

Intersectionality in action: Reflections on decolonizing research practice in the context of care(ing) and age(ing)

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Abstract

Building on interviews and reflections, this article combines an exploration of the intersection of care(ing) and age(ing) in communities experiencing rapid diversification and population ageing, and an examination of the research endeavor from intersectional and decolonizing perspectives. Poking holes in conventional research practices provides opportunities for rewriting dominant deficit-based narratives about care(ing) and age(ing) that contribute to gaps in service provision. Adopting alternative ways to developing new knowledge provides pathways to improve well-being among all those involved in care partnerships. The authors argue that positioning the experiences of carers and older adults at the fore of gerontology practice and research is essential to decolonized knowledge production and dissemination. However, in critically examining their own processes, they discovered shortcomings in their research practices that reveal the long reach of colonized methods. In personal reflections, the

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authors comment on their attempts to put intersectionality into action as decolonized gerontology research.

Keywords: older adults, intersectionality, de-colonizing care, de-colonized research

Introduction

Because this article adopts an unorthodox approach to knowledge building and suggests new ways to work with complex concepts, key terms need to be defined from the outset. Here, intersectionality theory provides a lens through which to understand and challenge layers of oppression and their cumulative impact on marginalized people, including older adults, while decolonial processes introduce ways to dismantle systems and structures that perpetuate power and privilege differentials including into late life (Collins 2012; Quijano 2000). Qualitative methods, which privilege voices, lived experiences, and nuanced interpretations of data, and value subjectivity rather than objectivity, are best aligned with decolonizing endeavors (Bowleg 2008; Thambinathan & Kinsella 2021). Echoing Zembylas' (2025) suggestion of the mutual impact of intersectionality theory and decolonial processes in research practices, the authors aim to assess the extent of their own decolonized research practice, based on practical suggestions provided by Chaouni et al. (2021). They use an article they previously co-authored that explores careing and ageing) at the intersection of population aging and movement as a case study (McGovern et al. 2024). With this article, they seek to put intersectionality theory into action by means of the decolonial process of critical assessment of research practices. Findings highlight how adopting unorthodox approaches to knowledge building endeavors stands to tap into new epistemologies (Bowleg 2008).

Tapping into new epistemologies can be liberatory in the sense that it can rewrite beliefs about strengths and challenges (Bowleg 2008). Where older adults are concerned, the deficit narrative of advancing age can manifest as ageism and has powerful negative implications for older adults' well-being (Butler 1969). While decolonizing gerontology is gaining traction in aging research, practice and education, there is still room for growth (Chazan 2020; Crampton 2022). Early scholarship focusing on intersectionality theory, decolonizing practice and advanced

age (i.e. Calasanti & King 2015) is now gaining more traction in the field of gerontology (i.e. Chaouni et al. 2021; Chazan 2020; Thambinathan & Kinsella 2021). Here, all the three authors, who are scholars of aging, attempt to expand the conversation in gerontology.

Through this case study, the authors heed the call to action by Chaouni et al. (2021) to adopt decolonial frameworks in research exploring the intersection of old age and ethnicity. Specifically, the authors of this article (McGovern et al. 2024), hereafter referred to collectively as “we,” have accepted the challenge to explore our positionality in relation to the production of knowledge and to contest normative approaches of knowledge dissemination. To these ends, we have four aims. These are (1) to engage with research in ways that translate decolonial theory into practice; (2) to apply decolonial practice to examination of the intersection of care(ing) and age(ing) in communities experiencing rapid diversification and population aging; and (3) to put intersectionality theory into action. In our fourth aim, we strive to blur lines between home and work, us and them, young and old, high and low status, lived experience and scholarship, researcher and participant, expert and amateur, objectivity and subjectivity, and other false dichotomies impacting humanistic understanding.

This article builds on the tradition of qualitative research that emphasizes community engagement, participatory methods, and the integration of Indigenous knowledge and perspectives (e.g. Smith-Morris et al. 2021). Decolonizing research methodologies within the interdisciplinary field of gerontology necessitates a critical examination of the power dynamics, epistemological assumptions, and historical legacies that have shaped conventional approaches to knowledge production, recognizing that voices and perspectives have often been silenced or misrepresented in mainstream research (Denscombe 2025). However, decolonization, in this context is twofold, not merely a methodological adjustment, but also a shift in perspective that challenges the hegemony of Western paradigms and seeks to center the knowledge systems, values, and priorities of those who have been historically excluded (Thambinathan & Kinsella 2021). It requires that researchers actively engage in critical reflexivity, acknowledging their own positionality, biases, and assumptions, and recognizing the ways in which their research may inadvertently continue to keep colonial patterns (Thambinathan & Kinsella 2021).

As white researchers, we are aware that drawing attention to our positionality runs the risk of re-affirming our privilege. However, we ask our readers to bear with us, in hopes that our intentional revisioning of our own processes can contribute to de-centering traditional and often oppressive methods of knowledge dissemination that hold fast to power and privilege. By reflecting on our own work, we have adopted a non-conventional approach to creating new knowledge that does not fold into formulaic research. While this may be a limitation, we believe the creative approach can be considered an example of liberatory practice that we hope can be embraced by academia and mainstream peer review processes. We use our own work as a case study.

The case study that comprises this article expands on previous research we conducted together and the ensuing article we co-authored. Aims of the previous study included to identify strengths and challenges of care practices in the context of super-diversity and globalized aging, as well as a first attempt to challenge norms of knowledge production by highlighting research dynamics that place researchers in a position power in relation to their "subjects." Study questions included how trends in population movement and aging impact care practices seeking to meet needs of older adults and how to put into practice principles of decolonized knowledge production. Data analysis shone a spotlight on the need for knowledge development to be non-hierarchical to enable the voices of marginalized individuals and communities to take center stage (McGovern et al. 2024). This study was chosen for reflection because it highlighted colonial systems and structures of power and privilege that maintain inequities in research and practice in the authors' discipline, gerontology.

This second article is inspired by the growing body of scholarship exploring the role and impact of reflexivity, positionality and auto-ethnography in the context of decolonized research practice (i.e. Gani & Khan 2024; Naidu et al. 2024; Olukotun et al. 2021; Sims 2023; Thambinathan & Kinsella 2021). With a special focus on Chaouni et al. (2021), we have put our collaboration under the decolonial microscope to critically examine our own processes and positionalities in relation to decolonial frameworks and the production of knowledge, to both put our aims into practice and enhance the exploration of intersectionality and decolonizing gerontology to benefit older adults and carers. A first

step of this exploration consisted of a literature review of scholarship critically addressing positionality, reflexivity and auto-ethnography in research practices. Our findings highlight some significant obstacles to making the kind of changes called for by decolonizing frameworks. Risks inherent to these perspectives include perpetuating the centering of researcher voices and the power therein, re-affirming stereotypes, obfuscating biases, and elevating self-indulgence (Griffiths 2016; Tarisayi 2023; White & Davis 2023). In contrast to theoretical literature, Chaouni et al.'s (2021) article not only acknowledges shortcomings of emergent explorations of positionality, reflexivity and auto-ethnography in the context of decolonized research frameworks but also suggests new ways to contribute to knowledge development. We selected the Chaouni et al. (2021) article as our guide in the self-critique as it provides steps for decolonized research practice.

Responding to all of the Calls to Action proposed in the Chaouni et al. (2021) text is beyond the scope of this article. Instead, we focus on two Calls to Action, presenting our attempts to “decolonize the minds and actions of gerontological researchers” (p. 7) and participate in “epistemic disobedience” (p. 7). Challenging coloniality in research production, epistemic disobedience aims to reject approaches to knowledge production and dissemination that maintain patterns of exclusion, invisibility and oppression (Mignolo 2009; Naidu 2024). Our goal is not only to produce new gerontology knowledge by problematizing traditional approaches (decolonizing our own minds and actions) but also to practice epistemic disobedience (developing new knowledge and disseminating findings in ways that challenge power dynamics inherent to research practices). This article represents our contributions to the decolonization of taken-for-granted scientific structures and systems in research on age(ing) and care(ing) among older adults in the context of population movement. It is our attempt to put our four aims detailed above into practice.

Translating Decolonial Theory into Gerontology Practice

Chaouni et al. (2021) offer definitions for the terms postcolonialism and decoloniality because they are frequently used interchangeably, highlighting distinctions and commonalities. They agree with Bhambra (2014)

who first suggested that postcolonialism and decoloniality are in dialog with one another. Specifically, according to Chaouni et al. (2021), both postcolonialism and decoloniality explore the impact of power on the production of knowledge, most notably influencing those whose knowledge, narratives and histories are valued and rendered visible. Chaouni et al. (2021) found that the terms arose from different traditions, postcolonialism from the Middle Eastern and South Asian diaspora of scholars, and decoloniality from the South American diaspora of scholars. Building on the postcolonial articulation of otherness and subalternity, concepts which manifest the experiences of colonized persons, decoloniality underscores that colonial epistemologies are maintained by systems and structures of knowledge production (Chaouni et al. 2021). That knowledge production itself needs to be decolonized in order to successfully center heretofore unheard voices of the subaltern, is a primary goal of postcolonial theory (Chaouni et al. 2021).

Chaouni et al. (2021) move the discussion beyond an exploration of terms, suggesting an application in gerontology research. Specifically, they state that the production of knowledge about older adults needs to take patterns of power and privilege into account as it explores aging in the contemporary context (Chaouni et al. 2021). They introduce a decolonial framework for gerontological research that culminates in four calls to action. Call to Action #1 provides the foundation of the framework:

Call to Action 1: Decolonizing the mind-frame of (gerontological) research

For gerontology, as in other fields, decolonizing the mind-frame of knowledge entails being aware of the coloniality of knowledge and finding ways to resist the invisible influences of “colonial thinking” on epistemology. These measures will advance a more holistic epistemology that offers space for other forms of knowledge production (Chaouni et al. 2021: 9).

Calls to Action #2 and #3 offer guidelines on how to begin to achieve the goals of the framework. These are:

Call to Action 2: Decolonizing minds and actions of (gerontological) researchers

As a researcher, one must be a humble actor in the research relationship, such that the goal, the approach, and the results are co-defined by the engaged community (in this

case, older ethnic minorities) and are not harmful to their situation (Chalmers 2017; Datta 2018). According to Chalmers (2017), the researcher becomes an “ally” to these silenced voices but does not speak on their behalf. [...]. Researchers should always be careful about the remnants of power imbalances in such research relationships: as long as one person is a “researcher” and another a “participant,” power imbalances, as well as ethical complications, will continue to exist (Chalmers 2017), even when the established agency of the participant (Zubair & Victor 2015) has been taken into consideration [...] Decoloniality considers a “participant” not as “participant” but as a “knower” (Fadil 2019) [...]. Equally important in this process is a critical examination of one’s own position as a researcher and how this position manifests itself in relation to the “research population.” [...] This aligns with the suggestion about incorporating “reflexivity” into gerontological research on ethnicity and old age [...]. In doing so decolonial scholars emphasize that we are operating in a context that is influenced by invisible colonial mechanisms and that this leads us to reproduce (usually unconsciously and without negative intention) colonial frameworks (Chalmers 2017). Understanding the invisible mechanisms behind the reproduction of these frameworks (Grosfoguel 2013) allows researchers to become more aware of their own biases and to critically examine his or her own (Chaouni et al. 2021: 9-10).

Call to Action #3: Epistemic disobedience

This third call to action makes us aware that in order to centralize marginalized voices as “knower,” other ways are needed to generate, analyze, and publish knowledge; it also calls us to “epistemic disobedience.” This can be inspiring as a way to fulfill the need for other methodologies by which to broaden our thinking concerning scholarship at the intersection of old age and ethnicity [...]. Decolonial perspectives highlight that the way we write is not neutral (Chaouni et al. 2021: 13).

Call to Action #4 extends the reach of decolonial research practice. Chaouni et al. (2021) posit that evolutions in the gerontological research mind frame and processes, including the dissemination of knowledge, are key to achieving the over-arching goal of decolonizing scientific structures and systems.

Call to Action #4: Decolonize the scientific structures and systems

This fourth insight makes us aware that, like place, the structures and systems of knowledge production are not neutral, and calls us to decolonize them. Gerontological research about the intersection of aging and ethnicity should, therefore, resist the restrictions imposed by the dominant knowledge institutions, in particular by encouraging us to conduct research beyond the physical and psychological walls of academia (Gove et al. 2019; Zubair & Victor 2015) (Chaouni et al. 2021: 14).

Decolonial Research Practice: A Case Study in the Context of Care(ing) and Age(ing)

What follows is a critical assessment of the work we did and the first article we wrote, and our individual perspectives on our decolonial research practices. This section begins with an overview of our first article, which we provide by replicating the methods section. Next, we review our work through the lens of Chaouni et al.'s (2021) article, focusing on Calls to Action #2 and #3. The section concludes with individual personal reflections. The methodology section of our first article, "Ecological theory in the context of super-diversity and globalized ageing" (McGovern et al. 20024), is included here in its entirety. We recognize that including such a long extract is unorthodox. However, we argue that the description of our processes as well as the representation of our methodology are essential to deepening an understanding of our research practices' successes and shortcomings, providing necessary framing content.

Methodology

For this qualitative study, data collection consisted of individual and focus group interviews that were conducted in-person in England and Sweden, and over zoom, over the course of 3 months by the authors. The settings share certain realities: an increasing number of immigrants from a wide range of places of origin, lower social-economic status as compared to other cities in the regions, high rates of advanced age-related chronic illnesses, including dementia, and diversifying health care professionals. All of the community-based partners in knowledge production (participants and scholars) are members of the health professions, serving persons affected by dementia. Individual and focus group interviews lasted under 2 hours and occurred once with each participant or group of participants. Protocols for the protection of participants were adhered to and the project received Institutional Review Board approval. Names of individuals and organizations have been removed or changed to protect confidentiality. Of the 10 community-based participants, 50% were native-born White, and 50% identified as Black, African British, British Caribbean, and African Swedish. The authors decided to not provide more specific demographic data or name agencies where participants work in order to further

protect confidentiality since participants work and live in tightknit communities where they might be recognized. Participants were informed of the possibility of their experiences being shared widely in presentations and publications. Oral consent was recorded.

Six main questions and prompts guided the recorded interviews, but interviews were intentionally conversational. Prompts included: please describe your work; please describe the community and context in which you do this work; how can your community and place of work contribute to quality of life for persons affected by dementia going forward? The interviews were recorded, transcribed and analyzed following standards of rigor and trustworthiness established in social work qualitative research (Padgett & Henwood 2009). The authors engaged in member checking, maintained an audit trail, participated in peer de-briefing, and practiced reflexivity.

Data analysis followed guidelines of thematic analysis (Braun & Clarke 2006). The iterative process consisted of developing an understanding of interview content; articulating codes that were combined into themes; and determining the significance of themes based on review with peers (Braun & Clarke 2006).

The study design was fairly mainstream in a post-Covid world and its description met the journal's expectations and industry standards. However, keeping Call to Action #2 in mind, several failures to decolonize the production of knowledge are readily apparent. Not only were participants not named as co-authors but also they were considered to be "participants" rather than "knowers." A colonial hierarchy of knowledge production based on credentialing was in effect. Moreover, we spoke to persons in care roles rather than to the persons needing care. While this choice reflected time and financial constraints, the outcome nonetheless relegated some of the most invisible and most unheard to more absence from the research process. Their experiences were told in the findings of our article essentially at third hand.

That said, our commitment to centering new voices at the intersection of care(ing), age(ing) and changing demographics in communities impacted by population movement and advancing age guided our work. In large part, we were successful in highlighting a range of underexplored experiences by using direct quotes that suggested the need for deepening understanding of care(ing) and age(ing) from a variety of perspectives. The third theme in the article's findings section, *"I Wasn't Sure*

It Was Really About Me”: Decolonizing Care, tackled the intersection of race, class, gender, care(ing) and age(ing) in the knowers’ (referred to as “participants” in the article) own words:

We’re just not a homogeneous group and when you drill down into the fact that sub-Saharan Africans, Arab Africans, Caribbean people are not homogeneous, it becomes really tricky...I can’t say Indian community. Because that has Muslims, that has Punjabi Sikh, and that has Gujarati Hindus. It’s too broad. We need to narrow it down.... These are colonial perceptions and labels that persist. (Nala)

A lot of investment and research has gone into understanding dementia, developing dementia care, and clinical research, but it has really been about one population group. (Nala)

Members of Black communities would not seek home care support because of the injustices experienced by local Black communities nationally... and so there’s fears about being over-medicated in care homes as a way to control Black people, as a form of control and racism. (Bina)

Some of them [native-born White Swedish clients] had maids... They thought these workers [home aides] were the maids... The education is to prepare the worker but also the client. They both come with a cultural difference. And even a class difference. (Birgit)

And if there’s that feeling of respect, and care, genuinely caring for someone is what matters. It’s not language or looks, that I’m younger, African, and he’s older and a White Swedish... (Zuri)

In calling for decolonizing care, we highlighted the need to diversify the workforce, to tap under-used resources such as community-based lay carers, to recognize a range of expert knowledge and skill to offset the status-laden need for credentials over traditional practices, and to develop new knowledge in new ways. These new ways would include future studies that would center the voices and experiences of those we referred to as “community-based practitioner participants” to deepen understanding of care(ing) and age(ing) at the intersection of changing demographics.

Despite our analysis bringing to the fore the dominant influence of majority culture on services and experiences routed in colonialism and racism, in hindsight we made some glaring mistakes. As Chaouni et al. (2021) emphasize, the pathway of decolonizing gerontological research is slow and arduous, requiring several steps.

Chaouni et al.'s (2021) Call to Action #3 suggests ways to impact the systems and structures of scientific production in order to better center voices heretofore unheard. Referring to epistemic disobedience, they call for challenging colonial expectations about who can write, whose experiences are worth writing about, and how experiences are written about. Chaouni et al. (2021) suggest that more than written word is required to describe a range of experiences. They call for expanding methodologies. Although we have all worked with visual methods precisely to increase inclusivity in research with older persons to whom words are no longer available, we are not artists. We cannot render the experiences of others through a different medium, but we can write about them differently. We attempted to do so in our first article and now are aiming to do more, as part of our own epistemic disobedience. We prompted each other to provide a personal reflection on our processes and the parts we played in the study we completed together based on Call to Action #2 and #3. What follows are first-person reflections. Keeping Chaouni et al. (2021) in mind, we reflect critically on our research and writing processes from a decolonial perspective. Each reflection is written by one of us, un-edited by the others. We gave each other free reign to interpret our "assignment" as we saw fit.

Reflection #1

I have not yet managed to decolonize my own research practices. For one thing, I still refer to "participants." Moreover, I have yet to include those to whom I have listened as co-authors, and my classrooms still reflect a Socratic approach to teaching and learning.

Nonetheless, my commitments have been to extending the reach of inclusivity for the entirety of my career. Specifically, I strive to grow the categories of intersectionality discourse beyond race and gender: the two factors that dominate decolonial dialog in American academic institutions. I have piped up more than once to include age as a pivotal vector of human experience in meetings about Diversity, Equity and Inclusion (DEI) initiatives at my institution, in my classes, and in my research practice. However, it was not until 2024 that age was added as a category to Diversity, Equity and Inclusion training offered by the Social Work Department for the larger community of Lehman College.

Increasing age-inclusivity in research, education, and care has been foundational to my career and my core beliefs. My exploring the impact of privilege and power on age through the lens of class and colonization may harken back to my status as a third-culture-individual with roots in Ireland and France, but currently living in the US. Evidence suggests that persons who spend a significant amount of time in countries other than both their parents' home countries and their own, and then repatriate, bring a different perspective to bear on cultural perception and identity formation, than those who do not experience living elsewhere than their or their parents' place of origin (i.e. Walters & Auton-Cuff 2009). I mention this because anti-colonial, decolonial, and post-colonial discourse seems more active in Europe than in the US, in my experience. This is a merely anecdotal finding, one based on my experiences of sometimes feeling out of step with colleagues who frame resistance to systems and structures of privilege in the US in different terms, specifically, anti-racism.

Qualitative research has provided me a sense of professional belonging. As a qualitative researcher, I have been trained in methods that, while not always referred to as decolonial, anti-colonial, postcolonial or even intersectional, nonetheless echo some similar theoretical premises. For example, qualitative research approaches value participant expertise over that of the researcher. Qualitative research methods are aligned with decolonial methods in other ways as well. There is nothing to be proved or disproved in qualitative research, no pre-conceived idea about someone else's experience to be examined or tested or evaluated. Instead, with interviews and observations, the two most common tools of qualitative data collection, a deeper understanding of someone else's lived experience is elicited. It puts the researcher in the position of learner. The participant imparts what is important and worthy of study, and power dynamics shift as a result. I remember once being challenged in a focus group by a member who interrogated me on my motives for conducting the research in the first place. I was fortunate to gain that member's trust. Without it, the project might have come to an end as I was powerless to move it forward on my own.

In my experience, trust is a key factor in decolonizing knowledge production because research comes with so much baggage. The history of scientific abuses is long and well known. Their legacy continues to inform

current knowledge production, even when the project is suffused with good intentions. To paraphrase Chaouni et al. (2021), the mechanisms and loci of knowledge production are not without prejudice. Trust, however, can go a long way in offsetting power dynamics. In our collaboration, I benefitted from the trust my co-authors had cultivated over time with the persons to whom I was introduced, and with whom I conducted interviews. The trust was essential to developing a positive environment for personal conversations about sensitive topics (i.e. care, class, migration, race, gender) with persons whose voices were not always invited to be heard. An introduction from a trusted person and my position of genuine humility contributed to the trust that developed between the persons I interviewed and myself. As an outsider – to both the UK and Sweden, and to the experiences and knowledge of the study participants – it was easy for me to adopt the “not knowing” standpoint so key to social work research and practice (Dore 2018). It was honest.

I believe that our research project challenged the colonial norms of knowledge production in several ways. We centered under-represented voices; we created genuine bonds between researcher and participant that challenged traditional power dynamics of research endeavors; and we are now disseminating findings in creative ways by allowing our subjectivities to enter the discourse and by writing in the first person. We are breaking through the fourth wall by collapsing the space between us and them, researcher and knower, scholar and practitioner. These are steps on the path to developing a more profound understanding of the intersection of aging and other experiences heretofore governed, and limited by, by the dynamics of power and privilege. But we have not yet arrived at our destination.

Reflection #2

Coming from a medical paradigm and my early experiences working in a psycho-geriatric ward, I can reflect as a clinical nurse and dementia scholar on the evolving ways people living with dementia have been – and still are – represented in research and the media. They are often seen as subaltern, as a person, or as a citizen (Gilmour & Brannelly 2010). Over time, my own perspective has shifted as well. In my training, I focused on describing symptoms in people with suspected or diagnosed dementia and

administering cognitive tests during dementia drug follow-ups became routine. Like many healthcare professionals, I had a distinctly illness-focused view of the patient (or person).

During my PhD project, where I interviewed people living with dementia, I frequently encountered questions rooted in a biomedical narrative, such as, "How can you interview them?"

They don't tell you the truth." At that time in Sweden, people with dementia were largely positioned as "subaltern and voiceless" (Gilmour & Brannelly 2010: 241) – a narrative that, unfortunately, still persists at times. However, including people living with dementia in the research process has provided their perspective, showing that the benefits of participation often far outweigh the risks (beneficence vs. non-maleficence).

This background may partly explain why, at the start of my research career, I considered it important to monitor cognitive function alongside the social and psychological experiences of the study participants' daily lives. Over the course of this "research journey," I have gradually developed a more holistic approach, one that seeks to understand lived experiences. As a result, "personhood" and "person-centered" care have become central to my work, marking a shift from a biomedical/cognitive model of dementia to a more subjective and experiential one. My main reflection in relation to this article is that we, as scholars, sometimes draw a sharp distinction between the biomedical and social paradigms – we dichotomize the narratives. This may obscure more than it clarifies, as different paradigms bring different biases or understandings of dementia. From my biomedical background, I recognize that there are many types of dementia, each with a range of etiologies, which leads to a multitude of experiences and symptoms across different diagnoses. In other narratives, dementia may be treated as a singular entity, with the focus placed more on the person and their lived experience. Neither perspective is more valuable than the other. However, when we add the complexity of super-diversity and global aging to the research agenda, the complexity multiplies. As a dementia researcher, I've become more humble in the face of these complexities, and they have sparked my curiosity to broaden the discussion from a local (Swedish) to a global – or "glocal" – level.

Reflection #3

One of my tangible roles in our project was to connect Justine with people in the UK who could comment in an informed way on their experiences in facilitating dementia friendly communities in areas of ethnic diversity. This involved me using the networks I have developed over the years with service providers and reaching out to ask if they would be willing to meet Justine and talk with her. Reflecting on this, I am struck by several aspects, including that I linked Justine not with aging migrants from minoritized communities but with service organizers and providers; also that as someone from the majority group, I wonder if I was using the power inherent in my position to persuade people to take part; additionally, I joined my collaborators in interpreting what participants said but did not suggest the participants themselves join as part of the analysis team.

Thinking about why we acted as we did has fostered reflections on some significant incidents that molded my understanding of the world of academic research. Early in my research career I wrote up a study for publication. I had conceived the study, gathered and analyzed the data and written the draft. In my naivety I had not realized that several other people, with more senior positions than me, felt they should be co-authors. This was my first encounter with the realities of the world of academia, where researchers need to proclaim their success in funding and produce publications in high ranked journals to have kudos and recognition.

A decade or so later, I was in a senior lecturer position at a highly ranked university, directing a clinical psychology doctorate. The Head of School viewed my teaching role as insignificant and instead placed emphasis on my need to gather research data swiftly and publish. I was warned against using time consuming qualitative methods and advised to do something quick and dirty.

I did, however, continue with qualitative methodologies and, at one point, collaborated with some colleagues and some older people to understand more about the process of discharge from hospitals. The older people, who had experience of being discharged themselves, were the ones who collected the data. But, the university sponsoring the research could not find a way to accommodate this. It had to be organized via a third sector charitable body that had flexible enough systems to recognize that lay people could contribute to research.

More recently, I was quite close to someone with dementia who was keen for others to know about her experiences of employment following her diagnosis. She spoke in depth with a skilled researcher and, with the approval of the individual with dementia, the researcher wrote up an article. But, the ethics committee would not give permission for the person with dementia to be named in the article, as it was claimed she was vulnerable. The ethics committee thought they were protecting her but she felt discounted and disrespected.

These anecdotes highlight the forces that drive the systems and maintain the hierarchy of modern academia. We are inculcated into focusing on how to extract data from “subjects” and turn them into novel findings. It often feels that there is little space for values-based, power-sharing or co-productive enterprises. When we try to give more power to those who want their experiences to be heard, systems have their own inflexibility, which is hard to tackle.

My own research interests stem from the work I used to do as a clinical psychologist with older people. I became interested in how individuals and their families coped with various adversities and how this varied from one family to another. A major and interesting influence was ethnicity. I have had to question my motives in wanting to research this area. Is it any more legitimate for me, as a woman from the majority culture in my country, to gather, analyze and publish material about the experiences of people from minoritized ethnicities, than it was for that ethics committee to disenfranchise someone with dementia?

How else might I have acted within the current project? My priority should perhaps have been to encourage older migrants to establish their own priorities for research. Then we could have offered ways of using our academic knowledge to assist in developing a project to address one of the priority areas. We could have sought out a researcher from one of the communities in question, so that academic input could have come from within as well as outside the minoritized ethnic communities. We could have worked more closely in co-production throughout. While we did not work in this way, it is becoming more possible. Building trusting alliances and communities with shared determination to produce knowledge differently will help.

Intersectionality in Action

We initially heard the call for submissions for this special issue of IJAL as an opportunity to deepen our understanding of intersectionality in the context of our recent exploration of care(ing) and age(ing) and persons affected by dementia in urban environments facing diversification and population aging concurrently. However, our reading, conferencing and drafting led us down a different path. Eventually, we agreed to assess our own work in terms of its contributions, or lack thereof, to decolonizing the processes of knowledge production, what we have come to think of as intersectionality in action.

To this end, we subjected a previous study's culminating article, which we co-authored, to a test. That article aimed to bring the values and perspectives of intersectionality and decolonial scholarship to bear on a qualitative study exploring community-based dementia care practices in diversifying urban environments. The test emerged from our reading of Chaouni et al.'s (2021) article calling for more vigorous engagement with decolonizing research practices in gerontology. The Chaouni et al. (2021) article articulates insights on the current status of gerontology research and identifies next steps in achieving more equitable knowledge production based on decolonial practice and values. Our test focused on two Calls for Action articulated in the Chaouni article (2021), *Decolonizing minds and actions of (gerontological) researchers*, and *Epistemic disobedience*, and had as its main goals Calls to Action 1, *Decolonizing the mind frame of (gerontological) knowledge* and Call to Action #4, to *Decolonize the scientific structures and systems*.

When we put our article to the test, we discovered some strengths and some areas in need of improvement where decolonized research practice was concerned. Our methods did center under-represented voices of community-based care practitioners in diversifying cities of northern England and Sweden. Findings highlighted the need for decolonizing care by tapping under-used resources such as community-based lay carers otherwise overlooked by care systems more interested in credentialing and formal healthcare education; valuing a range of approaches to care to move beyond the medicalization of healing; and diversifying the workforce to better reflect the demographics of communities in need. In the article's conclusion, we called for more research from new perspectives that would continue to forefront diverse experiences, knowledge and practices.

Moreover, the article included a positionality statement on co-authoring, an early exemplar of epistemic disobedience, a component of decolonized knowledge building, that we arrived at on our own, having never heard the term before. While positionality and reflexivity statements are no longer groundbreaking, we crafted ours in what seemed to us to be somewhat innovative in that we encouraged each author to contribute in her own voice. Chaouni et al. (2021) gave us the language to better understand our own words.

We are pursuing our version of epistemic disobedience in this current article in several ways. One way consists of delving deeper into reflexivity. The three reflections included here are again un-edited. We each wrote in our own voice, following a prompt to reflect on our collective research process and the Calls to Action. Reminiscences and theorizing combine to paint a portrait of long-term researchers collaborating on a new endeavor: trying to understand personal practices and perspectives to challenge traditional scientific structures and systems of knowledge production. Our epistemic disobedience extended beyond the reflections. Neither quoting one's own prose at length, nor critically reviewing one's own work, are traditional to knowledge building in the social sciences.

Reaching for Humanistic Understanding

Results, of the test we subjected the article and our processes to, yielded many shortcomings. They stem from our own lack of preparedness where participating in the decolonizing processes of research practice are concerned. Learning about new ways to engage with knowledge production is one thing; actually practicing new ways of knowledge production is something else. While we were eager to uncover new knowledge, we contented ourselves with conventional qualitative research methods. In and of themselves, qualitative methods such as interviews extend the reach of knowledge production, but they do not necessarily challenge power and privilege systems and structures. We fell short in other ways, as well. Perhaps most egregious, our commitment to the co-production of knowledge revealed itself to be quite shallow. We assigned limited roles to our co-producers who shared experiences, expertise and critical assessments with us, but whom we did not include as co-authors.

Last but not least, the irony is not lost on us that this attempt to critically assess our own role in the production of gerontology knowledge from a decolonial perspective again centers us – credentialed researchers, members of racial and ethnic majority groups, and while women, nonetheless members of the privileged club of knowledge producers. Having put our work to the test, we hope to deepen our decolonial practice going forward, as there is much to be gained from the approach. Specifically, heightened engagement with reflexivity in research practices can promote greater awareness about the impact of the researcher role in generating new knowledge and contribute to offsetting this impact. Moreover, when intersectionality is put into action as decolonized gerontology, consequences extend beyond research to practice. In particular, contributions from citizen scientists not only provide detailed descriptions of lived experiences but can also identify needs, articulate research questions, and guide data analysis to generate meaningful and innovative solutions to complex problems specific to lived experiences. Listening to under-represented voices can lead to new ways of meeting the wide-ranging needs of the growing numbers of older adults and carers.

We encourage other researchers to closely interrogate their own processes, as we did. The experience is humbling as blurring lines can be de-stabilizing. However, it can ultimately contribute to more equitable research processes and practice that better meet needs of those on the margins of systems and structures of power and privilege, be they older adults, carers, or others.

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