What is the opposite of success? Applied to people in older adulthood, the concept of “successful aging” has been a useful model and term for getting people to think of this time of life in ways that are more positive. But when people are not able to age successfully, does that mean they have failed?

A bit of a backlash has emerged against the concept of successful aging in recent years. “Sometimes it all comes down to the hand of cards you’re dealt,” said Merril Silverstein, 2017–18 chair of the GSA Behavioral and Social Sciences Section. “The dichotomy of success or failure is overly simplistic. There’s a lot of variation in how we age. Many times, people have no control over their rate of aging or the difficulties they experience in old age, though they may have resources that help them adapt to such difficulties.”

Those factors—many of which fall into adaptive social, economic, and psychological aspects of life—are emerging as just as important as the medical, physical, and “engagement with life” domains in Rowe and Kahn’s model of successful aging that originated from research in the 1980s. Here are the 21st-century trends Silverstein believes are key for gerontologists in the behavioral and social sciences.

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1. Resilience in cognition: What makes some people bounce back?

It’s easy to see and feel some of the signs of aging: graying hair, wrinkly skin, aches here and there. But what about the mind? Why are some people able to maintain healthy brain functioning despite high risks for cognitive decline or even Alzheimer’s disease?

“We know that some people with risk factors for cognitive impairment don’t manifest symptoms, or are able to delay their onset, by engaging in cognitively demanding activities,” Silverstein said. “We’ve been studying this for a long time but still don’t have complete knowledge about these ‘resilience’ factors. Given the growth of the older adult population and the expected number of people in the United States and around the world who are living longer and developing cognitive difficulties and memory problems, this is an area that requires attention, and that means more research funding.”

2. Big data: Universal measures of geographic variation and inequality

Important clues into resilience in older adults may come from multinational datasets that are emerging from most parts of the world. Contrasting national systems of health and social care provides a rich fount of comparative information about people’s health and allows researchers to examine protective factors that produce different outcomes in later life.

“One area of active research focuses on mild cognitive impairment. It develops in many people in midlife and the early years of older adulthood, and how people respond to the initial mental changes seems to affect whether the condition progresses, Silverstein said. “Understanding how people circumvent these declines might be very fruitful,” he said. “Whether it’s lifestyle or diet or social relationships, or activities that prevent or delay the onset of cognitive impairment, we need better research so that we can help older adults maintain their cognitive function as they age.”

3. Caregiving and social networks: Connections could be key

As described in the 2018 Trends Report for GSA’s Social Research, Policy, and Practice section, the Baby Boomer generation has been a dominant topic in social gerontology ever since the last of these post–World War II Americans was born in 1964. By 2029, more than 70 million Baby Boomers will have turned 65. A few years later, in the mid-2030s, the U.S. Census Bureau predicts that for the first time in the country’s history, there will be more people aged 65 or older than children and adolescents aged 18 or younger.

“The demography of families has changed during the Baby Boomers’ lives,” Silverstein said, “with increases in divorce and remarriage, smaller families, stepfamilies, and childlessness. As older adults age and require assistance from caregivers—who in the past have been primarily biological children—these older adults are going to need to make use of alternative social resources and networks.”

Social networks are critical in maintaining cognitive health, avoiding loneliness, and improving the quality of life of older adults. Silverstein said that research is just beginning to show how important social networks are for health in later life, including friendships, family contact, and use of communication technologies. One illustrative example is evidence showing that the education of a person’s adult children is important for maintaining that person’s health independent of his or her own education. Understanding how information and resources flow through networks will tell us something about advantageous aging.

“We don’t yet know the outcome of family change in the Boomer generations because the Boomers are just now moving into the years when caregiving might be necessary,” Silverstein said. “Research will explore the role of the stepchildren in the portfolio of caregivers and how older people are going to rely on alternative sources of assistance if they don’t have children.”

Care patterns and systems set by the Baby Boomers will be useful as Generation X begins turning 65 in 2030 and the larger-than-the-Boomers Millennial generation follows. A different set of issues could be in play, but indications are that current trends will continue. “The Boomers were the first to experience the divorce revolution of the 1970s and 1980s,” Silverstein said. “Divorce rates have stabilized, but marriage and fertility rates have come down, and these trends will likely continue into future generations.”
4. A hand dealt long ago: Early-life determinants of health

When it comes to predictors of health in later life, some people are dealing with the aftermath of adverse risk factors that were set early in life, even before birth. Disadvantages accumulate, Silverstein said, creating “a cascade of progressive disadvantages that begins with early life experiences and exposures and ultimately leads to morbidity and mortality risk in later life.”

“The evidence on early-life determinants of health has been growing for many years,” Silverstein said. “The quality of prenatal care received by your mother, as well as childhood deprivation, relate to your risk of heart disease in your 70s and 80s. Research is beginning to tease out the implications of these disadvantages, whether they’re cumulative over time, and how they progress from one life stage to the next. For instance, deficits in the ability to learn in childhood affect educational achievement, income, socioeconomic status, and eventually later-life health.”

5. Unique needs of special populations: Diversity among older adults

As research is conducted and plans are made for dealing with a growing population of older adults, Silverstein emphasized the importance of considering diversity. Older adults are not homogeneous and in fact are more diverse than young adults in many respects. The older population varies substantially in their functional and health status, cognitive ability, and financial status. Beyond these elements, there are numerous special populations facing unique challenges with aging.

“The LGBTQ population is aging with a very different set of needs and experiences,” said Silverstein. “Some are aging with HIV/AIDS, which involves attention to regimens of care and calls for specialized responses from the health care system. Many LGBTQ individuals face other challenges such as cultivating social support systems and facing discrimination in community and institutional settings.”

In the United States, other special populations include grandparents who are raising grandchildren, an aging prison population, and older immigrants. “We know these are highly stressed subpopulations,” Silverstein said, “ones with unique needs that are usually not served very well. African Americans and other minorities make up a disproportionate share of these groups, making their unmet needs an important equity issue.”

Turning to other parts of the world, Silverstein mentioned the lack of attention Africa receives. “There have been relatively few older people in most African countries, especially sub-Saharan Africa,” he said. “The rate of aging in African nations is expected to increase and these nations are going to become older over the next few decades. While we are gathering and analyzing data in developed countries, we don’t fully understand what an aging society means for countries with limited resources. We need to address this issue directly before population aging accelerates in this region.”

Define success

Respecting the full spectrum of diversity in older adults is important as behavioral and social scientists apply principles and theories of gerontology in their research and clinical care of this population. That’s why the implications that flow from successful or unsuccessful aging require nuanced consideration, given the “unrealistic goals created by expecting people to preserve their health, functioning, and social connections from midlife on,” Silverstein said.

“Individuals have genetic endowments and socioeconomic backgrounds—realities over which people have no control—that make an objectively successful old age difficult to attain,” he said. “As the importance of such factors in aging has become better recognized, other concepts are replacing successful aging. ‘Optimal aging’ is one. How can you age optimally given the realities of your situation and the constraints that you might be facing as a result of unavoidable risks?”

Which brings us back to resilience, Silverstein said, “You can be dealt a bad hand of cards but have the playing skills to make the most of it. These skills provide the basis for resilience, a trait that modulates the dichotomy between success and failure. You can be successful in your aging relative to both the challenges encountered and the resources at your disposal. It comes full circle back to resilience.”
For further reading


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