Ageing in Europe

Newsletter

Contents

Issue 26, Autumn 2019

Newsletter of the ESA Research Network on Ageing in Europe (RN01)

Dear Readers,

In this autumn 2019 edition of our newsletter we welcome an overview on recently published book "Ethnicity and Old Age. Expanding our Imagination" by Sandra Torres. We are delighted to provide a PhD highlight from Natasia Hamarat project dealing with end-of-life decisions and euthanasia in Belgium. Also featured in the newsletter is the research project "Older men at the margins" led by Paul Willis, which discusses loneliness feelings among older marginalised men and their participation in social groups. We are also very happy to announce ESA RN01 Mid-term Conference connected with a PhD workshop which will be organized jointly by RN01 and the Centre of Excellence in Research on Ageing and Care (AgeCare) and will take place in Jyväskylä, Finland in August 2020. Details can be found in this newsletter on page 4.

Editorial Board for this issue:

Oana Ciobanu
University of Geneva

Edward Tolhurst
Staffordshire University

Konrad Turek
University of Amsterdam

ESA — European Sociological Association

Message from the Coordinator of the Network

Dear Colleagues

Welcome to our new-look newsletter. This is the first newsletter of The ESA Research Network on Ageing in Europe for 2019 to 2021. I should like to thank Konrad and Oana, the editors, for doing such a brilliant job in putting this new version together. Thank you also to our contributors - Natasia Hamarat, Sandra Torres and Paul Willis - for providing such excellent features.

The Network Board members are very much looking forward to the next two years. Our main events will be our midterm conference and PhD workshop. We are delighted that these will both be hosted in Jyväskylä, Finland in the final week of August 2020. (Please see page 4 of the newsletter for some further details.) We look forward to seeing you in Jyväskylä!

Reflecting upon previous events, we enjoyed an excellent ESA Conference in Manchester in August. We organised 20 Network sessions, with 74 scheduled presentations. We also arranged four joint sessions, with RN13 (Sociology of Family and Intimate Lives), RN16 (Sociology of Health and Illness), RN21 (Quantitative Methods) and RN37 (Urban Sociology). In addition, the Network offered its first Conference semi-plenary, on Agency,

Citizenship and the Dynamics of Power, with presenters Bernhard Weicht and Ricca Edmondson. This was a really vibrant and engaging session – thank you to both presenters and all who attended.

At our Network meeting in Manchester, we welcomed new members to the Board – Oana Ciobanu, Outi Jolanki and Konrad Turek. I am delighted they have joined us and I'm really looking forward to working with everyone on the Board over the next two years.

*As we move into a new term for the Board, on behalf of the Network, I should like to offer a huge thank you to the previous Coordinator, **Prof. Dr. Dirk Hofäcker**, for all his excellent work. We look forward to an ongoing association with Dirk, as he now joins other former Board Coordinators on our Advisory Group.*

Please don't hesitate to contact us if you have any queries about our Network activities.

With best wishes

Edward Tolhurst
Staffordshire University, UK

Election of new board members, ESA 2019, Manchester
From left: Anna Urbaniak, Jenni Spännäri, Lucie Galčanová, Edward Tolhurst, Oana Ciobanu, and Konrad Turek

ESA RN01 Midterm Conference
Jyväskylä, Finland, 26 – 28 August 2020

Save the date!

We are pleased to announce that the European Sociological Association's Research Network on Ageing in Europe (RN01) Midterm Conference will take place in **Jyväskylä, Finland from 26th to 28th August 2020**.

The event will be organized jointly by RN01 and the Centre of Excellence in Research on Ageing and Care (**AgeCare**).

More details about the conference, including the theme, programme, speakers and accommodation, will be shared very soon.

A jointly organized **PhD workshop** will also be delivered, in the same location, from 24th to 26th August.

We look forward to meeting you in Jyväskylä!

Jenni Spännäri, Outi Jolanki and the Conference Team

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European Sociological Association

Book - Author's Insights

In this regular newsletter feature, we ask authors to provide a summary of their own book.
*This month we are delighted to include an overview from **Sandra Torres** from Uppsala University, Sweden.*
She offers valuable insights into her recently published book.

AGEING IN A GLOBAL CONTEXT

ETHNICITY AND OLD AGE
Expanding our imagination

SANDRA TORRES

Go to www ⊙

Scholarship on the intersection of ethnicity/ race and aging/ old age: where is it at and where shall it head

By: Sandra Torres, Uppsala University, Sweden
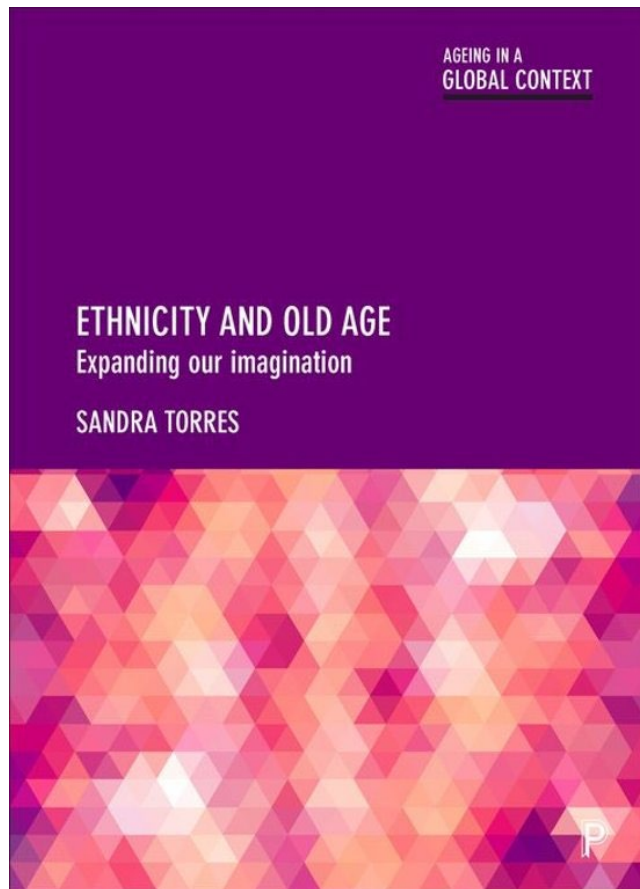
When the leadership of ESA RN1 asked me to write a short piece about my latest book, I knew I wanted to describe not only what the book is about, but also what prompted me to writing the book in the first place. Trying to do justice to the book project as such, and not just the actual book, is therefore what this piece will focus on first. Worth noting is therefore that when I was asked to write this book, I was commissioned to write about ethnicity for social gerontologists. This is not, however, what I ended up doing since the book dissects what characterizes scholarship on the intersection of ethnicity/ race and aging/ old age, and does so for the sake of both social gerontologists interested in ethnicity and race, and ethnicity and race scholars

interested in old age. The reason why the book ended up becoming what it became is that I ended up engaging in a theorizing exercise that entailed conducting a scoping review of the scholarship on this intersection that has been produced over the past twenty years, and the arduous process of conducting this review lead me to discover new things about the intersection in question. In other words, the process of writing this book entailed embarking on an intellectual journey, and the expansion of both my own, as well as my peers', imagination ended up being the book's raison de être. That is why the book's original title (i.e. Ethnicity & Old Age) ended up getting a subtitle in the form of the phrase: Expanding our Imagination.

Looking back on this journey it is clear to me that I have written the kind of book I wished I had when I started my own scholarly journey back in the mid 90's. Back then, I was fairly alone with my research interests and needed a book that systematically mapped out what scholarship on the intersection of ethnicity/ race and aging/ old age was about, and allowed me to see not only the knowledge gaps that needed to be filled but also the theoretical and conceptual shortcomings that needed to be addressed. Thus, the book that I ended up writing had in mind those emerging scholars who struggle to get established scholars to recognize the importance of what they are doing. The intersection of ethnicity/ race and aging/ old age is namely still in the periphery of the imagination of both social gerontologists, as well as ethnicity/ race scholars. This is the case because the former regard ethno-gerontological inquiries as research that is interesting only when we are focusing on ethno-cultural 'Others', while the latter is a field that has just discovered that old age is part of the life course they ought to reckon with. It is because of this that the preface of the book ends with the following statement: "It is my sincerest hope that this book will inspire a new generation of sociologists of aging and social gerontologists so that they can start their own journeys, confident that their imagination will be expanded along the way".

Having given some insight into why I have written the book, and what the intellectual journey that underpins it has been about, it is now time to write a few words about how the book is structured, and the first thing that ought to be mentioned is that the book has two distinct parts. In the first part – which is comprised of three chapters and is entitled *Setting the Stage for Theorizing* – I draw attention to population aging, the globalization of international migration and transnationalism since these are the societal trends that have propelled the intersection in question into the foreground of the agenda of the social sciences. In this part, I also present how scholarship on ethnicity and race has advance its understandings of what these identification grounds and/or social positons mean, and argue that social gerontology has yet to incorporate these advancements into their own imagination. The second part of

the book – which is comprised of four chapters and is entitled *Theorizing via a Scoping Review: What we 'Know' and Need to Find Out -* reviews the literature that focuses on health inequalities, health and social care, and social relations and caregiving since these are the three topics that have received the most attention over the past two decades. In addition, I present the obstacles that our imagination about the intersection in question faces; obstacles that we must address if we are to advance our understandings of aging and old age in ethnicity/ race-astute ways. Thus, while the first three chapters argue that the intersection in question deserves our attention, and how that attention ought to be deployed, the next three chapters give insight into what seems to have occupied the imagination of scholars working on this intersection over the past two decades. It is, in other words, in Part II that I answer the where-are-we-at-question, and hint at the where-shall-we-head-one, which is why they can be read either in a cursory fashion (which is what I expect those who are interested in the book's main arguments will do), or in a detailed fashion (which is what I expect those who are particularly interested on health inequalities, health and social care and/ or social relations and caregiving will do). The book's final chapter - which is entitled *A New Agenda: Where We Are At and Need to Head -* summarizes the obstacles that scholarship on the intersection in question faces, and argues that if we are to unleash our imagination about the intersection

in question we need to re-think how we make sense of ethnicity and race.

The book came out in late April and is part of a series published by Policy Press. Over the past few months, I have received a few e-mails from emerging scholars thanking me for writing a book that presents empirical evidence that "shows us once and for all that there is enormous theoretical and conceptual potential in this intersection" and "proposes an array of critical questions that deserve our attention". Although statements such as this one do not necessarily suggest that I have managed to expand their imagination, they do give the impression that some of those that have read the book so far understand why I argue that the intersection in question is a theoretically profuse one. Thus, as I bring this piece to an end, I hope that I have either managed to encourage you to read the book, or put the intersection of ethnicity/ race and aging/ old age on your radar. Either way, I hope you agree with me that expanding your (and your peers') imagination is what scholarly endeavors should be all about.

Sandra Torres (2019), Ethnicity & Old Age: Expanding our Imagination, Bristol: Policy Press

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Natasia Hamarat

Centre METICES, Université Libre de Bruxelles

Natasia Hamarat is a PhD candidate in medical sociology at the Centre METICES, Université libre de Bruxelles (aspirante F.R.S.-FNRS). She is working on the production of subjectivities in the fields of oncology and end-of-life care, particularly on the social dynamics of the requests for euthanasia in continuing and palliative care services.

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Sociological analysis of end-of-life decision making: the case of the requests for euthanasia in Belgium

In the 1960s, classical studies on end-of-life care in hospitals showed that dying is a defined social process negotiated between several types of actors, professional and non-professional (Glaser & Strauss, 1965, 1968; Sudnow, 1967). Since the 1990s, these researches have been revisited to capture specific fieldworks (such as palliative care, perinatal death, resuscitation procedures, dementia care, etc.) and to address the question of the State's relation to the regulation of death in the context of the transformation of contemporary healthcare systems (Kaufman, 2005). These investigations allow us to grasp, in context, the socio-history and the new forms taken by "biopower" (Foucault, 1997), but also 'ethics in the making' in the field of end-of-life care practices (Fassin, 2012). As an extension of these analyses, my thesis proposes to

examine how end-of-life care is produced in relation to the type of organizational apparatus in which it comes about, by investigating the case of the requests for euthanasia in Belgium (particularly in French-speaking environments). Under the Belgian Act of 28 May 2002 that decriminalizes assisted dying under strict conditions, a patient has the right to consult a doctor to file a request for euthanasia. Unlike most medical practices, in the case of euthanasia, patient autonomy does not lie in the fact of accepting or refusing treatment, but in the request for a procedure. Nevertheless, this application is conditional, and doctors have to objectify the situation. Considering this objectifying work as co-produced between the personal agency and the social determinisms that weigh on the actors (Biehl & al., 2007), my thesis explores the values, the regimes of truth and the certainty regimes that flow through and that produce the politicization of euthanasia and the medical practices that implement it.

During 24 months, adopting a multisite ethnographic approach, I compared two continuing and palliative care services in hospitals. One is part of the secular network, the other of the Catholic network and both practice euthanasia. This division reflects the phenomenon of "pillarization" that characterizes Belgium's social and political organization. In Belgium, in addition to economic gaps, a range of cultural differentiations are at play, giving shape to two main divides: cultural-linguistic opposing the French-speakers and Dutch-speakers and cultural-philosophical opposing Christian and secular life views. These divides are largely the grounds for different 'worlds' (socialists, Christians and liberals) that organise a many of the country's organisations — whether you choose a trade union, a mutuality, a sports association, an hospital or a university, it is always associated with a "pillar", especially the philosophical "pillar", either secular or Catholic (Dobbelaere & Voyé, 2015). In the early 2000s, many Catholic hospitals continued to view palliative care as the almost infallible antidote to any request for euthanasia. There remained a strong line of demarcation between care institutions according to their "pillar" affiliation. But many caregivers, confronted with patients' requests for assistance in dying, were taking positions more or less in open contradiction with dogmatic positions, leading to an internal politicization of debates within institutions. These mobilizations led to what can be called, in short, a partial secularization (*dépilarisation/ontzuiling*) of the euthanasic practice and what the literature, particularly in the Flemish region, calls the "integrative palliative care", that is to say integrating the euthanasia accompaniment to the continuing and palliative care landscape (Bernheim & al., 2014).

In my doctoral research, I try to highlight the differences and similarities between the "end-of-life cultures" of these two distinct institutions having an experience in this practice (Kentish-Barnes, 2008). In their daily work, the caregivers elaborate a sort of 'grammar' of what the decision should be (micro level); these 'ethics cultures' depend on the institutional forms of regulation (meso level); these organizational constraints must themselves be placed within the framework of the State's relations with these institutions (macro level). This multilevel conceptualization makes it possible to see in what ways the law, the principle of patient autonomy and the principle of therapeutic freedom are mobilized in their confrontation with moral dilemmas; to show how philosophical and religious identities, individual and institutional, work and are worked by law and care; and to understand how the subjectivities of patients and care professionals are mutually shaped in this configuration. Indeed, the medicalization surrounding euthanasia, but also the plurality of individual and collective actors involved, both professional and non-professional, are all aspects that can highlight the transformations of mediation arrangements that arise from the decriminalization of medical practices. Decriminalization can be conceived as a form of delegation of biopolitics – historically founded on Church and State prohibitions – to individuals and institutions (see the concept of "delegated biopolitics" – Memmi & Taïeb, 2009).

Based on my empirical material, my thesis proposes to look into the way that assistance in dying is not strictly medical; and always complex from a human, relational and medical point of view. These requests oblige all the actors involved to deliberate among themselves, but also to come to terms with their own moral feelings, multiplying the different perspectives on the situation. As such these practices call into question the institutional contexts that oversee these situations. Each end-of-life care service confronted with these requests is susceptible to a renewed examination of its decision-making processes, procedures and guidelines, potentially quite challenging for authorities at all levels. So what is the place of 'medicine' in these ethical controversies, what is its legitimacy and what are its missions in these end-of-life projects? My hypothesis is that euthanasia brings to the actors a possibility for recognizing the suffering in illness trajectories and the failures of the therapeutic promises (suffering from treatments, infringing the intimacy of the subject, delusions in the "culture of hope", etc.), which redefines borders of medical expertise, power relations and densities of the interactions in these liminal contexts and experiences (Del Vecchio-Good & al., 1990; Lebeer, 2003). In other words, in euthanasia, medical knowledge reaches the

limit of its expertise, redefining the relations of power at play; both patients and caregivers work towards adjustments and negotiations, which does not exclude the presence, more or less explicit, of conflicting norms and relations of force. My thesis intends to demonstrate that, whether or not this end-of-life decision will be taken and whether or not the euthanasia will be performed, the discussion between the patient, the doctors and the caregivers contributes to weaving a singular and deep dialogue around the person's experience of illness, suffering and dying.

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New study on older men's experiences of loneliness, social isolation and social connections in later life

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Based in the South West of England, the **'Older Men at the Margins'** project is a two-year, qualitative study of how older men from seldom heard or marginalised groups experience loneliness and engage in social participation in their local area. The overarching aim was to develop an in-depth understanding of the formal and informal ways in which marginalised and seldom-heard groups of men 65+ years of age seek to maintain social engagement and social participation in later life.

This included their experiences of participation in formalised group interventions and communities of interest targeted at reducing loneliness among older people. The project culminated with a launch in London hosted by Age UK (a national charity

Older Men at the Margins

Guidance for practitioners and services providing groups for older men.

Messages from the Older Men at the Margins project 2016-2019

University of BRISTOL

campaigning for older people's rights) in April 2019 and the release of films and resources online for informing the delivery of community-based services for older adults. A summary of findings, short digital films and other resources can be viewed here.

Loneliness is a current topic of considerable concern and debate by healthcare and social policy makers in the UK and last year the UK Government launched a cross-departmental strategy for 'tackling loneliness' in England. Recent reports from the Office for National Statistics indicates that 5% of adults living in England report feeling 'often' or 'always' lonely (ONS, 2018) and an increasing number of adults are living alone in the UK - older adults make up the largest number of 'one-person houseshold' (ONS, 2019). While living alone is not synonymous with loneliness, it is associated with social isolation among older people (see, for example, Victor *et al*., 2000) and there are a number of life-events experienced by adults in later life that can increase social isolation and restrict social contact with others, such as retirement, widowhood or providing unpaid care to partners and significant others. Research on older men's experiences of loneliness is largely undifferentiated and less attention has been given to the experiences of men from marginalised or seldom-heard groups. In this study we sought to address this gap by focussing on men (65+ years) from five groups: men living who are single or living alone in urban and rural areas; gay-identifying men who are single or living alone; men with hearing loss; and men who were carers for significant others. We recruited 111 men from South West and West England to take part from across these five groups.

About the study design:

We used a cross-sectional qualitative design to capture the views and experiences of older men (65+ years) on this topic. Interviews were single encounters and questions were structured across three key areas: 1) exploring social network membership, including personal and situational characteristics of an individual's social network membership and sources of instrumental and emotional support; 2) experiences of loneliness and how men seek to alleviate loneliness (this included the questions used in the three-item UCLA Loneliness Scale that do not use the word 'loneliness'); and, 3) experiences of participation in local groups and perceived benefits. Men taking part were between 65-95 years of age (mean age 76) and most of the sample were from White British backgrounds with six men identifying with black and minority ethnic groups (a limitation to our study). Twenty-one men (19%) identified as 'gay', all others identified as heterosexual.

For the social network exercise we used an illustrative diagram based on [Antonucci](#) *et al.*'s social convoy model to build up a picture of current significant relationships and connections to others and how this had changed over the last decade.

As a research team, we gave careful consideration to how we asked questions about loneliness in recognition that is a highly sensitive and emotionally charged topic. First, we located these questions in the middle of the interview after we had established rapport. Second, we commenced this phase of the interview by asking indirectly for the participant to describe what loneliness is and how it affects others. Third, the UCLA questions were helpful for exploring identified dimensions of loneliness i.e. lacking companionship, feeling left out and feeling isolated. For the most part, participants gave candid and personal responses as soon as we posed the first question about loneliness and the men taking part expressed a range of metaphors to capture the imagery of loneliness, such as a 'dark cloud', 'bottomless pit' and 'being in an empty room'.

Key points from the study's findings

- Across all groups of older men, the effects of loneliness were often pronounced and had a range of negative impacts on day-to-day life (for example, difficulty sleeping, mental distress, associated grief for men who were recently widowed). However, the way loneliness was experienced differed on the basis of sexuality, hearing loss and caring responsibilities.
- Feeling 'left out', excluded, overlooked, cut-off were emotions commonly expressed across groups. Men did not always have people to confide their feelings to and there were a number of barriers that inhibited men from speaking about loneliness and emotional distress, particularly those who were single or living alone.
- While for the majority part men's experiences of loneliness were short-term and fleeting, evenings were identified as the most difficult time when loneliness became a problem for men who were single or living alone. Winter was identified as the most difficult season, particularly when living with mobility problems that restricted movement outside the home. We have written more about this on our school [blog](#).
- Men were actively involved in a range of groups including social, civic and interest-based groups and societies. They appreciated groups that tried to increase social interaction and placed high value on social opportunities to form new bonds with other men. Groups of mixed generations were preferred, as they did not want to be siloed in groups for 'old people'.

Our findings highlight the life events associated with loneliness and how these trigger points can impact on men's current social wellbeing and engagement with others. We argue that health and social care practitioners need a fine-grained understanding of the ways in which different social factors such as sexual identity, caring and hearing impairments shape older men's engagement with others and limit who they seek support from when needed.

Last month I presented some headline findings at the ESA Conference in Manchester and we focused on how men described different types of loneliness as well as the challenges and barriers to speaking about loneliness and mental distress to others, including family members and healthcare professionals. I encourage readers to visit the Age UK website and view the resources online, including guidance for practitioners on how to design and facilitate groups for older men (pictured right). The digital films provide an important platform for men from the different groups to convey their perspectives and they speak openly about their own life-experiences and challenges with loneliness as well as how to overcome it.

European Journal of Cultural and Political Sociology
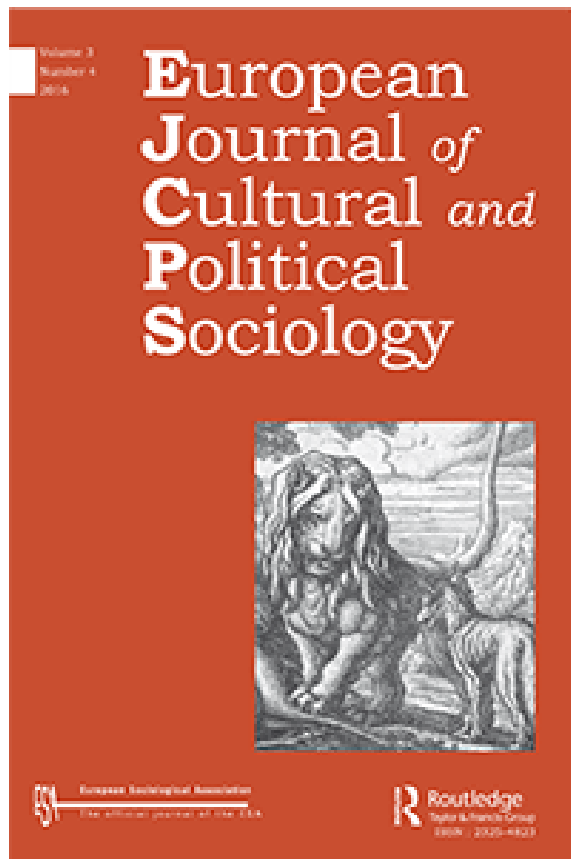
The *European Journal of Cultural and Political Sociology* is a peer-reviewed journal published under the auspices of the **European Sociological Association (ESA).**

The study of culture is the fastest growing area in both European and North American sociology. Political sociology is also re-establishing itself as a central plank of the discipline. The *European Journal of Cultural and Political Sociology* aims to be a forum not so much for these fields of study considered separately, as for any work seeking to explore the relationship between culture and politics through a sociological lens.

The journal welcomes, thus, both considerations of cultural phenomena in relation to political context, work that situates political phenomena within a cultural framework, and all points between these poles. In so doing it seeks both to address matters of immediate concern and to recover the broad sociological sensibility that was once a staple of the classical tradition.

For further information on the *European Journal of Cultural and Political Sociology*, please visit: https://www.tandfonline.com/toc/recp20/current

Network

We are an association of researchers who are interested in ageing. We aim to facilitate contacts and collaboration among these researchers, and to provide them with up-to-date information. To reach these goals, we organize conferences and workshops, produce a newsletter, and maintain an email list. Because we are part of the European Sociological Association (ESA), many of our members work in sociology. However, we also have members who work in, for example, social policy or psychology.

Visit our homepage, where you can find information on all of our activities. If you have any questions or you want to contribute to the Newsletter, do not hesitate to **CONTACT US!**

Board members 2019-2021

- **Oana Ciobanu**, University of Geneva, Switzerland
- **Lucie Galčanová,** Masaryk University, Czech Republic **[Co-coordinator]**
- **Outi Jolanki**, Tampere University / University of Jyväskylä, Finland
- **Amílcar Manuel Reis Moreira**, University of Lisbon, Lisbon, Portugal
- **Jenni Spännäri**, Helsinki University, Finland
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