

MY RESEARCH STATEMENT

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In General

Although I am all right with the *objectivist paradigm of Sociology* focusing on how our discipline needs to be scientifically-based¹; it is clear that, all across my teaching and research activities, I am more comfortable with the atomistic or *subjectivist view of Sociology*². I have conceived and constructed my research agenda by following then learning from the tradition inherited from two main Sociological streams of thought encompassing what is known as *Sociology of Everyday Life*: (1) the School of Chicago with the *symbolic interactionism* that traces its filiation to the *philosophical pragmatism* of William James and John Dewey; (2) the Phenomenology of Everyday Life and Ethnomethodology having strong roots in the *Intuitionism and phenomenology* of Edmund Husserl. At the contrary of Positivism in Sociology, I have drawn my interest in social processes by which ordinary folks – and institutions alike – build their concrete social world through goals, meanings, and interpretation of social actions with focus upon understanding. My major research work so far – Ph.D. dissertation – is articulated around that main idea. I am committed to strengthen my perspective by addressing neighboring topics such as poverty, migration patterns, global health, and international relations. So, how I have designed my major research work and what I have found after completion of that *Attempt of a Sociology of Extreme Old Age*?

Major Achievement

The almost six hundred single-spaced pages thick document that has counted for my Ph.D. dissertation, publicly defended in December 2002 during five hours (two breaks) at the University of Paris la Sorbonne (France), is an attempt of Qualitative Sociology of Domiciliary Care of the Frail Elderly and Disabled Persons. The social interest in addressing this topic lies in foundation(s) demographics that establish an unexpected upcoming event: the baby-boomers will soon become “papy-boomers”. This event is going to impact all the dimensions of our life in society: family, social programs (polity), economy, work force, mankind, etc. The choice of later adulthood segment of the lifespan and domiciliary care rather than nursing home is significant at testing what really life means to our post-postmodern society. Methodologically, I have used the interactional and configurational perspective for the frail elder and/or disabled person taken care of within her/his natural environment is surrounded by multiple actors engaged in the process of social intervention. The complexity of these social interactions might be viewed at: <http://georgesgomag.squarespace.com/publications-and-works-in-prog/>. All in all, one of the main findings of my work has been to establish that “far from being simply taken charge of, the very old individuals are themselves as much actors as the people and professionals who take charge of them”. This result, based on the meaningfulness of socio-symbolic interactions, strengthens the phenomenological and ethnomethodological perspectives I have adopted. The very old person, even badly suffering from Alzheimer, is a central actor in the process of social and medical care: physicians, nurses, caregivers, physiotherapists, policy-makers, family-members, etc., each of them fulfill their duty according to the situation of the patient. Therefore, the condition of taking care of creates an opportunity to these actors to further their own professional situations.

Subsequent findings are fourfold: (1) the institutional setting up of the social intervention recreates a social life into the natural environment of the elderly and/or the disabled person; (2) the configuration of actors that intervene within this ecological social sphere is structural & meaningful because of the importance of inter-subjective and inter-understanding relationships that operate into the setting; (3) the embodiment of the day-to-day life of the elderly and/or the disabled individual is sometimes strongly marked by emotional behaviors; these emotions are expression of a social relation rather than being pure psychological event; (4) the phenomenology of temporalities that raises the importance of narratives of elders upon their accomplished lives undermining the present and future time mostly made-up of social, medical, and death related issues. In addition to these outcomes, I have also found interesting elements of a possible *Institutional Anthropology* while dealing with such a complex issue that is growing very older* in the 21st century under globalization. I

¹ The use and the application of mathematics (statistics), logic, and computer modeling to explain social phenomena, structures and actions (Quantitative methodology). This view is also known as the paradigm of social determinism.

² This view is methodologically related to the qualitative perspective in Sociology that construes interactions between researcher and subject - through interview processes - and the active interpretation of data as a license for the free exercise of subjective transactions. Subjectivity is what makes people subjects rather than objects. Subjectivity includes processes denoted by terms such as mind, conscious, experience, feeling, intentionality, interpreting, understanding, learning, etc. Max Weber in opposition to Emile Durkheim is viewed as the foundation leading figure of this paradigm also known as the paradigm of actor rationality.

have found how certain institutional principles based on rational management are absolutely irrelevant for the process of social intervention near the very frail individuals where understanding rather than explaining is paramount.

Strengthening projects

Besides this Attempted Dynamic Sociology of Extreme Old Age, my purpose is to research in-depth then, to establish *The Elementary Forms of the Everyday Life of the Frail Elderly*. This insinuation sounds like a Durkheimian perspective of *Social Fact* but, I consider the fact as a “provocation”, although the Durkheimian’s sociology can also be viewed, to some extent, as *Sociology of action*. Here stops the rapprochement. I strongly claim the tradition inherited from William James, John Dewey, Charles Sanders Pierce, Charles Horton Cooley, Herbert Blumer, and George Herbert Mead: their affiliation to the Philosophical Pragmatism. This no man’s land that is the *Life at Advanced Old Age*, reality never attained before, with the upcoming waves of generations of folks born after WW2 plus the expected unknown dependency related issues, our Sociology needs a certain dose of philosophy and pragmatism in order to better understand & handle life at both extremities of life spectrum.

Aging and Society is not my sole interest in sociological research. My overall research agenda, although strongly embedded within the field of *Social and Public Policies*, is multidimensional. I contemplate to ordering plenty basics I have either already presented in conferences and symposiums or written down however not published yet addressing topics such as Poverty, Patterns of migrations, Global health, International relations and Globalization. Being, myself, an international faculty member, I am in pretty good condition to better understand and to successfully scrutinize these internationally-based phenomena. Indeed, I am at the crossroad of three major cultural streams: born in the Congo-Brazzaville until my early college years; higher education and early research and teaching experience in France (Europe); and now quite familiar with the customs and academic systems of North America (U.S. and Canada). So, I am finding myself comfortable at knowing critical aspects of African culture, European culture, and American culture.

(1) *Poverty - Patterns of migration - Global health* might be suited to be addressed together. This triangulation is definitely purposeful and meaningful in the way it helps to better understand how poverty determines and causes streams of migration and sometimes carrying out critical health issues. What I am interested in is to find out *renewed epistemological tools* to redefine concepts such as poverty versus wealth; immigration versus emigration; and modern medicine versus traditional medicine and their complex articulation to understand then to explain, for instance, why peoples do make the decision to leave the motherland for such these remote shores. How to understand the fact that numerous potentially rich countries in Africa are dramatically the poorest in the world providing, however, to wealthy countries in the West the skilled executive they are desperately in need? How to explain the fact that people in power are not willing to develop the health system at home and just treat themselves in the West while major portion of the population is left without any reliable health care? Why to blame individuals who strive to reach more organized societies to get protected against maladies, utter destitution, ethnic conflicts usually caused by artificial poverty amongst other causations, lack of education, etc.? There is definitely an enterprise to undertake at addressing this complex triangulation of phenomena.

(2) The international relations topic is more precisely *Africa within the international relations*. This endeavor is clearly interrelated to the previous triangulation of phenomena but here, I would like to investigate the condition of the black continent at the onset of the 21st century based on historical determinants of the relationships between Africa and the rest of the world. I would like to reflect on the idea of the “hypothetical hidden pact of non-progress” in Africa. (3) *Globalization* heightens and consolidates the perspective by broadening the plight of already weakened African countries by carrying them through the twist of *international competitiveness* without taking the time to solve *previous controversial issues* related to the slavery, colonial, and post colonial issues. The assumption I would like to present here, is just to insinuate that, the globalization that appears to be the cornerstone of the economy at the onset of the 21st century is nothing else than the crystallization of a *preexisting paradigm* that is the world’s control and management set up to be dominated by the primacy of Westerner Powerful Nations. Then, if nothing is done to adequately regulate the international relations is the sense of a bit more equity between well off nations and less advanced countries, major poverty, immigration, and health related issues will broaden their range for a very long time.