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THE SOCIOLOGY OF AGING

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The sociological study of aging is concerned with the social aspects of both individual aging and an aging society. The individual experience of aging depends on a variety of social factors, including public policies and programs, economic status, social support, and health status. The importance of the field, and much of the theory and research in this area, is either directly or indirectly influenced by a concern with population aging. Because of this importance, I begin with a discussion of the population dynamics within which research on the sociology of aging is situated.

THE DEMOGRAPHY OF AN AGING SOCIETY

Growth in the size of the elderly population and increases in life expectancy have led to population aging, or an increase in the proportion of older people relative to younger people. Currently, those age 65 and over comprise 12 percent of the U.S. population. This is the fastest growing age group and, according to U.S. Census Bureau projections, will comprise nearly 20 percent of the nation's population by 2030 when all members of the baby boom cohorts (born between 1946 and 1964) have turned 65 years (He et al. 2005).

In the United States and many other developed countries, a decline in fertility and mortality rates has resulted in slow growing or stable populations with comparatively old age structures (Hayward and Zhang 2001).

A decreasing birth rate, particularly the sharp decline since the 1960s, has increased the rate of population aging. Additionally, improvements in nutrition, sanitation, and economic development resulted in a change in the leading causes of death from acute illness and infectious disease to chronic and degenerative diseases (Phelan et al. 2004). Consequently, life expectancy at birth in the United States has risen from 47.3 in 1900 to 76.9 in 2000 (He et al. 2005).

These changing demographics create challenges for many social institutions, such as health care and retirement income systems, families, and the labor force, and therefore have important policy implications, especially in the areas of social security, pension, and health care policy. However, population aging is often exaggerated as a social problem, and demographic facts have been used to create irrational fears that the rapidly increasing costs of pension plans and health care, and intergenerational conflict created by the burden of caring for the elderly, will strain our institutions to the breaking point. This phenomenon has been termed "apocalyptic demography" and "alarmist demography" by social scientists who demonstrate that while population aging certainly presents social policy challenges, it will not strain family, health care, labor market, and pension systems as much as rhetoric would lead us to believe (see, e.g., Gee and Gutman 2000). It is within this context of demographic change that the sociology of aging research evolved. I now turn to a discussion of some of the key developments in the field.

THE EVOLUTION OF THE FIELD

Early Development

Early theories of aging, appearing in the 1960s, viewed the withdrawal of older persons from active social life as an inevitable product of modernization. Modernization theory argued that the Industrial Revolution and the development of nations had negative consequences for the old (Burgess 1960). The aged became trapped in a “role-less role” as work moved from home into factories, they lost the economic independence that accompanies work, and young people moved to cities, isolating older generations. Early theories of aging focused on adaptation to this role loss as central to “successful” or “normal” aging and satisfaction in later life. Although modernization theory received much criticism and was discredited by historical and cross-cultural evidence, concern with the roles occupied in old age and the status of the aged remained (Marshall 1996).

Influenced by functional and developmental perspectives, disengagement theory (Cumming and Henry 1961) argued that both the aging individual and society benefit from the withdrawal of older persons from aspects of social life, particularly from the labor force. According to disengagement theory, decreased interaction between aging individuals and society was assumed to be a universal process that relieves older individuals of the pressures of adhering to societal norms and eases the transition to death.

In contrast to disengagement theory, but also seeking to explain “normal aging,” in their activity theory, Havighurst, Neugarten, and Tobin (1968) argued that isolation and withdrawal were not part of a natural progression of aging and that psychological and social needs in old age are no different from middle age. This implied that to age optimally, one should stay active and maintain the activities of middle age as long as possible, substituting new activities when necessary.

In continuity theory, Atchley (1989) builds on activity theory to define normal aging, proposing that people attempt to maintain continuity in their lifestyles, activities, and relationships, as they age, through adapting to both internal (attitudes, values, temperament) and external changes (activities, roles, the environment). Robert Atchley (1989) argued that individuals actively attempt to maintain continuity of the self over time, as our conceptions of our self are increasingly tested as we age.

Many research studies conducted in the 1960s and 1970s tested and compared disengagement, activity, and continuity theories. They resulted in little support for disengagement theory, and the overall conclusion was that withdrawal is not at all a universal pattern or a normal part of aging. However, while the idea of disengagement as a universal and inevitable process has been abandoned, it left a lasting impression on the field and an ongoing interest in understanding life satisfaction. Research based on activity

theory suggests that the best predictor of life satisfaction in old age is having an intimate network of close friends and relatives (Longino and Kart 1982). Few studies have formally tested continuity theory, but it has drawn criticism for its conceptualization of normal aging as a lack of physical or mental disease (Becker 1993), and from feminist theorists who argue that normal aging is defined around a male model, such that high rates of poverty among older women are indications of pathology (Calasanti 1996).

Over time, the study of aging evolved from a crisis-oriented view of old age as a social problem to an interest in age as a characteristic of social structure and personal biography (George 1995). Two factors made this shift possible. First, understanding the impact and dynamics of the baby boom cohorts played an influential role in the transformation of the field both theoretically and empirically. In the 1960s, social scientists attempted to understand generational differences and how this might affect social change, focusing in particular on the cohorts of the baby boom in each phase of their lives. Theories sought to explain the divergent ideas and values of baby boomers from their parents and grandparents and how this affects social change (e.g., Ryder 1965), and attempted to understand the effects of cohort size on society’s major institutions (Easterlin 1980). During this time, *cohort change*, a central concept in the development of the sociology of aging, gained interest and influence. In describing cohort change, Ryder (1965) argued that social change and population processes are interdependent because the composition of society is always changing due to the dynamics of mortality, fertility, and immigration. The continual change in society’s membership provides the opportunity for new ideas and changes to social norms and institutions. Social change connected to aging also occurs because, as individuals age, they move from one set of roles or positions to another (Hardy and Willson 2002).

Second, age stratification theory (Riley, Johnson, and Foner 1972), a major theoretical perspective that evolved over many years, helped move the field away from the view of age as dysfunction by making the distinction between age as a property of individuals and age as a property of social systems (Dannefer et al. 2005). Age stratification theory argued that age, along with race, gender, and wealth, is a principal category of stratification and differentiation in all societies (Riley et al. 1972). The theory views the stratified age structure as favoring young and middle-aged adults in the distribution of resources. Until her death in 2004, Matilda White Riley continued to refine and extend age stratification theory, introducing many influential theoretical contributions, such as *age-graded roles* and *structural lag*. Structural lag describes the strains and contradictions that may arise from a lack of fit between age-graded roles and individuals as a result of the failure of society to keep up with demographic change and individuals’ changing life course (Riley, Kahn, and Foner 1994).

Recent Approaches to the Study of Aging

Criticism of age stratification theory began in the 1970s, pointing out that although age is an important source of identity, it often affects life chances less than other dimensions of stratification (Quadagno and Reid 1999). Critics suggest that the functionalist orientation of the age stratification perspective leads to a focus on some themes to the exclusion, or lack of development, of others (Dannefer et al. 2005; Quadagno and Reid 1999). These include a lack of attention to power, conflict, and other bases of stratification, and therefore to macrolevel issues such as the role of social movements in social change (Dannefer et al. 2005).

One neglected area in age stratification theory is within-cohort variation by race, gender, and social class in aging, including the power relations and political processes that produce inequality (Quadagno and Reid 1999). The political economy perspective has been influential through its focus on the experience of aging and old age as situated within a larger social context, in particular the organization of the economy and public policy (Estes, Linkins, and Binney 1996). Researchers who employ this perspective view public policy as a product of the power relations and struggles in a given historical period, as reflected in advantage and disadvantage in class, race, gender, and age relations (Quadagno and Reid 1999). For example, cross-national comparisons have demonstrated that nations with more generous social welfare programs tend to be those dominated by labor and social-democratic parties (Myles 1989). In addition, researchers from this perspective have examined how dominant social institutions, such as the welfare state, create vulnerability and dependency in women throughout their life course and the effect that this has on older women's economic security (Estes 2004; Harrington Meyer 1996).

Feminist approaches to the study of aging address limitations of previous theoretical perspectives, including age stratification theory. Although these approaches are diverse, they share a common understanding of gender relations as forces that shape both social organizations and identities in a manner that privileges men to the disadvantage of women (Calasanti 2004). The key to a feminist approach is the study of men and women in relation to one another and the resulting power differentials. It, therefore, provides an important framework for examining not only the lives of women but also the lives of those who are privileged in one or more dimensions, such as their race, class, or sexual orientation (Calasanti 2004). For example, research has shown that women are more likely to be primary caregivers to parents and spend more time in caregiving than men (Horwitz 1985; Lee, Dwyer, and Coward 1993), and that men and women tend to engage in different kinds of caregiving activities (Campbell and Martin-Matthews 2000; Chang and White-Means 1991). However, more recently, studies from a feminist approach have extended the research on caregiving to examine the

experiences of men as caregivers, and the tension that male caregivers experience between the caregiving role and hegemonic meanings of masculinity (Campbell and Carroll 2006; Kirsi, Hervonen, and Jylhä 2000; Russell 2001). These studies shed insight not only into the meaning of masculinity to male caregivers but also into how manhood relates to gender relations (Calasanti 2004).

Critical gerontology is a prominent strand of sociological theories of aging that incorporates contributions from political economy, feminism, and the humanities (Phillipson 2006). Critical theory provides a critique of the dominant ideology and social order and challenges the underlying interests and goals of groups in power (Baars 1991). A central idea of critical gerontology is that aging is a socially constructed experience and process (Phillipson 2006). In other words, the experience of aging largely depends on social context and cultural meanings of aging—how others react to the aged (Estes 1979). A goal of work in this area is inclusiveness and emphasis on the experiences of disadvantaged or underrepresented older people. At the intersection of critical gerontology, feminist theory, and political economy is the research of Estes and colleagues, which investigates how dominant social institutions shape dependency and vulnerability in women throughout their life course and particularly in old age (e.g., Estes 2004).

Research on the social construction of identity represents one of the most extensive areas of contemporary research in aging. The focus of studies from this perspective is on identity management within the context of aging and how various defining contexts, including age, are used to construct identities in particular social situations. This perspective draws on the traditions of phenomenology and symbolic interaction, and research relies primarily on qualitative methods such as grounded theory, ethnography, and narratives of aging (Gubrium and Holstein 1999). A classic example of research examining questions of identity is Sarah Matthews's (1979) study on the management of self-identity among old women, who develop strategies to deal with the stigma of stereotypes of infirmity, senility, and worthlessness. A second classic study from this perspective, *Living and Dying at Murray Manor* (Gubrium 1975), used the phenomenological concept of "social worlds" to show that a single organization, a nursing home, contains different "worlds of meaning" based on the social location of the participants. The administrative staff, nurses, and the residents are not homogeneous in the meanings that they assign to living and dying.

The life course perspective (e.g., Elder 1995; George 1993; see Mortimer and Shanahan 2003) is currently a dominant approach in the sociology of aging and is an often-cited theoretical framework for examining issues surrounding changes in statuses across time. This approach examines differences in aging across cohorts by emphasizing that individual biography is situated within the context of social structure and historical circumstance. The processes are influenced by aggregate individual-level decisions and behaviors, in addition to structural and

historical processes that constrain and direct behavior (Hardy and Waite 1997). Glen Elder's (1974) *Children of the Great Depression* was one of the first examples of microlevel research using longitudinal data on children's lives to systematically study change in families and children over time. Recent research from this perspective covers a wide array of topics, examining inequality among women as they age (Willson 2003), couples' retirement transitions (Moen, Kim, and Hofmeister 2001), caregiving careers and women's health (Pavalko and Woodbury 2000), the role of grandparents in grandchildren's lives (King and Elder 1997), and how life course transitions affect intergenerational relationships (Kaufman and Uhlenberg 1998), among many examples. It has also demonstrated that life transitions have become less tied to age, so that "events in family, education, work, health and leisure domains occur across the life span at different (and many at increasingly later) ages than previously expected" (O'Rand and Campbell 1999:61).

This discussion is by no means exhaustive. Any theoretical framework can be applied to the study of aging, and research includes topics from across the spectrum of sociological subfields. From the early days of the study of aging, sociologists have taken an interdisciplinary approach, and today sociologists continue to draw on a diverse array of theoretical perspectives and methods to understand aging and, in turn, have informed other fields of research (Marshall 1996). However, an ongoing criticism of the social scientific study of aging is that it lacks "theoretical rigor" and tends toward the descriptive (see Hagestad and Dannefer 2001 for such a discussion). This is due in part to such research being primarily problem-driven rather than theory-driven (Meyers 1996). It also has been argued that this absence is due in part to the outpacing of systematic sociological theorizing on aging by empirical studies made possible by advances in quantitative methodology and the availability of new longitudinal data (Dannefer and Uhlenberg 1999). It is therefore appropriate to turn to a discussion of some of the key developments and challenges in the methods used in the sociological study of aging.

METHODOLOGICAL APPROACHES AND INNOVATIONS

Both qualitative and quantitative methods play an important role in sociological aging research. In this discussion, I will focus on quantitative methods because over the past decades, a major development in aging research has been an increase in the quality and sophistication of both quantitative research methods and data (George 1995). The social context in which the biological process of aging is embedded creates variability in the experience of aging—between individuals, between cohorts, and over time. Many of the topics studied in aging research are quite demanding methodologically. For example, for many questions addressed using a life course perspective, longitudinal data

are often necessary to allow the researcher to locate lives in time and help in the specification of causal relationships (Alwin and Campbell 2001). Longitudinal data not only require extensive resources to collect but also require sophisticated methods to analyze. However, as the limitations of cross-sectional data have become well understood, the number and use of longitudinal data sets have risen (George 1995). Some of the most unique quantitative developments in recent years involve the use of longitudinal data to study life-course trajectories or long-term patterns of stability and change over time. Trajectories model life-course dynamics, such as individual change over time, and important interindividual differences in change over the life course. For example, using growth curve models, researchers can examine how factors such as the experience of long-term economic advantage or disadvantage, as well as individual characteristics such as race/ethnicity and gender, affect health and well-being. These techniques are at the cutting edge of research that tries to understand life-course dynamics and life-course heterogeneity.

In the 1960s, sociologists realized that there are major differences in cross-sectional age comparisons and longitudinal patterns (Dannefer and Uhlenberg 1999). Generalizations about age differences drawn from cross-sectional data are suspect because by comparing people in different age groups at one point in time, it is impossible to separate the effects of age from the effects of aging through different time periods (cohort effects). The confounding of age, period, and cohort in research findings presents methodological puzzles such as when we compare people of different ages at one point in time, cohort (year of birth) and age (current year minus year of birth) cannot be distinguished. If we compare people of the same or different ages across time, cohort, age, and period (historical time) are confounded. This is because age equals the current year (period) minus birth year (cohort). Herbert J. Blalock, Jr. (1966) referred to this as the "problem of identification." Therefore, in cross-sectional studies it is not possible to determine if age differences in, for example, attitudes, are due to changes that accompany aging, cohort differences, or historical events. Although this problem was identified at least 40 years ago, studies continue to be published in which the author makes claims about "aging" from cross-sectional data. There are no easy answers to the problem of identification. Careful conceptualization of how a shared social consciousness is created among cohort members, and how this differs from other cohorts, is necessary to understand the linkage between cohort change, social change, and aging (Hardy and Waite 1997).

CURRENT RESEARCH IN THE SOCIOLOGY OF AGING

While the sociology of aging is distinct and unique, researchers in many other subfields of sociology are interested in the study of aging. This is especially evident with

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the growing popularity of the life course perspective and its emphasis on old age as a culmination of earlier life experiences. In addition, an attempt to understand how changes in demographic forces affect social interaction and social institutions drives many areas of interest in the sociology of aging. Following is a sampling of current research.

Family Relationships and Social Support

One focus of research in the sociology of aging is social support in old age. Individual's social support systems include the network of relatives, friends, and organizations that provide both instrumental support (such as help with activities of daily living) and emotional support (such as making the individual feel reassured and loved). Studies show that most old people have an extensive social support network of family and friends. A wide array of research has focused on family relationships and social support, investigating topics such as marital satisfaction in later life (Hyuck 2001), parent-adult child relationships (Pillemer and Suito 2002; Rossi and Rossi 1990; Silverstein, Parrott, and Bengtson 1995), sibling relationships (Campbell et al. 1999; White 2001), and grandparent-grandchild relationships (Kemp 2003; Chan and Elder 2000). For example, a primary interest is parent-adult child relationship quality, and how relationship quality influences the provision of social support to parents in their old age. Studies in this area have been primarily framed by two approaches: the solidarity perspective, which focuses on the strength of intergenerational family ties (Silverstein and Bengtson 1997) and the conflict perspective, which focuses on the conflicts that arise in relationships with older family members who require social support and care (for review, see Marshall, Matthews, and Rosenthal 1993). Recently, a third approach views intergenerational relations as ambivalent, or characterized by contradictory emotions and cognitions held toward people, social relations, and structures, with roots in structured social relations (Connidis and McMullin 2002; Luescher and Pillemer 1998). The concept of ambivalence has sparked empirical investigation in this area of research (Pillemer and Suito 2002; Willson, Shuey, and Elder 2003).

Caregiving

Related to research on family and social support is a large body of literature that specifically examines caregiving to older family members. One explanation for the interest in this area is the lengthening life span and the greater potential reliance on family members that accompanies an extended old age (Pearlin et al. 2001). Much research in this area has focused on the consequences of caregiving for caregivers, such as caregiver stress and burden and their effects on health (George 1986; Pearlin and Aneshensel 1994). While this research has documented the negative effects of caregiving, it has also demonstrated that

in general women are likely to benefit from multiple roles depending on the mix of roles and their contribution to self-identity (e.g., Moen, Robison and Fields 1994).

Research in this area also has demonstrated that whether women are employed or not, they provide extensive care to older family members (Martin-Matthews and Campbell 1995). This often means altering their work patterns, which can affect job security and possibilities for advancement, or managing and purchasing alternative sources of care (Martin-Matthews and Campbell 1995). Researchers emphasize that the shift in caregiving style to management rather than hands-on is not a suggestion of the breakdown of the family or lack of love and concern for family members but is a sign of social change (Connidis 2002). In the future, this style may also extend into retirement, when previously employed women who had hired others to care for their children may be more comfortable with purchasing caregiving services for their parents, their spouse, and themselves. However, this is contingent on the services being available, and they often are not (Connidis 2002).

Poverty and Inequality in Old Age: The Importance of Gender and Race/Ethnicity

Although the elderly poverty rate is roughly the same as that of younger adults, within the age group 65 and over, there is much variation in income and wealth. For example, women comprise 57.3 percent of the population 65 and older, but are about 70 percent of the older population living in poverty (He et al. 2005). A major concern in the study of aging has been women's economic security in old age, and the resources available from family members and policies such as social security. Because women tend to marry men who are older than themselves, and because of men's shorter life expectancy, older women outnumber older men in the United States (He et al. 2005). High proportions of women are widows and live alone in old age. As a result, they have a greater chance of being institutionalized and are more likely to live in poverty than men. In addition, because women experience greater discontinuity in the labor force, moving in and out to accommodate family responsibilities, they have shorter and less stable employment histories. Research investigating the long-term effects of these factors has found that women are less likely than men to be covered by pensions, and across the life course and in later life they have incomes that are far lower than men's, which translates into economic insecurity in old age (Farkas and O'Rand 1998; Han and Moen 1999; Shuey and O'Rand 2004).

Race and ethnicity play an important role in the relationship between gender and economic security as well. In the United States, there are large differences in socioeconomic status across racial groups. In 2003, the proportion of non-Hispanic whites over the age of 65 living in poverty was 8 percent, compared with 23.7 percent of blacks and 19.5 percent of Hispanics (He et al. 2005). Whites 65 years

and older have rates of high school graduation that are twice that of Hispanics and almost twice that of blacks (Williams and Wilson 2001). There are large racial/ethnic differences in income, however, racial/ethnic differences in net worth are even larger—recent estimates place the financial assets of white households at 11 times that of black households and 8 times that of Hispanic households (Smith 1997).

The life course perspective draws attention to cumulative processes and the social transitions between life phases that create variation in life trajectories such as health and economic status (Dannefer 1987; O’Rand 1996). Within this framework, cumulative advantage/disadvantage theory (CAD) explains a process through which early advantages and disadvantages become compounded over the life course, leading to greater intracohort inequality at the oldest ages. CAD seeks to understand how heterogeneity within cohorts changes with age and how social processes may interact to produce intracohort variation and stratification (Dannefer 2003). Studies have examined the cumulative effect of a number of social factors on changes in late-life inequality, including the shift to retirement income (Pampel and Hardy 1994), marriage and employment among women (Willson 2003), and education (Elman and O’Rand 2004). More recently, CAD has been applied to investigations of the relationship between socioeconomic status and change in health inequality with age and produce mixed findings. Some studies find support for cumulative advantage (Ferraro and Kelley 2003; Ross and Wu 1996), while other studies find evidence of a convergence of health trajectories with age (House et al. 1994).

Health and Aging

Health in later life is the result of multiple processes and their effects over the life course. These include a mixture of sociodemographic resources and risks, behavioral risk factors, and biological processes. Structural barriers to health care and preventative medicine as well as greater exposure to stressors, occupational and environmental risks, and health risk behaviors are differentially distributed by socioeconomic position. Psychosocial resources, which may buffer the adverse effects of stress, are also differentially distributed—they include coping style, social support, and attitudes such as optimism and a sense of personal control (see Thoits 1995 for a review). The presence or absence of these behaviors, exposures, and resources “accumulate” health advantages in some individuals and disadvantages in others and are implicated in the strong relationship between indicators of socioeconomic status and health across the life course (Frytak, Harley, and Finch 2003).

Although health naturally declines with age, it does not decline at the same rate for all older people. There are large differences in survival to old age, and some live many more years without a functional limitation. Female life expectancy historically has been higher than male life

expectancy at most ages, with both black and white women living longer than their male counterparts (He et al. 2005). In the search for explanations for sex differences in life expectancy, studies have examined differences in social roles, behaviors, attitudes, and biological risks between men and women (Nathanson 1984; Verbrugge 1989; for review, see He et al. 2005); however, a conclusive explanation has yet to be found.

Differences in life expectancy also exist by race/ethnicity. In 2000, the racial gap in life expectancy was 5.7 years (He et al. 2005); however, there is some debate over whether racial differences in life expectancy grow smaller and even reverse at the oldest ages. Some researchers argue that the racial crossover is due to unreliable data (e.g., Coale and Kisker 1986), whereas others contend that it is real and a product of the “survival of the fittest” phenomenon (e.g., Johnson 2000). This perspective contends that among the socially disadvantaged, only the healthiest and fittest survive to the oldest ages.

There are gender and race differences in functional limitations as well. In contrast to women’s advantage in life expectancy, women have consistently higher levels of functional limitations compared with men in their same racial/ethnic group after adjusting for socioeconomic and background factors (Read and Gorman 2005). Race differences in socioeconomic status have a profound effect on race differences in health. Over the life course, inequalities in education, access to well-paying jobs with benefits, and housing all negatively influence the health of African Americans, such that fewer survive to old age than whites (Williams and Collins 1995; Williams and Wilson 2001). However, health disparities by race are not completely explained by socioeconomic status, and whites and blacks of the same socioeconomic status have different overall health outcomes (Farmer and Ferraro 2005).

The study of health and aging is a burgeoning field. In addition to improving our understanding of gender and race differences in health across the life course and in later life, research in this area is largely focused on improving our understanding of the causes of inequality in physical and mental health and the role of various factors like social support.

Work and Retirement

Sociologists of aging emphasize that although on the surface it may appear that retirement is a “natural” response to human aging and older people’s declining capacities, in reality retirement policy developed in the twentieth-century is an attempt to reconcile a changing economy with an aging population and surplus labor (Hardy and Shuey 2000). Research on work and retirement is motivated by both scholarly and public policy interests, particularly in extending the working lives of the baby boom cohorts (Henretta 2001). In the United States, men’s labor force participation has experienced a long decline due in part to rising levels of income and wealth, disability

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benefits, and the level of pensions and social security (Henretta 2001). However, since the mid-1990s, the labor force participation of men in their 60s has stabilized and perhaps increased (He et al. 2005). While men's labor force participation rates have decreased over the last half century, women's labor force participation rates have increased, so that the difference between rates of labor force participation for older men and women (55–64 years) has declined in recent years, from a gap of 30.8 percent in 1980 to 12 percent in 2003 (He et al. 2005).

Research in this area is largely framed by the general hypothesis that patterns of individual work careers and retirement pathways are becoming increasingly heterogeneous. "Retirement" itself has become increasingly difficult to define and measure, and research indicates that career patterns later in life are more variable than in the past. For example, studies of "blurred" versus "crisp" patterns of labor force exit find that about one quarter of individuals between the ages of 55 and 74 years experience multiple changes in labor force status before finally exiting the labor force for good (Mutchler et al. 1997). Reentry to the labor force is likely to be into part-time work, and often reflects job loss or the receipt of early retirement incentives. In addition, traditional assumptions about retirement are based on white middle-class men's experiences of a stable work history, with a clear beginning and end followed by retirement income. They do not represent the experiences of women or a substantial minority of the older population, including African Americans (Calasanti 1996; Mutchler et al. 1997).

Research in this area also has investigated what motivates the retirement decision (e.g., Hardy, Hazelrigg, and Quadagno 1996; Quadagno and Quinn 1997), changing pension types and uses (e.g., Shuey 2004), the joint timing of retirement for women and men (e.g., Henretta, O'Rand, and Chan 1993; Pienta and Hayward 2002), and heterogeneity in retirement pathways, such as blurred exits from the labor force and reentry (Elder and Pavalko 1993; Hayward, Crimmins, and Wray 1994; Mutchler et al. 1997).

End of Life

Death and dying has become a major focus of medicine, social sciences, ethics, and religion (Lawton 2001). Like aging, dying is both a biological process and an experience that occurs in a social context (Field and Cassell 1997). The social context of death has changed quite drastically over the last century. In contrast to a few generations ago when most people died at home, today, most Americans die in hospitals or nursing homes surrounded by professionals in addition to family (Wilkinson and Lynn 2001). In addition, increases in longevity have led to long-term, chronic conditions associated with aging becoming the major pathway to death (Wilkinson and Lynn 2001).

A large body of literature has examined attitudes toward death and how they change with age. Middle age is a period of reflection and heightened sense of our own

mortality, and as people grow older, they tend to think and talk more about death and fear it less (Marshall 1986). Life review, or the tendency to reminisce about one's experiences, is a process that allows the aged to find meaning in past events and to integrate their experiences into a cohesive life story (Marshall 1986).

A central question addressed by this literature is, what actually constitutes the end of life? The concepts of "living" and "dying" exist on a continuum, and dying can be considered as a process. Quality of life at the end of life, and how to measure it, is perhaps the most-discussed topic in this field of study (Lawton 2001). Measurement is difficult because quality of life includes many dimensions, such as physical functioning, economic demands, social relationships, and spirituality, and some are more amenable to measurement than others. A second large body of literature examines decisions that are made regarding the end of life, particularly concerning treatment preferences and advanced directives (e.g., Lambert et al. 2005). Doctors increasingly have at their disposal modern technologies to treat patients and sustain life. Many legal and ethical questions related to the preservation of human dignity have become issues for the dying, their families, and their physicians. The ability to prolong life has increased awareness of and interest in advanced directives that specify individuals' wishes in the event they are unable to express them. This is a growing area of research.

FUTURE DIRECTIONS

Research in the sociology of aging using advances in longitudinal data and methods is proliferating and will continue to increase our understanding of the complex dynamics of the social experience of aging. However, there are increasing calls for similar advances in sociological theories of aging. Scholars of the sociology of aging now call for "more attention to the development and exposition of ambitious theories that have the power to provoke controversy and force investigators to speculate more broadly about the meaning of their findings" (George 1995:S1). The sociology of aging tends to be oriented toward addressing the problems and realities faced by both aging individuals and an aging society. In addition, it is argued that with increasing pressure to fund research through granting agencies such as the National Institutes of Health, the focus of much work in the field is oriented toward the application of research findings to specific pressing problems rather than toward the advancement of theoretical development. These scholars remind us that theory provides a lens through which to make sense of our observations and to integrate those observations into a cumulative understanding of aging (Bengtson and Schaie 1999).

A challenge to the development of theories of aging is the criticism and rejection of earlier theories on the basis that they ignored power relations and the diversity of experiences within cohorts. There are ongoing calls for

greater recognition of diversity in aging research. McMullin (2000) argues that one reason research on aging tends to be atheoretical is that the state of aging theory is inadequate with regard to diversity and not well suited to diversity research. Rather than simply overlooking theoretical explanations for their findings, researchers are impeded from making explicit links between empirical generalizations and larger explanatory frameworks. Research has begun in earnest to document diversity in many realms of later life; however, current theories of aging do not adequately incorporate interlocking sets of power relations that structure social life, such as class, age, gender, ethnicity/race, and sexual orientation (McMullin 2000). Rather, these power relations tend to be viewed as individual characteristics that create difference (Calasanti 1996). McMullin (2000) encourages drawing on the strengths of existing theory and modifying it to include the components and complexities of diversity research.

The recognition of diversity will become increasingly important over the coming decades, as the U.S. population ages and includes a higher proportion of elders from minority groups. Traditionally, research interest has been dominated by studies of differences between blacks and whites in old age. However, there is a growing emphasis on racial and ethnic diversity and important intergroup and intragroup differences among older cohorts (Williams and Wilson 2001). Thus, there is a call for scholars to turn their focus to diverse populations that have been neglected in social research, such as the array of ethnic backgrounds that tend to be lumped under the category *Hispanic*, and middle-class African Americans, who we know much less about because of the focus on poverty and disadvantage (Calasanti and Slevin 2001). In addition, globalization and increased rates of migration raise major issues both for the discipline and for understanding the lives of older people, in part due to the effects of global competition on the shift away from lifetime jobs (Phillipson 2006).

Second, there is a need for a greater understanding and refinement of aspects of our current theorizing. It has been argued that despite the growing influence of the life course perspective, our understanding of the social forces that shape the life course is still in an early stage because of a lack of development of social theory in this area (George

1995). Many of the theoretical and conceptual issues put forth by the life course perspective have not been adequately conceptualized and measured empirically. For example, methodologists have only very crudely measured some components of CAD, and some studies have “tested” CAD theory using cross-sectional data, which has been recognized as misguided for almost half a century for reasons discussed earlier in this chapter.

In addition, there is an important lack of dialogue between methodologists and theorists over the implications of selection processes for both theory building and empirical generalizations. From both a theoretical and empirical standpoint, the sociology of aging is often concerned with long-term processes. However, neither current theory nor research adequately accounts for the nonrandom exclusion of older respondents from analytic samples due to death or illness. We know that the most disadvantaged in society have the highest incidence of morbidity and mortality—they are the least likely to survive to ages 65 and older. Yet our theoretical perspectives regarding inequality do not account for selective mortality, and our conclusions from empirical studies rarely acknowledge the impact of selective mortality on results. This is an issue that is particularly relevant for data collection efforts that begin in midlife with hopes of drawing conclusions related to inequality in socioeconomic characteristics, or characteristics closely linked to socioeconomic status, such as health. Studies of the life course are affected by the relationship between socioeconomic status, race, gender, and health, and selective mortality influences the conclusions that we draw about both the aging process and the age structure of society more generally. Furthering our understanding of long-term processes, at both the micro and the macro levels, requires a sophisticated level of theoretical conceptualization, measurement, and methodology.

The sociology of aging is an important sociological subfield, drawing on and contributing to many other areas of sociology, and other disciplines. This area of research is by definition shaped by the social change associated with its topic of study. The field continues to evolve as scholars rise to the challenges presented by a changing world and changing subjects.