment. And apart from becoming more or less sensitive to certain stimuli, one may also come to interpret them differently, giving them a new meaning and so a new wellbeing value, even if their affective valence and intensity remains the same (Frederick and Loewenstein do mention examples of this sort (1999, 303), but fail to distinguish them from cases of modified affective response). I suggest that we should distinguish at least the following subtypes of adaptation:

I. Lowering the standards for doing well
II. Getting perspective; adopting a more adequate (but not necessarily inferior) standard
III. Becoming less attentive to negative phenomena that are nevertheless there (and so might still have an impact on one's wellbeing)
IV. Becoming less attentive to negative factors and so keeping them from having an impact on one's wellbeing

V. Becoming more attentive to positive factors
VI. Developing new behaviours that prevent problematic situations from arising (and so avoiding encountering negative phenomena)
VII. Redesigning or changing one's environment so as to prevent problematic situations from arising (and so avoiding encountering negative phenomena)

It should be noted that of these types of adaptation, only I. and III. fit the "pessimistic" understanding of adaptation as a way of embellishing or ignoring the harsher realities of life. And there is plenty of evidence that the other forms of adaptation are typical of life in old age. For example, older adults tend to focus more strongly on intrinsically valuable or directly wellbeing-relevant phenomena (Carstensen et al. 1999); and the ability to develop new and fitting behaviours in response to a decline in mental and physical capacities is also well documented (Boerner 2004; Depp & Jeste 2009; Wahl 2017, 78).

It might be said that there is nothing very new to distinguishing such different forms of adaptation. This is right, inasmuch as descriptions of them can be found in the extant literature on older adults (and other empirical studies of wellbeing, coping with life etc.). For example, several of the subforms are described in Fry and Keyes 2010, which deals with "coping with adversity and losses" as well as with constructive notions like "regenerative capacities" (but only casually refers to the corresponding phenomena as examples of *adaptation*). A further source for differentiated notions of adaptation is research on wellbeing of disabled persons (e.g. Bickenbach et al. 2013), which also points to elements of both rationalization of unquestionably harmful events and of cultivation of possibilities for enhanced wellbeing – and also to the possibility of wellbeing as identity- (and thus situation-) relative, as disabled persons (as far as they are doing well) reportedly assess "life as it is [for them, as they are], not as it might have been or could be" (Schramme 2013).

Such descriptions (though, as always, accompanied by more conceptual considerations) provide the empirical basis for the taxonomy I have suggested above. But they have been identified in different studies and rarely conceptualized as specific forms of hedonic adaptation as such, and, in any case, the studies have not affected the theoretical understanding or use of the notion of hedonic adaptation significantly. What I am suggesting is precisely that wellbeing theorists should learn from the empirical studies and adjust their theories accordingly, quite generally, but especially with regard to the application of wellbeing theory to older adults.

In discussing hedonic adaptation, we have already touched upon a second major issue: The question of the relationship between what is usually referred to as *cognitive* and *affective* wellbeing (Weimann, Knabe & Schöb 2015, 104). From the point of view of philosophical wellbeing theory, it is an open question whether cognitive wellbeing – which is roughly the same as overall life satisfaction, expressed in judgments or dispositions to judge – should be accepted as a genuine form of wellbeing *at all*. It has been argued that judgments of life satisfaction should at most be considered *symptoms* of possible wellbeing, as there may be cases of significant mismatch between e.g. positive judgments and actual emotional state (Haybron 2008, 79ff.). On the other hand, it seems plausible that individuals who display average levels of affective wellbeing, but report a significantly lower degree of cognitive wellbeing, as is, for example, typical of unemployed people (Weimann, Knabe & Schöb 2015, 131ff.), are really not doing so well. Taken together, these considerations indicate that wellbeing comprises both dimensions.

This might seem to support the "composite" construct typical of subjective wellbeing research in the tradition of Diener (1984). But the affective and cognitive components should probably not be seen as independent. They are more likely to be interdependent, as the wellbeing value of affective states may depend partly on the cognitive response, and moods and emotions may themselves play a valuing and more or less "judgmental" role, e.g. expressing an endorsement of one's life or experiences or a

sense of fulfilment. Moreover, cognitive *measures* of wellbeing are far from purely cognitive, since much of what the subject reporting her level of wellbeing will likely have to do – albeit more or less indirectly – with her affective states.

That we should not accept a view of affective and cognitive wellbeing as independent of each does not mean that we should make no distinction(s) of this sort. What is needed is more fine-grained notions and acknowledgement of their interrelatedness. It must be considered a flaw that most extant research on older adults' wellbeing has failed to distinguish different components clearly (Hansen and Slagsvold 2012). There has been some research indicating that it is (so-called) cognitive, rather than the affective wellbeing that increases with old age (Pinquart 2001). This could seem to lend support to a pessimistic understanding of adaptation as resignation rather than maintenance of wellbeing. How far such an interpretation is warranted does, however, also depend on whether cognitive wellbeing is considered a genuinely positive contribution, and should not be seen merely as a fallible symptom of the affective state of an individual.

As for the negative findings, it is important to note that *vulnerability* and *frailness* are *dispositional* notions. They denote states or properties that increase the likelihood that their subject will actually sooner or later going into some unpleasant or unfortunate state (e.g. confusion, ill health or pain) – but only if she is subjected to a certain triggering "stimulus condition" (Choi and Fara 2018). As noticed above, it is controversial whether dispositional properties (e.g. personality traits or mood propensities) play a constitutive role in happiness and wellbeing. Haybron 2008 argues emphatically that they do. Klausen 2016 rejects the idea that they can be constitutive of happiness, while leaving it open that they may be constitutive of wellbeing, inasmuch as the latter need not manifest itself to the person in question – one can do better or worse without being aware of it.

The question of the role played by dispositional properties thus also highlights difference between happiness and wellbeing (which are not commonly, and at least not

clearly, distinguished in much happiness research). Following Haybron (2008), I suggest that "happiness" be used to refer to a psychological state of an individual (like feeling good, being in a positive emotional state etc. – that is, a particular aspect of an individual's *state of mind*, which might also include attitudes and dispositions).[8] Wellbeing, by contrast, is a normative notion,[9] referring to what ultimately benefits a person and (as noted earlier) what we care for when caring for a person. This is likely to encompass more than happiness, not least because dispositional properties can be good or bad to a person and are something we may care for,[10] even if they are not momentarily doing any difference to how the person feels or judges her life to be.[11] For example, it may be bad for a person to be anxious, even if she is not momentarily feeling so, or ignorant of having this dispositional trait. In other words, we may care for more than a person's happiness, and consider it an integral part of her wellbeing, because it can be important to her *future* wellbeing.

But regardless of whether they are intrinsic or instrumental to wellbeing, it seems likely that dispositional properties matter less – overall – with advancing age. For they are a kind of 'stock' or asset which is kept and maintained to prepare for future

[8] Though, as argued above, it is controversial whether dispositions should actually be included (and the same goes for attitudes). This, however, is a more specific question of exactly what *kind* of state of mind happiness is, that is, which kind of psychological properties are relevant to it.

[9] This does not mean that only well-being *carry normative weight*. Happiness does so, too. Indeed, on a hedonistic view, happiness carries *all* the normative weight. But it is possible to agree about the psychological description and disagree about its normative significance – i.e. take happiness to be more or less important to wellbeing.

[10] I thus concur completely with the statement of a reviewer that "wellbeing functions as a disposition". And wellbeing – not the special, some would perhaps say idiosyncratic – notion of happiness (as just defined) is the primary object of concern here.

[11] Thus, the notion of dispositions employed here does not prioritize experiences or affective states. In accordance with standard views in psychology – as well as in the philosophy of mind – dispositional (and psychological) states are taken to encompass a large range of phenomena, including character traits and behavioral dispositions. It should also be noted that although dispositions are not *per se* objects of consciousness – they can exist without being reflected in the subject's "occurent" mental states, i.e. her actual *experiences* – this by no means implies that they cannot *become* objects of consciousness. When coming to learn about our personality traits, we gain reflective consciousness of our dispositional states. But the fact that we usually learn about them only gradually and incompletely also indicates that they are not *necessarily* present to consciousness (thank you to a reviewer for prompting me to clarify this). For an exploration of the idea that we may have some immediate conscious awareness of at least some psychological dispositions, see Klausen 2013.

eventualities. With reduced life expectancy, and a more uniform life course and regular and predictable everyday life, the value of such potential qualities diminish (while the relative value of *realizations*, that is, good things that actually happen to one, increases). This is a hypothesis arrived at through theoretical reasoning, but does seem to be supported by empirical data. It is, for example, a possible explanation why *health* (especially physical health) – whose wellbeing value is largely, though not completely, dispositional – is perceived as relatively less important by older adults (Hsieh 2005; Schnittker 2005). It also explains the decline with age in ambition and interest in power (Hain 1974; Hedges 2014) and several of the findings cited in support of the socio-emotive theory (which it complements philosophically, adding a more general explanation). Of course this does not mean that *all* dispositional properties become less important with advancing age. For example, certain personality traits may maintain their importance, or even become increasingly important, depending on the environment of the older person. But it is highly likely that the *range* and *number* of dispositional properties that matter becomes smaller with age.

Vulnerability and frailty (and their positive counterpart, resilience), moreover, should be understood as *second-order* dispositions (Broad 1925, 432). Rather than indicating that older adults are straightforwardly disposed (i.e. likely, in standard conditions) to experience mental or physical distress, what these notions mean is that older adults may easily *become so disposed* if conditions change. This explains how older adults can be emotionally resilient and vulnerable at the same time. Their resilience is conditional upon environmental factors. They are mostly able to maintain a balance, but it is a fine and even fragile one. Older adults are highly adapted to specific environments and life forms, i.e. a certain "niche". If the niche is altered or they become separated from it, or if they lose some central coping skills, the results will often be more damaging than in the case of younger people, who are less well adapted and (first-order) emotionally resilient, but more adapt*able* and so more higher-order resilient.

The prevalence of depression and high suicide rates among older adults might in part be explained simply by noting that a certain subgroup is doing significantly less well than the average. Most older adults manage to cope and adapt, but some do not. Yet such an explanation is not sufficient. The statistics seem rather to indicate that light and shadow can go hand in hand in old age; that positive and negative mental states can coexist (as shown in studies reported by Wahl 2017, 73f.). A more sophisticated explanation points to a divergence between cognitive and affective wellbeing. Older adults may be happily ignorant of their depressive tendencies, and in any case fail to report them. This may be due both to a decline in metacognitive tendencies and/or abilities and to the so-called "positivity effect", a tendency to attend to and enhance positive information (Mather and Carstensen 2005). But even this, while probably partly correct, is still not entirely satisfactory. For older adults are assumed to be more concerned with their emotional state more generally. This makes it unlikely that a state of depression could be ignored or perceived as less important. Besides, I have argued that cognitive and affective wellbeing should not be distinguished sharply, as they are likely to be mutually dependent.

The close coexistence of positive and negative states and tendencies remains puzzling and calls for further empirical and theoretical work. Yet there seems to be reason at least to hypothesize that older adults' wellbeing may in fact be more "compartmentalized" than that of other age groups; that older adults may be able to "insulate" instances of even strong negative effect. It should also be noted that the evidence does not specifically indicate that older adults are strongly introspectively aware of their emotional states, but rather that they are strongly focused on emotionally important and salient *situations* or *stimuli* (especially on positive stimuli; cf. Reed and Carstensen 2012). The gerontological literature does not clearly distinguish these two kinds of emotional sensitivity. There is ample evidence that older adults focus on aspects of their immediate surroundings – people, utterances, social interactions etc. – that are likely to influence their emotional state (see for instance Carstensen, Fung and Charles

2003). But this is selective, world-directed *perception*, rather than reflective, mind-directed *introspection.*

Still, depression is associated with emotional context insensitivity (Rottenberg et. al. 2005), so part of the puzzle remains. Depression should reduce the ability to focus on the positive and so actually make itself more salient. Moreover, it appears that older adults use their metacognitive capacities for *regulating* emotion rather than detecting it (for a taxonomy of different kinds of emotion-regulation strategies, see Aldao et al. 2010). Certain forms of adaptation may also be at work; older adults may be depressed and aware of it, but take it as a relatively normal response to their life stage and conditions, and experience it as mitigated by a sense of gratefulness. This points to the role of *time perspective* in older adults' wellbeing (see below). Besides, the notion of vulnerability as a second-order disposition may also add to the explanation. Older adults may have a fairly high morale, but nevertheless be driven into a depression-like state by factors that distort the rather fragile equilibrium on which their wellbeing depends (daily hassles have been reported to be at least as important triggering conditions as major life events, cf. Kraaij et. al. 2002).

5. Putting it all together: Understanding older adults' wellbeing

Now let me try to integrate the observations and interpretations made so far and so to move closer towards a positive conception of older adults' wellbeing. According to the methodological principle of mutual adjustment of empirical findings and philosophical insights, the conception is arrived at by weighing and interpreting the different elements in light of each other.

First, emotions matter very much to wellbeing, in all age-groups (Haybron 2008). The particular sensitivity to emotionally salient features, and particular ability to regulate emotions, is a main explanation for the otherwise surprisingly high levels of reported wellbeing in older adults.

Secondly, dispositional factors matter less to older adults' wellbeing. Second-order dispositions (though important to keep in mind for relatives, caretakers and the older persons themselves) matter very little as long as the first-order dispositions are appropriate (that is, vulnerability means very little as long as an older person can rely on her habitual surroundings and coping strategies). (But note that this doesn't mean that dispositions matter *little* to older adult's wellbeing. They obviously matter a lot; indeed certain central first-order dispositions presumably matter *more* to the wellbeing of older than to that of younger person's, because of the lack of certain kinds of adaptability).

Thirdly, adaptation takes several different forms, all of which will often be simultaneously at work in most older adults and jointly explain i), but also (due to the more negative findings vi, vii and iv). There is indeed a "lowering" of standards; but the lowering will often be *appropriate*. In many cases, it may be more correct to speak simply of a *change* of standards into some that are more closely aligned with the actual options and needs of the person and more closely adapted to the goal of personal wellbeing. Older adults' wellbeing depends on a complex interplay between preferences, life satisfaction judgments (cognitive wellbeing), emotions and experiences. Cognitive wellbeing[12] *does* add to wellbeing; that is, it is a partially constitutive factor. It is also likely to be a centrally important *causal* factor, partly due to cognitive penetration of perceptual and emotional states, partly because it strengthens attention to positive stimuli. However, attentional selectivity can also be a source of self-deception. Strong negative affect cannot be cancelled out, or even significantly mitigated, by high levels of cognitive wellbeing. *Self-reported* wellbeing can differ not only from (what is usually referred to as) affective wellbeing, but also from actual "cognitive" wellbeing (i.e. actual life-satisfaction, the possibly tacit, but sincere judgments older adults make about their own wellbeing).

An important task for future studies could thus be to investigate the role of different kinds of selectivity. When, and to what extent, does selectivity help to shield off the elderly person from unpleasant experiences or negative events (i.e. to prevent her

[12] Or, to be more precise, the partly cognitive states (more or less explicitly articulated "pro-attitudes") usually associated with such wellbeing.

from having them or being influenced by them), and when, and to what extent, does it merely serve to keep the elderly person ignorant of negative states or events that do actually impact on her wellbeing? This could substantiate and specify more theoretical claims about different forms of adaptation.

Fourthly, the role of cognition, more generally, is complex. Again, the wellbeing value of specific elements or factors are strongly dependent on the presence of others. Well-functioning cognition can boost wellbeing by making the older person aware of pleasures, privileges and potentials, and help her to get the best from them. If the affective state of an older adult is less pleasurable, or her option space significantly limited, however, cognition can add to her misery. Cognitive impairment cannot completely eliminate the impact on wellbeing of negative affect, but it can help to make it more endurable, and it can be causally effective in reducing harmful tendencies like rumination or addiction. There is evidence that older adults may overcome life-long inhibitions, as the impairment finally allows them to appreciate forms of artistic expression they have been unreceptive to because of intellectually or culturally induced prejudices, and may even foster genuine development of creativity or capacity for spontaneous action (Bredsdorff 2017, 170ff.). Care professionals report that older adults may lose their craving for alcohol due to loss of memory. They also report that boredom may be more of a problem for cognitively well-functioning older adults, who can have difficulties finding meaningful occupation in elderly care settings, whereas older adults with cognitive impairment can happily tell and listen to the same stories day in and day out (Emiliussen, Christiansen, Engelsen & Klausen, forthcoming).[13] This may not seem like an example of perfect wellbeing, especially not when seen from the point of view of age-neutral theories of human flourishing; but it is still a relatively positive – and arguably wellbeing-enhancing – circumstance.

In any case, well-functioning cognition is not always a blessing. That people have a tendency to identify with their cognitive selves, fearing cognitive disintegration,

[13] As reported by managers and staff at residential homes in the Municipality of Vejle at deliberative workshops in held in May 2018

sometimes more strongly than death, should certainly also be taken into account. Still, it can be counterbalanced by observations that a harmonious, pleasant life after the onset of strong cognitive decline does indeed seem possible. Indeed, the case of older adults' wellbeing, like that of child wellbeing, may be used to criticize overly intellectualized or perfectionist notions more generally.

If one argues, in line with the present proposal, that wellbeing may be tied more closely to an individual's actual situation and possibilities, the fear of cognitive disintegration appears less warranted. The case of cognitive impairment raises the issue – which has also been neglected in theorizing about wellbeing – which weight should be given to the higher-order preferences people have formed at earlier times when assessing their later quality of life (this is also relevant to discussion of assisted dying). I know now that I would not like to live a life with severely reduced cognitive functions. But who am I to say so? Not the (later) person directly affected. This later person may indeed lead a sorry existence without noting or being able to articulate it. But she may also enjoy the pleasures of an existence less burdened by conscious reflection. The possibility of a good, or least satisfactory, life with cognitive impairment calls attention to the fact that we are more than our cognitive selves – arguably our emotional (Haybron 2008), phenomenal (Klausen 2016) and bodily selves (Hendricks 2012) should be taken into account as well.

The role of memory is similarly ambivalent. It is closely connected to the *time-perspective* of older persons (cf. iii) above). Living less in the expectation of, or "towards", the future, an older person will typically be more concerned with the present, confining her attention not just to her immediate spatial, but also to her immediate temporal surroundings. This appears to make memory less important; but it may actually make *short-time* memory – or compensatory strategies for short-term memory loss – rather crucial, since it is central to most everyday activities. Moreover, when the future is no longer perceived as open, one's past, "accomplished" life becomes increasingly important. It can balance out functional limitations, reduced options and even

displeasure, inasmuch as this can be accommodated into a larger and positive narrative scheme. The sense of such life accomplishment, or the presence of an accommodating narrative scheme, need not depend on particularly accurate memories; but it does presuppose that the general features of one's past life, or at least its contours, remain accessible.

So older adults' wellbeing does not depend simply on a strong concern for the present, but on a suitable balance between such a concern and the – often implicit or subdued – presence of a larger narrative framework. Part of the reason why some forms of dementia can tip the emotional balance unfavourably is that it may bring daily hassles and immediate obstacles more strongly into focus. Further cognitive decline – or merely other forms of cognitive impairment, with other attentional tendencies – may again mitigate this effect, and so on.

The case of older adults' wellbeing also illustrates the complex role of values and norms. They are not merely an irrelevant, potentially distorting factor. We should take seriously the possibility that elderly persons misrepresent their own wellbeing, for example by insisting that they are doing well in spite of actual being in a painfully negative emotional state. But recognizing and complying with norms may be part of what makes a person's life go well. The very ability to impose on one's life a certain positive interpretation and express contentment and joy may be a positive factor in wellbeing. Observations in residential care homes (Emiliussen, Christiansen, Engelsen & Klausen, forthcoming) might give the impression that residents are almost drilled into regularly expressing how well they are doing. But it may also, perhaps more often and more so, be a way of (sometimes collectively) "enacting" wellbeing – actually *doing* better by saying that, and acting if, one does, and not a source of self-delusion.

Fifthly and finally, whereas *flourishing* is much less important (or mainly present as a negative factor, a perceived languishing, as Kraut (2007) suggests – but also overemphasizes), *another* kind of "blueprint"-related development does seem to matter. The ability to live a *relatively* active life and to *maintain*, rather than develop, one's

independence and capacities for self-expression and accomplishment, or "decline gracefully", becomes more important. The change in notions and standards used in self-evaluation of health – with advancing age, functional limitations are seen as less important, and health becomes understood predominantly as mental health (Schnittker 2005) – is particularly clear evidence of this.

It might be objected that I have not really shown how the elements should be put together. In fact, there may be two related objections of this kind.[14] The first is that my positive proposal is of the "objective list theory"- variety, which I have otherwise been criticizing. For have I not myself been listing characteristics and factors? The answer to this is that in contrast to what is implied by list theories, the factors listed should not be seen as *independent*, but as mutually conditioning (and even interpenetrating). I also argue that more weight should be given to non-ideal and non-cognitive factors than objective list theories have normally done.

Yet this answer further fuels the second objection: That it is not clear how the factors should be weighted, and what kind of interaction effects should be taken into account – and that the sketchy positive suggestions I have given appear arbitrary; sometimes they are justified by empirical evidence from this or that kind of study (based on "hedonic" or "eudaimonic" measures and models, based on surveys, in-depth interviews or more "anecdotal" evidence), and sometimes they are driven by theoretical considerations. I don't think an easy or principled answer to this challenge can be given; but I also think we can do without such an answer. There is no algorithm for assigning weight to different wellbeing factors or for balancing empirical evidence and theoretical considerations. And while it can be said with some confidence what wellbeing is *not* (merely), the jury is still out when it comes to defining an overall positive notion of wellbeing (and likely to be so for quite some time).

How should we then theorize about older adult's wellbeing? I have already suggested how the weighing and combining of factors can be informed by the results of

[14] Both of which were raised by a very perceptive reviewer

in-depth empirical studies. Phenomenological methods may be particularly well suited to capture the subtle interrelations between factors and penetrate beyond prejudice-laden reports and utterances.[15] When it comes to deciding what is and is not a positive factor in older adults' wellbeing, which forms of adaptation are conducive to wellbeing and which are not (but rather forms of resignation or "putting up" with a worsened condition), a kind of quasi-deliberative process or "negotiation" may be used to mediate between different perspectives (as a kind a small-scale, perhaps more scientifically constrained, version of the "public reasoning"-approach to wellbeing advocated by Amartya Sen (2004)). This could, for example, help establishing a more precise notion of an age-specific "blueprint", or of an age-specific way of tackling and enjoying life. A further source for such a notion is work on developmental stages like that Erikson (Erikson & Erikson 1998), Kegan (1982; 1994) or Waterman (Waterman & Archer 1990); though again, these somewhat idealized models need to be balanced by a concern for the quality of experiences and emotions of individuals, and the description of stages and modes of life should be differentiated more finely.

Conclusion

All the factors and mechanisms described above are relevant to human wellbeing more generally. Older adults' wellbeing is not *that* different. But older adults tend to weigh, mix and apprehend factors differently. Emotions become even more important, dispositional features lose importance, adaptation takes different forms, the time perspective is different, normative attitudes may acquire a new constitutive role, cognition and sense of self come to have new and changing functions, and other, less developmental narratives serve as templates for a satisfactory life. I have suggested that we should adjust our normative judgments – and assess older adults' wellbeing – accordingly. To determine more precisely how this should be done requires much more elaborate studies, empirical as well as theoretical. Perhaps more than anything, the case

[15] This does not mean, however, that results obtained by other, even quantitative, methods cannot be equally relevant, provided the results are interpreted and used with sufficient care

of older adults' wellbeing demonstrates the complex, holistic and dynamic character of wellbeing more generally; how it – without being fundamentally unfathomable, relative or subjective – depends on a subtle interplay between cognition and affect, values, preferences and experiences.[16]

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