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Assemblages of Care and Personhood: “Successful Ageing” across India and North America

Abstract This chapter brings the perspectives of older subjects from India into dialogue with the mushrooming public, academic, and biomedical discourse on successful ageing originating in North America and circulating around the globe. According to a dominant biomedical policy, and popular successful ageing discourse prevailing in North America, we each have the potential—and, indeed, the moral and political obligation—to make our own ageing “successful,” staving off the impending disabilities and burdens of later life. This successful ageing model promotes ideals of agelessness, independence, and individual responsibility for ageing well. Prevalent models of ageing well in India, in contrast, have emphasized interdependence within families, and accepting the fundamental condition of human transience. At the same time, Euro-American paradigms of successful, healthy, and active ageing are increasingly circulating within India. By probing models of ageing well traveling across India and North America, the chapter offers an image of care in old age as a complex assemblage of state policy agendas, cultural models of personhood, forms of inclusion and exclusion, and social-moral visions of how best to live.

Keywords successful ageing, care, Indian and US perspectives, assemblage, biopolitics

It is a spring afternoon in Kolkata, the vibrant capital city of India's northeastern state of West Bengal, India. Jethima sits in the family's modest flat, five floors above the bustle of the streets below, her windows wide open to a pleasant breeze that flutters her white-and-blue cotton housecoat. When I drop by to visit, Rita—who has worked for the family since she was a young girl twenty-five years earlier—greet me warmly and busies herself making the afternoon tea. Jethima's granddaughter rushes in from school and hangs on her grandma's shoulder, stroking her arm. Jethima catches me up on the family's news. I have not seen her since the year before.

Jethima lost her husband to a heart attack a few months earlier and describes herself at seventy-three as an "old woman" (*buri*). She tells of how her feet and legs no longer work so well, especially after she had suffered a mild stroke. "I also forget a lot—all sorts of things don't stay in the mind," Jethima shares. She speaks nostalgically of earlier days when the house was full of people: "How we had fun together, making such a racket!" I remark that Jethima is fortunate to be still living with her son, and Jethima replies, "Yes, of course! I know that some families here are becoming like those in your country. But still most mothers live with their sons," she said emphatically, "and most sons look after their mothers." Rita chimes in to agree, informing the American, "Yes, most sons and parents here live together."

I ask Jethima what she does with her time now and recall how she used to love her work as a schoolteacher. Jethima replies, "Now I mostly just sit here, quietly." As we sip our tea and listen to the repeated bubbling call of the *kokil* bird floating through the open windows, Jethima comments, "I ask God now to give me death. I'm now more than seventy! How much longer will I live, tell me?" A little later, she adds: "After you go, when you next come back, I will probably be dead! Do still come and see them all, though." When I get up to leave as the evening sets in and after I have had a chance to chat with Jethima's son and daughter-in-law, home from their work at the university, Jethima hugs me warmly and exclaims, "Bye, bye! I will remember you my whole life! Well, I will only live one or two more days!" She laughs. "How long will someone live?"

Some elements of this scene could strike one, especially an imagined North American or European reader, as perhaps depressing: a frail body, days spent sitting quietly, contemplating one's own death. But such an interpretation would not well capture how Jethima herself experiences her situation and envisions how old age should be. Jethima's words resonate with common visions of a good old age prevailing in her society. In both state policy and everyday talk, Indian visions of old-age care tend to emphasize the family as the best, most practical, and most socially-morally valued site of eldercare. In addition, Indian views of ageing do not emphasize bustling activity and busy-ness as much as North American and European views do (e.g. Ekerdt 1986; Katz 2000). In fact, many Bengalis and other Indians describe later life as a phase relatively lacking in productive activity

compared to earlier life stages. Further, older Indians commonly speak of accepting bodily changes, declines, and mortality as a natural part of the human condition. Talk of acknowledging one's own approaching mortality is so commonplace to be almost expected everyday discourse among older persons. Worldly life is transient, all things including the body come and go, and so one should not cling to one's body or self in later life, but rather, be prepared to embrace the myriad transitions and leave-takings of death.

Such perspectives contrast ideals of care and selfhood in old age found in the popular "successful ageing" discourse prevailing in North America, my own home and site of some of my parallel anthropological research on ageing. Discourses of successful ageing in North America—and in related form as "healthy" and "active" ageing in Europe—emphasize individual independence, busy productivity, and agelessness or a striving to not be "old" (Lamb 2014, 2018). In such a paradigm, it is the individual who bears primary responsibility for pursuing independence, activity, health, and the staving off of old age. To succeed at these endeavors can make one feel inspired and proud, while to fail can involve an implicit or even explicit sense of failure, shame, and social exclusion (Lamb 2014, 2018; Katz and Calasanti 2015).

This chapter brings the perspectives of older subjects from India into dialogue with the mushrooming public, academic, and biomedical discourse on successful ageing originating in North America and circulating around the globe. The aim is, first, to illuminate values and assumptions underlying the North American successful ageing project, which often go unscrutinized in their guise as universal facts or truths. Second, the chapter aims to shed light on the complex assemblage of old-age care in India. In fact, globalizing successful ageing models are increasingly circulating within India, as they are throughout the world. Such deterritorialized images intersect not only with familiar everyday moral discourses of ageing, but also with state eldercare policies, globalizing eldercare institutions, and significant distinctions of social class, family circumstances, gender, and personal proclivities—to make the realities and aspirations of ageing for individuals across India highly varied and complex. By probing models of good or successful ageing travelling across India and America, the chapter offers an image of care in old age as a complex assemblage of state and globalizing policy agendas, public and institutional discourses, cultural models of personhood, forms of inclusion and exclusion, and social-moral visions of how best to live.

I use the concept of assemblage—introduced by Gilles Deleuze in the late twentieth century and since developed by philosophers, anthropologists, sociologists, and queer theorists¹—as a means of thinking about the social complexity of ways of ageing. Assemblage theory offers a richly nuanced

1 Scholars who have developed the concept of assemblage as a way of thinking about social complexity include DeLanda (2006); Puar (2007); Ong and Collier (2005); and Zigon (2011, 2014). See also Deleuze and Guattari (1987).

perspective for understanding social realities—such as moral visions of ageing across India and the US—as consisting not of fixed systems in any single social location, but rather, as Jarrett Zigon articulates, of “a unique conglomeration of various aspects of diverse and often contradictory discourse” (2014, 18). The concept of assemblage helps us recognize “the fact that oftentimes seemingly incompatible moral discourses and dispositions exist rather comfortably [and uncomfortably] in the same situation or location” (Zigon 2014, 19). This notion of assemblage matches well with the findings of my own long-time research on ageing in India (e.g. Lamb 2000, 2009, 2013, 2014). In India, a diversity of ideologies, discourses, policies, institutions, selves, and experiences—some perceived as local, traditional, or Indian, and others as global, modern, or Western, and others as tied principally to personal or social structural circumstances—coexist in heterogeneous ways in complex configurations. Such assemblages offer a variety of sometimes surprising ways for morally being in the world, as people strive to craft meaningful lives in old age.

The chapter’s data draws on fieldwork with older persons and their families in West Bengal—in both rural and urban settings and across a range of social classes—conducted over the past twenty-five years. I also scrutinize—as rich cultural texts—gerontological, biomedical, policy, and popular discourse on successful ageing.

The successful ageing movement as a cultural and biopolitical project

The past several decades have witnessed a flourishing of scientific research and public discourse on how to age well. According to a dominant biomedical, psychological, public health, and popular cultural narrative of successful ageing prevailing in North America, we each have the potential—and, indeed, the moral and political obligation—to make our own ageing “successful,” staving off the pending disabilities and burdens of late life. This trend is variously called “healthy ageing,” “active ageing,” “anti-ageing,” and “successful ageing,” and has become an extremely influential paradigm in both gerontology and public culture today—prevailing in North America and Western Europe, and increasingly with diverse instantiations around the globe (Lamb 2017).

Robert Havighurst provided an early formulation of successful ageing in the first issue of *The Gerontologist* in 1961, and the approach took off and was crystallized in the highly influential work of John Rowe and Robert Kahn (1987, 1997, 1998), who sought to clarify the factors promoting mental and physical vitality in later life. The paradigm has been widely embraced as an optimistic approach to ageing while challenging notions of later life as a period of decline. As Stephen Katz and Toni Calasanti summarize, “Successful agers were satisfied, active, independent, self-sufficient, and, above all, defiant of traditional narratives of decline”

(2015, 27). The approach has spurred an industry of academic and self-help books, journals, conferences, grants, centers, websites, policies, and public health projects. World Health Day 2012 was dedicated to Healthy Ageing, and 2012 designated the European Year for Active Ageing. In North America and Western Europe, centers for Healthy Ageing, Active Ageing, and Successful Ageing abound. In short, as Katz and Calasanti articulate, successful ageing and its counterparts have become “one of gerontology’s most successful ideas” (2015, 26). At the same time, the concept of successful ageing has also been widely critiqued, especially within critical gerontology circles, for being ethnocentric, inattentive to issues of social inequality, and implicitly stigmatizing those who fail to meet the paradigm’s criteria of success, which revolve around robust social, mental, and physical activity, and avoidance of disease and decline (e.g. Martinson and Berridge 2015; Katz and Calasanti 2015; Lamb 2018; Liang and Luo 2012).

If one examines the successful ageing project as a particular cultural and biopolitical formulation, an influential part of the assemblage of moral visions of ageing in the United States and globally, one can begin to discern its underlying cultural assumptions, and its situatedness within certain broader contemporary cultural–historical processes of the late twentieth and early twenty-first centuries.² Several core cultural assumptions—about personhood, the life course, and moral ways of being in the world—underlie the successful–active–healthy ageing movement.

The theme of individual responsibility running throughout the Westernized gerontological and public discourse of successful ageing is perhaps the most dominant. Ageing was previously imagined in North America as largely a natural process of decline beyond the control of the individual. However, the successful ageing project turns that assumption on its head, arguing that lifestyle choices and individual volition dramatically impact one’s “success or failure” in ageing (Rowe and Kahn 1998, 18). Rowe and Kahn pronounce at the outset, “Our concept of success connotes more than a happy outcome; it implies achievement rather than mere good luck. [...] To succeed in something requires more than falling into it; it means having desired it, planned it, and worked for it. All these factors are critical to our view of aging which, even in this era of human genetics, we regard as largely under the control of the individual” (1998, 37). In just one of countless examples from popular self-help books on the topic of successful ageing, Richard Kownacki proclaims: “The good news is that you can regain control of your life and well-being by practicing the principles of successful ageing. Each of us individually has the ultimate responsibility of our own health and well-being” (2010, 76). We see here a vision of personhood emphasizing the power of individual agency and the individual self as project (cf. Illouz 2008).

2 I examine such elements that make up successful ageing discourse in further depth in Lamb (2014) and Lamb et al. (2017).

A second key theme in North American discourse on successful ageing is independence, instantiating the powerful cultural-moral ideal that independence is good, and dependence (after childhood, at least) bad. Rowe and Kahn report straightforwardly: "Older people, like younger ones, want to be independent. This is the principal goal of many elders, and few issues strike greater fear than the prospect of depending on others" (1998, 42). They characterize independence as a "positive" condition and dependence as "bleak" (1998, 14), while defining independence as "continuing to live in one's own home, taking care of oneself" (1998, 42). Popular texts on successful ageing similarly highlight the ideal of independence: "The important thing at this stage is to maintain a sense of independence," Doctor Eric Pfeiffer asserts (2013, 180), offering a bulleted list of tips: "Fight for your independence," "Maintain physical independence," "Maintain financial independence," and "Know what you can do to avoid dependency" (2013, 189). This emphasis on independence as part of successful ageing resonates strongly with broader cultural ideologies of age and personhood analyzed by anthropologists, who find maintaining a sense of independence and avoiding becoming a "burden" on kin to be an overriding concern among older adults in the United States (Buch 2013, 2018; Lamb 2014, 47-48; Simic 1990).

A third central theme in the successful ageing movement celebrates the moral imperative of maintaining productive activity. Activity unites the three core components of the successful ageing model articulated by Rowe and Kahn: avoiding disease and disability, engagement with life, and maintaining high cognitive and physical function (1998, 39). They detail the value of physical exercise, engagement in complex cognitive activity, active social relationships, and "performing activities that are, in the broadest sense, productive" (1998, 50-51). The fact that many centers, theories, and programs related to the broad successful ageing movement are termed "active ageing" highlights the ways proponents are conjoining success—in its physical health and moral value components—and activity. The European Union has promoted "activity" as the key element of healthy ageing since around the early 2000s, positioning the creation of an active later life and postponement of retirement—with its motto, "living longer working better, working longer living better"—as the means to promote not only healthy older individuals, but also a viable economy (Lassen and Moreira 2014, 42). Across Europe and North America, the flourishing of life-long learning institutes, Universities of the Third Age, senior exercise programs, post-retirement work opportunities (e.g. Lynch 2012), and a general ethic of "busy-ness" in retirement (Ekerdt 1986; Katz 2000) are part of the assemblage of active, productive, successful ageing.

A fourth central theme in successful ageing discourse might be termed "ageless ageing"—a vision of the ideal person as not really ageing, or growing old, in later life, but rather maintaining essential features of the self (a permanent middle-aged or adult self?) of one's earlier years. We see such aspirations in not only gerontological texts but also the flurry of

anti-ageing consumer products, anti-ageing medicine, and everyday talk surrounding ageing in North America. The most basic notion of successful ageing used in research involves “older adults whose health status is similar to that of younger people” (Depp and Jeste 2006, 18). In a section boldly titled “Decay is Optional,” Chris Crowley and Henry Lodge proclaim in their top-selling *Younger Next Year: Live Strong, Fit and Sexy until You’re 80 and Beyond*: “You do not have to *act* old or *feel* old” (2007, 33, emphasis original). Such idealized images of an ageless self resonate with broader cultural visions prevailing in North America, in which the frailty, fragility, vulnerability, and decline of so-called “real” old age and agedness are segregated from successful (anti-)ageing. The successful ager as ageless self in such ways indexes a deep cultural discomfort with human oldness (Andrews 1999, Calasanti and King 2017, Holstein 2015, Lamb 2018). In fact, in North America it is not polite to refer to someone as “old.”

Broader cultural, political, economic, and demographic trends of the current era also interpenetrate the successful ageing movement. As Nikolas Rose (2007) analyzes, contemporary biomedicine has come broadly to foster a notion of health as a personal social-ethical imperative. By the second half of the twentieth century, health had become one of the key ethical values in modern societies. Rose examines the ways modern-day individuals “are conjoined to think of themselves as actively shaping their life course through acts of choice” (2007, 26), where the citizen is “not merely a passive recipient [...], but obliged to tend to his or her own body” (2007, 24). Howard Leichter similarly explores how “health and healthy lifestyles have come to occupy so sanctified a position in the American hierarchy of values” that “health promotion has achieved the status of a moral imperative” (1997, 361; cf. Crawford 1980). We can see parallels in the successful ageing and anti-obesity national movements in the United States, as both campaigns enjoin individuals to maintain themselves as healthy, fit, good biocitizens. Susan Greenhalgh argues in her blurb for *Fat Talk Nation*, “Fatness today is not primarily about health [...]; more fundamentally, it is about morality and political inclusion/exclusion or citizenship” (2015; see also LaFrance et al. 2015). The “core moral stigmatizing messages that equate *fat* with *bad*” (Brewis and Wutich 2015, 269, emphasis original) are in certain respects parallel to successful ageing discourse, implying that “usual” ageing (Rowe and Kahn 1987)—that is, “unsuccessful” ageing? being “old”?—is shameful and morally suspect.

In addition, nations around the world are facing an unprecedented demographic shift in population ageing, leading to a kind of statistical panic (e.g. Dychtwald and Flower 1990) that further motivates the successful ageing movement. Discourses of demographic change emphasize how the proportion of older persons in relation to those of traditional working ages—often termed the dependency ratio—is projected to climb dramatically. The higher the old-age dependency ratio, the greater the potential burden on state and society (a scenario that frames old people as naturally prone to dependence). Yet, if healthy, fit, active older persons

can take care of themselves by pursuing the ideals of health and life, then they maintain themselves as self-reliant individuals and good citizens rather than burdens. The billion-dollar, anti-ageing and active-ageing consumerist industries—including anti-ageing cosmetics and surgeries, retiree travel programs, and the like—also figure in the assemblage of contemporary successful ageing. We can see, then, successful ageing as part of a broader cultural, political, economic, medical, and moral enterprise fostering healthy, independent citizens—what one could label a contemporary cultural biopolitics of ageing.

Discourses of ageing, care, and well-being in India: A diverse moral milieu

At first glance, the Euro-American successful ageing discourse seems quite different from prevailing visions of old-age care and moral personhood in India. Interdependence and intergenerational reciprocity within an intimate family setting are especially central to visions of ageing well across India. No matter what else may be going on—even quite serious problems of poverty, or illness, or frailty—elders themselves and their community members tend to believe that a person's old age is transpiring in a moral way if the older adult is living and being taken care of within the context of a multigenerational family home. Certainly the Euro-American successful ageing ideal of independence is not fetishized within India as it is in the United States. Rowe and Kahn describe independence as "continuing to live in one's own home, taking care of oneself," and as "the principal goal of many elders," while asserting that "few issues strike greater fear than the prospect of depending on others" (1998, 42). Such statements would strike most Bengalis I know as highly unfamiliar and odd. The Government of India's Maintenance and Welfare of Parents and Senior Citizens Act (passed in 2007 and signed into law in 2009) stipulates that families—specifically adult children, or those in a position to inherit in the case of childless elders—are not only morally but also legally obligated to provide care. Under the section "Need for the Legislation," the lawmakers declare straightforwardly: "It is an established fact that family is the most desired environment for senior citizens/parents to lead a life of security, care and dignity."³ The National Old Age Pension Scheme, launched by the Government of India in 1995, similarly rests on the idea of appropriate dependence on families, originally limiting pensions to impoverished elders with no surviving adult sons. Although the adult son bar was removed in 2007, government policies and courts still strongly emphasize the appropriateness of family care rather than individual rights

3 The text of the 2007 bill preceding the 2009 law is available at <http://www.prsindia.org/billtrack/the-maintenance-and-welfare-of-parents-and-senior-citizens-bill-2007-441/>, accessed on February 4, 2017.

and self-reliance-based schemes (Brijnath 2012; Lamb 2013; Vera-Sanso 2015).

Many Indians also regard as appropriate in older age a stance of accepting changes of age, mortality, and the ephemerality of the human condition, as revealed in the opening portrait of Jethima. One Kolkata interlocutor, a middle-aged businessman, quoted from the *Ashtavakra Gita*: “The body comes, it lingers awhile, it goes. But the Self neither comes nor goes. So why grieve for the body?” Purnima-di, a retired professor in her seventies, commented: “I am not afraid of death, because it is inevitable. Because I am born, I know I have to die. No one born can escape death.” She added matter-of-factly, “When clothes are worn out, you just take them off and wear new ones. The body is also like that [...]. We have to accept decay. I have accepted.” Kalyani-di, recently widowed at seventy and resident of an eldercare ashram in a provincial town, commented in the familiar style, “The next time when you come back again I may not be living at all any more. I’m ready to go.” “I just have a little pull (*tan*) still for my youngest daughter and granddaughter,” she admitted with a hint of apology.

Conventional views of ageing well and moral personhood among elders in India also tend not to emphasize busy productivity. I asked Boudi what she does with her time now that she has become a widowed mother-in-law and grandmother, with her two daughters-in-law taking over most of the domestic responsibilities. Boudi answered cheerfully, “I mostly just sit here all day long.” Sitting can in fact signal several positive conditions—such as being cared for rather than needing to work and serve oneself, as well as class privilege. So those among the very poor sometimes comment that they do not have as many old people in their communities as the rich do, signalling a conceptualization of old age as entailing appropriate relief from the obligation to labor and move, a state the poor elderly have difficulty achieving. In general, one sign of elite middle-class privilege in India is the capacity to refrain from too much outdoor movement like walking, such as by relying on a driver and other domestic help to conduct marketing, errands, and household work. In old age especially, to be able to sit and be served, or receive *sevā* (respectful care for elders), is a sign of privilege.

The classic Brahmanical Hindu vision of the four stages of life (*āśramas*) additionally foregrounds two later-life stages—of the forest dweller (*vānaprastha*) and renouncer (*sannyāsī*)—during which the individual is relatively free from the productive activities of work and reproduction while focusing instead on spiritual development and loosening ties to worldly life (Manu 1991, ch. 6). Quite a few older Bengalis refer to these classic life stages as models for their own later lives, while spending time meditating, reading religious texts, going to temples, and contemplating the ephemerality of the human condition in the world.

At the same time, as people and ideologies move easily across national-cultural borders, we see in India ideas and practices of a globalizing successful-healthy-active ageing paradigm, contributing to what Zigon

(2014, 17–18) describes as “the fuzzy, fragmentary, and oftentimes contradictory moral milieu” of an assemblage—here an assemblage of models for ageing. Although the paradigm of the family as the most appropriate site of eldercare is dominant within Indian state policy, some gerontologists, policymakers, and those among the public are pushing for alternative policies organized around the concept of an older person’s individual rights to self-determination and a security net beyond the family (e.g. Vera-Sanso 2015). The United Nations is one influential body exerting its impact, detailing measures to safeguard the Universal Human Rights of older people in all its member nations. These measures include affirming the Vienna International Plan of Action on Ageing 1983 and its aim to “enhance the economic and social independence of older people by incorporating the principles of independence, participation, care, self-fulfillment, and dignity into their programs for older people” (Vera-Sanso 2015, 81). The United Nations articulates the relevance of local cultural values and the potential importance of the family, such as in item #10 under “Care:” “Older persons should benefit from family and community care and protection in accordance with each society’s system of cultural values.”⁴ Yet some in India argue that national policies emphasizing family reliance rather than individual rights are uncertain and discriminatory, and fail to meet the requirements of a UN member nation (e.g. Vera-Sanso 2015; see also Lamb 2013, 74–76). Indian newspapers in turn debate whether the family, the state, or the self-reliant individual is the best site of eldercare. Just one of many headlines on the topic proclaims, “Can’t Depend on Kids in Sunset Years,” while moving on to offer advice on how to invest and save, to make independent living a feasible and reliable option for old age (Dhawan 2012). The implication in much of this public discourse is that advanced nations will adopt universalizing assumptions about independence as natural and desirable for older individuals, as one sign of becoming modern.

Daily life debates regarding the competing values of independence and interdependence also frequently arise in my fieldwork. One Kolkata interlocutor who, at age seventy-two, lived separately with his wife, his only son settled abroad, articulated a notion of independence as tied to personal and national success: “At this age, it’s better to live separate [...]. If an old man says that he needs to have his son live with him, then the son won’t advance, and the country won’t advance.” Some elders, especially among the urban middle classes, are joining new clubs for “senior citizens,” focused on peer sociality and cultivation of the individual, in the vein of globally emerging models. One afternoon as we gathered for tea and conversation, members of one such neighborhood club in Kolkata animatedly discussed the merits and demerits of a conventional family-based eldercare system. “That was a very sweet relationship,” one man

4 United Nations General Assembly (1991). <https://www.ohchr.org/Documents/ProfessionalInterest/olderpersons.pdf>, accessed on February 12, 2020.

reflected, “but it is dying now.” Another remarked, “The problem is that we have grown up *expecting* our children to care for us. If you,” directing this comment to me, presumably as an American or perhaps as a social scientist, “can show us how to *get rid* of this—our expectations [of counting on our children for care]—then there would be no problem.” Murmurs of agreement went around the room. Indeed, market-based institutions of eldercare are springing up in India’s cosmopolitan centers, offering old-age homes and in-home care services to those who wish to look into, and who can afford to pay for, eldercare services for hire beyond the family (Lamb 2009, 53–89).

Globalizing healthy and active ageing images are also increasingly circulating in India. Healthy Aging India was founded in 2014 by two Delhi-based physicians who had spent time in Boston and been inspired by the healthy-active-successful-ageing programs they witnessed in North America. Among other activities, Healthy Aging India sponsors walk-a-thons, health education workshops, and programs to “empower senior citizens” “to find their own job,” like “creating self-help groups, taking care of grandkids, gardening, playing with peers, writing, painting, and learning new things.” The group’s mottos include “Turn Aging into a Grand Finale,” and “Healthy Aging for Dignity and Independence.”⁵ Learning of my research, biomedical physicians in conversations with me in India frequently also criticize what they see as a too-common defeatist attitude regarding the ageing body in India, where medical problems such as cataracts or cancer are regarded as simply natural to old age. Instead, India should be working hard to make modern medicine more accessible as part of a national endeavor to promote longer and healthier lives.

Among the cosmopolitan urban elite, some older adults are using Fitbit and Apple fitness trackers and donning global-style running shoes as they enjoy daily morning walks in local parks. One Delhi-based gentleman, who has spent several years in the United States and is active on the internet, proudly reported to me over email his own activity level at age seventy—which includes walking, yoga, meditation, reading, writing, participating in seminars, and volunteering in the areas of human rights and environmentalism. His comments frequently reflect an assemblage of multiple engagements with both Indian and Western moral-spiritual outlooks on life and ageing. He enjoys talking with me about the Hindu tradition of *icchā mrityu*, or cultivating a readiness for dying, while at the same time his comments reflect features of internationalizing successful ageing discourse, such as when he remarked over email: “Where many people my age or younger in India lead vegetative lives [later apologizing that this is not their fault; much is due to poverty and lack of education], I think I have achieved what you call successful ageing.”

5 Healthy Aging India: <http://www.healthyagingindia.com/>, accessed on February 20, 2020.

The choices individuals make about how to age, and the situations they find themselves in, also have much to do with the particularities of crucial life factors such as gender, family situations, social class, and personal proclivities. I close this section on the diverse moral milieu of ageing, care, and well-being by introducing one particularly situated person, Renuka Ghosh.

Renuka-di, a widow's pension, an old-age home, and cheerfully calling the God of Death

Renuka-di, as I call her—"di" representing "*didi*" or older sister, a term of affectionate respect—at age ninety-two lives in the picturesque Mahadevananda Giri Briddhashram home for elders in the town of Barrackpore, a former military and administrative center under British rule, about thirty minutes by train or car from North Kolkata. Made from converted dormitory-style barracks, this home for elders is situated behind tall, fading yellow cement walls, which hold the residents' sleeping quarters and a lovely Hindu temple in the center, along with spacious gardens with a village-style well, several wandering cows, scattered banana and papaya trees, a kitchen garden growing fresh vegetables and herbs, and various seating areas for residents to congregate outdoors. Renuka-di moved into the forty-person elder residence around fifteen years earlier, after becoming a widow and gaining control of the pension her husband had earned as a former government employee. Although she has four sons, daughters-in-law, and grandchildren with whom she could have more conventionally lived, Renuka-di tells of having chosen the elder ashram. If she had lived with her sons, she would not have been able to control her pension. This is the first time in her life she has had money of her own, and she enjoys buying treats like sweets and high-quality fish that she brings to the kitchen staff to cook especially for her. She also uses her money to travel to visit her sons and grandchildren when she feels the urge.

Renuka-di has a lively and witty spirit, and is a social leader in her dormitory room of five, where the ladies fall asleep talking each night, share ideas for knitting and crocheting, listen to the radio, and go together to the home's temple to sing hymns appropriate to their spiritual forest-dwelling (*vānaprastha*) stage of life. "I don't want to depend on anyone," Renuka-di frequently expressed, displaying her independent spirit, "but now my physical problems force me to ask for help." The home provides some assistance with daily activities as well as all meals and care which the hired staff call *sevā*, or service to elders.

Old-age homes, as they are frequently termed in Indian English, have arisen in India just over the past few decades, and offer a new option for ageing beyond the family (Lamb 2009). It is impossible for me to know what, if any, hidden family tensions may have propelled Renuka-di to the home. Others in Bengali society remark that no elder would choose an

old-age home over family, if family relations are not problematic. However, over the more than ten years I have known her, Renuka-di has not revealed any family disputes. Still, talk in Renuka-di's elder home often turns to what brought the residents here, away from the family. One older male resident who had moved into the home with his wife, leaving his son and daughter-in-law in the family home several hours away by train, commented with some bitterness, "These days, children simply kick their parents out. This happens now in all countries."

This elder residence, like others in India, is in some respects modelled after a common Western-style retirement home—offering family-free eldercare through the market.⁶ Yet, the home also feels distinctly Indian in many respects, organized as it is around a Hindu temple and compared by some residents to a spiritual "forest" retreat. The intimate, crowded sociality of dormitory-style living, with everyone eating food prepared in one hearth, also recalls to some residents the large Indian joint families of old times. Further, the days in Renuka-di's elder home are punctuated by almost no organized activities—other than regular meals and tea, warm bath water delivered, and temple worship—a striking contrast to the bustle of activities' calendars and professional Activities Directors mandatory in parallel institutions in the United States.

When my research assistant Hena and I went to visit Renuka-di one February morning after a gap of a few years, we found her sitting in the garden courtyard in front of the ladies' dormitory, knitting and chatting with a handful of women, enjoying the light spring sun. Hena and I remarked on Renuka-di's familiar cheerful expression and how she looked just about exactly the same as she did when we first met her ten years earlier! "I'm almost ninety-two now," Renuka-di exclaimed, "and I'm still here and haven't died yet! I'm ready and waiting to die, though!" She told a story about how Yamaraj, the God of Death, has a notebook filled with pages of lists of whom he is going to call for and when. The page with her name on it must have been accidentally torn from the book and is floating around somewhere out there, because Yamaraj has forgotten her! She and her lady companions laughed. "The page is just floating around out there somewhere lost!" Renuka-di continued, "I write letters to God telling him to take me now, but these letters, too, must have all gotten lost, and so I still keep on living." "But I live in joy," Renuka-di added, and the others concurred.

Renuka-di then said with excitement that her grandson was getting married that very day. "Are you going? Why are you here?" we asked. "I can't go," Renuka-di replied matter-of-factly, "because of my knee problems and difficulty walking—it would be too much trouble." She justified her absence further by remarking that she also enjoys her independence (*svādhīnatā*)

6 The monthly cost of this modest home is roughly equivalent to that of hiring a full-time servant, two options which many middle-class families can afford. Renuka-di's pension covers her old-age home expenses.

here, and is very happy. “So although my grandson called to chastise me that I was playing favorites—I’ve attended all the other grandchildren’s weddings—I can’t be bothered too much.” Nonetheless, Renuka-di insisted that one of her more mobile roommates go fetch the wedding invitation, which she displayed proudly to us, while commenting on the good match. “The bride is really beautiful! And they chose each other [rather than having an arranged marriage], which is good these days—much better! In fact, the bride is a Brahman [the highest Hindu caste], and my grandson a Kayastha [the next-highest caste rank among Bengalis], and so I guess he’ll become a Brahman!” Renuka-di joked with a broad smile.

We spoke more about the wedding, and of weddings in general. Then Renuka-di shared, displaying the ways she navigates between her pull toward her family and her choice to stay in the old-age home: “If I sit still, my mind gets restless and wanders towards my sons and grandkids—what are they doing? So I need to keep busy [...]. When I go to the temple, then I feel that at least for two hours my mind is shifted to God.” She described how the proprietor’s mother, Ila, herself getting on in age, reads from the *Bhagavad Gita*, passages Renuka-di knows well, and how the women sing hymns together, sometimes for hours at a time. “So my mind is God-oriented at least for that much time.”

Conclusion

According to Jarrett Zigon (2014, 19), assemblages “offer a greater range of possibilities for morally being in the world and ethically working on oneself than any one moral discourse or embodied moral disposition would on its own.” As such, the assemblage metaphor works well to illuminate the rich complexity and variety in the lives of the older persons I have grown to know in India. We see older adults, their communities, and policymakers in India combining diverse and often contradictory models for living and ageing, critically finding new ways and rationales to negotiate social transformations of ageing and life, striving to craft meaningful forms of ageing well in the present. In so doing, many bring an analytical thoughtfulness to globalizing models of successful, healthy, active, and independent ageing, a thoughtfulness that can help reveal prevailing Euro-American paradigms of ageing as particular cultural-historical constructions rather than simple facts or universal truths.

In closing, it might be useful to also consider briefly how an assemblage perspective can be relevant to understanding ways of ageing in the United States, where I also find elders critically engaging with transnationally circulating and at times seemingly incompatible moral models for how to age well. My recent fieldwork with Boston-area elders in the United States shows their complex and ambivalent engagement with successful ageing discourse. In addition, quite a few of my US interlocutors engage with what they regard as “Eastern” philosophies and spiritual perspectives as

they craft alternative ways of approaching change in later life. Some do quite delightfully and purposefully pursue successful ageing, inspired by the vision of not becoming old, while engaging in a plethora of activities (lifelong learning, exercise, travel, clubs, volunteering, gardening, theater, reading, games), health pursuits (knee replacement, cosmetic surgery, daily exercise, anti-ageing diets), and strategies to enhance independence (Lamb 2014, 2018). At the same time, many express nuanced and even critical perspectives on successful ageing, especially the paradigm's seeming attempts to deny change, decline, and mortality. "I hate the way that death is viewed in this culture," Shirley exclaimed. "It's just viewed as something that's bad." A cancer survivor in her sixties, Shirley tried to persuade those in her lifelong learning class of the value of Buddhist and Hindu perspectives on ageing and dying, including the notion that life is fundamentally transient, while sharing one of her favorite sayings attributed to an "unknown yogi": "Change is inevitable. Growth is optional." Lily Whitefield, a seventy-six-year-old resident Christian pastor at a retirement community, reflected on her vision of successful ageing: "If you try to be like you were at fifty, you will fail right out of the box." Lily believes that she has grown wiser, more open, more understanding, more loving, and more accepting with age, and a stronger pastor than ever. She feels like she has come upon a "calling" late in life to work with elders, who need help in coming to accept and appreciate the changes of old age. "And why *not* call us 'old'?" she asks. "Are old people *lepers*?"

Thomas Gass spent several years in a Buddhist monastery in the Himalayas before joining a US nursing home as an aide, and interweaves Buddhist insights on life, ageing, personhood, and the human condition throughout his piercing reflection on North American nursing-home life. He writes: "Traditionally Buddhist monks began their training in the charnel grounds, meditating among decomposing corpses. The idea is to deeply internalize the entire cycle of life, to see ourselves as part of nature rather than being apart. Here in North America, media and advertising would have us all pretend we are eternal teenagers" (Gass 2004, 178). Yet, he goes on to reflect, "Every one of us humans is pointed in the same direction. We can put the inevitable out of our mind for a while, but it will catch up one day, guaranteed. In fact, death is the only guarantee we have been granted by life. Yet most of us pretend we will be the only one to escape it." "I look forward to the day," Gass muses, "when we will have enough courage and balance to trust human nature and to honor all its stages, including the end of it" (2004, 86).

We see those in India and in North America working on crafting meaningful forms of living and self out of a complex assemblage of cultural models of personhood; state and international institutions; family, gender, and class circumstances; and social-moral-spiritual visions of how best to live. By exploring assemblages of ageing across India and North America, we can see old age as an intense site for working out forms of moral personhood and probing enduring questions of what it is to be human.

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