

Examples of and opportunities for inter- /multi-disciplinary research involving social science

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- If you are interested in **complex human behaviours, outcomes, experiences & perceptions – shared interest in PATTERNS**
- How (sub-groups of) people experience/perceive/are affected by – and in turn shape - health/environment/health services
- Especially if these **have not been previously studied** OR if there are good grounds for arguing that **existing instruments are not valid / reliable** for the purposes of capturing and understanding the behaviour / experience
- Conducive towards re-orientation of services and supports around the needs and aspirations of the individual, transcending professional/disciplinary boundaries
- Requirement/recommendation in many research funding schemes...

Why social science?

- ⌘ The life course approach with focus on children and outcomes over time; inter-generational families; inequality, and developmental outcomes
- ⌘ Policy-focused research on social issues such as homelessness, child protection, crime
- ⌘ Large selection of other areas of interest – see e.g. <https://www.tcd.ie/research/themes/inclusive-society/>

Strands within TCD

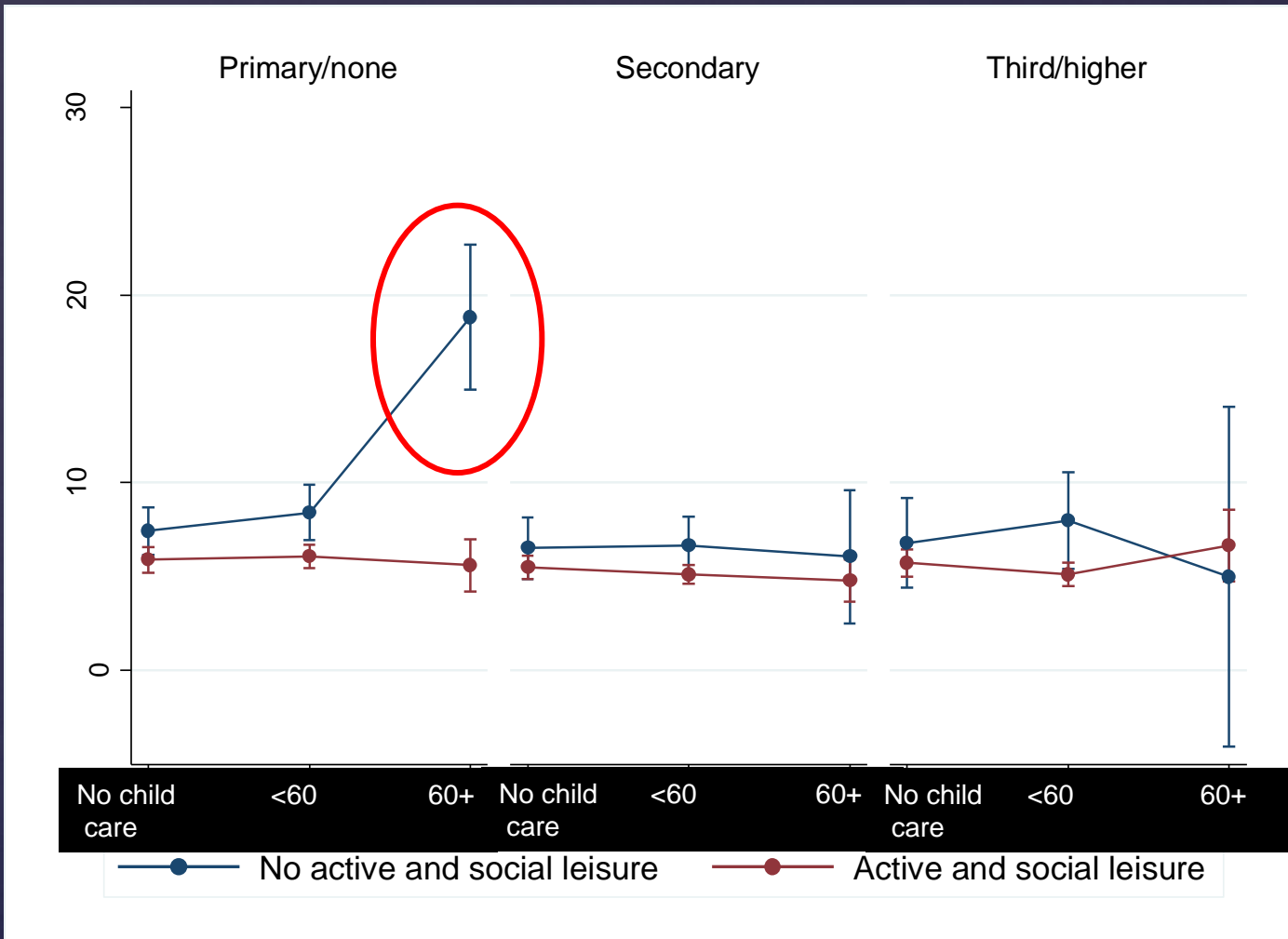
- ⌘ Quantitative social science: focus on generalising, testing theories - need random, representative samples, large N
- ⌘ Qualitative social science: The focus is on **generating** concepts, hypotheses & theory - from the specific towards the general – strong on tracing processes, hard-to-reach populations, sensitive topics

Strengths of qualitative and quantitative social science

- ⌘ Quantitative data: surveys; (administrative) records
- ⌘ Qualitative data: Observation; in-depth (semi-structured or unstructured) interviews; focus group (interviews); case studies
- ⌘ Context is important – tell about it, don't disguise it – try to understand how it matters
- ⌘ Good at tapping into sources of variance in outcomes – whether macro or micro

Social science instruments

Depression by grandchild care, education and social and leisure activity

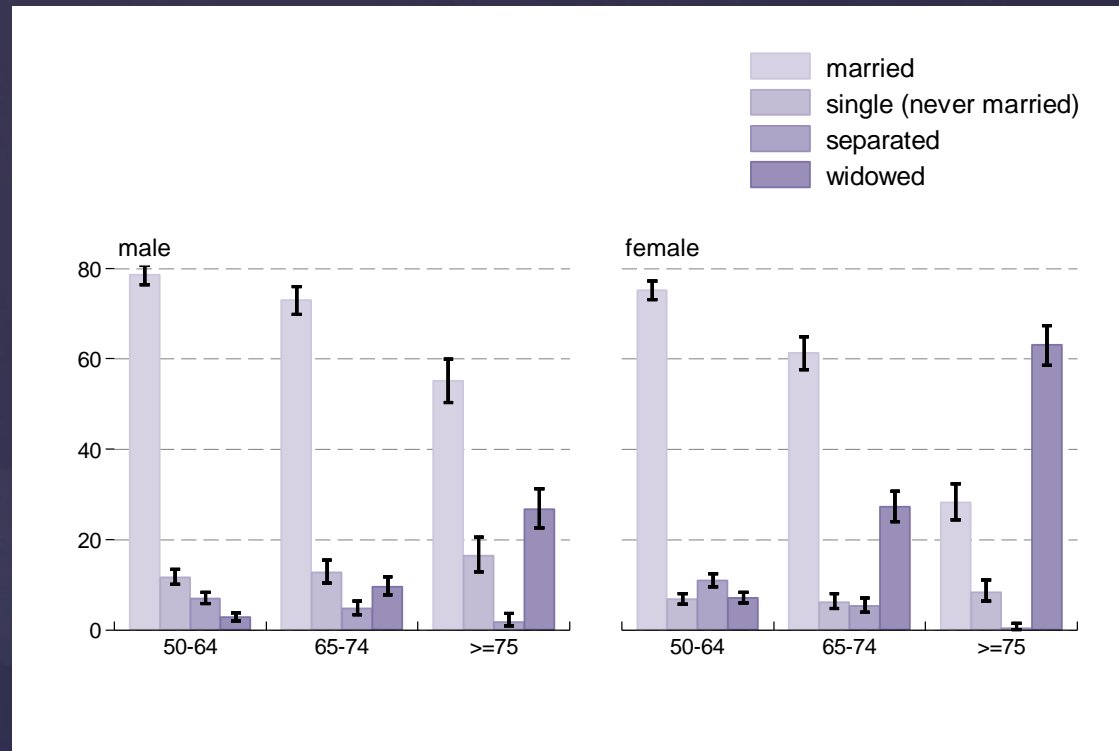


Adjusted for age, age², sex, education, income (quintiles), employment, disability

I thought at this stage in my life that it would be time for me to do things that I want to do and it hasn't worked out that way because the way life has gone,

I mean I am very tied with grandchildren and children and everything else and while it is nice and I love to have them but we don't seem to have time anymore...

there are an awful lot of grandparents now looking after children and who are tied.



Distribution of marital status by sex and gender among the 50+ population, Ireland, 2011

Depressive symptoms among older adults: The impact of early and later life circumstances and marital status

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Objective: This article contributes to the literature on depression and the life course by examining the impact of both early and later life circumstances on depressive symptoms among men and women aged 65 and over in Ireland.

Method: Data are from the first wave of The Irish Longitudinal Study on Ageing, a nationally representative sample of 8504 community-dwelling adults aged 50 years and older. About 3507 respondents aged 65 years and over were included in the analysis. Multinomial logistic regression was used to examine the childhood and early adult life circumstances associated with marital status. A series of nested models were estimated to evaluate which childhood and adulthood circumstances are associated with depressive symptoms. Models were estimated separately for men and women.

Results: Ill health in childhood and in later life has a strong and direct effect on depression in later life for both men and women. Other early stressors are mediated by later circumstances. Marital status is a significant independent predictor of depression in later life. Later life circumstances mediate between some marital statuses and depressive symptoms. When later life circumstances are included, widowhood and, for men, divorce, are directly associated with depression, but singlehood is not. Income in later life is strongly associated with depressive symptoms for women.

Conclusion: Both early and later life circumstances affect late-life depressive symptoms. Our findings indicate that previous studies which did not consider both may have underestimated or overestimated the effect of marital status, education, current health and education on depressive symptoms.

Keywords: depression; life course; childhood; gender; marital status

Life-long singlehood: intersections of the past and the present

VIRPI TIMONEN* and MARTHA DOYLE*

ABSTRACT

This paper examines life-long singlehood and its ramifications in old age among women and men in Ireland. During the life-time of the 26 research participants, Ireland shifted from the Western European marriage pattern, characterised by high rates of singlehood, late marriage and high fertility, to declining prevalence of singlehood, higher marriage rates and lower fertility. In-depth interviews were analysed with the help of narrative analysis and grounded theory methods. We identified two main pathways into singlehood that had a long-term impact on the participants' lives. The women and men who had *chosen* singlehood associated this status with independence, self-fulfilment and autonomy throughout their lifecourse, including in old age. In contrast, older adults who had been *constrained* in their choice of marital status due to poverty, care work, family roles and cultural norms, expressed regret and dissatisfaction with their single status. In the latter group, the ramifications of the inability to actualise the roles of a spouse, parent and grandparent were particularly apposite in later life when many felt the absence of close ties and expressed loneliness. For some of the older adults who had been constrained in their choice of marital status in earlier life, the possibility of entering into a romantic relationship seemed more feasible in later life. How older adults interpret their pathway into the singlehood status and its ramifications in old age, including their life satisfaction

TABLE 1. *Women and men in the sample, by age, socio-economic status (SES) and residence*

Pseudonym	Age (from youngest to oldest)	SES (main occupation when working), residence at time of interview
Women (N=14):		
Lauren	65	Middle (office work), urban
Deborah	66	Middle (secretarial, self-employed), urban
Anna	67	Middle (book-keeper), urban
Angela	74	Middle (book-keeper), urban
Molly	74	Low (home duties), rural
Louise	75	Middle (credit controller), urban
Jenny	75	Middle (administrative work), urban
Maureen	77	Low (housekeeping), urban
Marie	77	Middle (sales), urban
Bernie	77	Low (factory work, paid care work), urban
Katie	78	Middle (school teacher), rural
Monica	83	Middle (administration), rural
Noelle	83	Low (hospitality), rural
Eileen	84	Low (housekeeping, paid care work), rural
Men (N=12):		
Larry	65	Low (assorted manual work), urban
Johnny	67	Middle (shopkeeper), urban
Ned	68	Middle (shopkeeper), urban
Philip	70	Low (industrial, security), urban
Colm	72	Low (labouring), rural
Andrew	73	Middle (priest), urban
Michael	73	Middle (producer), urban
Gerard	74	Middle (policing, security), rural
James	76	Low (chauffeur), urban
Tom	80	Low (farm labourer), rural
Mark	81	Low (forestry, factory work), rural
Martin	86	Low (farm labourer), rural

*I'm very glad I never married, yes, because I think I've had a chance to do much more than I would have when I see my sister who is the classic married lady, she's still running home to get [husband's dinner] at half past five and if she's not there, there'll be uproar and I really would never have coped with that... .. my money I can fiddle around and nobody telling me I can't buy new curtains...so the independence is just wonderful, I'd hate to sell it, I mean it is priceless, *in fact I can't see any advantage to being married.**

I regret it anyway, I wouldn't recommend anyone staying on their own....because it is lonely, just to have somebody with you, you know, somebody to go places or whatever...what I would love to do is go for a weekend away, to know somebody to go for a weekend away or for a week's holiday...I wouldn't go on my own...I'd like to meet somebody, have a little bit of life at the end of my life.

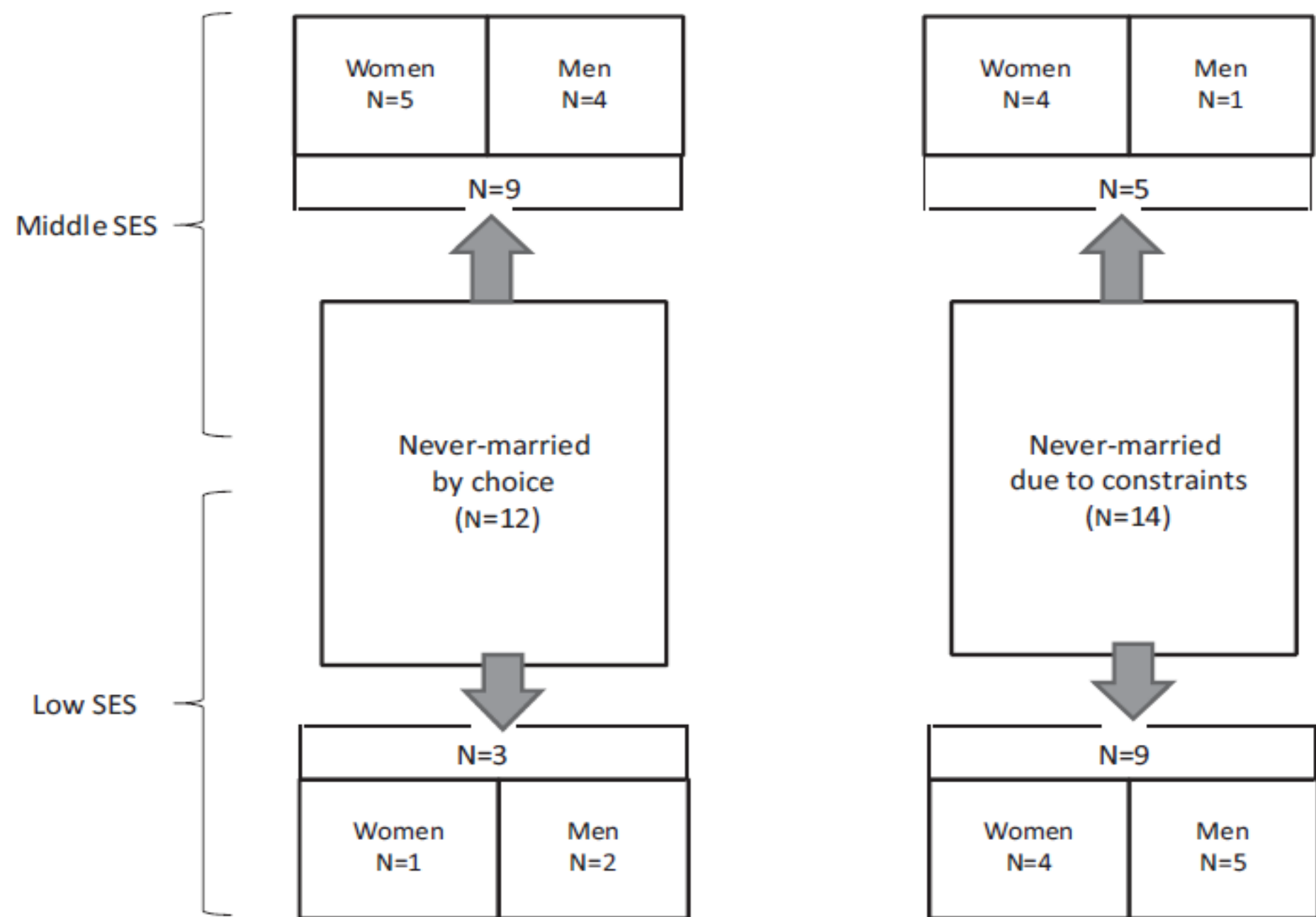
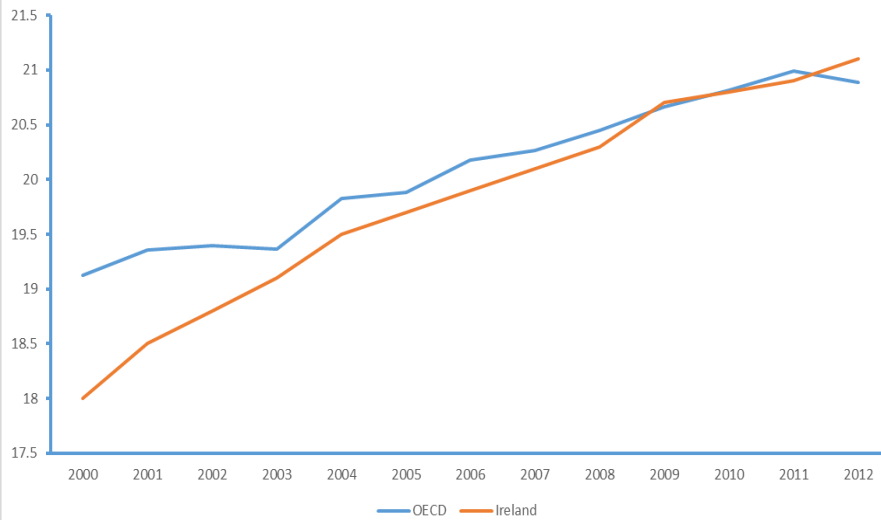
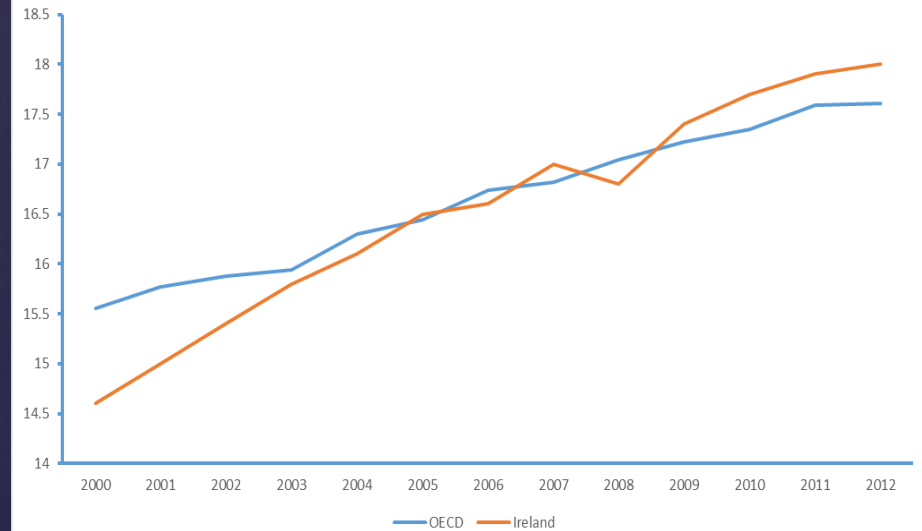


Figure 1. Breakdown of study sample by choice *versus* constraint, middle *versus* low socio-economic status (SES), and gender.

Life Expectancy at 65 - Women

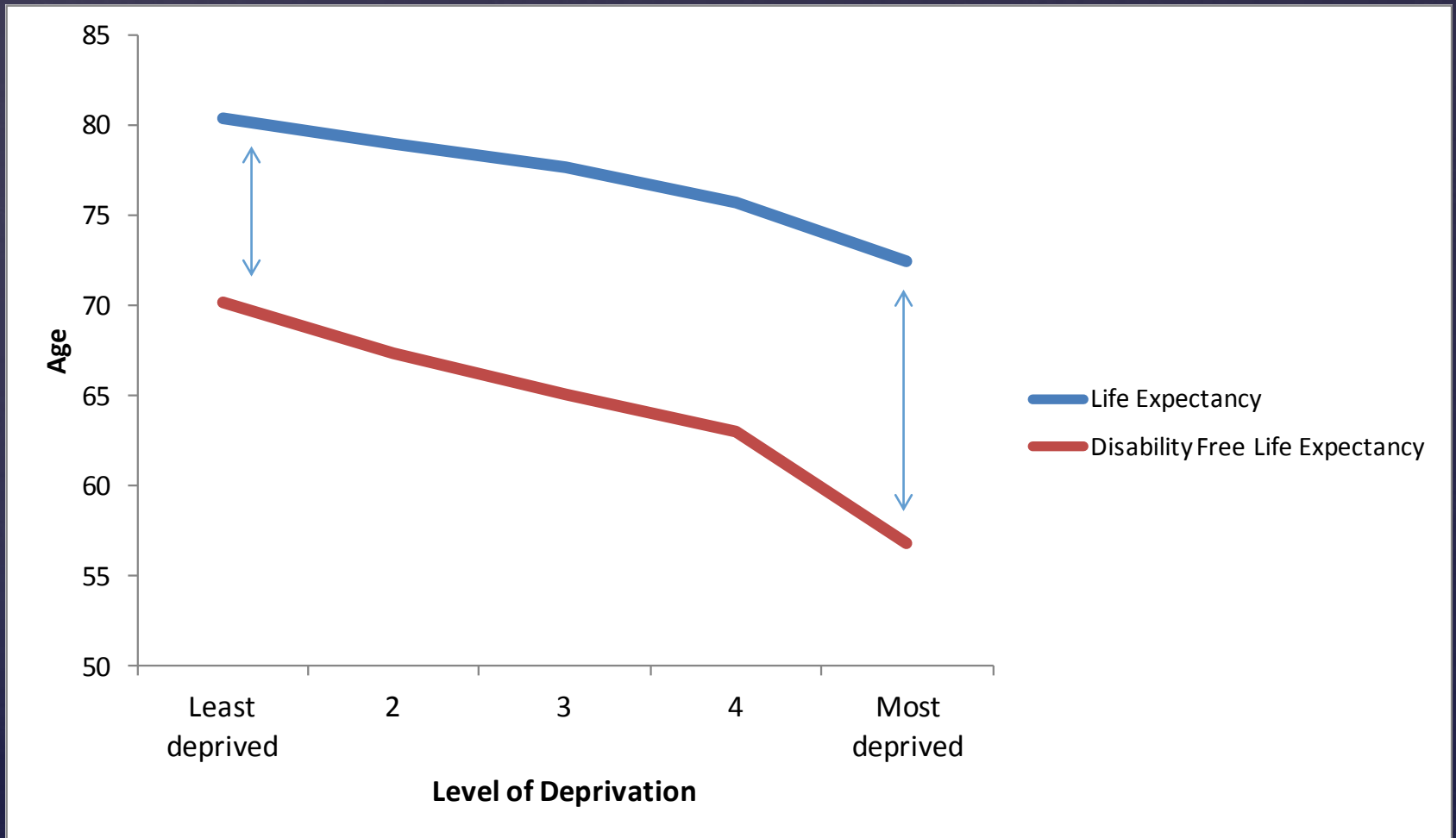


Life Expectancy at 65 - Men

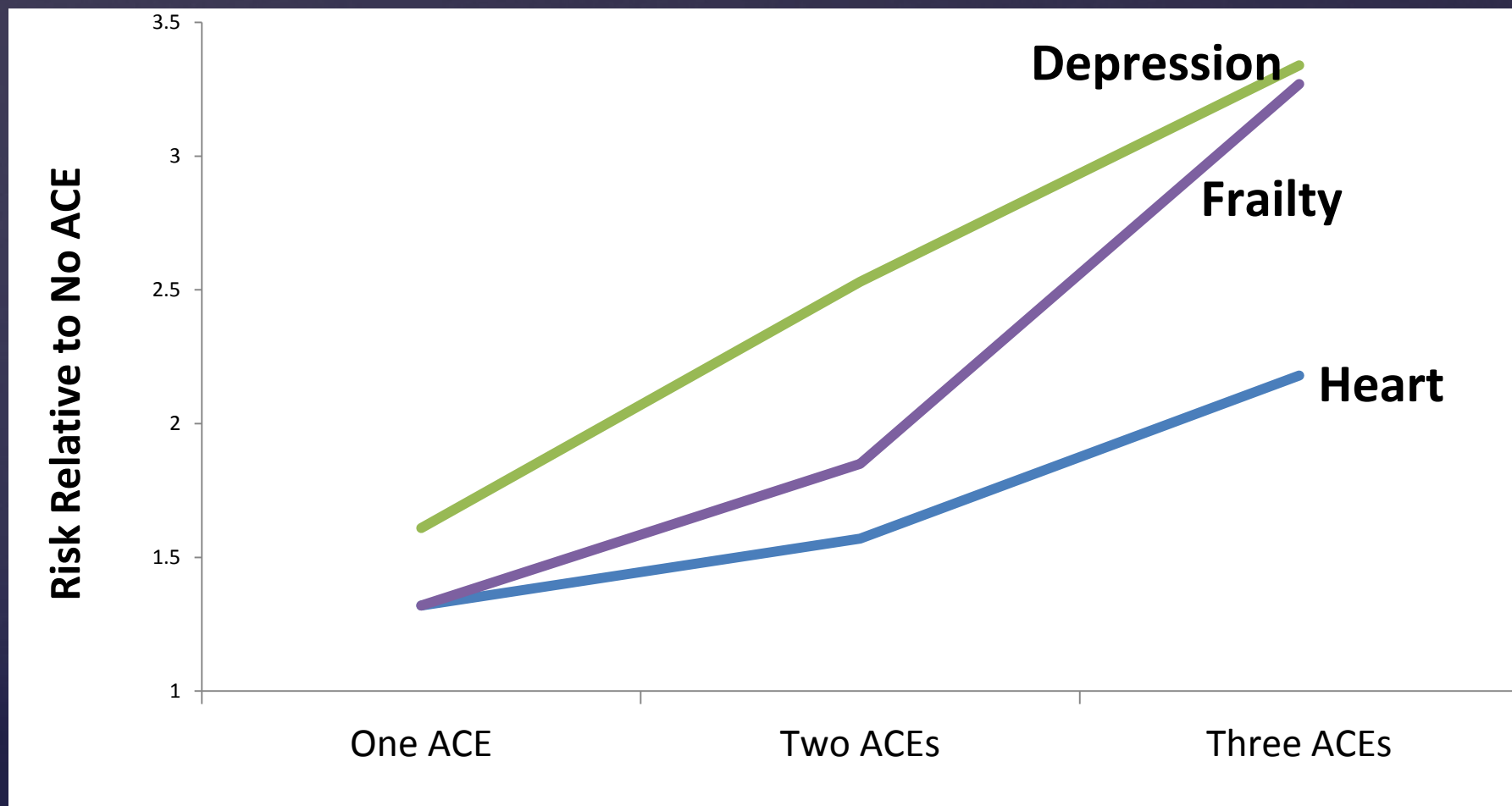


All Cause Mortality: Ireland and OECD

The Healthy Life Expectancy Gap



The Increasing Risk of Chronic Ill Health with Childhood Adversity



McCrory et al 2014 "The Ghost of Childhood Past: The Lasting Legacy of Childhood Adversity for Disease Risk in Later Life" Health Psychology.

Prospective study of risk factors in early life:

- ❧ Early life exposures, health status and educational development
- ❧ Differential mortality by SES Group 'Social mobility' and markers of ageing
- ❧ Early life disease and differential ageing
- ❧ 'Social and economic exposures' and biological processes



The Life Course Determinants of Health Inequalities (Richard Layte and colleagues)



Welcome to The Infant and Child Research Lab

Welcome to the Infant and Child Research Laboratory in the School of Psychology at Trinity College Dublin, directed by Dr Jean Quigley & Dr Elizabeth Nixon.

In the lab we study the way parents and children interact and how this is important for children's development. We are interested in finding out which aspects of parent-child interaction are most important for child development and to explore this we observe, record, and study how children and their parents react and respond to each other during play. We study how children and parents shape

News

Infant and Child
Research Lab in the
News!

Mar 1, 2015

⌘ Research to explore the factors that inhibit and enable age appropriate communication between parents and young children aged between 4 and 9 years about relationships, sexuality and growing up.

Team: Catherine Conlon & Virpi Timonen, SWSP, TCD.

‘Research with Parents’

How people with amyotrophic lateral sclerosis (ALS) engage with healthcare services (G. Foley et al.)

To identify key psycho-social processes that underpin ALS service user engagement with healthcare services

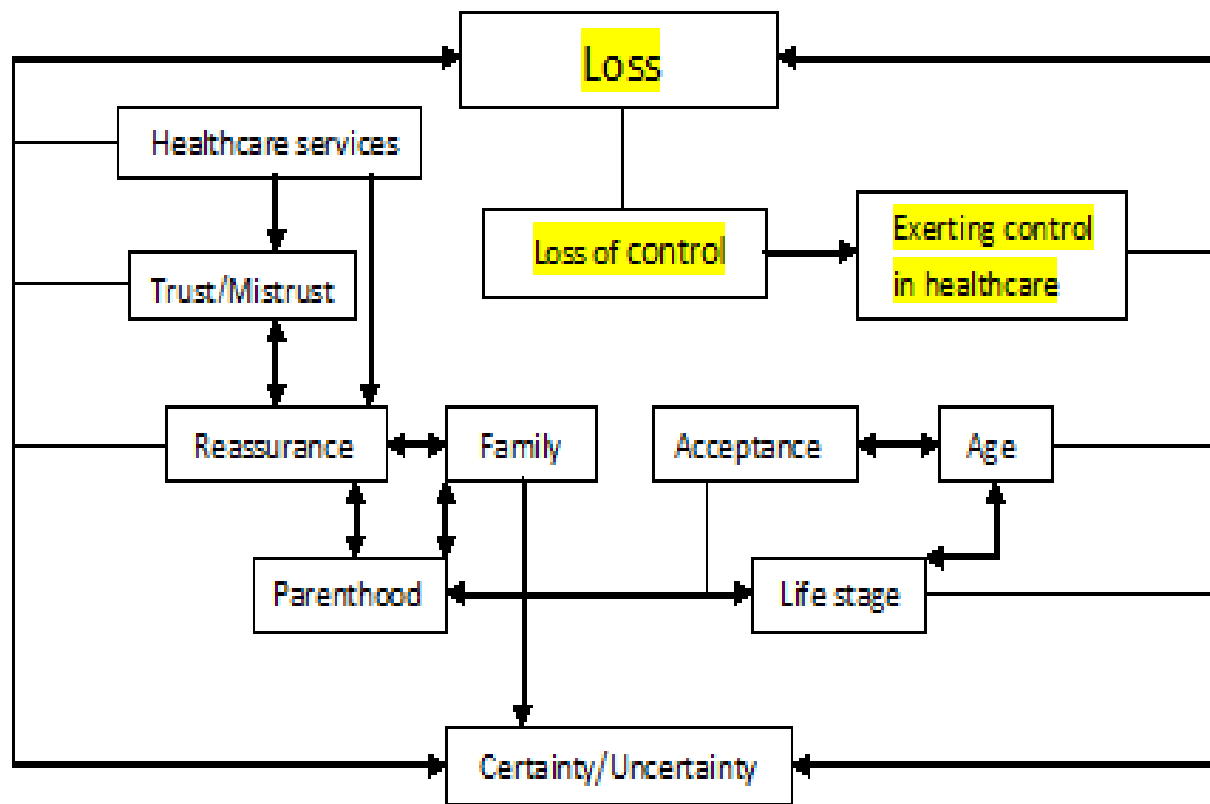
In other words.....

Why do people with ALS use healthcare services?

What conditions impact on how they engage?

What shapes how they make decisions about care?

Coming to terms with loss



Primary categories & core category

Conclusions

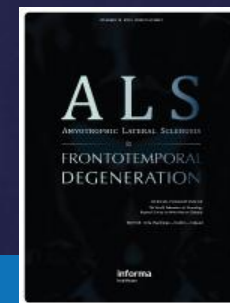
Losing control and fighting to remain in control – shape the clinical encounter

HCPs are primary enablers for control among people with ALS

People with ALS are adverse to sustaining life for sake of longevity alone

Disease progression is not primary context to how people with ALS engage with HCPs

Family (in particular parenthood) is primary context



- ⌘ In order to understand the complexity of health/health care, we need to combine different approaches to 'knowing what is going on here'
- ❖ Be clear what you need the social sciences input for
- ❖ Play to the strengths of social sciences – keeping in mind the different methodological approaches and what they offer
- ❖ Get in touch!

Conclusions