Chapter 45
Sociology of Aging in the Decade Ahead

Jacqueline I. Angel and Richard A. Settersten, Jr.

As the chapters of the Handbook of Sociology of Aging have shown, many remarkable and
ground-breaking strides have been made in the field over the past 30 years. The histories and
current state of scholarship in each of the topics represented in the handbook provide a solid
foundation on which to build future research agendas. In this final chapter, we identify some of the most
provocative or pressing topics that might be nurtured in the decade ahead and how sociology can
play a role in understanding them.

We have chosen some because they have great social import and others because they show great
promise for advancing theories, methods, and data. We begin with issues that seem relatively universal
in their potential or their challenge, widely shared by people and governments around the world.
These include the need for physical care and housing, issues related to financial support and inherit-
tance, and the new reality of diverse family forms and networks. As the chapter progresses, we
touch on other important issues that apply to more specific groups of individuals, families, or
cohorts. Of course, the topics we cover throughout the chapter represent only a limited number of
many possibilities and, for each, our comments are necessarily brief. It is our aim to simply turn
attention to them. In addition, the significance of some of these topics may not now be immediately
apparent but seem certain to emerge in the future.

Who Will Care For Older People and How

The physical environment and conditions of life affect the pace at which individuals and populations
age. These are, of course, profoundly affected by social factors (e.g., social class, behaviors, and
networks) and require social institutions to address them. But in developing and highly developed
societies alike, it is within the context of families that the care of needy family members is negoti-
ated, and it is here that commitments to providing care, especially at home, will be sorely tested in
the coming years.

The challenges of family life and care in the later years raises difficult but important questions
about the expectations and responsibilities of siblings, children, grandchildren, and other relation-
ships in a "post-traditional" society. The concept of a post-traditional world refers to a new social
order, one in which rapid social change and modernization have left people with more choices and
fewer constraints on their lives – but also with more risks, as the choices they make are perceived to be of their own making and there are fewer safety nets to protect them. Unlike traditional societies, in which values, practices, and social institutions more heavily structure opportunities and decisions, post-traditional societies lack well-established social norms and rules for expectations and obligations and, consequently, place greater emphasis on individual action and choices.

The freedoms of a post-traditional society have in part created the extraordinary breadth in family forms that exists today. But we know little about what the strengths and vulnerabilities of these family forms means for the aging of their members, or what normative expectations and obligations their members have for giving and receiving care. Traditional definitions of family, especially the two-parent nuclear family, have become outdated in the face of a wide variety of family or family-like forms and relationships. This variety is driven by many factors, including multiple divorces and remarriages across generations, multi-partner fertility and nonmarital fertility, nontraditional partnerships, the co-survival of multiple generations over many decades, and the presence of four and even five generations at any single moment in family life. The growing physical distance from immediate family members also creates role ambiguities about filial obligations and consequently strains support systems. Together, these and other changes might lead us to envision societies that are relatively kinless, for lack of a better phrase, characterized by fragmented or superficial family ties and limited or uncertain support to family members in the face of poor health, economic distress, and other needs. Of course, we might equally envision that the kin and kin-like relationships that are actively chosen and voluntarily nurtured within these very same conditions might be stronger and more meaningful than those in more traditional societies. Either way, it is unclear how these new or complex configurations of relationships are supposed to function or feel, and who is responsible to whom for what.

Many relationships, for example, may carry significant consequences for the quality of relationships as family members grow old. Who should provide care, or is expected to provide care, when family relationships are tenuous or fragile – and even when they are not? Curiously, we lack rigorous multi-method studies about how adult children and aging parents make decisions regarding health care, living arrangements, and financial management. Many factors clearly come into play in these decisions, including the number and gender of siblings, their history of relationships with one another and with their parents, work-related issues, other family demands, and so on. Systems theories are but one example of the sort of heuristic device that can help us understand decision-making processes in families.

For these reasons, it will become necessary to determine how informal mechanisms of support might be augmented (and in an extreme scenario, replaced) by formal sources designed to ease the potential dependency burden of care and to improve the quality of life for everyone involved. As of yet, however, the cost-effectiveness or sustainability of such programs, and their ability to keep infirm older persons out of nursing homes, has not been demonstrated. Rather than serving as a substitute for nursing home care, home health care evidently taps a large reservoir of otherwise unutilized informal care. Under current arrangements, many older individuals who might seriously benefit from assistance in the community simply do without it.

As nursing home costs continue to rise, home-based programs seemingly hold even greater potential to support individuals with intermediate levels of need in the United States. Research should more carefully document this need, especially in determining the extent to which informal services reduce the risk of institutionalization. This will also permit better targeting of services to the very frail and vulnerable, as impaired older clients at risk of dependency show greatest potential for long-term care cost reductions. Research should also project the potential relative costs and benefits – social, economic, and human, and to families and society – of caring for older parents and populations with severe dementia and other serious chronic illnesses.

Providing care to an increasingly diverse older population presents an entirely different set of challenges. What does it now mean to grow old in the face of the dramatically shifting racial and ethnic composition of a society? In the United States, for example, these population changes will have implications of great consequence for the nation as ethnic minorities, particularly Hispanics, and their children assume a greater role in the formal and informal labor market. Members of these groups are also among the most vulnerable in our population with respect to health outcomes and access to health care and insurance. Much remains to be learned about their health care needs as they age, the specific social contexts in which those needs are not met, and the potential role of families, the government, elder care organizations, and businesses in meeting them.

More broadly, it is important to design and evaluate new institutional arrangements and services that better take into account the needs of older people – a priority that has only been heightened by dramatic changes in the health care industry in the past 20 years. Consider, for example, the factors that influence when an older person and family caregiver come into contact with the acute and chronic health care system. These have far reaching implications for the outcomes of the encounter as well as for how satisfied patients and caregivers are with treatments and services. It is also vital to ascertain the role of the profession of medicine in treating – and creating – the health care problems of older people in different settings. What are the pathways of elder health care service use in ambulatory settings? How does acute care articulate with chronic caregiving systems? The more we know about how health care organizations affect the health and illness experiences of older adults, the better positioned we will be to improve the geriatric health workforce of tomorrow. More attempts, however, must be made to understand help-seeking processes for both formal and informal types of support.

Role Inversion and Parenting

Another interesting question at the intersection of sociology of aging and family life pertains to a sort of role inversion: children who, because of their special needs, are unable to live independent lives, and whose parents will not have the experience of fully launching them. This is a growing social challenge in part because medical care and technological advances have improved the infant and child survival rates of those who are medically fragile (e.g., infants who are extremely premature, very low birth weight, or drug-addicted) or developmentally disabled. The growing incidence and prevalence of attention, hyperactivity, and autism spectrum disorders among children has similarly created new challenges for parents. What is the experience of aging like for parents as they are responsible for children with intensive special needs for extended periods, and even their lifetimes? How do these provisions affect the social, psychological, and financial well-being of parents as they age? What is the fate of that child’s aging?

These "role inversion" challenges do not only apply to a small slice of the population. Because the transition to adulthood is a more prolonged period today, parents across all social classes are providing much more support to their adult children, and for longer periods of time, than ever before. As a result, the "empty nest" today is one that comes later and remains open or cluttered as children make their way into adulthood and as the achievement of adulthood has become more elusive. This may bring serious "ripple effects" in the lives of aging parents, affecting their financial, emotional, and other resources at midlife and beyond, even prompting the need to revisit plans for retirement. Of course, new generations of parents produce new kinds of children, and there is evidence that parents and their young adult children are now closer and more connected today, even if they experience bumps as children forge new pathways into adulthood. The urge to wonder whether the greater investments that parents are now making in children from infancy well into their 30s will come with greater support when parents are old. Will these children feel stronger obligations to reciprocate support to aged parents? Will aged parents have stronger expectations that it be provided?
Beyond *inter vivos* transfers and bequests, there is the grave problem of how individuals and employers will fund retirement plans, including defined contribution plans like 401(k)s. This is a crisis for municipal and state governments, let alone the federal government, which has made retirement fund commitments that far exceed what they could have ever realistically funded, especially to labor unions. This retirement tsunami raises crucial questions about who will pay for the oncoming wave of boomer retirement, especially early retirements from cohorts who have long life expectancies. What sort of structures should be in place for the old and the young, and for the poor?

This begs the question of what social consequences might result from these over-committments when resources are limited. The aging of the baby boomer cohorts will increase competition for funding among the various recipient groups, and carry the potential for inter-cohort conflict, especially in times of significant economic retrenchment. Because of limited federal and state funding, the needs of impoverished women and children compete with those of the disabled and the elderly. Although the majority of enrollees in Medicaid are children, the majority of funding is spent on care for the disabled and the elderly. Almost half of all long-term care is paid for by Medicaid. Medicaid long-term care for chronically ill elderly persons consumes about 17% of the average state budget, with spending estimated at $1.6 trillion dollars over the next two decades. The need for long-term care will only increase because longer lives mean that a large fraction of these cohorts will spend down to Medicaid eligibility.

The new health care reform bill has clearly changed the health care financing landscape, but now it will directly affect Americans, and older Americans in particular, as is yet unknown. While it represents the only realistic means of covering any substantial fraction of the uninsured, there are numerous questions about the specifics of the new program for younger and older Americans alike. It is unclear how health care coverage exchanges will work, and there is also the real possibility of repeal. As national health care expenditures grow toward 20% of GDP, cost controls are also inevitable. Medicare enrollment is anticipated to be the major force that drives public health care spending in the future fueled largely by a new prescription drug benefit and the rapid growth of the baby boomer population reaching retirement age. If Medicaid continues to pay less than other forms of insurance, providers may not participate unless they are forced. Still, Medicaid expenditures will increase as well.

**Sources of Social Support**

The stresses and strains of living with and caring for chronically ill people are well documented in the literature—whether the chronically physically ill, the severely and persistently mentally ill, or the infirmed. Arguably, the health consequences of extended life expectancy for older men and especially women will create difficult challenges for families and other societal institutions. The role of social support in preserving the physical and mental health of individuals who are old or very old, then, is clearly worth our attention.

Despite growing literature that documents the significance of social support for the overall well-being of the aged, there is relatively little good comparative data on how social support differentially enables some groups of people, including men and women, to better cope with the declines in resources (time, people, money, and power) that come with aging. The nature of relationships between parents and children has clearly changed as the result of shrinking family size, geographic mobility, and technological change—and yet we have so much to learn about how exactly those support systems have changed, and whether or how they have the capacity to provide emotional and instrumental support.

Studies of older minorities and immigrants suggest that there are reasons to suspect that cultural groups differ in the availability of social support, whether emotionally, financially, or otherwise.
How do culturally influenced differences in levels and types of social support affect the health of older minority group members? It is especially important to understand Latino cultures, which are large and rapidly growing segments of the aging population in the United States. Research indicates that Hispanics generally, and Mexican Americans particularly, benefit from aspects of their culture which are shown to be socially protective. This cultural protection operates primarily through strong family traditions and support systems.

Yet disparities in the health outcomes of different racial and ethnic groups also mean that aging itself is likely to be quite different for individuals and family members in specific groups. For example, despite a favorable mortality regime, the socioeconomic disadvantages among aging Mexican Americans and late-life immigrants point to a potentially high dependency burden placed on their families—a burden about which we know very little. For older African-Americans, multiple health vulnerabilities undermine attempts to age independently, and consequently may increase reliance on adult children and relatives who are ill-equipped to provide adequate instrumental support because of other work and family obligations.

Emotionally supportive intimate relationships allow individuals to develop a strong self-identity that gives life meaning and purpose. Yet we have much to learn about how social environments influence the life satisfaction and morale of older people. The excessive focus on the individual factors that create vulnerability—vs. those in the social systems outside of individuals—has prompted research emphasizes that pay too much attention to depression per se rather than the social conditions that arise from or exacerbate it (e.g., role strain) or those that inhibit or diminish it (e.g., supportive relationships or services). Developing new research approaches to understand the protective role of social supports in late life is vitally important to social isolation, loneliness, and depression have been shown to increase the risk of death and physical or other mental illnesses. Other stressors, such as economic losses associated with the current “Great Recession,” for instance, may also create new risks for older people who would otherwise not be at risk, or elevate levels of risk or distress for those who already are. A socially supportive network is crucial in helping older individuals cope with health challenges or economic losses.

The mental health benefits of social support suggest that it is not the number of people in one’s social network that matters most, with more being better, but rather a step function in which the presence of at least one close confidant provides near total protection. While age-graded life events like widowhood or the death of an adult child punctuate the need for social support, they often come at a time when the social networks themselves are unraveling, often through the deaths of longstanding friends and peers. Social support is crucial in these situations and other harmful life events by preventing a severe stressful response and increasing the capacity to continue living.

Besides the clear practical benefits of social integration, the availability of relatives and friends with whom one interacts has a direct effect on mental health and morale as individuals grow older. Loneliness is a major health risk for the old and the socially isolated, and in particular for elders who lack English language proficiency. Studies frequently show that integration into a cohesive social network appears to protect individuals from many kinds of negative health outcomes. These findings, if replicated on ethnically-diverse populations, will bring us closer to demonstrating just how significant intimate relationships are in preserving healthful aging—or, likewise, to show just how significant their absence is in jeopardizing it.

There is also great need to develop a qualitatively-driven research agenda on how social environments support or fracture the potential to improve or protect health and quality of life for people and whole communities. Specifically, qualitative studies are needed to address the health consequences of the nature, degree, and quality of social support available to individuals across the multiple settings they inhabit. Detailed and highly textured analyses are also needed on the health consequences of emotional and social support provided at home and work. These settings, along with other nontraditional and emergent settings (e.g., internet cafes, social media sites, naturally occurring retirement communities, petting zoos), will provide fresh and valuable insights into contemporary contexts.

Social Dimensions and Determinants of Successful Aging

The field of life course studies has at its core two propositions for which there is an inherent tension: one emphasizing that the life course is the product of social forces (broadly construed as “social structure”), and the other emphasizing individual capacities and effort (broadly construed as “human agency”). A vital feature of an emphasis on aging is that people actively and regularly evaluate their behavior and make decisions about how to act in new situations depending on their past experiences. It also assumes that the choices people make—whether regarding education, occupation, marriage, and fertility or other major experiences—bring serious and enduring consequences for well-being in later life. Years of socialization and accumulated advantages and disadvantages equip individuals with a repertoire of social skills, liabilities, and resources that affect how they age and meet the realities of later life.

This theoretical point about the sociology of autonomy and aging underscores the complexity of the concept of successful aging. What does it mean to age well (as opposed to pathologically)? There has in the last two decades been an explosion of interest in “successful aging,” which appears routinely in our lexicon. But what is this term or social label ultimately meant to capture? The literature suggests that it implies a certain amount of money, personal prestige and respect, and power that assures one can remain as independent and autonomous as possible. The social-psychological aspects of successful aging tend to overemphasize life satisfaction and happiness. But research must go beyond prescriptive definitions of successful aging toward an understanding of what the concept means for ensuring the greatest personal autonomy and adequate security in old age. At the same time, the need for autonomy should not negate the need for social support—both are important parts of the human experience. The voices of sociologists are essential for broadening the lens of successful aging so that it is not as exclusively focused individuals and more often makes visible how particular aspects of particular social environments nurture or inhibit successful aging.

Changing Work and Leisure Roles

It is also important for sociologists to address how work-related experiences, roles, and expectations for them have changed in recent decades. New models of work and retirement have emerged as the manufacturing sector has given way to the emergence of the knowledge and service sector, as “lifetime” models of work have eroded, as the contract between employers and employees has weakened, and as employment has become more discontinuous. These changes have brought both new possibilities and new risks for aging.

At the broadest level, the meanings of “work” and “retirement” are being called into question and recreated in our postindustrial world. People with flexible work and ample resources are able to shift careers in midlife or reduce or step away from work in order to manage family obligations. Many retirees are seeking life-altering experiences and opportunities to reclaim old interests, beginning second careers, or volunteering. But what do “work” and “retirement” mean for the less fortunate among the old? And just as important, what is the fate of future cohorts, whose work lives will be more fragmented than those who are now moving into and through old age? What will work and retirement mean to them in their later years, how will they experience work and retirement, and how will our society in turn be affected?

We also know little about what work and retirement will mean to women, minorities, and immigrants in their later years, and how secure their experiences will be. For example, because of traditional gender roles and the gendered division of labor among couples, especially in pre-baby boom cohorts, women never or rarely worked, or did so only part time. The greater labor force commitment of women in the latter half of the twentieth century, coupled with the high degree of marital instability, however, mean that women are increasingly responsible for their own retirement security.
and many are at risk of economic insecurity in old age. Are women’s work trajectories likely to get
longer and stronger in the years ahead—or will they continue to be more discontinuous then men’s,
regardless of the gains they have made, and at risk, especially in the face of shorter marriages?

Furthermore, there is broad public concern about whether retirement as we now know it will be
possible or sustainable for future cohorts, whether because of their own diminishing resources,
freedom from the three-box lockstep life, or the diminishing resources of the state and old age policies,
especially as (or after) the boomers retire. The growing diversity of successive cohorts also means
that disadvantages in the work opportunities for women, racial and ethnic minorities, and other
groups will also diminish their retirement security and material and social well-being in old age.

Coping with Change in an External World

Late-life displacement is an emerging topic that encompasses aging at the nexus of social change
and disorganization in the physical environment. For example, global climate change is an environ-
mental threat to it, like hurricanes, earthquakes, and other natural disasters, poses a challenge for
individuals, families, and the state in caring for older people. As keen observers of the social world,
sociologists are especially equipped to shed light on how aging experiences are affected by a con-
nstantly and often rapidly changing social world.

To this end, we must reveal how particular cohorts, given their unique histories and position in
life, might be differentially able to adjust to social change. In the event of a crisis, how might, say,
being in a cohort that grew up in the Great Depression or wartime leave people more or less resilient
in the face of hardship? How might being old—a cohort that has lived a long life—leave
people in stronger or weaker positions in weathering social change? Scant information is available
on the resilience of special populations to late-life displacement due to political upheaval, economic
depression, natural disaster, and the like, and how age interacts with other social statuses or roles to
place people at greater or lesser risk (e.g., those who are old and poor, or old and a member of a
minority group). Or is it “something else” that is instead the major factor?

We also have much to learn about how social institutions can be designed so that, when unex-
ected changes occur, older people are best prepared to handle those changes. Research on victims
of natural disasters, for example, highlights the significance of research along these lines. There is
a need for local studies that provide empirical verification of how nursing homes plan to carry out
complex recovery efforts for elders in the wake of natural disasters. Researchers and government
officials alike will find research like this useful as they recognize the daunting challenges linked to
the mitigation of future hazards and unspeakable catastrophes.

Besides environmental disasters, late-life displacement includes disorganization brought about
by economic decline, including the “Great Recession” that began in 2008. Economic downturns of
this type can dramatically alter the realities of old age for many people and their families as they
struggle with unemployment, face home foreclosures, and come to grips with lost savings and pen-
sions, which shatter plans for retirement. The deficits worldwide are staggering.

As a result, governments in the developed world are wrestling with the plight of the unemployed,
and especially the long-term jobless. In the United States, for example, political fears concerning
the nation’s financial health and growing budget deficit have dimmed hopes for extending unem-
ployment insurance benefits. Will the productivity of the future labor force depend on continued
and increased federal support to compensate for the new economic realities? Might employment pro-
grams to employ the unemployable, like those that existed during the Great Depression, be recon-
sidered today, and how might they capitalize on the skills and experiences of older workers? Finally,
how will the current economic crisis affect the magnitude of public transfers, such as social security,
or private transfers within families, for future generations?

Legacies of Immigration

Immigration and the income and health care needs of the older population will be among the most
pressing and interrelated issues the United States will face in the near future. Historically, wars,
natural disasters, political conflicts, and other major societal-level events have always displaced
large numbers of people. But the need to respond to the needs of large numbers of refugees presents
governments and civil society organizations with new and significant challenges. Of course, so
much of the current political dialog is not about old immigrants, but about working-age adults, and
often young parents and their children. There are, however, sizable numbers of immigrants now in
their later years—and the experiences of being an old immigrant are surely different from being a
young one, and conditioned by the age of the person at the point of immigration. To immigrate as
an old person is different from being an old immigrant who arrived decades ago. The surges in the
young immigrant population will also have effects on our society decades from now, as they grow
older and eventually reach late life.

Other questions about immigration and aging also need to be addressed. For example, aging in
another country brings several health and social welfare challenges and opportunities for
migrants in specific U.S. cities and those who return to specific foreign cities. This research could
provide valuable information into how the migration process interacts with experiences in the labor
market to affect general health and well-being. What impact does large-scale migration have on
national and state-level health policies and health delivery systems on access to care in the United
States and elsewhere? How is rapid population aging and migration in the United States and other
developed nations affecting the structure of communities and even entire regions? In countries and
states of high immigration and emigration, families, communities, schools, workplaces, and govern-
ments are being transformed. Transnational families are an important part of that process.

Late-Life Loss

While the experience of loss in later life would seem normative (e.g., widowhood for women), many
aspects of loss are poorly understood. Aging into the eighth, ninth, and tenth decades of life brings
with it the inevitable losses of spouses and partners, members of the extended family, and friends
and neighbors. Although some of these losses may be normal and expected, and therefore may be
prepared for, they are clearly not easy to live through. These aging-related losses often push
the limits of human coping, adaptation, and resilience, and the normative physical and cognitive
declines that come with aging may make that process more difficult.

Other losses in roles and social relationships are unexpected and even the result of an extended
life span. For example, given the new certainties of a long life and the predictability of death in old
age rather than earlier in life, it is natural for parents to expect to out-survive their children. But as
both parents and children can now jointly survive into old age, the experience of the death of a child
may become more likely. The process by which older parents cope with the loss of a child who is
middle-aged or even older is not one that is acknowledged by physicians, policy makers, or family
members. Understandably, stories of the loss of a child, regardless of how old that child is, portray
family tragedy beyond comprehension and words. So, too, are painful stories of being the sole
survivor among siblings or longstanding friendship groups – what Bernice Neugarten once called the "costs of survivorship" in advanced old age. Yet research on the complexity and intensity of the emotions that accompany this kind of grieving in late life is missing in the literature. Sociologists have important work to do in conducting deeply textured research on how people make sense of and deal with the impact of the loss in life's final decades.

Moral and Ethical Dilemmas of the End of Life

We have much to learn about the moral dimensions of end-of-life care – for example, who should help and be helped in the end of life, how they should be helped, and who should pay. There is a need for studies to assess barriers to health care service use, especially those that stem directly from moral and ethical considerations. An aging society simultaneously brings an increased need for hospital and home health care services, but also to find innovative ways to contain the growth in expenditures for the care of older people and maximize the use of less expensive community supports. These innovations must take into account a range of cultural differences, social trends, and moral issues, as well as changing economic realities.

In addition, research needs to examine the ethical considerations of competing costs for families and societies. When should one cease heroic life supports, and who makes that decision? Is it based on cost or on quality of life? The practical issues of curbing rising health care costs raises a serious moral dilemma related to the rationing of expensive life-saving interventions. How much should be spent on older people, given that public funding is a finite pie and given the sheer size of the baby boomer cohort? Who will win and lose in the game of support? What are the tradeoffs of supporting the old versus the young as the ratio of old-to-young increases? The complex family structures of baby boomers also seem likely to heighten questions of who is responsible for whose care, but few answers exist about the expectations and obligations attached to that responsibility. The ethical and moral dimensions of caregiving have been in large part glossed over, leaving a window of new opportunities open for fresh ideas to address the support systems of an aging society for generations to come.

These are just a few of the important topics we hope will be nurtured in the future. While they represent what seem like formidable challenges, to meet in the future, these and other advances will also be aided by some basic principles for guiding the generation and use of theories, questions, data, and methods. We now turn to these parting thoughts.

Basic Principles for Moving Forward

First, there is a natural synergy between aging and the life course, a point that was reinforced when the American Sociological Association's Section on Aging renamed itself in 1997 to the Section on Aging and the Life Course, as discussed in Chapter 1. Greater attention to the life course has yielded new insights. Yet as attention to the life course has grown exponentially – and will continue to do so in the decade ahead – it is our hope that this will not compromise the scope and clarity of the sociology of aging. There are questions about aging that do not entail the life course, and many more questions about the life course that do not entail aging. Both are naturally treated in our work, but how we put the two together has tremendous implications for future scholarship. The life course perspective has grabbed hold of us, offered valuable insights, and transformed scholarship in our field. But it is important for researchers to consider what is gained and what is lost or put at risk in our understanding of the sociology of aging if too great an emphasis is placed on the life course.

In pursuing an understanding of "aging and the life course," does our field become too big and too broad to manage – a field of every possible age, and every possible transition, in every possible domain of life? As the life course perspective gains prominence in other subfields of sociology, these fields, too, begin to overlap with our own – indeed, the "life course" tag can be found with great regularity in the sociology of family, education, work, health, and criminology. What is it, then, that leaves our own subject matter distinct? Sociologists of aging must continue to wrestle with these difficult and critical questions in the years to come.

Second, and related, it is also important not to lose sight of the sociology of age (rather than aging), which was a central point of inquiry in the early years of our field. This scholarship, for example, examined how social roles and activities are allocated based on age, how age underlies the organization of social institutions, how age structures legal rights and responsibilities or is used to determine eligibility in social policies, how age is used to determine expectations of the self and others, or how it enters into social interactions. The salience of age in our scholarly lenses has diminished. This has occurred not merely from an increase in the number of things that seem to be a growing denial of age, that age is something that can be defied or transcended – and an accompanying emphasis on successful aging among gerontologists and in our society. It is good that gerontology has, in the last few decades, seriously challenged the belief that old age is a dark period of irrecoverable physical and cognitive declines. Yet with the pervasive sense of optimism in aging research (and its emphases on successful, productive, and optimal development and on positive processes and outcomes), we must ask whether we do ourselves and old people a great disservice in the process. These emphases threaten to obscure from our scientific lenses the real underbellies of aging and old age that must be acknowledged if they are to be dealt with effectively. Here, we are thinking of even normative changes and vulnerabilities in physical health and cognition, and of the compression of illness and disease during the final years. When we deny the realities of aging and emphasize the differences among old people to the exclusion of the things they share, we jeopardize the political activities and policy agendas that serve elders' interests and needs.

Third, this demands that we renew attention to the things that people in a given life period have in common, alongside our investments in understanding difference. Sociological research on aging routinely references the high degree of variability among old people, consciousness about which has also been promoted by popular theories of cumulative advantage and disadvantage. But the field is in need of comprehensive empirical treatments of variability and examinations of its social sources and its social consequences. And because we now assume that variability is a key hallmark of old age, only rarely do we consider the things that old people have in common. This trend, coupled with more attention to the whole life course, make it increasingly important and difficult to clarify how old age is distinct from periods before it. When we lose sight of commonness, we lose sight of the things that make old age simply those of earlier periods that are prolonged or revised. To what extent does old age pose unique developmental challenges and opportunities? What are the markers that define entry into old age and movement through the “young-old,” “old-old,” and “oldest-old” periods so commonly cited in research on aging?

Fourth, it is important to reclaim attention to the macro phenomena that preoccupied sociological attention to age and aging in the early years. We are beginning to live in the top-heavy aging population that prompted so much reflection and concern, and drew attention to our field a few decades ago. It is important that scholars do not emphasize the individualization of aging so much that we lose sight of social structure – one of the very things that defines us as sociologists. We have an obligation as sociologists to keep social forces and factors front and center in our inquiry. It is especially important to keep in focus the implications of our aging society – and the demographic parameters that produce it (mortality, morbidity, and fertility) – for our society, families, and individuals.

The need to keep social factors in focus is also heightened by reductionist tendencies in science and the obsession with genomics and genetics. As we travel further out into social spaces and attempt to
take them into account, our empirical work becomes more difficult. Yet the tendency in individual-based disciplines, such as psychology or biology, to dismiss external forces as being too unwieldy to measure or as already represented in lower-order measures, means that we must, as sociologists, make them visible, which will also require advances in our measures and methods. This may be why biomarkers seem so attractive today, especially in the areas of abilities and health, for the further we drill down into biology and put our money on those factors, the more quickly we simplify the complexity posed by the social world. There is comfort lurking there, it seems, if only the right markers can be connected to the right outcomes. But these connections are rarely clear, and our theories do not get down that far or that specific to make meaningful connections. Worse still, in emphasizing what lies within individuals over what lies outside of them, we lead people for positive outcomes with little regard to the ways in which social environments bring about, and we blame individuals for problems or failures that have little to do with their own actions and more to do with how their social worlds constrain their possibilities or squash them out. It is our responsibility as sociologists to show the way. New research focusing on the interplay of genetics, the social environment and aging creates a new opportunity to learn about the social implications of genetic research.

Fifth, it is important that our work become more anticipatory. Virtually everything that is known about aging is bound to cohorts born in the first few decades of the twentieth century. We do not know how much of our current knowledge base about aging will apply to future cohorts whose characteristics and experiences have been very different. Later cohorts have also grown up older with different resources, expectations, and needs, and they have been subject to different constellations of government programs and policies, with different types and levels of support. We do not need to wait to see how they are different. These cohorts are the future of aging, which can be understood by getting more intimately acquainted with them and by making history visible and tracing its legacy in their lives. Understanding the middle aged is particularly important, for they are next in the queue and include boomers; understanding young people matters too, for their transition to adult life looks dramatically different from what we have seen before.

Sixth, we must remember that there are people behind the numbers, and that we must do more to bring the person back into research. As sociologists, we have an obligation to understand whole people, and to understand them in relation to the multiple social contexts in which they live. We also hope that in the face of increasingly specialized and fine-grained empirical work, we put more value to the task of integration, synthesis, reflection, and theoretical development. Both of these points speak to the need to develop more holistic views of people and knowledge, and to develop a science of greater meaning, for the people and things we study are rich and complex.

Finally, if we are to do right by our subject matter, we must do right by ourselves—to become more self-reflective and self-critical, to think more seriously about why we are drawn to our topics, to unearth the values that lie beneath our own work and the commitments of our profession, and to become more conscious of the things we are invested in promoting, accepting, or denying. One thing will not change: Most people who create expectations, conduct research, make policies, engage in practice related to old people and old age are not themselves old. We are outsiders to the very people and phenomena we hope to understand. Our values and assumptions affect what we do (or do not do) with and for old people. This predilection creates challenges for what we know, how we know it, and what we do with it. We hope that in the future we will have a stronger science of action, one that will permit us to more seriously wrestle with the moral or political imperatives we have to advocate for or intervene on behalf of the populations we study, and to feel compelled toward action and the improvement of the greater social good. In the sociology of aging, we must grapple with social problems, solutions, and interventions, for it is here that some of our most important contributions are to be found and realized.
Handbooks of Sociology and Social Research

Series Editor:
Howard Kaplan, Texas A & M University, College Station, Texas

<table>
<thead>
<tr>
<th>Title</th>
<th>Editors</th>
</tr>
</thead>
<tbody>
<tr>
<td>HANDBOOK OF SOCIOLOGY OF AGING</td>
<td>Richard A. Settersten, Jr. and Jacqueline L. Angel</td>
</tr>
<tr>
<td>HANDBOOK OF COMMUNITY MOVEMENTS AND LOCAL ORGANIZATIONS</td>
<td>Ram. A. Cnaan and Carl Milofsky</td>
</tr>
<tr>
<td>HANDBOOK OF DISASTER RESEARCH</td>
<td>Zilli Sloboda and William J. Bukoski</td>
</tr>
<tr>
<td>HANDBOOK OF THE LIFE COURSE</td>
<td>Jeylan T. Mortimer and Michael J. Shanahan</td>
</tr>
<tr>
<td>HANDBOOK OF POPULATION</td>
<td>Dudley L. Poston and Michael Micklin</td>
</tr>
<tr>
<td>HANDBOOK OF RELIGION AND SOCIAL INSTITUTIONS</td>
<td>Helen Rose Elbaugh</td>
</tr>
<tr>
<td>HANDBOOK OF SOCIAL PSYCHOLOGY</td>
<td>John Delamater</td>
</tr>
<tr>
<td>HANDBOOK OF SOCIOLOGICAL THEORY</td>
<td>Jonathan H. Turner</td>
</tr>
<tr>
<td>HANDBOOK OF THE SOCIOLOGY OF EDUCATION</td>
<td>Jan E. Stets and Jonathan H. Turner</td>
</tr>
<tr>
<td>HANDBOOK OF THE SOCIOLOGY OF GENDER</td>
<td>Janet Saltzman Chafetz</td>
</tr>
<tr>
<td>HANDBOOK OF THE SOCIOLOGY OF MENTAL HEALTH</td>
<td>Carol S. Aneshensel and Jo C. Phelan</td>
</tr>
<tr>
<td>HANDBOOK OF THE SOCIOLOGY OF THE MILITARY</td>
<td>Giuseppe Cauzio</td>
</tr>
</tbody>
</table>

For other titles published in this series, go to
www.springer.com/series/6055
Scholarly Foreword

Sometime in the relatively near future, the human species will reach a watershed moment in which people over the age of 60 outnumber children. This is a world in which there are both low birth rates and declining death rates at all ages, and in which people live much longer than had ever been true in the past. Technological advances and scientific discoveries over the past few centuries have resulted in a near doubling of life expectancy in developed regions of the world – increases estimated to be roughly 3 months per year since 1840 in most industrial societies (Oeppen and Vaupel 2002). In areas where low levels of mortality are combined with low levels of fertility, population aging is a demographic fact of life – and an unprecedented social achievement.

In the modern context, these profound trends demand new knowledge on the social forces and factors that shape aging patterns and processes and on the social consequences of aging patterns and processes. And this first Handbook of Sociology of Aging, co-edited by Richard Settersten and Jacqueline Angel, provides that knowledge. It provides a comprehensive and in-depth view into a wide range of social phenomena and reveals just how vibrant the sociology of aging has become. Its chapters also show that the contributions of sociologists are crucial for fostering interdisciplinary research on aging.

At present, the study of older age and older people is a burgeoning industry in all contemporary industrialized countries, due in part to increases in population aging. This has not always been the case. This is not only because of lack of good demographic data, but also because of the phenomenon itself. Historical demographers can tell us little about the lives and social roles of the elderly population over the past several centuries, and yet the consideration of age and aging is not a new phenomenon, even if the study of older people (i.e., gerontology) may not have existed. Indeed, social theorists from the eighteenth and nineteenth centuries pointed to the significance of understanding the social meanings and consequences of age and the succession of generations. This handbook, centuries later, is a testament to these early theorists of age and generation.

This handbook is also a testament to the legacy of twentieth-century pioneers of the field of aging, such as Bernice Neugarten, Matilda White Riley, Anne Foner, Norman Ryder, Glen Elder, and others. These scholars articulated the importance of understanding not only the age structuring of society, but also the processes of individual-level changes associated with biological maturation and change, along with the events and transitions associated with the life course. The range of topics included in the present volume eclipses what early sociological researchers on age and aging probably imagined, including scores of new topics and contributions by both stalwart members of the field and many younger scholars who are reshaping its contours.

Health, aging, and mortality present some of the most profound puzzles in modern human science, and sociologists of aging have crucial roles to play in helping to solve those puzzles. The demographic realities of population aging will substantially increase the number of elderly persons with disability and in need of long-term care over the next several decades. We will have unprecedented numbers of people living longer, but more often living with chronic disease and disability.