

Francesco Miele

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Demographic ageing is a key driver of social change. Science and Technology Studies (STS) have increasingly turned to ageing as a topic and have done so in trans-disciplinary endeavours at the crossroad of STS and age studies. The theme is not new to *Tecnoscienza*, which has recently published a special issue on this topic (see Issue 2, 2020). Being one of the guest editors of that special issue, I can say that the response to that call was mainly international, with no contribution coming from Italian researchers working on ageing. There are certainly many possible reasons for this absence that, however, does not help to highlight the state of the art of (Italian) studies on this matter and how age and later life are (or not) matter of concern for policy- and decision-makers in one of the oldest countries in the world (Statista 2021).

Francesco Miele's book is, thus, worthy for two main reasons, among others. First, it contributes an overview of the ageing process in Italy by focusing on – as the subtitle says – three key dimensions: welfare policies, public discourses, and daily care. This choice enables us to appreciate and situate the complexity of the theme. Second, it draws from STS and the Sociology of health as well as from the author's research experience. National and international literature are combined in the analysis of ageing by positioning this book within the landscape of subject-related Italian publications. I wish to further emphasise this second merit as corresponding, in my view, to a necessary effort to legitimise the theme in the Italian scientific environment, especially among the social sciences.

The book is easy to read and clear in articulating its main argument: ageing is a processual “constellation” (p. 10) of policies, discourses, and material practices that co-construct and signify older people's health. It is noteworthy that, throughout the book, Miele makes room for considerations related to how the Covid-19 pandemic has worked as a sort of “stress test” (p. 24) – as he said – magnifying existing criticalities. The reader is accompanied through four chapters that, by examples and conceptual definitions, describe the Italian context.

The first chapter is aimed at presenting the main changes in public policies about Italian older people's health. The description is developed in terms of changes that occurred over time in relation to family networks, care work and its gendered feature, and various services and solutions (long-term care, residential and nursing homes, ageing in place policies,

cash for care). Miele's attention to gender and women's work reveals a sensibility for aspects that are often overlooked in the literature on health and (elderly) care, although – I add – care and careworkers' (mostly women) labour are vital to society in a very material sense. The lack of political and financial support for elderly care in Italy is matched, by Miele, with the neoliberal principles leading contemporary society to prefer “marketization”, that is the partial or complete privatization of care services, over any public investments in this sector. This analysis (sadly) aligns Italy to the international context, including the Nordic countries that are often looked at as better equipped when it comes to welfare policies compared to the rest of the European countries (Hansen, Dahl, and Horn 2022). While – based on my reading and research experience both in Italy and Sweden – I am fully convinced by this argument, what disappoints me on a different note is the incipit of this first chapter. Miele frames ageing as a “passage” and associates it with “risk” (p. 15). As long as we – Miele included – agree on defining ageing as a process, we should acknowledge that getting older is not limited to a phase of life but rather progresses since birth: this is what characterises human life. Associating ageing to a specific age (conventionally, 65+), according to a bio-deterministic understanding of it, clashes with the argument of ageing as co-constructed by policies, discourses, and practices. The same argument that matches older people with risks, or higher risks compared to a younger population, is quite controversial. In STS, this issue has been discussed in relation to the concept of “frailty” by stressing that it is important to uncover how science, technology, and medicine have been themselves implicated in the making of the ageing society (Moreira 2017).

Although the beginning of the first chapter may generate disapproval in the readership, especially in critical gerontologists and other (STS) scholars inquiring into this matter, the second chapter comes as a sort of compensation for the previous deterministic introduction of later life as problematic and vulnerable. Indeed, in this chapter, Miele starts by saying that older people have been targeted with many social representations that stereotype them as passive and “in need”. In this chapter, as well as in the following two, the author applies STS concepts to elaborate on ageing. In particular, he uses the concept of “biomedicalization” (the complex multised, multidirectional processes of medicalization extended and reconstituted through emergent social forms and practices of technoscientific biomedicine) and highlights its connection with the molecularization of ageing. According to the “molecular model” (p. 55) an older “patient” can be reduced to their biological components to the point that ageing is meant to be preventable via specific technoscientific interventions. In bringing to the fore this association, Miele highlights an important matter of concern that is related to the above-mentioned marketisation in that, as I discuss elsewhere (Cozza, Ellison and Katz 2022), anti-ageing biohacking is quite a business growing in Europe and in full bloom in US. It is noteworthy that

such interventions, which vary in type, costs, and extremism (from the cosmetic anti-ageing industry to experimental, often unauthorised, biohacking interventions) co-construct the sociotechnical imaginary about ageing and feed ageism – that is, stereotypes, prejudice and discrimination towards others or oneself based on age. This imaginary emerges also in the results of Miele’s longitudinal study (January 1985–November 2020) on the *Repubblica* database – the second Italian newspaper regarding circulation – where risk is associated with ageing and biomedical interventions become a moral duty to manage it (age management).

The third chapter is devoted to discussing ageing and health care in relation to older people living at home (in literature called “ageing in place”) and affected by multiple chronic diseases. In the author’s view, multiple chronic conditions are ideal to study the entwining of formal and informal elderly care work. In particular, Miele mobilises the concepts of “burden of treatment” and “articulation” (p. 85). The former was formulated by May et al. (2014) to understand how people and informal caregivers manage multiple chronic diseases; the latter was used by Corbin and Strauss (1985) to refer to practices and activities to take care of a patient without clashing with other aspects of daily life. By applying these concepts to the results of a qualitative study (2013–2016) conducted in Italy on practices related to ageing in place and multiple chronic diseases, Miele appropriates four daily constructs originally presented in May et al. (2014) to describe caring practices (i.e., sensemaking, monitoring, cognitive participation turned by Miele into “articulation”, collective action replaced by “care work”). The overall chapter conveys the complexity of ageing in place with regards to issues such as the availability of a more or less sufficiently active family network, the role of general practitioners subjected to a progressive infra-structural marginalization at the national level, and the constant need for maintenance executed by informal caregivers to keep home elderly services up and running. Surprisingly, what I did not find in this chapter is a wider emphasis on the role of multiple and ubiquitous technologies and various objects and devices that populate older people’s homes (Cozza, De Angeli and Tonolli 2017) and multiple chronic conditions all the more.

As in the case of chapter two, which compensates for what I consider a flaw of chapter one, chapter four – compared to chapter three – widely shows the role played by devices in co-defining who/what an older patient is/become. Miele devotes the first part of the chapter to introducing the person-centered care model and comparing it with the standard medical approach regarding dementia care. The choice of focusing on dementia is due to being representative of the main target of long-term care in nursing and residential homes. By drawing on STS, the author shows how dementia is “multiple” (p. 120) and its definition and treatment depend on the institutional context the older person lives in. To substantiate his analysis,

Miele refers to a past ethnography (2019-2020) that he conducted in specific institutional contexts – called *nuclei protetti* in Italian – by paying attention to the daily work of healthcare professionals (in Italian, *operatori socio-sanitari* or OSS). In expanding the (national) narrative about ageing and dementia, Miele highlights also the role of devices such as patients' medical records and affordances of institutional spaces in enacting multiple definitions of dementia and, ultimately, co-constructing situated ideas of personhood. At the end of the chapter, Miele emphasises how caring is not detached from sentiments and emotions, which – I add – are deeply interrelated with the concept of care as affective relations and, even more, with caring as a form of relating.

All in all, this book is worth reading to get an overview of the Italian context and how ageing is part of or overlooked by policies and public discourse, and co-shaped by social and material practices at home and in institutional settings. Readers knowledgeable about scholarly contributions on ageing and elderly care may appreciate the continuity between Italian trends sketched in this book and those discussed in the international literature (for example, the marketization of care, the gendering of care, the biomedicalization of age-based interventions).

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