CHAPTER 1

AGING, SOCIETY, AND THE LIFE COURSE

LEARNING OBJECTIVES

- Understanding different facets of aging: physical, psychological, social, and societal.
- Comprehending key principles and concepts of a life course perspective and why it matters for aging.
- Appreciating the sociological imagination and why it is important for studying aging.
- Recognizing distinct levels for understanding aging: micro, meso, macro.
- Learning how the social locations of individuals and groups (e.g., gender, race and ethnicity, social class) create diversity and inequalities in aging.
- Realizing how aging is "socially constructed" and the product of social forces outside of people.

The field of aging is relatively young. In the first half of the 20th century, the field of human development was focused on infancy, childhood, and adolescence and the rapid changes across these phases. Researchers were interested primarily in topics like language acquisition, emergent cognitive abilities, moral development, and problem-solving. At that time, much thinking about the adult years assumed that once people reached adulthood, change was relatively minimal. Middle age and old age were not fully discovered or recognized as periods of study—let alone as periods that involve dramatic growth and change—until the second half of the 20th century.

As attention to adult development and aging grew, scientists quickly realized that the concepts and issues at stake with respect to children could not simply be extended to adults. New and difficult questions were raised about continuity and change across the growing number of decades of adult life and the social settings that affect adult development and aging. The early study of aging naturally brought attention to physical and psychological changes *within* individuals as they age, as well as to the societal problems associated with aging. Over time, researchers began to realize the power of the social world in determining aging experiences and the potentials associated with aging too. This book is about those experiences.

From: Aging, Society, and the Life Course, Sixth Edition
DOI: 10.1891/9780826180353.0001

FACETS OF AGING

If you ask someone on the street to define "aging," they might simply say that it means "getting older." But what does this mean? Having a birthday each year—advancing in chronological age—is on its own a relatively meaningless variable when it comes to understanding aging. Yes, chronological age marks the passage of time, but what matters are the events and experiences that people have along the way. Time's passing is of concern only because it is entangled with other physical, psychological, and social changes. Aging is not something that suddenly begins in the later years—it starts at birth! For this reason, a life course perspective will be important for understanding aging.

Physical Aging

As human beings grow up and become older, there are some predictable changes over time. These are especially apparent in the early years of life, and they especially relate to changing bodies and physical abilities. For example, there are well-established and fine-grained growth charts—down to months and even weeks—at which infants and toddlers are expected to develop and are assessed for weight, height, responsiveness, depth perception, crawling, walking, and the like. These growth curves continue through childhood. Puberty marks the physical sexual maturation of boys and girls (which is of course different from whether teenagers are emotionally or socially ready for aspects of sex and sexuality). Aging is often most quickly described in physical terms—such as hair turning gray, skin becoming more wrinkled, women reaching menopause and men losing testosterone and sexual functioning, diminished immune system response, and cardiovascular risks. And yet, these norms, unlike those in early life, are not as rigidly bound to chronological age. There are significant differences in when or how quickly people experience these physical markers of aging.

An interesting question about these physical changes is whether they are inevitable for all people as a natural consequence of growing older, or how much they are potentially modifiable or preventable due to one's genes, lifestyle (e.g., nutrition and physical activity), environments (e.g., opportunities afforded through family resources or in neighborhoods), and culture (e.g., religious or dietary practices). For example, some wrinkling of the skin and loss of elasticity is related to physical aging processes, but the magnitude of change and speed of deterioration might be affected by personal choices (e.g., exposure to tanning beds) or circumstances (e.g., working outdoors in agriculture), geography (e.g., living somewhere where there is a lot of natural sunlight), or cultural practices (e.g., social gatherings or holidays at the beach).

Physical aging can therefore look very different from one person to another. A group of 70-year-olds today are likely to be very diverse in their physical appearance and their physical health and functioning. Similarly, some 70-year-olds may look, act, and be as healthy as people in their 40s or 50s. Later, we discuss the idea of **successful aging**, which has captured the interests of gerontologists for several decades. These efforts have attempted to identify the factors and outcomes that differentiate those with "normal" or "usual" aging from those with "successful" or "optimal" aging and "abnormal"

Stop and think:
The term "geriatric pregnancy" is applied to anyone over the age of 35. An increasing number of mothers have natural pregnancies in their 40s, and even in their 50s. With in vitro fertilization, pregnancies can happen even later, one of the eldest being a woman in India who gave birth to twins in 2019 at the age of 74. These events often spark scientific and ethical debate about when a woman is too old—or should be too old—to have a baby. What might some of the concerns be? In comparison, there is much less discussion about when a man might be too old to become a father, and there are many cases of men who continue to have children in "old age." Why might that be?

or "pathological" aging. Concepts like these have as a central point of focus the presence, types, or levels of disease, disability, and physical functioning.

Most models of human physical aging assume a steep period of growth and functioning from birth to early adulthood, followed by a plateau until later life, when functioning is either maintained (optimal) or decline is slow but inevitable (usual) or rapid (pathological). There is a recognition that these different trajectories may be age-linked—that is, certain kinds of risks to physical functioning may grow with age. This is why many diseases are considered to be *associated* with age, but not *caused* by age. It is where the search for "modifiable factors" (things that can be changed) comes in: What are the things in an individual's control, or a society's control, that can foster optimal aging for everyone, and especially for groups who are disadvantaged or at risk in ways that could be corrected? The increasing evidence that individuals vary greatly in their experience of physical aging suggests that few, if any, of the significant aspects of aging are purely or even primarily physical.

Psychological Aging

The psychology of aging is a well-developed and wide field of study. One long-standing area of interest relates to cognitive aging—such as changes in memory, intelligence, information processing, and learning—and the physiology of cognitive impairments or their connection to changes in sensory functions like hearing, vision, taste, smell, and touch.

We noted previously that the years from infancy through adolescence are characterized by strong normative curves for physical development, although the variability among children of the same age increases the older children get. The same is true of cognitive development, where there are strong benchmarks for infants and toddlers for things like reflexive activity, circular reactions, object permanence, representational thought, goal-directed behavior, or multistep directions. As children move through primary and secondary schools and approach college, they are subject to and judged according to tests of academic achievement, intelligence, attention and memory, and interests. These are very much related to the development and control of the brain and body.

Although aging typically includes changes in cognitive functioning, individuals differ in which changes occur, or in how fast or slow they occur. For example, the speed at which persons process information slows as they age, but verbal knowledge may remain

stable or even improve with age (Salthouse, 2019). Pathological diseases such as Alzheimer's disease and related dementias are not a normal part of the aging process, and older age alone does not cause dementia. However, advanced age is the strongest risk factor for these dementias (Qiu & Fratiglioni, 2018). An estimated 5% of adults aged 70 to 79 have dementia, compared to 31% of adults aged 90 and older (Freedman et al., 2018). Efforts to maintain or improve cognitive functioning amidst age-related and pathological cognitive declines may be best implemented early, when screening and cognitive interventions are most viable.

Other psychological research focuses on how aging affects (or is affected by) emotions, personality, and aspects of self and identity, or how internal psychological processes or stress interact with health, family relationships, or age stereotypes. There is also interest in how these things change over the many decades of adulthood. For example, personality does not undergo profound changes in later life; many personality traits, aspects of self-concept, and self-esteem remain fairly stable from midlife onward. Growing older seldom requires or causes fundamental changes to basic personality structures and strategies. At the same time, growing older requires people to adapt to unexpected and unclear circumstances, refine and stretch their sense of self, and find new ways to bring meaning to their lives or evaluate or reach their potential. Aging can bring opportunities to imagine new "possible selves" or to reclaim parts of ourselves that were left behind long ago. Concepts such as "gerotranscendence," "sageing," and "elderhood" offer a glimpse into the positive developmental phases that may characterize late life.

A psychological perspective is vital to understanding the internal aging-related changes and experiences that occur within and between individuals. The breadth and depth of the psychology of aging are far beyond the scope of this text, but we consider the psychological and physical issues alongside a more sociological perspective on aging.

Social Aging

Social aging refers to how society shapes the meanings and experiences of aging. Social aging includes expectations and assumptions about what we are like, what we can do, or how we should behave at different ages. The concept of social aging also refers to how our social environments influence the opportunities that are open or closed to us as we grow older. Later chapters in the book apply the concepts of social aging to the major dimensions of our lives, including families, work, and health.

To understand aging, we must recognize the significance of its social meanings. That is, things like gray hair, wrinkles, slower reaction time, and even short-term memory loss matter to a great degree because our social world defines those changes as undesirable. Many of these social meanings of aging are tied to erroneous beliefs about how aging affects people's physical and mental capabilities. Aging does not necessarily cause us to become rigid in our

Stop and think:
Can you think of a time when you were suddenly aware of your aging? What triggered your awareness?

thinking, forgetful, or unable to continue our favorite physical or intellectual activities. For most people, aging is a long process of change that is so gradual that we compensate for most of it and it has little impact on everyday life.

Society uses age to categorize individuals, allocate resources, assign people roles, or channel them into and out of positions. This may even be for benevolent reasons. For example, there is a minimum legal age for employment, which was designed to protect children from being exploited and ensure their schooling. At age 40, people in the labor force are legally defined as "older workers" and protected by the Age Discrimination in Employment Act.

Age can also limit one's opportunities. Gray hair and wrinkles, perhaps the most visible signs of aging, and the chronological age of 65—which is most often used to define old age, at least in policies—have no effect on physical functioning or cognitive capability. They do, however, have profound effects on social interactions and opportunities for individuals in employment, family life, and community engagement. Whether we would seriously consider someone as a possible candidate for a job or as an interesting partner in social interaction is influenced by our assessment of the age of that person and what it symbolizes. Again, it is not because age 65 or gray hair reflects someone's actual competence or personality, or even that visible signs of aging are inherently unattractive or attractive. We make these assessments because we live in a society that has constructed the meanings of aging in primarily negative ways—although organizations and advocates are working to change this.

It is important to think about the extent to which the very same processes work at other ages and phases of life. In our culture, it is possible to be "too young," just as it is possible to be "too old," for certain roles and opportunities. Or we may worry that children and teens grow up "too fast" or be concerned if an older person acts "too young." There are clear policies, often in the form of federal and state laws, about when a person is old enough to drive a car, have consensual sexual relationships, get married, or be president of the United States. In these examples, "old enough" seems to imply the window of opportunity between legally too young and socially too old. For some of these things, like becoming president, there may also be voracious debates about whether there is an age after which a person is "too old." These are good illustrations of the **social construction of reality** (Berger & Luckman, 1966): that is, how we see and understand our lives and the world is not our own "objective" reality but instead arises from interactions with others and is defined by the social institutions of the society in which we live.

Ageism

An important aspect of social aging is that age often leads to stereotypes, prejudice, and discrimination. Pioneering gerontologist Robert Butler first coined the term **ageism** in 1969, pointing to it as "another form of bigotry" (p. 243). Ageism is similar to other "-isms"—like sexism, racism, classism, or heterosexism—in that it creates an "other." This process of "othering" involves grouping together people identified as different from ourselves because of characteristics they do or do not possess. This distancing

Stop and think:
Is ageism a problem only for older people? Can you think of examples of ageism related to younger people? Do you speak up if you hear ageist remarks? Why or why not?

leaves individuals more comfortable in making sweeping generalizations about those others, stereotyping them (often incorrectly) as sharing common traits or attitudes, and even excluding them from full participation in social life or limiting their opportunities.

We are all familiar with the views of older people as lonely, frail, poor, and deserving of our help. This "compassionate ageism," as Robert Binstock (1991) once called it, now exists side by side with other stereotypical views: older people are cute, wise, funny, greedy, selfish, or well-off financially. Although ageism can take many forms, the impact is the same. Older people are seen as "other"—in either positive or negative light different from us, but all like each other. Like other "-isms," we are often not even conscious of it. A key difference between ageism and other "-isms" is that everyone will eventually be subject to ageism if they live long enough.

Societal Aging

Societal aging is a significant part of the aging process. Societies themselves experience aging as the proportion of the population in the "older" age categories increases. The age shape of the populations of many societies was radically transformed in the last century as a result of dramatic declines in mortality (death), morbidity (illnesses), and fertility (the number of children), changes which also look different for men and women and people of different racial, ethnic, and income backgrounds. The now higher proportion of older people in these *aging societies* has transformed every aspect of social life and these portions will continue to grow in the future. Another impact of the growth of the older population is the increased visibility of aging, which results in greater awareness of older people and of their diversity as a group and their uniqueness as individuals. As older people become more numerous, stereotypical attitudes and discriminatory practices that disadvantage older people are more likely to be challenged.

As groups of people born at different times in history—or "cohorts" as we discuss later—grow older, their aging is somewhat unique relative to those before or after them. These new experiences can change broader perceptions of aging. For example, the baby boomers—the surge of births after World War II (starting in 1946) and ending around 1964—are experiencing aging in very different ways than those who are older than them. They are challenging negative stereotypes of aging, healthier and better resourced, demanding and expanding the market for goods and services, spending more, and civically engaged. They have greater potential presence and power in our society, and their composition, attitudes, behaviors, and needs affect social institutions such as the economy and healthcare. In the process, they are also changing the models and expectations of aging for the next generation, which will in turn age in new ways.

APPLYING THEORY: "Successful" Aging

The last century saw marked increases in the human life span that were met with increased research interests in uncovering factors for a higher quality of life in old age. These interests were also actively promoted by gerontologists to offer a counterpoint to earlier views of aging as dreary, an "inevitably bleak and unrelieved landscape characterized by irretrievable loss," to use sociologist George Maddox's (1994, p. 767) words. Negative views of aging and associations with "unproductivity, inflexibility, and senility," said gerontologist Robert Butler (1974, p. 529), "must be changed if the elderly are to have more opportunities for successful aging." Note that today there is even great resistance to using terms like "elderly" and "old," but rather to intentionally choose phrases like "old*er* adults" and "lat*er* life" that have fewer negative connotations.

The notion that the human aging process can to some degree be modified or controlled underlies one of the oldest and still active traditions in gerontology: that of **successful aging**. The term "successful aging" first appeared as the title of Robert Havighurst's (1961) article in the inaugural issue of *The Gerontologist*, which he defined as "the conditions of individual and social life under which the individual person gets a maximum of satisfaction and happiness" (p. 8). What constitutes and contributes to successful aging has been sharply debated in the decades since, but the idea that one can "succeed" at aging, and that some strategies and interventions might increase the chances of that success, has become almost an article of faith within gerontology today.

Indeed, "successful aging" has become one of the most widely used phrases in the history of gerontology in both popular and professional usage, prompted especially by the publication of physician Jack Rowe and psychologist Robert Kahn's (1987, 1997, 1998) prominent publications. Rowe and Kahn had a three-part conceptualization of "success" as (1) avoiding disease, (2) maintaining physical and mental function, and (3) staying socially engaged. With Rowe as a physician, it is perhaps no surprise that they had a strong health orientation, one largely anchored in clinical criteria. Their perspective was also one that was highly individualized and emphasized the role of individual behaviors, and implicitly their decisions, in determining successful aging.

Rowe and Kahn's biomedical formulation of the successful aging concept generated considerable attention—as well as vehement debate and criticism. Their perspective has been criticized for overemphasizing the role of individual choice in explaining aging, neglecting social and environmental constraints, not considering individuals' interpretations of "success," being elitist in promoting a model that is more open to people who are advantaged socially and economically, thereby discounting the hardships of those who are disabled, poor, or of minority status. So, too, has it been criticized for not acknowledging cultural variation in definitions of success (e.g., across race or ethnicity, social classes, or nations) or how earlier life experiences have lasting effects on many outcomes in later life.

(*continued*)

APPLYING THEORY: "Successful" Aging (*continued*)

Stop and think:
How would you define "successful" aging for yourself and others? What are the things you see as necessary, optional, or unimportant? Are your indicators more about things that are present or absent?

The challenge, then, is to deepen these theories and concepts by expanding the view and measurement of success and by understanding the implications of successful aging for individuals, families, and societies. Most important is the theoretical task of explaining *why* some individuals and groups age more successfully than others and *how* successful aging can be nurtured in a wider population of individuals. Despite the growing variability in approaches to successful aging, most nonetheless continue to have at their core the first two components proposed by Rowe and Kahn: low probability of disease and disease-related disability and high cognitive and physical functional capacity.

A parallel area of interest is "antiaging" science and medicine. As "successful aging" models were advanced and broadened within gerontology, the "antiaging" movement was gaining traction as a scientific, commercial, and public interest. This is not a coincidence. The emphasis on "successful aging" challenged ageist beliefs and stereotypes. Antiaging medicine targets the aging process via biomedical interventions that are ultimately aimed at "delaying aging" and "enhancing longevity." To use biologist Brian Kennedy's (2016, p. 109) phrase, such interventions bring the lesson that "aging *is* modifiable." Antiaging medicine may therefore be seen as a route to achieving successful aging, and in many ways, successful aging and anti-aging medicine are "two sides of the same coin" (Flatt et al., 2013, p. 944).

The emphasis on positive aging among gerontologists today—whether "successful," "productive," "optimal," "robust," or other similarly positive views—has been important in combating negative views. But they may overemphasize the individual's role in making their aging experience and end up blaming people for their inability to achieve positive outcomes. The grip of optimism in the field of aging can lead us to downplay or neglect the difficult sides of aging that must also be acknowledged if problems are to be treated and overcome. The example of successful aging nicely illustrates the multidimensional and multilevel nature of aging.

HOW A LIFE COURSE PERSPECTIVE MATTERS FOR AGING

The **life course perspective** is one of the most important frameworks used in the field of gerontology today. Gerontology has been central to the development of a life course perspective because the subject matter demanded it. That is, understanding life's final decades is inherently different from earlier phases because there is a long past that must be taken into account. People arrive at old age with a long past. The basic premise of the life course paradigm is eloquently summarized by Hendricks, who states that "the

experience of life is cumulative and continuous . . . To make sense of any given period, we need to consider whole lives in the contexts in which they unfold" (Hendricks, 2012, p. 231).

One of the pioneers of the life course perspective, sociologist Glen Elder, summarizes this perspective in five guiding principles (e.g., Elder et al., 2015). These principles have implications for understanding aging and will resonate throughout the book:

1. **Life-span development:** Human development is a lifelong process. Development does not stop in adulthood, but extends from birth to death. All phases of life involve unique and important developmental experiences. Even later life involves gains alongside losses.
2. **Human agency:** Throughout their lives, individuals play active roles in determining their outcomes. However, these decisions and actions are also constrained by people's circumstances.
3. **Historical time and place:** The life course must be understood within historical time and its unique events, changes, and conditions. Here, the concept of cohort will be especially important.
4. **Timing:** The experience and consequences of a life event or transition depend on when (the age or life stage) they occur.
5. **Linked lives:** Individual lives are deeply entangled with other people. What happens in one life has implications for others. We organize our lives with and around others. Relationships open and close our life's possibilities, and also bring much of life's meaning.

The life course perspective, in emphasizing social experiences, underscores the need to understand the sources and consequences of diversity and inequality, as well as the contributions of distinct layers of the social world (from "micro" to "macro" levels of analysis), on which we elaborate later.

Thus, a life course perspective on aging considers how historical time, an accumulation of individual experiences and actions, opportunities and decisions, interactions with others, and large-scale social forces all combine to influence the experience of aging.

Building Blocks

Age

Age is a central building block for analyzing dimensions of aging. Most often people are categorized in one of three ways: using chronological age, functional status, or life phase. Each way of expressing age has advantages and disadvantages, and all approaches involve definitions and labels that are socially constructed and have social meanings. They are human creations—even chronological age, which is connected to the Gregorian calendar invented in 1582.

Chronological Age

Chronological age is the simplest and most straightforward assessment of age and is often used to determine many social rights and responsibilities (e.g., voting, driving, marrying, holding public office) and eligibility for social programs or benefits (e.g., Social Security, Older Americans Act services, AARP membership).

Stop and think:
In most states, older drivers must get their licenses renewed more frequently, even starting as early as 59, as in Georgia. In many states, people beyond a specific age (often at 65, 70, or 75) must pass written and eye examinations to demonstrate their "fitness" for driving, and they can be asked to take a road test if the examiner feels there is reason to believe the applicant is unfit. In some states, the renewal must be in person. In some cases, like New Hampshire and Illinois, renewal applicants age 75 and older must take a road test. In Washington, D.C., applicants 70 or older must have medical certification from a physician that they are fit to drive. Why do you think age is being used in these laws? Does it seem fair or right?

Stop and think:
Peruse the birthday card section of a local shop, or "shop" for cards online. Pick an age, life phase, or transition of interest to you. Or consider landmark ages, such as 16, 18, 21, 50, or 65. What do the messages in birthday cards signal about growing up and older?

The emphasis on people's chronological age today is, in the larger historical picture, a relatively recent development. It came with the rise of large-scale industrialism and urbanization in the early 20th century, which made both time and age more central in economic and social life. This required daily life to march more firmly to the clock and the rhythm of work to be ordered to maximize workers' productivity. Chronological age was adopted as a simple way to define a worker's life stage.

The significance of age as a category also grew as mortality (death) rates declined significantly over the century. As infant and child mortality rates fell, people more often survived *to* adulthood; and as adult mortality rates fell, they survived longer *as* adults. In being able to count on living, people could predictably mark their years. Historians have shown that the question "How old are you?" and the cultural practice of celebrating birthdays did not begin until the early 1900s.

Functional Age

There are considerable differences between 65-year-olds and 95-year-olds, even though both groups are considered to be "older adults." In policies and programs, it is increasingly common to target services to specific subgroups of older adults based on age and then based on physical changes and need for assistance. For example, if we are interested in identifying people who have physical limitations that require regular assistance, we can use measures of functional status such as activities of daily living—especially routine personal care tasks such as bathing, eating, dressing, and getting in and out of bed. Such measures are useful for targeting home care programs to those who need them because of physical frailty.

When we use chronological age as a convenient way to determine eligibility for benefits such as Medicare, age is a substitute for the actual need for those services. Everyone gets access when they reach that age, despite their needs. **Functional age**, in contrast, is a way to move beyond generalized assumptions about age but is a more complicated and cumbersome way to grant access to programs and services.

Life Phase

Another way to classify people is by **life phases**, where large groups of people are assumed to be experiencing roughly comparable circumstances—such as "childhood,"

Stop and think:
When does "adolescence" end and "adulthood" or "young adulthood" begin? What kinds of changes mark this transition? Contemplate legal, physical, psychological, social, and economic indicators of "adulthood." How might someone in their mid-20s be an adult but also not-quite-adult? Consider some of the markers of "middle age" and "old age" too.

"adolescence," "adulthood," "middle age," "old age." Life phases roughly correspond to chronological age ranges and are even more socially constructed and culturally based than chronological age. For example, we might assume that people in very old age—sometimes called the "oldest-old" phase, referring to people 85 and above—are experiencing health challenges, facing frailty, or beginning to simplify their lives. Although entry into life phases is often defined by age, or by physical or psychological changes, it is often about changes in social roles and life transitions (e.g., the "empty nest," grandparenthood, retirement).

Generation and Cohort

The term **generation** is used in many ways. Our preference will be to use it to designate a level in an extended family structure—grandparent, parent, child, grandchild, and the like. But in everyday language, the term is also commonly used to refer to different groups in the population that might more appropriately be called social generations that are assumed to have unique ideas, values, emotions, and behaviors. For example, these generations are often given names with capital letters, like the Greatest Generation, Silent Generation, Baby Boomers, Generation X, Millennials, or Gen Z. These generations are thought to have their own *Zeitgeist* (spirit of their times) and to define themselves in relation to, and often against, one another—and therefore affect the relationships in a society.

Similar to the idea of social generations, scientists use the term **cohort** to refer to groups of people in the population, born at about the same historical time, whose lives share a slice of history as they are born and grow up, get older, and die. As they do, they occupy a unique place in the life course, and in historical time, relative to older and younger groups. Scientists of aging and the life course seek to understand these cohort effects of history, and to disentangle them from *age effects* that come with maturation. Cohorts do not age alike, and what is typical for one cohort may not apply to other cohorts. Many aging experiences are conditioned by cohort and how historical events and changes have left a unique imprint on them.

Stop and think:
In today's workplaces, it is not unusual to have multiple generations working together. In families today, too, it is not unusual for multiple generations to be alive for extended periods. The idea that each generation has its own identity is intuitively appealing, but it is easy (and dangerous) to overgeneralize. How have you felt differences between generations? What have you perceived as important differences in how they think and behave? What do you call these different generations?

AGING AND THE SOCIOLOGICAL IMAGINATION

As we explore the power of the social world in shaping aging and the life course, it will be helpful to have in mind what C. Wright Mills (1959) called the **sociological imagination**.

He suggested that the promise and the responsibility of sociology are to give individuals the tools to see the connections between the concerns they face in their lives and problems that are rooted in society. Many of our **personal troubles** are mistakenly understood as being of our own doing but are in reality **public issues** that are shared by many other people and have causes and solutions that lie outside of us. These are not merely the result of our personal choices and behaviors.

If in the early 1960s you had an older neighbor suffering because they could not afford healthcare, and then recognized that this was a general problem in your community or your state, you would be using your sociological imagination. Solving such problems for individual people is very different than tackling it as a social issue, as the United States eventually did in establishing the Medicare program in 1965, making healthcare affordable for all older adults. We can make this distinction if we have a social context and a sense of history from which to understand the individual's personal experiences. If you understand how that older individual's situation of economic disadvantage is a product of social forces rather than simply personal choices, you are applying the sociological imagination.

Stop and think:
Come up with an example from your own life where using a sociological imagination could help you understand one of your problems, or the problem of a friend or family member, in a new way. Might that problem be understood as a "public issue" and not just a "private trouble"?

The ability to shift perspectives, to analyze an experience or an issue from many levels of analysis (e.g., personal, family, community, societal), and to see the intersection of these many levels of influence, is the fruit of sociological imagination. Having a sociological imagination is especially important in countries like the United States, where there is a tendency to explain individuals' successes and failures as a function of their efforts and choices. National values reinforce the significance of free will, autonomy, independence, and personal responsibility. The sociological imagination makes it possible to have a richer understanding of the power of social forces, forces well beyond individuals and out of their control, in shaping individuals' lives. The chapters of this book reveal how social forces matter for a wide range of specific issues related to aging.

And yet, it is also clear that social forces do not completely determine a person's outcomes. They are architects of their lives. They make decisions and take actions to try to ensure certain outcomes or to improve their well-being. They have what Settersten and Gannon (2005, p. 36) called "agency within structure" or what Evans called "bounded agency" (2007, p. 85). That is, individuals actively create their lives but within the confines of the social worlds in which they exist, worlds that foster or constrain their opportunities and choices.

Levels of Analysis

The sociological imagination points to the need to think in terms of layers, from a **micro** level focused on individuals; upward through what is called a **meso** level focused on groups and more "proximal" settings (close to the individual), such as families,

neighborhoods, schools, and workplaces; and still upward through a **macro** level focused on broader units like states or countries or more "distal" settings (far away from the individual), such as historical events, the characteristics of a population, or government policies. These levels help us see different phenomena pertinent to aging.

The zoom function in a camera is in many ways an apt metaphor. A standard view depicts a modest visual field and a modest amount of close detail. The wide-angle view captures a much wider visual field, but the images of specific objects within the field usually show less visible detail compared to images produced by the standard view. The telephoto lens allows the camera to focus on distant objects in greater detail, but the width of the visual field is very narrow. If we look at three photographs of the same general visual field taken with different lenses, we can see that none of the photographs captures everything that the human eye is capable of seeing. Still, all three photographs will help us see different things. Different questions about the social context, meanings, and experiences of aging require different perspectives along the micro–meso–macro continuum. These layers will be unpacked in the chapters of this book.

Patterning of Experiences

It will be important to understand how, why, and to what extent aging experiences are similar or different across groups of people. That is, we want to know something about **diversity** in aging experiences, but also to know if underneath that variability there are systematic group patterns according to the **social locations** of people. The most common of these locations are age, gender, race, ethnicity, and social class—and the intersections between them.

But we are interested not only in describing such differences, we are interested in explaining them. Often, these patterns result from the fact that different groups of people in society have unequal access to opportunities and resources based on these locations. That is, the differences between groups can result from **social inequality**. These inequalities can also increase as people grow older, resulting in what will be called **cumulative advantage and disadvantage**. On the one hand, older people are often more different from one another than are younger age groups. Some of these differences can result from the fact that individuals' experiences become more and more unique to them the longer they live. On the other hand, some of these differences can reflect the lifelong pileup of inequalities. Either way, it is one's social experiences that become central in determining aging outcomes. By focusing on groups of people in particular intersecting social locations (e.g., poor, White, female, baby boomers), we can better understand the breadth of aging experiences. The more we understand the sources of these differences, the better prepared we are to design supports and interventions to improve aging. Throughout this text, we describe diversity and inequality in aging experiences.

Stop and think:

Poverty is currently almost three times greater for older Black women than it is for non-Hispanic White women. Why might this pattern exist? What social forces have produced this structured disadvantage for older Black women?

GERONTOLOGY AS A FIELD OF STUDY AND PRACTICE

Social gerontology is a field that includes research, policy, and practice information from all of the social sciences and the humanities. It seeks to understand and integrate information about aging from a variety of perspectives and to apply that knowledge to solving problems and creating policy. Increasingly, social gerontologists seek to be **interdisciplinary**, rather than just **multidisciplinary**, in their approach. That is, rather than draw on multiple perspectives, they seek to be in active conversation and collaboration across disciplinary lines—in formulating questions, designing studies, gathering and analyzing data together in team-based science.

A specific example helps us describe its scope. More and more families face difficult decisions about long-term care arrangements of relatives who need intensive daily care. This is a topic that has implications for individuals, families, healthcare systems, and public policy. How will care by given? By whom? At what costs and with what benefits?

These questions can be approached from many different disciplinary angles. Psychologists might be interested in the communication and cognitive processes that are involved in negotiations and decisions of this type. Sociologists might consider the hierarchy or differences in power that might come into play as family members, the older person, and professionals negotiate the decision. Professionals from the world of long-term care practice might be interested in how to more effectively describe options to families; they might also be concerned about making sure that the older person whose life is being discussed has a say in the planning and decisions. Researchers interested in public policy might focus on how the timing of long-term care decisions might be affected by the service options available and the effect on costs to the person or the long-term care system. A social gerontologist would draw on all of these perspectives to fully understand the processes and outcomes of decisions about long-term care.

Aging is complex because it involves interrelationships among biological, psychological, social, and cultural processes. It is also a very personal experience. Some aging experiences are widely shared, and may even be universal; some are shared with others who belong to particular groups or populations; others are highly individual. Regardless of our angle—whether we are seeking to understand aspects of aging as a universal, group, or individual phenomena—many of those experiences stem from social life. The pages of this book will underscore this basic principle: to understand aging, it is imperative to look *beyond* the person.

Virtually every profession is and will be affected by aging and aging societies: Financial planning, nursing, medicine, social work, education, engineering, and technology all have or will need specialties focused on aging. New jobs and professions have also emerged in response to the needs of older adults, including long-term care administration, senior center management, dementia care, senior housing management, and wellness programs for older adults. The relevance of gerontology is also reflected in the growing number of educational programs offered at colleges and universities around the world that focus on aging, at associate, baccalaureate, master's, and doctoral levels.

AN INVITATION

You are aging, and every other person you care about is aging. Knowing something about aging will be helpful as you navigate your life. As the chapters of the book unfold, you will learn about the scientific challenges of studying human aging. You will appreciate how aging societies have emerged and what aging populations look like around the world. You will comprehend how aging matters for families, work and retirement, health, economics, politics, and many other subjects. The chapters ahead will, we hope, bring important lessons to apply in your personal, professional, and civic lives—as you, like all of us, grow older.

SUMMARY POINTS

- Aging has many facets: physical, psychological, social, and societal. Age is different from but entangled with aging. Aging is a lifelong process.
- Every aspect of aging—even physical and psychological aging—is shaped by social life. To understand aging, it is imperative to look *beyond* the person. Social forces can be made more visible by using a "sociological imagination," which helps us better understand our own and others' social experiences by recognizing that these experiences are tied to particular social and historical contexts. Social forces can also be made more visible by examining interactions from micro to meso and macro levels of analysis, and by examining how patterns of aging are produced by social diversity and inequality. Ageism is a key aspect of social aging.
- "Successful aging" is one of gerontology's most vibrant and debated theoretical and research traditions. It nicely illustrates the multidimensional and multilevel nature of aging.
- A life course perspective is central to understanding aging: Key propositions pertain to life-span development, human agency, historical time and place, the timing of life events and transitions, and the interdependence of lives. A life course perspective also emphasizes the need to think across levels of analysis and understand the sources and consequences of diversity and inequality.
- Key building blocks of a life course perspective include age, life phase, generation, and cohort. These all have important social meanings that affect aging.
- Gerontology is a broad and diverse field of study and a growing field of practice in its own right and specialty in many professions. From individuals to populations, aging is bringing enormous changes—both unprecedented challenges and unprecedented opportunities. Aging is reshaping the future for everyone.

KEY TERMS

ageism
chronological age
cohort
cumulative advantage and disadvantage
diversity

functional age
generation
historical time and place
human agency
interdisciplinary
life course perspective
life phase
life-span development
linked lives
macro
meso
micro
multidisciplinary
personal troubles
public issues
social aging
social construction of reality
social gerontology
social inequality
social locations
societal aging
sociological imagination
successful aging
timing

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