

# Editorial

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## Editorial

The demographic composition of society is changing since life expectancy continuously increases but also because children born in the high birth rate years (the so called baby boom generation) did not have as many children as their parents did. At the same time new models of active and healthy ageing are emerging: Despite the higher prevalence of health risks and problems among the elderly, an increasing number of years are spent free from illness. Thus, higher life expectancy leads to greater nuances when it comes to describing and differentiating between categories within old age (i.e. young vs. old; independent vs. in need of care, etc.). Ageing is also characterised by considerable heterogeneity and distinct social contrasts as a consequence of persistent or even increasing social inequalities with regard to morbidity and mortality over the past decade.

Demographic ageing, models of active ageing and social inequalities in old age influence individual biographies, societal health concepts as well as health care and political systems. Accordingly, sociological perspectives, theories and methods are important, to understand and cope with these current social changes. This prompted the research committee Sociology of Health of the Swiss Association for Sociology and their equivalent in Austria, Germany and France to convene an international Sociology Congress in August 2005 at the University of Neuchâtel. The organisers worked closely with the Swiss Health Observatory (Obsan), the Federal Office for Statistics and the Sociological Institute of the University of Neuchâtel. Over 200 experts came together and discussed a variety of topics. The papers at hand stem from this conference and examine some of the health and societal areas affected by these demographic developments.

Demographic ageing has an effect on different social levels and results in adaptation processes. The first contribution by *Myriam Girardin and Dario Spini* concentrates on the micro-level, i.e. the individual reaction and examine downward social comparison as an adjustment mechanism during the frailty process. *Christian Lalive d'Épinay and Edith Thônex Guilley* discuss how oldest-old persons display very different "health statuses" and show, how they are related to "everyday Life-Worlds". As *Johann Behrens* illustrates, businesses also apply coping strategies specific to older people. These strategies may be more or less successful, or even harmful.

The increasing number of older people in need of care has different consequences. *Françoise Bouchayer* looks at the relationships between health professionals and elderly people. Her analysis shows how working with older people influences the activity and the emotions of the health professionals. *François Höpflinger* analyses the development of family and professional care for the elderly over different cohorts. He identifies changes over time and the potential for conflicts between formal and informal carers. *Claude Martin* takes the discussion to a further level

by looking at the challenge European countries are facing concerning the care of dependent elderly people.

Finally we have a group of articles addressing the classical sociological theme of social inequalities. *Cornelia Hummel* discusses two recent societal trends connected to an ageing society and their correlations with social origin. While she speaks for including classical sociological theories in gerontology, *Erwin Zimmermann, Astrid Stückelberger and Peter C. Meyer* show how results from gerontology can contribute to established theoretical paradigms in sociology, psychology, and economics. Their study identifies the effects of cumulative disadvantage and disruptive life events on physical and mental health.

Julie Page, Claudine Burton-Jeangros, Peter C. Meyer and Christian Suter