THE MacArthur model of successful aging encompasses three principal components: low risk of disease and disease-related disability; maintenance of high mental and physical function; and continued engagement with life, which includes relations with others and productive activity, either paid or volunteered. In the 27 years since we first articulated the core principles of the model, it has received sustained attention in gerontological theory, empirical research, and practice (Rowe & Kahn, 1987, 1997, 1998).

Thousands of articles have been written on the concept and its components, and more than 100 variations of the original model have been proposed. Some of these variations call for a greater emphasis on social factors that may influence the capacity for successful aging (Riley, 1999); others propose a more subjective definition of the concept itself and greater attention to individuals’ perceptions of their own aging and the effects of earlier life experiences. The importance of antecedent events as determinants of successful aging is emphasized in the suggestion that the model incorporate a life-course perspective. The model’s far reach and impact also is reflected in the establishment of successful aging centers at several universities, including Rowan University in New Jersey, the University of Toledo in Ohio, and California State University in Fullerton.

The model is not without its critics, however. In fact, the number and variety of critiques has become so large that Martinson and Berridge (2015, 4), in a special issue of The Gerontologist dedicated to the concept of successful aging, divided them into four distinct categories. The missing voices critique, which accounted for 45% of published critiques, calls for greater consideration of subjective components of successful aging: add and stir (25%) calls for other expansions to the model; hard hitting (20%), demands a more inclusive definition of successful aging and avoidance of “stigma and discrimination” of those not aging well; and new frames and names (10%), which attempts to correct or replace a perceived Western cultural bias in the MacArthur model.

Masoro’s (2001) early condemnation of the MacArthur model as misleading and deserving of abandonment is a minority view. Rachel Pruchno, editor-in-chief of the Gerontologist, calls for developing consensus about what successful aging is and how it should be measured by building on current empirical and theoretical work. (Pruchno, 2015). In the same issue Stowe and Cooney (2015) conclude that “the popularity of the model in the mainstream literature and its extensive use in scientific inquiry warrants modification over disposal.” We embrace this continued and intense dialogue, and hope it leads to strengthening the model and informing future empirical research.

A recent suggestion for pursuing both of these goals was proposed by Silverstein (2015), who noted that social and behavioral scientists should recognize more fully the potential value of information on biomarkers and genetics as predictors of successful aging. This view is in sharp contrast with the concerns of some early critics, who felt that the model was too biomedical. In fact, the MacArthur Research Network on Successful Aging was, from its inception, an interdisciplinary group. In 1984, the foundation officers assembled a group of 16 scholars from various disciplines relevant to aging and invited us to develop the conceptual basis for a “new gerontology.” Our assignment was to “gather the knowledge needed to improve older Americans’ physical and mental health.” In a field that was then dominated by measures of central tendency and neglect of variability, our network was immediately interested in the distinction between “usual” and “better than usual” aging. And at some point in the group discussions, “better than usual” became “successful.” Both the concept and the model of successful aging were the product of our sustained interdisciplinary collaboration and conversations.

We recognize, however, that important discipline-based theories of well-being have developed both alongside and following the development of the successful aging model. For example, Paul Baltes’s selection-optimization-compensation (SOC) model (Baltes & Smith, 2003) is psychology-based, as is Carstensen’s (1992) socioemotional selectivity theory. These important psychologically based models, both of which are life-course oriented, emphasize the “how” of successful aging whereas the MacArthur model emphasized the “what.”
As many observers have pointed out, the important influence of social factors on the capacity of individuals to age successfully was not explicit in the initial formulation of the MacArthur model. These factors include personal characteristics such as race, gender, sexual orientation, and socioeconomic status. They also encompass characteristics of the individual’s immediate interpersonal environment, such as family structure and friendships. And there are more distant but powerful macrosocial influences such as economic conditions, access to high-quality affordable health care, public transportation, and urban design.

Matilda White Riley, a sociologist and gerontologist, was primarily interested in the effects of such macrosocial factors on the lives of older people. She and her colleagues proposed the concept of structural lag to describe the failure of societies to adapt their institutions, laws, and norms to changes that were already occurring—in technology, for example (Riley & Riley, 1994). Riley asserted that structural lag of this kind was experienced by people, especially older people, as limitations in opportunity, inadequate preparation and lack of support for the conditions that confront them. In the middle and late 20th century, the proliferation of computer-based technologies and advances set the pace but Riley’s theory and the concept of structural lag would be relevant to understanding the challenge and effect of any far-reaching macrosocial change.

Two such far-reaching macrosocial changes are already at work in the United States and globally: the continuing technological revolution and the transformation of an aging society. Both raise important questions for research scholars and policy-makers. For example, will the new computer-based technologies break down barriers of age segregation or will age-related differences in ability to adapt to or use new technologies broaden the gaps between generations and further isolate older people? Such issues present challenges to employers and policy-makers as well as to older people attempting to adapt to a changing world.

The other great societal change, already existing and continuing to gather force, is the aging of the United States and nearly every other nation in the world. The process of population aging and its potential effects on the capacity of individuals to age successfully define an area that has been largely neglected by researchers. We believe this avenue is especially fertile for empirical research and policy development.

Population aging and changes in the age structure of a society are not unique to the United States. To some extent, these processes are shared by almost every wealthy, industrialized nation. In the United States, the changes are rapid; from 2000 to 2010, the population under 18 years of age increased by 2.6%, while the population of those 65 years of age and older increased by 15.1%, due largely to longer life expectancy. Since 2010 the leading edge of the baby boom generation has begun to pass the age 65 threshold, further accelerating our transformation to an aging society. Many other developed and developing nations are undergoing the same dramatic demographic shift, with several already possessing older age structures than the United States. For example, more than 20% of all persons in Germany, Italy, and Japan are age 65 or older—compared to 14% in the United States (Ortman, Velkoff, & Hogan, 2014).

Thus far, policy-makers have been preoccupied with the potential negative impacts of population aging and rising life expectancies on health and pension entitlements. Too often, the discourse neglects consideration of other critically important issues, such as the adequacy of the future work force and its economic productivity; intergenerational cohesion when different age groups are competing for the same limited resources; the future breadth of the currently widening gap between the haves and have-nots; racial tensions; and changes in the structure and function of the family and implications for the capacity for families to serve the traditional role of safety net for older persons. Even more important than these problems, serious as they are, is that there has been almost no acknowledgment of the potentially positive aspects of an aging society, an issue referred to by Olshansky and colleagues (2007) as “the longevity dividend.”

In order to identify both the problems and the potentialities of societal aging in the United States and to recommend specific policies to facilitate emergence of a successfully aging society, the MacArthur Foundation once again assembled an interdisciplinary team of scholars in 2007: the MacArthur Research Network on an Aging Society. The Network considered many criteria of “success” at the societal level: productivity and engagement, both in the labor force and through volunteering; cohesion, including the degree of synergy or tension between generations and socioeconomic strata; balance in dealing with the risks and benefits of demographic change; resilience, or the capacity to respond effectively to stress; and sustainability, the capacity to maintain high function over time (Rowe et al., 2010). Successful aging at the societal level will obviously facilitate successful aging at the level of the individual, and, most likely, vice versa.

The challenges associated with the aging of our society urge that the concept of successful aging of the individual be complemented with a body of theoretical inquiry and empirical research at the level of society. We have identified three main goals for scholars: re-engineering core societal institutions, adopting a life course perspective, and focusing on human capital.

**Reengineer Core Societal Institutions**

Our society’s core institutions (schools and colleges, workplaces, hospitals, families, and others) were not designed and did not develop to serve a population with the age distribution we are approaching. Therefore, a primary focus of the application of gerontological research should be on developing policies, strategies, and programs for adjusting and adapting education, work and the workplace, retirement, health care, housing, and the design of neighborhoods.
to meet the emerging needs and capacities of an aging population. The development of such policies requires rigorous research on the ways that social institutions can facilitate successful aging, as well as studies that identify institutional or structural obstacles to successful aging.

Admittedly, the task of redesigning organizations and institutions that developed to fit other times and conditions is formidable. It will require rigorous and inventive research to test the success of new policies and structures, both for their productivity and their effects on well-being. But the rewards of success are great and so, unfortunately, are the costs of failure. Those costs risk our becoming a nation that cannot produce the goods and services needed by its large older cohorts, that has widening divisions between the educational and economic strata of the haves and have-nots, and which is rife with tensions between generations fighting over increasingly scarce resources amid burgeoning entitlement demands. In a society with restrictive policies and archaic institutions, even the advantaged cohorts, those with substantial educational attainment and sufficient economic resources, may struggle to age successfully. A nation of gated residential areas, electrical fences, and armed body guards does not make for successful aging on either side of the fence.

**Adopt a Life Course Perspective**

The changing age distribution in the United States and beyond is not merely a geriatric problem. Aging societies need to adapt a life course perspective that includes the redistribution of life’s major activities (e.g., education, work, childrearing, leisure, and retirement) across the entire life span. Currently, our youth is spent in education, our midlife too often dedicated completely to work, and our later life to “leisure,” which too often is a roleless role, lacking in meaningful engagement. The life course perspective requires adaptation to changes in longevity, and the recognition that change introduced at one stage of the life course may alter the needs and opportunities at other stages. For instance, perhaps the midlife years of work and childrearing should be less over-filled with those combined demands. The result might permit people in the “sandwich generation” to have more time for their aging parents and their children. And perhaps, late in life, many people would welcome increased opportunities for age-appropriate paid employment as well as volunteering.

In addition to role modifications of these kinds, the life course perspective urges the identification of opportunities for creating new roles and responsibilities for older adults. The result could be gains for all generations rather than competition among them. A society-wide discourse on these issues also may have the benefit of stimulating people to view their own place in the life course more critically and use a full life span strategy for allocating their activities and commitments as they move through the years. We currently spend far more time preparing for midlife careers than for later-life post-retirement living, for example, although the latter life course stage may last for two or even three decades.

**Focus on Human Capital**

As we mentioned earlier, little attention is being paid to the potential upside of the aging of society, or the “longevity dividend.” Previously unimagined numbers of older people are fully capable of participating productively in society, either through paid work or in some other form of civic engagement. Older people have much to offer, including their accrued knowledge, stability, their heightened capacity for synthetic problem solving, their increased ability to manage conflicts, and their ability to take the perspectives of other age groups into account. Societies should encourage strategies that use all the talent in the population, and that employ social norms based on ability rather than chronological age. We would thus enable the transition from an emphasis on training and education only during the early life years, to the recognition that investments of that kind can pay off across the entire life span.

**Conclusion**

Comments about, criticisms of, and suggestions for improving the MacArthur model of successful aging are numerous and varied, impressive both for their numbers and their variety. Some critiques propose conceptual changes in the model, but we find that many are better understood as hypotheses to be tested, or predictions of causes or consequences of the model, that deserve exploration. In short, the criticisms are seen as recommendations for future work.

The MacArthur Foundation has made remarkable contributions to our field. As we noted earlier, it assembled an interdisciplinary group of scholars in 1984 to evaluate the concept of Successful Aging at the level of the individual. More recently, it established its Network on an Aging Society in 2007, and has focused on aging at the level of society and how it influences individual aging. The Aging Society Network’s members have considered the problems and potentialities of aging societies and their implications for the successful aging of individuals. To understand the complex relationship between aging at the societal and individual levels is perhaps the greatest gerontological challenge of our time. We welcome those who are taking it on and look forward to the papers developed in response to the “Call for Papers” announced in this issue of the *Journal*.

**References**


