SELF & SOCIETY, 2017
VOL. 45, NO. 2, 118–123
https://doi.org/10.1080/03060497.2017.1334955

Routledge
Taylor & Francis Group

PEER REVIEWED PAPER

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Ageing and the pursuit of happiness: a personal case study

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ABSTRACT

This article considers the manner in which happiness can be experienced as we age, from both an academic and personal perspective. It highlights some of the myths surrounding ageing and happiness, and examines some of the foci of where happiness is assumed to lie as we age. It concludes with the personal realization that for the author at least, learning to truly 'be' has had far more of an influence on his experience of happiness than trying to 'do', to achieve 'more'. It also aims to provide hope to younger readers that happiness can in fact be reached and sustained at any age, depending on how we choose to experience the internal and external world.

ARTICLE HISTORY
Received 26 February 2017
Accepted 26 March 2017

The academic literature on the correlations between happiness and ageing is mixed. Some researchers suggest that older people are at greater risk of depression and suicide (e.g. Britton et al., 2008; Steptoe, Deaton, & Stone, 2015). However, there is much research to suggest that happiness, often termed 'social well-being' (SWB) increases with age up to at least the eighth decade (e.g. Charles, Reynolds, & Gatz, 2001; Lacey, Smith, & Ubel, 2006).

The literature is not clear on precisely what factors influence our happiness as we age. Some (e.g. Moreno et al., 2014) identify how social factors such as social support or level of institutionalization can influence SWB, while others focus on the relative influence of physical activity (e.g. De Souto Barreto, 2014) or general levels of physical health (e.g. Steptoe et al., 2015).

However, one relatively consistent finding appears to be the fear expressed by those in their twenties and thirties that older age will only bring decreasing levels of happiness, as infirmity, loss of social identity and social isolation set in (Lacey et al., 2006).

A personal perspective

In this article, I offer a personal perspective on happiness and ageing. I hope that although not representative of all, it may provide an example of how, perhaps counterintuitively, when the early perceived determinants of happiness are no longer available as a result of the ageing process, this in fact can allow greater, rather than less, happiness.

Now in my early fifties, there are days when I feel so ill that I struggle to fall asleep, and I am not sure if I am even going to wake up the next day. I have been in and out of hospital over the last few years, but the doctors can never really explain what is going on. They are

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only ever able to tell me what my symptoms are not. I have cardiovascular disease but haven't had a heart attack. I have an erratic heartbeat but not acute enough to warrant intervention. I also experience extreme tiredness, mood changes, including depression and anxiety, muscle and joint pain, concentration problems, gastric issues, difficulty swallowing, tinnitus and headaches. It is possible that I have chronic Lyme disease (a complex bacterial disorder brought on through a tick bite, resulting in neurological, heart, muscle, gastric and psychiatric symptoms), but it is also possible I do not.

However, while my body has prematurely aged, and death sits closer to me than might be the case for other 52-year-olds, I am probably happier on average now than I have ever been at any other stage in my life. As my body has become more infirm and my future more uncertain, it has encouraged me to focus on the life of being in the moment rather than the life of doing for some future achievement or goal. Although clearly I would prefer to be fit and healthy, and also have this shift in focus if possible, I am so grateful for this change. Despite the trajectory of my infirmity going in ever downward cycles, the frequency of these moments of happiness actually seems to be increasing.

Lyme disease, or *Lyme borreliosis*, is a bacterial infection spread to humans by infected ticks. Lyme disease can often be treated effectively with antibiotics if it's detected early on. However, if it's not treated quickly, or treatment is delayed, chronic and severe symptoms can develop. These can include:

- Pain and swelling in the joints (inflammatory arthritis)
- Problems affecting the nervous system – such as numbness and limb pain, paralysis of the facial muscles, memory problems, muscle twitches and difficulty concentrating
- Heart problems – such as inflammation of the heart muscle (myocarditis) or sac surrounding the heart (pericarditis), heart block and heart failure
- Inflammation of the membranes surrounding the brain and spinal cord (meningitis) – which can cause a severe headache, a stiff neck and increased sensitivity to light.

A few people with Lyme disease go on to develop long-term symptoms similar to those of fibromyalgia or chronic fatigue syndrome. This is known as post-infectious Lyme disease.

To experience such a true joy of the life that is, rather than the one that should be, even briefly, is really only a recent phenomenon for me. Indeed, my belief in the importance of doing to achieve goals has been so entrenched that I have been driven to frantic action to the point of self-abuse for almost as long as I can remember.

My father was an academically brilliant man: a graduate of Cambridge and a Don of biochemistry at Oxford, who spoke three languages, played jazz piano, and acted. He only wanted for me to be able to do this too, but his exasperation when he was trying to help me, and lack of understanding over my confusion, left me feeling wholly inadequate. As a result, I think I found comfort in sport, where I could push myself to and through the point of pain. In these moments, I felt such a rush, and I thought this was happiness.

The pain was addictive. I never felt so alive as I did in those moments of endorphin-induced heaven – but I felt so incredibly flat without them. As a result, I became fixated on the 'body beautiful'. I trained for triathlons by swimming, running and cycling every day, convinced that if I could only improve my physique that little bit more, then I would achieve real happiness. However, all it did was make me more attuned to my physical imperfections. I ended up being so critical of myself that I developed body dysmorphia, and as a result, bulimia.

Research would suggest that body image for many people of both sexes, especially in their late teens and early twenties, is strongly associated with perceptions of happiness, with the suggestion that a positive body image (rather than body size) is more associated with SWB than a negative one (Gillen, 2015; Swami, Tran, Stieger, & Voracek, 2015). What is less clear are the reasons why people tend to develop a negative body image that is independent of size at this age in the first place. Upon reflection, my own journey towards a negative body image appears to have developed as a result of striving for an impossible perfection touted by the media, combined with the double whammy of an endorphin-fuelled reward process of self-abuse for not being good enough.

When I went to university in my early twenties, my focus on what should make me happy shifted towards social intimacy and support. My friends and relationships became the main focus of my addictive patterns of behaviour and I would often stay up until four in the morning getting my social fix. This is somewhat at variance with research, on American students at least, which suggested that self-image, academic success and financial security were the most influential in predicting self-reported levels of happiness at this age (Flynn & Macleod, 2015). However, the link between social support networks and SWB among Korean students would support my own experiences (Bum & Jeon, 2016). I was definitely happy at this time, as I had a large social support network, but again the emphasis was very much on only feeling happy when I was 'doing' things with other people, as I could not bear to be on my own.

After university, in my late twenties and early thirties, I put my addictive drives into the corporate world and my focus shifted towards making money as evidence of success, with a belief that this would now make me happy. Working 12-hour days, I did not enjoy the work I was doing, but felt that if I could just earn a little more, then I would be happy. This has been described as 'the principle of maximization' by Brockman and Delhey (2013), who highlight how, as contributing adults, a capitalistic world depends on this principle to function, but they suggest there are clear costs to individual happiness. Certainly for me, at this stage in my life happiness was a concept that remained consistently just out of reach, as 'more' was never enough.

As I became more aware of this void within, and by now in my early thirties, my focus on happiness shifted again, this time towards the combined goals of bringing up a family and defining success more through helping others than through money or possessions. As a result, I used my psychology degree and became a forensic psychologist. Now I defined my success by a complex combination of maintaining physical fitness, being a 'good' father, and achieving clear goals of 'fixing people' while at work. However, no matter how hard I tried, I still never felt I was good enough. This experience of never quite succeeding in all these domains in middle life is well documented by a number of researchers (Cahill, McNamara, Pitt-Catsouphes, & Valcour, 2015; Liss & Shiffin, 2014; Nguyen & Sawang, 2016; Syed, Arain, Schalk, & Freese, 2015).

Outside in

In my early forties, an event occurred that I did not yet know was going to change my life. It happened during a family holiday to Sweden, where I got bitten by a cow tic. Initially I thought nothing of it, but as the weeks and months progressed, I became more and

more ill, to the extent that my physical abilities were severely impaired, in the manner described above. Despite being only in my mid-forties, I was now faced with how to manage physical deterioration that I had expected would not arrive for several decades more.

After having defined myself for so much of my life by my physical capabilities, which I always assumed would continue to move upward, when this was suddenly taken away, it hit me hard. As a result, instead of looking outward on the world and defining happiness by what successes I could work towards, I started to turn my attention within. I became super-sensitive to the workings of my body, and could feel every little physical change. Probably as a result, the frequency of my dips started to increase, and so too did my frustration. Although I was not aware of it, at this time I likely fulfilled the diagnostic criteria for hypochondriasis. I found myself thinking about death on a daily basis, and at times felt helpless and hopeless, as at first I could not find a way of defining myself in a way that was not physically or occupationally goal driven. This negative link between health and SWB as we age has been documented by Steptoe et al. (2015), who highlight that, in general, those who become more seriously ill are understandably more prone to depression.

Fortunately, as a psychologist myself, I realized I needed help. It was only when I went to see a therapist that this pattern of now internalized, emotional self-abuse and fear became apparent. While obvious to everyone else, my emotional reaction to my premature physical deterioration was simply making it even more unbearable. In one session, the therapist asked me who I was now, and I realized I had started to link my identity to my poor physical state. This was a real turning point for me, as I began slowly to learn how to accept more graciously what was happening in my body. When I felt well, I was able to revel in my wellness, and truly appreciate how amazing it was simply to be alive. When I was unwell, either emotionally and/or physically, I was more able to accept my own reaction to it, without feeding it even further. I moved from 'being anxious/frightened of dying' to 'experiencing fear, and that being OK'. When I was in pain, I was able to continue to do what I could (e.g. read, write, attend to others), without having always to be physically active to feel successful.

I wondered whether what I was experiencing was similar to the resilience identified among some ageing populations (Lavretsky, 2014; Stephens, Breheny, & Mansvelt, 2015). These researchers have highlighted how physical infirmity alone is not a predictor of happiness, but rather it is the ability to incorporate the reality of that frailty into a continuing positive view of one's life.

For example, even in the midst of feeling physically awful, I can now still find the ability to be grateful for, and truly appreciate, the beauty of existence. I call these 'ahhh' moments. In fact, I could list all the moments I have noticed and appreciated in the last six months almost without limit. Like most of us, I don't know if I have one more day, a week, a year or even 10 years left on this planet, but the one thing I do have is the present moment. When I was much younger, I abused that present moment to create a hedonistic endorphin response, to try and fill the void created by not feeling good enough. As a result, I oscillated wildly between extreme excitement and abject misery. When I matured into early middle age, I tried to find success and happiness in the moment through the external trappings of money and large-scale work-related achievements. The intensity of doing allowed me to distract myself from this void, but again

the achievements never felt good enough in that present moment to leave me feeling fulfilled.

It has only been in my fifties, when forced to shorten my focus through having to confront mortality, infirmity and suffering that I have really been able to experience the true joy of existence. While clearly I would love to be able to have this experience of and attitude to life while still being mentally and physically well, if I had to choose between my pursuit of happiness when I was younger versus how I experience happiness now, I would go for the present moment every time.

This might provide a starting point for discussion as to exactly how it is that, for many, ageing is a process that actually increases their personal experience of happiness, despite apparently losing a work-related identity and physical wellness. Wouldn't it be wonderful if we could learn these lessons at a much earlier age?

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor

Anton Ashcroft trained as a forensic psychologist within the UK prison service, before working for Leicester Drug and Alcohol Services. Following this, he became an independent consultant, developing drug rehabilitation programmes for the prison service, and working privately with those who had experienced trauma. Anton now lives in Aotearoa New Zealand, where he has continued to focus on working with clients with complex needs, and developing drug rehabilitation services for the Department of Corrections. Anton has also provided extensive supervision for alcohol and other drigs (AOD) professionals and other psychologists. More recently, Anton has moved into the field of business consultancy, focusing on developing key leadership skills for managers in blue chip organizations.

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