

CURRENT PERSPECTIVES ON AGING AND THE LIFE CYCLE: A RESEARCH ANNUAL pdf

1: Life course approach - Wikipedia

Current Perspectives on Aging and the Life Cycle: A Research Annual: Family Relations in Life Course Perspective, by David I. Kertzer (Editor).

In lieu of an abstract, here is a brief excerpt of the content: Michel Grignon and Byron G. Spencer Ronald Lee and Andrew Mason. Population Aging and the Generational Economy: Edward Elgar Publishing Ltd. This is an important book, one that provides a novel and comprehensive way of identifying and portraying concerns of particular relevance for economies with aging populations. The approach focuses attention on how four fundamental activities – working, consuming, sharing, and saving – vary over the life course, creating flows across generations. The pattern and evolution of these intergenerational flows raise areas of genuine concern with current arrangements for the transfer of funds and the provision of services. However, the approach followed in the book suggests ways of addressing concerns about population aging. The framework for analysis, intergenerational transfer accounts, is largely the work of Ronald Lee, and he and Andrew Mason are the lead authors of this volume. Its 32 chapters describe the analytic framework, detail how estimates of the components are derived, and the 57 contributors provide parallel applications in relation to 23 countries at various stages of economic development. The approach relies on the most recent available estimates of the average level of individual labour income and consumption at each age for each of the 23 countries. The age-income profiles reflect what is produced through participation in the market economy, as indicated by the before-tax return to employment and self-employment, including employer-provided benefits. Consumption is comprehensively defined to include goods and services that are publicly provided such as health care and educational services – and the rental value of owner-occupied housing – as well as those goods and services that are privately purchased. The difference between consumption and labour income, summed over all ages, is the life-cycle deficit. Building on the work of Willis, any difference between the mean ages of consumption and production shows the direction of intergenerational flows. If the mean age of consumption exceeds that of production, the intergenerational flows are upwards, towards those who are older. The converse is true as well. A positive difference that is sustained across generations would have to be made up either by drawing down assets held by the current generation or relying on future generations to make up the shortfall. When summed across all individuals to obtain national aggregates, the measures feed into what the authors define as National Transfer Accounts NTA1. That more comprehensive framework can then be applied to estimate the current life-cycle deficit at the economy-wide level. The authors find that the flows generally favour the young in less developed economies and the old in more highly developed economies. NTA can also be used to assess how the direction of intergenerational flows would change as the age distribution of the population changes if the current age profiles of income and consumption were maintained. That future could be based on a realistic projection for, say, as in Figure 4. Projection for the future could also be based on a population with any age distribution of analytic or policy interest for example, to compare how the directions and magnitudes of intergenerational flows across the various countries would differ if they all had populations with the same age distribution, as in Figure 4. The conclusion, in the case of most countries, is that the current situation is unsustainable. However, the authors identify many avenues on both the consumption and production sides through which the needed adjustments could occur. Of particular interest, they note the importance attaching to how old-age consumption is funded:

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Current Perspectives on Aging and the Life Cycle: A Research Annual: Work, Retirement and Social Policy, by Zena Smith Blau (Editor).

Advanced Search This article presents a life-span developmental LSD perspective on the linkages between social status and health. The objective is to develop a conceptual framework that is useful in understanding why people are differentially exposed to risks of disease or protective factors and the social conditions that link the effects of risk and protective factors to the social environment over the life span. We argue that life-cycle and life-course concepts can be viewed as embedded in a more general LSD perspective. Using the theoretical principles derived from this perspective, the review examines a gender differences, b raceâ€™ethnic experiences, c childhood experiences, d educational levels, e socioeconomic differences, and f age differences. The emphasis in the review is to highlight the value of a broader LSD perspective in the study of health inequalities. The article ends with a brief summary of where future research is headed and novel developments in the study of social status and health. Sociologists and epidemiologists have long known about the consequences of social inequality for the health and well-being of individuals, although for some reason this issue has until recently been ignored by the medical community. Fortunately, this connection was rediscovered by researchers in the early s, and as a consequence, it is now a prominent focus of requests for research by the National Institutes of Health. One of the important features of the scholarly terrain in this area is that it is multidisciplinary, with researchers using many different theoretical perspectives to contribute to the accumulation of knowledge. Even the popular press has discovered that social status is related to health Cohen, As David Mechanic pointed out in a recent review essay, the connection between social inequality and health has been known for centuries. With Suggestions for Its Improvement. Whether among the racial and ethnic minorities in the urban ghetto or the populations of rural America, the renewed awareness of pockets of poverty led to the widely acclaimed policy of the Johnson Administrationâ€™The War on Povertyâ€™and a renewed focus on social inequalities in health and illness. During this era, Saxon Graham documented the greater prevalence of certain chronic conditions among the socially disadvantaged, and the classic demographic analysis of mortality by Kitagawa and Hauser established the importance of race and socioeconomic factors in health and well-being. In other words, the basic idea that social inequalities are related to health and disease has been around for a long time. With these origins in the s, studies of social status and health grew exponentially beginning in the s, driven partly by the increasing numbers of disciplines that started to focus on the issue and partly by federal mandates that called eventually for research aimed at eliminating health disparities, e. In an important review article, Oakes and Rossi plotted the trends in the number of articles on the relationship between socioeconomic status SES and health in health journals, documenting that between and , the mean number of published articles with SES keywords in title fields was Recent studies have focused on attempts to understand the social processes underlying the observed differences and the mechanisms that mediate these processes e. Recent research has contributed important conceptual, methodological, and empirical strategies that further illuminate these relationships. New conceptualizations have stressed the multidimensional nature of social status, the importance of a life-span perspective on inequalityâ€™including the use of life-course conceptsâ€™and behavioral mechanisms of transmission. The recent literature has also emphasized the increasing importance and availability of longitudinal data to address issues of stability and change in the analysis of the effects of social inequalities on health, and new analytic techniques such as event history analysis, latent growth models, and multilevel contextual models have enhanced the ability of researchers to articulate the nature of the role of social status in health and disease. A Theoretical Perspective This section briefly reviews a life-span developmental LSD perspective on the relationship between social status and health. This perspective takes the long view by emphasizing the need to understand the role of inequalities in health and disease across the entire life

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spanâ€”from birth to deathâ€”and includes the consideration of life-course factors or social pathways in understanding linkages between social status and health. This perspective, elaborated on below, sensitizes the researcher to the existence of multiple life-cycle periods of relevance e. The emphasis on the life course as distinct from life-cycle and life-span concepts draws attention to the importance of understanding the potential consequences of role transitions, trajectories, and sequences of roles for health. This perspective also emphasizes the historical embeddedness of social experience and the potential role of cohort and period factors in disease incidence and prevalence. In the following discussion we define our key concepts and introduce several theoretical principles that will help guide our brief reconnaissance of the research literature.

What Is Social Status? Social status is multidimensional and includes both ascribed statuses statuses attached to the individual at birth based on biological or group attributes and achieved statuses statuses that are gained through access to opportunity and the exercise of individual volition. Education is arguably causally prior to occupation, that is, level of schooling is a criterion for access to jobs, and occupational status is linked causally to wage rates and earnings. Thus, an LSD perspective would argue that to focus only on adult achieved statuses without any attention to family background ignores what may be an even more important source of social inequality that has consequences for health in adulthood e. Without a complete specification of the inequalities experienced across the entire life span, it is difficult to infer the direct impacts of status characteristics.

Life-Span Principles We argue that it is useful to view the relationship between social inequalities and health from an LSD perspective. Human development and aging are lifelong processes, and a complete understanding of how processes of social stratification affect health requires a long-term perspective. Note that we refer to these as theoretical principles, rather than hypotheses. As theoretical principles, they orient us to the reality we study and provide a framework within which hypotheses can be formulated and tested. It can be shown that the life-cycle and life-course concepts can be thought of as embedded in a more general LSD perspective. The LSD perspective conceptualizes human development as multidimensional and multidirectional processes of growth involving both gains and losses across the entire life span e. This perspective is in no way based on purely ontological notions of development rooted in biology: We conceive development as embedded in multiple social contexts. In this sense, development is conceived as a dynamic process in which the ontogeny of development interacts with the social environment, a set of interconnected social settings, embedded in a multilayered social and cultural context Bronfenbrenner, ; Dannefer, There is no inherent incompatibility between the LSD perspective and the more recent introduction of notions of the life course. The life course refers to the social pathways defined by events and transitions experienced by individuals and the sequences of roles and experiences followed by individuals over particular phases of their lives e. In addition, we distinguish between these two concepts and a thirdâ€”life cycle. It refers to a fixed sequence of irreversible stages, tied specifically to sexual reproduction. The irreducible properties of the life cycle, therefore, were successive forms stages , irreversible development maturation , and the reproduction of form generation. These elements of the life cycle define the bases of time and variation over the life spanâ€”they provide a context for the study of life course. The distinction between biographic and historical time is straightforward and we need not spend time on this, except to note that variations occurring within biographic timeâ€”life-cycle and life-course factorsâ€”can interact in important ways with those occurring in historic time see Alwin, Variations in experience that occur in biographic time are often confused in part because they are confounded in time. We prefer to think of the biologically driven stages or phases of the life span in much broader time metric and life-course transitions as more narrowly construed within the social constructions derived from them. In other words, variations in the life course, i. The first principle of a life-span perspective on social status and health is that social status can affect health at any point from birth or even before until death Settersten, The second principle of the life-span perspective, a corollary to the first, refers to the potential importance of the timing of the influences of social inequalities. If there are multiple life periods of relevance, which are the most important? Are there critical periods during childhood, adolescence, or adulthood in which social inequalities have their greatest impact on health? Early adversity may be

overcome by later improvements in social circumstances, but may nonetheless leave the individual more vulnerable to the consequences of health risks in later life. Adolescent lifestyle patterns e. Similarly, patterns of behavior in adulthood and old age linked to social status e. Generally, the literature has developed in such a way that the question of which period of the life span is the most important for the impact of social inequalities is unresolved, but we assume that there are critical periods for the impact of social status on health. One implication of this theoretical principle is that if social status creates exposure to risk factors early in life, then research should look for the effects on health of early-life social inequalities rather than achieved social statuses in adult life. A third principle of an LSD perspective involves the concept of life course, which states that the structure, sequence, and dynamics of events, transitions, and trajectories social pathways that take place within life-stage phases over the life span have consequences on health. Specifically, within demography, the concept of life course refers to trajectories of role transitions, and the social pathways followed by individuals over particular phases of life. Each phase or stage of the life span has a set of potential life-course patterns. Each life-course transition is embedded in a life-cycle stage-specific trajectory that gives it specific form and meaning. Thus, during adulthood, work transitions are core elements of a workâ€”life trajectory, and births are key markers along a parental trajectory. Multiple marriages and divorces are elements of a marital trajectory see Elder et al. Finally, one of the insights gained from the literature on the life-span perspective involves a fourth life-span principleâ€”the historical embeddedness of social experience and the possibility of cohort differences in behaviorâ€”which is illustrated in Figure 1. Specifically, in studying the relationship between social status and health cohort effects , because of the natural confounding of age and cohort in cross-sectional studies of health, it is often impossible to rule out the influence of cohort factors in looking at the relationship of social statuses and health. A sensitivity to the existence of cohort differences will also bring greater depth to the understanding of the potential for relationships to change with time Alwin, ; Ryder, *Social Status and Health: A Review* In this section, we briefly review what is known about the linkage of several social statuses to health. Because of limitations of space, the review cannot be exhaustive and is by necessity incomplete. Rather, the emphasis in the review is to highlight the value of an LSD perspective and related theoretical principles for an understanding of the development of health inequalities. Gender Gender is embodied by a socially constructed set of expectations that differentiate the roles and attributes of the sexes and often accounts in part for a sexual division of labor. The gendered nature of life-course trajectories clearly structures and constrains the health-related resources and opportunities of men and women e. Those factors may work additively or they may interact with one another to produce the gender differences in health. Decades of research studies have provided evidence of differences between men and women in the prevalence of many diseases, disability, and mortality. Although speculation continues, there is currently little or no evidence that sex-linked biological i. Instead, other factors in which men and women differ e. There is a considerable body of educational, sociological, and socialâ€”psychological literature on gender that has documented systemic gender inequalities that shape the life course at specific stages in ways that have consequences for health e. Raceâ€”Ethnicity A wide body of research studies also shows differences in disease, disability, and mortality across major raceâ€”ethnicity groups such that, on average, African American and Latino American adults evidence poorer health than do European Americans or Asian Americans, although some of these results remain controversial National Research Council, Because wide differences are also found by achieved social status, many studies have investigated the roles of childhood circumstances, education, income, and wealth in those differences. Although achieved SES factors do contribute to differing health status, they have not been found to explain the health differences by raceâ€”ethnicity. If SES factors do not explain these differences, what does? Ultimately, race and ethnic differences in health probably result from patterns of institutional racial and ethnic discrimination that produce differential social pathways contributing to different health outcomes. The salutary relationship between levels of schooling or education and health is one of the strongest and best documented linkages in this area e. Summarizing their research on educational levels, Mirowsky and Ross argue that amount of schooling creates

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most of the relationship between achieved social statuses and health, and that it is primarily through the increased sense of personal control that results from higher levels of schooling that greater health outcomes are achieved. Yet schooling is not independent of social background. Socioeconomic Differences Dozens of studies also show strong relationships between income, wealth, and occupational status and health outcomes: The higher the SES, the better the health e. Although some researchers e. Regardless of the possible feedback effects of poor health on SES, there is substantial evidence that indicates that both micro- and macro-level socioeconomic inequalities have consequences for health e.

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3: Aging in Culture | The Gerontologist | Oxford Academic

Current Perspectives on Aging and the Life Cycle: A Research Annual: Family Relations in Life Course Perspective, (Advances in Life Course Research) by David I. Kertzer (Editor), Zena Smith Blau (Volume Editor), N/A.

All three theories have their conceptual roots in the microeconomic theory of consumer choice. However, the life-cycle and permanent income hypotheses are the most similar; both theories assume that individuals attempt to maximize their utility or personal well-being by balancing a lifetime stream of earnings with a lifetime pattern of consumption. The relative income hypothesis is quite different. Dusenberry theorized that individuals are less concerned with their absolute level of consumption than with their relative level—the idea of "keeping up with the Joneses." This hypothesis begins with the observation that consumption needs and income are often unequal at various points in the life cycle. Younger people tend to have consumption needs that exceed their income. Their needs tend to be mainly for housing and education, and therefore they have little savings. In middle age, earnings generally rise, enabling debts accumulated earlier in life to be paid off and savings to be accumulated. Finally, in retirement, incomes decline and individuals consume out of previously accumulated savings. Empirical studies of the life-cycle hypothesis have generated a large literature. Studies that have focused on the savings behavior of older persons, however, have been inconclusive regarding the correspondence between observed savings behavior and the pattern of saving and dissaving predicted by the life-cycle hypothesis. Many studies seemingly in conflict with the life-cycle hypothesis, have found that older persons continue to save in retirement. Several explanations have been offered for this. King, for example, notes that saving in retirement is not necessarily inconsistent with the life-cycle hypothesis, if one accounts for the aversion of individuals to uncertainty about the future. Another explanation is that the generosity of pensions reduces the need to save in preparation for retirement and to dissave while in retirement. Life-cycle savings patterns in some European countries that have generous pension systems such as France, Germany, and Italy appear to be consistent with this explanation. Another related explanation for lack of dissaving in retirement is that deteriorating health may limit the ability of individuals to consume at levels that are higher than their pension income. Moreover, the pension wealth that retired persons hold is not liquid and they are not able to draw down their pension wealth any faster than the annuity payments that they receive. This health aspect of life cycle savings and consumption patterns raises an interesting question: A number of other studies, however, have found evidence of a hump-shaped pattern of savings that is consistent with the life-cycle hypothesis. It is important to note that most studies have tended to underestimate the degree of dissaving among older persons, because these studies have not generally accounted for the decumulation of pension wealth associated with Social Security and private pension payments. Pension payments are probably the best example of decumulation of savings in the latter stages of the life cycle. The expected total value of this stream of income payments in current dollars over their remaining lifetime is known as their pension wealth. Thus, as retirees receive pension payments, they draw down their pension wealth. This factor has generally not been taken into account in studies that have examined whether older persons dissave in retirement, as would be predicted by the life-cycle hypothesis. After accounting for personal contributions and withdrawal of benefits from pensions, Jappelli and Modigliani find evidence for the expected hump-shaped savings profile. In an analysis of the savings behavior of the baby boom generation, Gist et al. As a consequence, it seems clear that failing to account for the reduction in pension wealth implied by the receipt of Social Security or other defined benefit pension payments leads to a substantial underestimation of dissaving in retirement. Moreover, in countries such as the United States, where out-of-pocket health care costs are rising more rapidly than the value of pension payments, one might expect to observe dissaving in the retirement years. In particular, among the old-old population, rising medical and long-term care expenditures are likely to occur at a point in the life cycle where, for many, the real value of their pension income has eroded over time and may be inadequate to cover out-of-pocket health care costs.

Implications for retirement behavior The life-cycle hypothesis is closely related to the theory of work-leisure choice, which has been widely applied in the retirement literature. In the theory of work-leisure choice, individuals are assumed to maximize their utility derived from the consumption of goods and services, as well as from leisure. However, the consumption of goods and services requires income that, in turn, must be generated by earnings or savings. In this context, the retirement decision is based on the tradeoff between the utility gained from leisure time spent in retirement and the consumption of goods and services.

Implications for income adequacy In considering the economic status of current and future older persons, few would argue that money income alone is the best measure. Another approach is to use household net worth as a measure of economic status. Net worth is defined as the total market value of all assets, such as home equity, stocks and bonds, and savings accounts, minus all debts, such as mortgages, school loans, and automobile loans. Michael Hurd provides an overview of the different ways in which researchers have used current income and net worth to measure economic status. A widely used approach is to convert net worth into an income stream based on life expectancy and interest rate assumptions and add this income stream to current income, excluding the income already being received from assets. Such studies consistently show that the income stream generated from assets is modest for most elderly persons, especially those who have low incomes to begin with. Consequently, annuitizing assets has limited promise as a mechanism for increasing the incomes of elderly persons with inadequate incomes. If the life-cycle hypothesis is correct, one would expect older adults at least at the beginning of retirement to have higher wealth holdings than younger households. Growing recognition of the greater wealth of older households relative to younger households has led to increased interest in the potential role of asset holdings for meeting public policy objectives. An important example of this interest is the concern that elderly households with low money incomes but large amounts of home equity may be receiving income transfers through government programs from younger households that have higher money incomes but who would not be as well-off as older households if one took account of wealth. Studies have repeatedly found that, except for the most affluent of older households, the majority of net worth is held in the form of home equity. Recent evidence indicates that the effects of annuitizing household wealth are fairly similar across age groups, and that such a policy would have almost no effect on reducing household income inequality. Although converting assets into an income stream is appealing because it enables current income and wealth to be combined into a single measure there are some problems with using it to compare households in different age cohorts. First, there is the problem of choosing an appropriate interest or discount rate for valuing the income stream produced by an asset. The discount rate can greatly influence the size of the income stream generated by an asset. In addition to the choice of an appropriate discount rate, there is the problem of changes in the size of income streams produced by assets at different stages in the life cycle. For a given amount of wealth, income streams will be larger for those with shorter life expectancies, making older households appear to be more affluent than younger households with the same amount of income and wealth. In addition, comparisons between older and younger households based on the income value of their assets will be influenced by the generally higher stock of durable goods held by older households.

Implications for aggregate savings and consumption patterns The life-cycle hypothesis suggests that population aging will initially lead to an increase in national savings as the proportion of the population in the maximum savings years increases. Cantor and Yuengert estimate that saving by the baby boom generation may add as much as 1. As the population continues to age and the relative proportion of the population of those reaching retirement age grows relative to the middle-aged population, however, the life-cycle hypothesis predicts a reduction in aggregate savings. The existence of public and private pension systems complicates the private savings patterns that would be predicted by the life-cycle hypothesis in the absence of these systems. In , Martin Feldstein argued that the effect of Social Security on aggregate private savings is theoretically indeterminate. On the one hand, savings may decline because Social Security benefits reduce the need to save for retirement the benefit, or asset substitution, effect. Conversely, the availability of Social Security benefits may encourage early retirement from the labor force. If so, a shorter working life and longer time spent in retirement would

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require increased savings rates the induced retirement effect. As noted earlier, a substantial literature has attempted to identify which effect dominates, but this literature remains inconclusive. The vast majority of the research on the life-cycle theory has focused on patterns of savings behavior. Savings, however, are only half of the story. To adequately interpret whether observed savings patterns are consistent with the life-cycle theory, it is also necessary to examine consumption patterns. And, as with savings, it is necessary to account not only for out-of-pocket consumption but also expenditures made on behalf of older persons in retirement e. As the population ages, the life-cycle consumption patterns of older personsâ€™ in particular, the greater allocation of expenditures to health careâ€™ will shift the composition of aggregate private household demand. In addition, public expenditures will shift in response to population aging e. The economy has experienced the interaction of life-cycle consumption patterns and demographic change before, the baby boom generation swelled the demand for housing and education services in the s and s. Shifts in aggregate demand due to the aging of the baby boomers will be far less disruptive because, in contrast to the arrival of the baby boom generation, the economy and public policy will have many years to anticipate and adapt to population aging. Collectively, these shifts in patterns of household and government spending will change the composition of aggregate demand in the economy. Population aging will also shift patterns of aggregate private savings, private pension wealth, and Social Security wealth. Given the prominence of the life-cycle hypothesis among economists, it is interesting that so little work has been conducted on life cycle consumption behavior of older persons. Debates about the out-of-pocket health care costs of older persons are a reflection of the intersection between economic resources, consumption needs, and public policy. The formulation of public policy for the elderly population needs to recognize this intersection and to be informed by careful research that explicitly accounts for the effects of life-cycle events on economic status in old age. The life-cycle hypothesis provides an integrated conceptual framework for the development of income maintenance and health care policy for older persons, and indicates clearly that income and health care policies should not be considered in isolation.

Aggregate Implications and Tests. University of Chicago Press, *Income, Saving, and the Theory of Consumer Behavior*. Harvard University Press, Government Printing Office, *A Theory of the Consumption Function*. Princeton University Press, *The Economics of Aging*. National Bureau of Economic Research, *Economic Status, Retirement and Consumption and Saving*. American Council of Life Insurance, *A Survey of Recent Contributions*. The Brookings Institution, New Brunswick, N. Rutgers University Press, The University of Chicago Press, *Aging and the Income Value of Housing Wealth*. Cite this article Pick a style below, and copy the text for your bibliography.

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Current Perspectives on Aging and the Life Cycle: A Research Annual: Work, Retirement and Social Policy, (Advances in Life Course Research) by Zena Smith Blau (Editor) Hardcover, Pages, Published

So far, empirical research from a life course perspective has not resulted in the development of a formal theory. This approach encompasses ideas and observations from an array of disciplines, notably history, sociology, demography, developmental psychology, biology, and economics. In particular, it directs attention to the powerful connection between individual lives and the historical and socioeconomic context in which these lives unfold. As a concept, a life course is defined as "a sequence of socially defined events and roles that the individual enacts over time" Giele and Elder , p. Thus the concept of life course implies age-differentiated social phenomena distinct from uniform life-cycle stages and the life span. Life span refers to duration of life and characteristics that are closely related to age but that vary little across time and place. In contrast, the life course perspective elaborates the importance of time, context, process, and meaning on human development and family life Bengtson and Allen The family is perceived as a micro social group within a macro social context—a "collection of individuals with shared history who interact within ever-changing social contexts across ever increasing time and space" Bengtson and Allen , p. Aging and developmental change, therefore, are continuous processes that are experienced throughout life. As such, the life course reflects the intersection of social and historical factors with personal biography and development within which the study of family life and social change can ensue Elder ; Hareven Life course theory also has moved in a constructionist direction. Rather than taking time, sequence, and linearity for granted, in their book "Constructing the Life Course," Jaber F. Gubrium and James A. Holstein take their point of departure from accounts of experience through time. This shifts the figure and ground of experience and its stories, foregrounding how time, sequence, linearity, and related concepts are used in everyday life. It presents a radical turn in understanding experience through time, moving well beyond the notion of a multidisciplinary paradigm, providing an altogether different paradigm from traditional time-centered approaches. Rather than concepts of time being the principal building blocks of propositions, concepts of time are analytically bracketed and become focal topics of research and constructive understanding. The life course approach has been applied to topics such as health trajectories and transitions [8] , health vulnerability [9] , the occupational health of immigrants. Mortimer and Michael J. Handbook of the Life Course. Family theories 3 ed. Variability and Mechanisms in Life Course Perspective: Giele and Glen H. Qualitative and Quantitative Approaches, Sage Publications,

