Dr. Rowe and Dr. Kahn reply

Robert L. Kahn, PhD, John W. Rowe, MD
Letters to the Editor

Sir:

John Rowe and Robert Kahn’s August 1997 article, “Successful Aging,” is a signal contribution to gerontology. They enlarge their earlier conceptual model (Rowe & Kahn, 1987), making it ready for use in future intervention studies to “enhance the proportion of our population aging successfully” (p. 433). However, we believe that their model remains seriously incomplete: Although it elaborates the potentials for individual success, it fails to develop adequately the social structural opportunities necessary for realizing success.

Their earlier 1987 model conceptualized successful aging as avoidance of disease and disability; their current 1997 enlargement now adds two important new conceptual components, maintenance of physical and cognitive function, and engagement in social and productive activities. As powerful as these three components are for understanding people’s lives, they do not adequately take into account the principle that we consider central to aging research: Namely, changes in lives and changes in social structures are fundamentally interdependent (Riley & Riley, 1994). Thus successful aging involves the interplay between lives and the complementary dynamic of structural change. Well-known experiments have demonstrated that various improvements in older people’s lives are contingent upon structural interventions – intellectual functioning upon special training programs, productivity upon challenging work environments, and physical stamina upon targeted exercise regimes. What Drs. Rowe and Kahn neglect is this dependence of successful aging upon structural opportunities in schools, offices, nursing homes, families, communities, social networks, and society at large. Only at the very end of their article do these authors allude to, but do not explain, potentials for improvement through “changes in the immediate environment” (p. 439). We can only wonder why Dr. Kahn did not go on to include here his highly relevant notion of “fit” between the abilities and needs of individuals, and the requirements and opportunities of the situation or structure (Kahn, 1994; see also his work on the reciprocal nature of social support, Kahn, 1979).

For the future, it is our challenge to Drs. Rowe and Kahn in their next iteration on successful aging to include the neglected half of their 1997 model, i.e., to emphasize the dual focus on individuals and on structures. Attesting to the signal importance of such an enlarged model is GSA President Stephen Cutler’s 1998 Annual Meeting theme, “The Changing Contexts of Aging: Opportunities and Challenges in the New Millennium.” As distinguished leaders in the field, Drs. Rowe and Kahn are uniquely equipped to reformulate their model of successful aging, thus opening unexploited areas for further analyses and broadening the scope of future gerontological research, practice and policy development.

Matilda White Riley, DSc, Scientist Emeritus
National Institutes of Health, National Institute on Aging
Bethesda, Maryland

References


Dr. Rowe and Dr. Kahn reply:

We are gratified by Matilda Riley’s characterization of our article as a “signal contribution to gerontology,” and we share her eagerness for an extension of our model to include “structural opportunities in schools, offices, nursing homes, families, communities, social networks, and society at large.”

As that impressive list of institutions implies, however, testing the effects of different opportunity structures in those various domains will require substantial and sustained research, much of it field experimental. That is the meaning of the final sentence of our article: “The stage is thus set for intervention studies to identify effective strategies that enhance the proportion of our older population that ages successfully.”

The main obstacles to extending gerontological theory and research along the lines Dr. Riley mentions are two – one internal to the scientific establishment and one outside it. The internal obstacle is the artificial boundedness of traditional disciplines. Research geriatricians and psychologists tend to concentrate on individual outcomes and their proximal causes; sociologists and social gerontologists are typically more concerned with distal factors and less interested in exactly how those factors get under the skin of individuals. What is needed, we believe, is sustained and intensive collaborative work by interdisciplinary research groups. The MacArthur findings that we reported are products of such a group.

The second obstacle to enlarging gerontological research to demonstrate the effects of major structural interventions is the expense and difficulty of mounting such interventions. We believe that some researchers are ready to undertake such studies and that some theoretical support is already available to them (see, for example, Rowe & Kahn, 1998, especially Chapter 12, “Prescriptions for an aging society”; see also Riley, Kahn, & Foner, 1994, especially Part III, “Current interventions: Older workers”). Whether the major funding agencies, public and private, are equally ready remains to be seen.

Robert L. Kahn, PhD
Institute for Social Research
The University of Michigan, Ann Arbor

John W. Rowe, MD, President
The Mount Sinai Medical Center, New York

References