

Feminist economics and queer aging: exploring caring labor through LGBTQI narratives in older ages

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Abstract

This article explores queer aging through the lens of the feminist economics concept of caring labor and links it with biopolitical considerations regarding older LGBTQI people and their need for long-term residential care. The analysis is anchored in theory and draws upon data from qualitative interviews conducted with older LGBTQI persons in Austria. In terms of care demands, this article examines the historical legal contexts for older queer people and their accumulation of financial and social capital over the life course; in terms of supply, this paper considers the queer gender performances of care workers within the global organization of care provision as part of neoliberal governmentality. The analysis is framed by community structures and socioeconomic policy frameworks, which are key for understanding the interactions between care providers and recipients in long-term residential care. Such structures and frameworks include specific interpersonal affections and commitments, such as dynamics of romanticization, exploitation, and solidarity regarding strategies for addressing (in)visibility and connection. This article demonstrates the transformative potential of combining

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feminist economics analyses and queer aging theories for critiquing how current biopolitical regimes frame adult age care; it also advocates for alternatives in queer aging discourses.

Keywords: queer aging, feminist economics, caring labor, LGBTQI, Vienna

Introduction

This article seeks to explore the potential contributions of feminist economic theory to the current discourses of queer aging. It examines the practical implications of these insights for designing and implementing care services for older LGBTQI people in Vienna, Austria. It also explicitly includes interpersonal affections within the market logics of care scenarios, in addition to considering global exploitation processes and the specifics of the embodiment of care from a queer perspective. This approach enables the site of care to be considered as an institutional setting that is shaped by intersecting historical and geographical contexts, public policies and queer activism, and which is exemplified in negotiations of (in)visibility, endorsements, and desires in queer long-term residential care.

The first part of this article presents a feminist economics framework that seeks to link critical gerontology (including intersectionality, life course perspective, ageism, biopolitics...) with queer aging. Queer aging entails multiple aspects that have been discussed within different disciplines, albeit not prominently in feminist economics. In queer theory, queer aging is a collective term concerned with “queer identities in older ages” (Leontowitsch et al. 2024: 1) and highlights “how LGBTQI* identities, communities, and aging are structural categories of difference” (ibid.). In policy, queer aging contributes to “more differentiated images of aging” (ibid.) and is considered a “theoretical perspective that combines queer theory with critical gerontology to reveal and critique gerontology’s reliance on approaches rooted in heteronormativity, life course theory, and successful aging” (ibid.). Social science research concerned with aging LGBTQI people has often concentrated on socio-economic inequalities experienced by this group, along with the (material) provisions of long-term residential care for older adults (Turesky 2022).

Feminist economics has focused on the gendered, classed and racialized differences in care for older adults, for both the recipients as well as the day-to-day providers of such care. It has also evaluated public policy initiatives, social insurance and welfare programs, and private provisions for long-term residential care for older adults (Folbre et al. 2005) by connecting care recipients and care-givers in the analysis. In feminist economist Drucilla Barker's groundbreaking article "Queering the Paradox of Caring Labor" (2012) she links considerations for older adult care with queer theory.

The second part of the article brings together the theoretical analysis and empirical data. In 2021, in the planning stage of queer older age residential housing in the city of Vienna, Austria (with six rooms open since 2025), qualitative interviews were conducted with older LGBTQI people and their stakeholders. This theory-driven analysis revisits and re-codes the data from these qualitative interviews and organizes it according to four analytical aspects developed in Barker's work. This article has a detailed discussion of the findings and concludes with policy suggestions.

Methodology

The deductive structuring consists of categories developed in Barker's (2012) paper: "Queering the Paradox of Caring Labor." As a feminist economist, Barker's perspective on queer aging and critical gerontology is shaped by Nancy Folbre's "Invisible Heart" conception of caring labor (Folbre 2001), a model that differentiates between a "demand side" (older queer people as care recipients) and a "supply side" (their caregivers) while also considering their social ties within different institutional settings. Drawing on Michael Hardt and Antonio Negri's interpretation of Michel Foucault (Hardt & Negri 2000), Barker considers four aspects of older age care for adults. First, from a feminist economics perspective, she interprets this type of care as a "site for biopower" (Barker 2012: 581), which is suitable for conceptualizing older Austrian queer people as potential care receivers whose life courses have been shaped by illegalization, legal persecution and/or pathologization. Secondly, Barker links processes of global adult care provision within diverse contexts with services of identity performance in processes of

adult caregiving. Thirdly, Barker describes care work within the global organization of care provision as partly formulated through empire (although the various postcolonial contexts and systems of oppression need to be more explicitly considered), which is helpful for analyzing exploitative phenomena linked to heteronormativity and capitalism within the global care industry. Lastly, she highlights strategies of local queer resistance within and to older adult residential care.

In an effort to substantiate this theoretical grounding, this article utilizes empirical data from qualitative interviews with older queer persons and experts on queer aging in Vienna, Austria, and organizes it according to the four key aspects in Barker's paper. Discussed along the markings of romanticization, exploitation, and solidarity, this article considers these four key aspects, which are, in short: the care recipients and their institutional contexts; the caregivers with their intersectional identities, obligations, and support systems; the strategies of (in)visibility in queer older adult care; and the interactions between caregivers and care recipients.

A Feminist Economics Perspective on Older Adult Care and Queer Aging

Although neglected in mainstream economics, caring labor is the essence of any functioning economy. Feminist economists define caring labor in its broadest sense as "attending to the physical and emotional needs of others" (Barker & Feiner 2009: 41). Caring labor is typically considered a female activity performed within a geopolitical setting of a "transnational feminization of the labor force and the neoliberal policies associated with globalization," rendering it a "central concern in feminist economics" (Barker & Feiner 2009: 41). Most considerations of caring labor in feminist economics build on the early works by Susan Himmelweit, Julie Nelson and Nancy Folbre (see Barker & Feiner 2009), who have explained caring labor as structurally different from typical economic production and exchange technologies, since some of the motives are intrinsic, and prices (as costs and rewards) do not fully explain supply and demand (which Folbre describes as a paradox in economic theory (see Folbre 1995)). Caring labor also acknowledges the need for meaningful connection and collective interdependence, which decidedly breaks with neoliberal economics

and its implicit anthropologies that conceptualize economic agents as atomistic individuals without ties, and who maximize their own utility on free markets (see Grapard & Hewitson: 2011). In contrast to some feminist discourses that reinforce hierarchic binaries (by reiterating dualisms of feminine/masculine, public/private, market/nonmarket, selfishness/altruism), thereby reinscribing heteronormative scripts into the discourses of adult care as a private, individual, or family problem, this article “queers” binary and heteronormative interpretations of caring labor, thus strengthening its “critical edge for deconstructing neoclassical economic theory” (Barker & Feiner 2009: 42). Contrary to Adam Smith’s “Invisible Hand” (Rothschild 1994), generally read as symbolizing self-interest in a competitive market economy, Nancy Folbre introduces the metaphor of an “Invisible Heart” to describe caring labor as the pulse of society per se. She explains that caring includes a sense of responsibility, sustenance, wellbeing, and transformation:

The invisible heart is a metaphor for the interpersonal affections and commitments that bind society. (Folbre, online, n.a.)

Folbre has been advocating for feminist economics to “develop systems of economic organization that successfully balance individual freedom with social obligation and environmental sustainability” (Folbre, online, n.a.) and for economists to function as “engineers of the utopian [...] alternative economic systems” (Folbre 2005, n.a.). Drucilla Barker extends Nancy Folbre’s notion of the “Invisible Heart” by “queering the paradox of caring labor” (Barker 2012), which creates openings to the resistance inherent within the concept of Empire.

Aspect 1. Barker expands the feminist economics perspective by applying the Foucauldian logics of biopower¹ as discussed in Hardt and

¹Barker, in line with Foucault, reads the concept of biopower as encompassing both the disciplines of the body and the regulations of the population. She sees biopower as “embodied in institutions like the World Bank, the International Monetary Fund, and political regimes regulating the flows of capital and people” (Barker 2012, 580–581) and manifested, for instance, in debt repayment or migration of workers to global production sites as well as for private sector care work. “Biopower is embodied in heteronormative cultural inscriptions of ideal citizens, families, and workers. Enforced by regulatory practices of the state and internalized by subjects, these constitute sites of social hierarchies and exclusions” (Barker 2012: 581).

Negri's "Empire" (2000) to explain the global injustices created in the processes of older adult care. Michel Foucault's (1978/79 [2008]) concept of biopolitics refers to a form of governmentality that exerts biopower to administrate, regulate, and control life and entire populations. It aims to ensure and sustain capitalist production by focusing on the governance of all "life" in areas like health, sexuality, and reproduction. Foucault emphasizes that modern power structures have shifted from merely controlling individual actions to managing entire populations as biological entities and life itself. From a queer perspective, examples of biopolitics are governments' failure to respond to the needs of gay men during the AIDS crisis of the 1980s; or police surveillance systems integral to eras of criminalization (in Austria so-called "homo-registers" until 2004), reproduction control (e.g. forced sterilization for persons transitioning their gender in Germany until 2011). There are also micro-political forms of subjectivation, for instance, in the context of sanctioned representation and identification of LGBTQI persons within the Austrian system for granting asylum (Schweigler 2021), or modes of determining which types of queer aging are favored in neoliberal capitalism (Schönpflug 2025).

I follow Barker's feminist economics perspective on care and expand on it by linking it to the logics of biopolitics to account for the injustices in processes of older adult care for queer clients. I also corroborate Barker's interpretation with findings from the interviews with older LGBTQI people in Vienna and their stakeholders.

Aspect 2. Barker's theoretical discussion is inspired by two examples of institutional care provision delivered by care workers from the Philippines. The first is Tomer Heymann's 2006 documentary film "Paper Dolls," which elaborates on care provision for elderly orthodox Jewish men in Tel Aviv. That specific biopolitical regime connects religious needs, global economic inequality, cultural attitudes towards aging, special training, and the high resilience of the caregivers: the film shows the neoliberal market logic in which gay and transgender care workers from the Philippines move to Israel to perform women's work for elderly men who must not be touched by women. Outside their care work, the protagonists support each other in a performance group called *Paper Dolls* and perform drag shows in Tel Aviv's gay bars. While family members of the elderly men outsource the care work to highly professional staff of the sex approved

by religious rulings, the carers send remittances to their families back home as part of a system described as “global care chains” (Ehrenreich & Hochschild 2004; Yeates 2009). The identity of the care workers is shaped to not only fit the physically demanding work precisely, but the surrounding affective needs as well. Barker juxtaposes this example with a second documentary: “Chain of Love” (Meerman 2002) which describes a very different type of care workers – Filipina nannies – who perform the work while embodying virtuous, motherly, “clean, obedient, and trustworthy” attributes since they are needed to care for children (Barker 2012: 583), whereas queers and drag queens are not usually preferred as nannies. The care workers’ embodiment of specific gender identities provides an added service of “doing gender” or “providing gender” in the exact way that is demanded in the specific sites of service provision.

I confirm the crucial importance of identities in care work with observations from the interviews regarding the caregivers for queer long-term residential care in Vienna, Austria.

Aspect 3. Barker links the establishment of specific embodied gender identities in care provision with Hardt and Negri’s notion of “Empire,”² which they describe as a form of capitalist globalization combined with postmodern governance. Hardt and Negri view Empire as a form of global decentralized power that replaces nation-state imperialism through networked, borderless systems of control (e.g. global markets or digital infrastructures) and which exercises control through biopolitical production (e.g. cultural, social, and economic norms that shape human life itself) rather than merely through coercion (e.g. via media, education, or labor practices). Barker highlights their notion that at its very core Empire is manifested by care work. While caring labor performed in the home and also in workplaces is the essential prerequisite for capitalist production, it is framed “as a problem for individuals and families” (Barker 2012: 582). Within this process of discounting, privatizing, and invisibilizing, care work is “shaped and constrained by the biopower embodied in nation-states, global capital, and transnational

²“Empire is not a thing; rather, it is a concept that posits a regime with no territories or boundaries to limit its reign. It operates on all registers of the social order, and the object of its rule is the entirety of social life. It is ‘the paradigmatic form of biopower’” (Hardt & Negri 2000, xv cited in Barker 2012: 581).

organizations" (ibid.). This results in the global migration of care workers to respond to supply and demand in different locations and socio-cultural niches within a global care industry. Or, as Martin Manalansan puts it, care work can be regarded as a biopolitical production mode creating heteronormative settings while extracting services from feminized producers in global colonial practices founded on imperialist motives (Manalansan in Barker 2012: 586).

Hardt and Negri's conception of biopolitics also describes a space for resistance to biopower in the historical moment of passage from older forms of domination to Empire, when globalization processes offer new liberatory possibilities. The phenomenon of caring labor paradigmatically exemplifies this, because it is a practice in which the actual service contains key elements that escape the explicit remuneration in the exchange, such as intrinsic motivation or the added provision of a preferred gender typology. Hardt and Negri suggest that the fragmented global workforce, as a "multitude," could overcome Empire through grassroots solidarity and thereby escape its logic (Hardt & Negri 2000). (In utopian novels, queer global care workers are indeed sometimes imagined as leading such insurrections (see e.g. Lai 2018; Muñoz 2009)).

Regarding this third aspect, I discuss resistance to the dominant notion of care as an individual, family-matter arrangement, and to heteronormative practices within Empire that employ political strategies to render (elderly) queers (in)visible, and within adult residential care, based on the data provided by LGBTIQI persons in Vienna in the interviews.

Aspect 4. Here, Barker proceeds with the notion in Empire that discusses care work as a site of resistance to biopolitics (Barker 2012). The historical moment of passage to Empire shapes the emergence of new forms of resistance to biopower as new desires, subjectivities, and social forms (Hardt and Negri discussed in Barker 2012: 581). This is because care work is both "corporeal and affective in the sense that its products are intangible, a feeling of ease, well-being, satisfaction, excitement or passion" (ibid.), care work can also produce "social networks and collective subjectivities" (ibid.). As caring labor relies on "Invisible Hearts," (Folbre 2001 discussed in Barker 2012: 581) an "affective surplus" (ibid.) can be generated within social interactions and collaborations; and, because care labor is not situated outside of

capitalist social relations, it could be seen as an alternative to the processes of capitalist valorization.

Here, I finally address this aspect of Barker's analysis, as I proceed to highlight the importance of Folbre's Invisible Heart metaphor along with its focus on affections and interactions, which the Viennese interviews relay by expressing a desire for intergenerational connection.

A coherent integration of Drucilla Barker's four aspects of "Queering the Paradox of Caring Labor" with the interview findings reveals a set of parallel insights. The conceptualization of care as a form of biopower strongly resonates with the life course experiences of older LGBTQI interviewees in Vienna. The empirical findings underscore the significance of care workers' identity performances within diverse biopolitical contexts. Framing care as a possibly subversive phenomenon within Empire offers a useful lens for understanding the strategies of queer (in)visibility within older adult care institutions. Finally, a queered interpretation of the Invisible Heart metaphor highlights the political importance and relevance of the profound desire for interaction and connection, which was expressed repeatedly in the interviews.

The main section of the article (*Findings and Discussion*) describes the interweaving of the analysis inspired by Barker's work with data generated by the interviews with older LGBTQI people in Vienna.

Interviews with Older LGBTQI People in Vienna and their Stakeholders

In 2021, a research project funded by Vienna's Social Fund (Fond Soziales Wien or FSW) explored the following predetermined research questions. Do older LGBTQI individuals have special care needs? Is there a need for LGBTQI older age community housing in Vienna; and, in extension, is such a project likely to be accepted by LGBTQI individuals? Which conditions would constitute appropriate care for LGBTQI people in older age? What factors are critical for success when implementing such community housing in Vienna? How do these results compare with the findings from a previous 2014 survey? Viktoria Eberhardt and I conducted twelve interviews with 13 LGBTQI persons between the ages of 59 and 84, with maximum variance in diversity characteristics (sex, gender, race, and class), as well as seven interviews with queer experts on LGBTQI aging concerning the need

for older age shared-housing in Vienna for LGBTQI populations.³ First, we asked them about their previous and current situatedness within Vienna's queer community, their history of (preferred) housing arrangements, their social friendship and family networks, as well as their work history and financial standing, which also included the organization of current and future housing and current or potential care needs. Six of the interviewed individuals are women, of whom three are lesbian, three are queer or bi, and one is trans. Five individuals are men, of whom four are gay, one is queer, and one is trans. One person is intersex. One woman is Black, and two individuals have migration as part of their biography. Among the women, three report having such low income that it would be impossible or extremely difficult to live alone. Among the men, only one person reported that same difficulty. At least five of the individuals could rely on wealth or have inherited housing from family members. At least three of the men and three of the women have a university degree. Six individuals have not completed a degree. At least five individuals work(ed) in the social or education sector. All except one person have been involved in LGBTQI activism throughout their lives or still are. At least eight persons do not have children; two of the women have three children each. About two thirds of them (and not the oldest ones) are retired. The average age is 66 years. (Due to intersectionality, some people are counted more than once.) Among the six experts are three queer/lesbian women and three gay men, two of whom work in residential care administrations outside of Austria, one of whom works in queer anti-discrimination, one of whom works with FSW (Social Fund Vienna), one of whom works in residential care administration for older adults, and one is a professional care giver in mobile care provision and also has migration as part of his biography.

In a second set of questions, we asked the aging LGBTQI people about their ideas, wishes, desires, and fears of long-term residential care arrangements, and specifically concerning the city's plans for assisted cohabitational apartments. The interviews with the experts were based on different questions and focused on understanding the budgetary, socio-political, and historical context, the specific needs of older queer people and the capacities and gaps within care

³One interview included a couple; and one of the interviewed persons was interviewed twice: once as an expert and once as an individual interviewee.

provision by the Viennese municipality. There is a report in the German language that describes outcomes of the interviews in great detail (see Schönplflug & Eberhardt 2021). Here is a summary of the issues:

- Visibility in older age, even within an older-age living community, is particularly important for activists and those who had always lived as openly queer. For some, visibility had been a liberating step toward openly living their identity only in later years. Concerns about safety are uncommon, but trans individuals feel excluded by “lesbian and gay” labels or avoided visibility in order to pass in mainstream society.
- Nursing staff competencies, including social skills, intersectional and queer knowledge, and professional expertise, are deemed crucial. Training programs in Austria are recommended to address LGBTQI older-age care needs.
- Discrimination is found to affect both LGBTQI nursing staff and clients. Older LGBTQIs express a desire to avoid constantly explaining themselves, particularly in private spaces like bedrooms or when receiving care. Past experiences of discrimination heighten their concerns.
- Financial dependency and fears of losing independence are significant, particularly among those with fragile social safety nets.
- Shared older age housing is valued as a means to foster queer social connections and practical benefits like shared care assistants. Many prefer and consider intergenerational housing invigorating, as it enables them to exchange experiences with younger LGBTQIs. Living preferences vary, with a strong emphasis on not being “the only one.” Many are open to living with queer-friendly cis-hetero people, though cohabitation with cis-hetero men is less desirable. Some lesbian women prefer women-only settings, while gay men are not drawn to men-only environments.
- When considered as a target group for care projects, they desire an intersectional and inclusive basis regarding socioeconomic backgrounds and migration biographies. There is an emphasis on ensuring that residency is inclusive of people across different communities.

- Private spaces, such as standalone apartments with private bathrooms and shared kitchens, are highly valued. Accessibility and shared interests, like cooking or meaningful conversations, are seen as vital for fostering community.
- For LGBTQI retirees, family dynamics often differ from those of their cis-hetero peers. In order to reflect these relationships, flexible definitions of “relatives,” such as chosen families and close friendships, are crucial within care settings. For some older people it is important to keep non-human companions (pets) within an institutional setting.
- While a dedicated LGBTQI retirement home is considered an ambitious project for Vienna, linking older age housing to other queer or feminist projects could be a means of creating diverse infrastructures and community spaces. Ultimately, what exactly a LGBTQI older age living project in Vienna could look like remains unanswered.

For the purposes of this article, the interviewees’ responses are re-framed and organized in categories deductively derived from the feminist economics queer-care considerations. Therefore, this article should be regarded as a theory-guided analysis and reinterpretation of this data. Had the interviews been conducted after the establishment of this specific theoretical framing, the questions might have been adapted to fit this precise arrangement better.

Findings and Discussion

Aspect 1

Older queers and Austria’s regime of morality

Following Drucilla Barker’s first consideration (queering the feminist economics perspective on older adult care by utilizing the Foucauldian logic of biopolitics discussed in *Empire*), I began embedding older Austrian LGBTQI people and their needs within a historical perspective, which is essential for researching queer aging (see Santos 2021). Only in June 2024, the Austrian Minister of Justice Alma Zadić commissioned the first ever comprehensive study on the persecution and discrimination of LGBTQI persons in Austria (Qwien 2024). This study highlights some significant and unsettling facts that set Austria apart from most European countries:

The Austrian “Regime of Morality” (Qwien 2024: 4, author’s translation) distinguishes Austria from most countries, as both gay men and lesbian women were persecuted and punished for their homosexuality. In addition, there was a declared focus to track down uneducated queer workers and queer civil servants, not only during the Nazi regime, but after 1945 as well (Qwien 2024: 18). The Austrian state was exceptionally diligent when it came to arresting and convicting homosexuals before, during, and after the Nazi era; across those eras, more people were persecuted and more harshly sentenced than in any other European country. Until 1971, “unnatural fornication with persons of the same sex” (ibid.) was punishable by incarceration. Also, until 1971, academic and professional titles and even driving licenses were revoked. Until 2015, all such sentences were recorded and kept in an individual’s criminal record. The AIDS crisis reached Austria in 1983, when the first official cases were recorded (see Kirnbauer 2023: 15); until mid 1989, a total of 324 cases were recorded, with 145 deaths (see Kunz & Heinz 1990). Coincidentally, until 1995, gay victims of the Nazi regime were denied compensation, pensions for their time as prisoners, social and financial support, or even the recognition as concentration camp survivors (Wahl 2004: 84). The harsh and frequent persecutions of lesbians and gays until 1971, the ongoing criminalization during the 1980s and 1990s, with police records remaining active until the 2000s (allegedly to prevent the spread of HIV/AIDS), the long refusal to grant victims compensation, the absence of apologies and commemoration partially existed simultaneously with the fireworks of granting new civil rights since the 2010s (e.g. same sex marriage in 2019). In 2023, 52 years after homosexuality was legalized, a law was passed that granted rehabilitation and (minimal) monetary compensation for those convicted between 1945 and 1971.

These events impact the life course experiences of older queer Austrians, and are significant determining factors of their socio-economic, mental, and physical health. This historical context additionally affects their personal opinions on institutionalized care as expressed by an Austrian expert (see Schönplflug 2026):

Until 1971, homosexuality was punished with up to five years of severe imprisonment ... restrictions on daylight, limited contact with others, restricted food (bread and water), and additional movement restrictions such as leg irons. That was just 50 years ago, meaning these were people who could still be part of today’s workforce. Many

lived in hiding. Perhaps they've built a chosen family. [...] Many factors contribute to LGBTQIs people viewing themselves differently in old age. As they grow older, they face multiple dependencies: aging, queerness, and struggling to navigate life as they once did. There's a fear they might be treated differently - or worse - because of their queerness. (2021, queer woman, author's translation)

This context is crucial for discussing LGBTQI people's demand for, and trust in, care services. The desire for autonomy is often romanticized as part of "successful aging" (Sandberg & Marshall 2017), rather than strategies of precaution and survival in a society shaped by a history of persecution and structural discrimination, with a current economic context of increasing precarity regarding publicly funded care. One of the interviewed gay men remarks on this independence:

Lesbians and gay men, especially men, are certainly used to being independent. Those who have always solely been in charge of the household are more likely to be independent of care needs [...] Gay men can do their own ironing and cooking. Therefore, gays are certainly willing to stay within their own four walls for longer, until they need care. [...] They have learned to live alone. (2021, gay man, 64, author's translation)

Contrary to this statement, when asked how he is doing, another gay man interviewee (aged 68) - who had lived in queer community projects most of his life and now rents an apartment on his own - expresses a mix of physical, mental, and financial concerns. He complains of pains in his back, especially in the morning. He continues by telling us that he has also been having "suicidal thoughts" regularly, which "slowly disappear as the day goes on." He adds that it "makes him sad and grumpy" that he has to do everything (all the household chores) himself; and that he doesn't have enough money to go out to eat.

All four of the gay men interviewed live alone without partners. One has been single for 25 years and has enjoyed living alone for so long. He expresses some discomfort with our interview questions. He states, "I've put off thinking about aging; it's difficult to picture." He knows only "a few people who got *too* old," who "also had made few plans for this stage in life" (2021, gay man, 62, author's translation, own emphasis). The interviewed gay caregiver reports that, in his experience, "many gay men completely withdraw in old age" (2021, gay man, 44, author's translation).

Data from the Multicenter AIDS Cohort Study (MACS 2025) in the United States shows that thousands of gay men who experienced the AIDS pandemic in the 1980s and 1990s suffer from AIDS Survivor Syndrome (Fawcett 2018), which describes a set of physical, psychological, and emotional symptoms affecting individuals, whether HIV-negative or positive, who endured intense grief and trauma during the AIDS epidemic. Symptoms may include depression, uncertainty about the future, suicidal thoughts, panic related to aging, social isolation, survivor's guilt, and material factors – for instance, not having made retirement provisions (Abif 2020).

There is little awareness of the impact of AIDS survivor syndrome in Austria, and there are no psycho-social care provisions for these survivors, who are – once again – willing to fend for themselves, which is also reflected in the lack of public awareness and assistance. Since 2025 there is some discussion about providing for LGBTQI people's needs in older ages, but there are also no plans for publicly or community-led long-term residential care institutions for older queer people yet (with only six rooms in Vienna since 2025; see the next section on “planning care provisions”). One of the lesbians interviewed states that on an individual level:

[...] The main reason for living [a certain] way in old age is because it is affordable. (2021, lesbian woman, 62, author's translation).

While nearly half of the interviewees inherited housing from their parents, one of the interviewed stakeholders explains the impact of low incomes throughout one's life for later in life, and the possibilities for long-term residential care for older adults that would not match them:

A lot of people think of Golden Girls as a very elitist scheme.⁴ Few can afford it. The average gay doesn't earn enough. Many people barely have even the minimum. Many spend their entire lives going from one job to the next, with long breaks in between, partly due to discrimination. That has a detrimental effect on pensions. (2021, gay man, 50, author's translation)

⁴The 1980s US-American sitcom “Golden Girls” is a euphemistic vision of communal aging that describes the lives of four older women living together in a shared house, thoroughly enjoying their “golden years” that are filled with fun, affairs and friendship.

This leaves the very likely possibility of placement in a regular public care home. Hence, all the interviewed individuals worry about the conditions in the regular institutions and are concerned about being treated well. A trans man says:

I think people are officially tolerant at first glance. I say officially, because “we don’t discriminate these days, oh, that’s not a problem at all!” But when you actually interact as someone affected, you realize it’s not all that easy. (2021, trans man, 57, author’s translation)

Planning care provision for queer older age in Vienna

Long-term residential care for queer older adults is a new phenomenon for policymakers to be concerned with. The public context is central to a feminist economics analysis. Here, care is deconstructed as not being determined by individual needs and supply, but by social provisions funded by nation states, regions, or cities, including professional services and non-governmental organizations. Public policies, funding, and the organization of long-term residential care for LGBTQI older adults have evolved from the abovementioned historical contexts. They are also embedded in current regional, national, and global socio-economic political processes, which allocate public spending, institutional organization, political discourses, and decision making.

For the first time in history, as a group, LGBTQI people are reaching older age, not only in Europe, but in many parts of the world (see Sage 2023). Currently, one-fifth of Europe’s population is 60+ years old. Conservatively, 5% can be estimated to be LGBTQI, which amounts to 80,000 people in Austria, a large share of whom resides in the capital city of Vienna. In Vienna, the average age of admission into institutional long-term residential care for older adults is 81.6 for women and 80.4 for men (KWP 2020).⁵ 30% of public long-term residential care for older adults is funded by pension and other incomes; 70% is paid through national and regional public funds. The private share of the costs is based on pension incomes

⁵Life expectancies of queer people differ from those of heterosexuals. Trans and intersex persons have particularly shorter life expectancies. This is not well researched, a recent US study cites an age gap of 7 years for transgender persons in life expectancy (Feldman et al. 2022), when taking into consideration the murder rates of trans women in Latin America, their life expectancies are even lower. There is no data on the life expectancies of intersex persons.

plus care-need-allowances depending on the degree of care needed (FSW 2024) and can amount to a maximum of 80% of an older person's income. In 2022, there were 12,823 full-time equivalents of persons working for 48,347 care receivers in 24/7 home care, supported by mobile care and stationary long-term care for older adults for people mostly aged 60 plus, amounting to costs of 1.5 million euros in 2022 (Statistik Austria 2024). European economic forecasters regarded the financial sustainability of this system with concern (AWG 2024). The care provision in Vienna is managed by FSW (Social Fund Vienna) and performed by an array of partner institutions responsible for employing the care staff. Some of the partner organizations hold events for queer retirees and decorate Vienna's large municipal care homes with rainbow flags for pride month. There are no community-based organizations concerned with LGBTQI aging in Austria. The municipality's first communal queer older age living project, the "*Wohngemeinschaft Vielfalt*" (Volkshilfe Wien 2024), is dedicated to LGBTQI people with low incomes and opened in a newly erected complex in Vienna's city center in 2025. This shared apartment offers six people aged 60 plus accessible living spaces with care services. The 167m² unit includes small individual rooms (12 m² each), a large terrace, and communal areas, supporting independent and active living with a focus on services and social activities. The costs are estimated at 690 to 780 €, and include rent, energy, WIFI, cleaning of communal spaces, and personal care (Volkshilfe Wien 2025).

Drucilla Barker's framing of older age adult care for adult LGBTQI populations as biopolitics aligns well with the empirical findings of life course events and their effects as described in the interviews with older LGBTQI people in Vienna, as well as deduced from the information on institutional planning. Realistic expectations of a medium-run crisis in pension funding and/or care provision for the aging population in Austria, including ten thousands of queer retirees in the next decades, justify the concerns of the older LGBTQI people interviewed – as there will most likely be no "special" communal care on offer. Although older queer people in Austria have experienced severe structural injustices over their life course (personal as well as financial), adequate institutional older age care for them has neither been part of a public nor community discourse (contrary to Germany, see e.g. Arnolds 2019), and there is no apparent policy strategy in Vienna.

Aspect 2

The care-givers

Crucial for any care scenario are the caregivers, who provide these physically hard and emotionally demanding services. Neoliberal governmentality gives rise to a generation of objectified and specifically (gendered) embodiments in caregivers, which can provide an added value to the service for the customers, as Drucilla Barker's analysis of these two documentaries mentioned above has shown. Within mainstream institutions in Austria, queer caregivers may try to pass as heterosexual, considering the conservatism of the staff as well as many older cis-heterosexual residents. However, queer embodiments of identity may not necessarily be a bad thing for queer care institutions. It is very difficult to interest the general population in Vienna in working as caregivers for older adults, especially if they are male, white, Austrian, well-educated, and heterosexual; in 2016, only 13.5% of health care/home care/nurses were male (Gärtner et al., 2019). Specialized queer retirement homes or care settings could make it interesting for queer males as well as other genders to work in long-term residential care for older adults. Today, the number of queer carers is still low, "there are few lesbian or gay nursing staff," as the above-mentioned gay caregiver knows of, and no official data is available. There is also a research gap on the role and experiences of queer staff working in mainstream care (see Jakobsen et al. 2023), and on professional long-term residential care for older adults with queer carers working for queer clients. But queer staff is clearly preferred by the interviewed old people as well as the experts:

The staff should be queer themselves. Ideally, they'd also include older individuals, not just 20-year-olds, but rather people in their 50s; it's important that the caregivers have a connection to their generation. (2021, gay man, 50, author's translation)

The queer carers currently employed in regular homes might also prefer to work in queer settings due to the homophobia they experience at work themselves. In one example, the interviewed gay caregiver talks about a very old gay, HIV-positive man whom he met as a patient during his internship in surgery. He immediately recognized that this one patient was "a sister [a gay patient]."

The female nurses whispered, "If you go to him, double gloves! He has AIDS!" – But the patient also had cancer and hepatitis C; but the nurses were more afraid of HIV than of hepatitis C. (2021, gay man, 44, author's translation)

He continued to describe the interaction with the patient, as he decided to perform foot care on the old man, which he noticed had apparently been completely neglected for weeks. He identified himself as a gay nurse to the patient, who had been very surprised by the attention. He said to the patient: "We [gay men] have to help each other." On the last day of the internship, the patient praised him during rounds in front of his superior and his colleagues.

The older gay man experiences discrimination by the heterosexual care staff, who stigmatizes him for his HIV status, which led to neglect in his care. The gay caregiver feels uncomfortable in this situation; he verbalizes this by telling the patient, who first seems to be only involved as a victim in this interaction, that he sees him as an ally in this situation to turn to, rather than his nurse colleagues. This vulnerability of queer staff for discrimination by their colleagues could possibly be a motivation to seek employment in a queer care institution.

Discriminatory situations do not (only) arise due to ill intentions, but as the example also shows, due to inadequate training in working with HIV-positive and/or older LGBTQI persons (see AWO 2021). In addition to the need for queer staff, the older people also expressed staff training regarding specific needs as having a high priority, as has been corroborated in the literature as well (see Turesky 2022).

There's definitely a need for sensitivity training. It should be included in their curriculum if they want to work in this field. It's not just "old people"; it's a special group, I think, which might require you to engage with culture or history. (2021, trans man, 57, author's translation)

The interviews confirm that the identity of the caregivers as queer persons (of a certain age), awareness, knowledge, and training coupled with an explicit affection for queer people in older adult care (as will be shown in aspect 4) are essential, albeit often overlooked elements of service that would contribute to creating successful care interactions and alternative institutional care settings.

Aspect 3

Queer residential care and the notions of Empire linked to strategies of (in)visibility

Finally, the extension (and queering) of Drucilla Barker's feminist economics care model that considers Empire allows for the care industry to be viewed in connection with mainstream economics in a way that highlights care work as a marker for the shortcomings of capitalist production. Two factors are particularly relevant: visibility and connection. Both link the private to the political (the latter is discussed in aspect 4).

On an individual level, negotiations of visible queerness in care settings help realize LGBTQI identities in long-term residential care for older adults, for both givers and recipients of care, as well as friends and chosen family visiting the residents in care institutions. Visibility is a key issue discussed in the interviews. The significance of this has been corroborated in a meta-study by Fasullo et al. (2022), who find fears of renewed invisibility and isolation in care settings a common theme for LGBTQI people (see also Sandberg & Siverskog 2024).⁶

From the perspective of institutional planning, there are different paradigms for queer adult age care, which are remarkably similar in different geographical settings. There is a lack of awareness of queer aging needs. Mainstream institutions may not realize that they are home to older queer residents, as exemplified by Simpson et al., 2018 for English institutions: "we don't have any at the moment". There is the idea that invisibility could serve as protection (see Lautmann 2016, discussing Germany), and there are strategies that normalize integration and repudiate differences: "we treat them all the same" (Jakobsen et al., 2023: 365 for Nordic European countries; also in Villar et al., 2022 for Spanish institutions; Simpson et al., 2018 for England).

This third aspect of visibility is discussed as a strategy of political activism that connects local queer themes with global inequality and exploitation processes. This argument is illustrated by the discussion of creating a decisively visible queer retirement setting for visibly queer clients by the city of Vienna. One interviewee highlights the political impetus of visibility for lesbian activists:

⁶Often, these fears are justified, as is shown in a quantitative study by Barrington (2015).

[...] people who are now around 60 or 70 years old and were active in the movement would find it totally outrageous to live in a LGBTQI shared flat and for it not to be named as such. These people would probably think: I spent my whole life advocating for visibility for lesbians, and then, in old age, I become invisible, which is already a concern [...] many lesbians I know have - that they would become even more invisible in old age. [...] As you get older, sexuality or sexual orientation doesn't seem to be an issue anymore, and it becomes less important or somehow just disappears. And it feels like after a lifetime of activism trying to create visibility, suddenly it's institutionally silenced again. (2021: lesbian woman, 63, author's translation)

For this person, advocating for lesbian visibility is regarded as something that is worth spending a lifetime on, including older age. Not being visible in institutional settings is feared as discounting (sexual) identities for older lesbians. A lesbian respondent (aged 66) clarified why she feels visibility is such an important cause to fight for:

Visibility is so important because [when I was young] there were so few [open] lesbians, and many believed it was a marginal issue that no one cared about, or it didn't exist at all. Visibility serves an educational purpose, making it clear that lesbians are always present, everywhere. It raises awareness about the fact that this presence affects everyone and should not be viewed in isolation. There are connections; anyone could be affected, and it matters how they are treated. (2021, lesbian, 66, author's translation)

The individual visibility is connected in most interviews with larger political contexts, questions of social distribution, and exploitative practices. This is not surprising, as nearly all of the interviewed people, especially the lesbians interviewed, had been long-term activists in LGBTQI as well as within feminist and peace movements as they sought to connect issues of local social, political, and economic injustice with global ones. Jane Traies fittingly describes the themes raised by the lesbian respondents in Vienna, echoing that: "most lesbians born before 1950 were, and still are, passionate feminists; many were active in the Women's Liberation Movement and other contemporary social justice campaigns; as a group, they subscribe to a strong politics of identity, both as women and as lesbians" (Traies 2018: 101). Traies explains why institutionally created invisibility may possibly be seen as "outrageous" for this group. She connects "misrecognition and lack of representation as the root causes of maldistribution, rather than as distractions from

it” as Nancy Fraser originally suggested when she claimed that “a focus on identity politics has diverted attention from the destructive effects of neoliberal capitalism and from the increasing economic inequality” (Fraser in Traies 2018: 101).

In this way, visibility and group identity are linked to questions of injustice, inequality, and global feminist material politics, which can be applied to production modes in the realm of long-term residential care for older adults. When asked to describe an openly queer care home, one of the women interviewed mentioned a desire to right unjust conditions for all parties involved:

It must never happen that there is any paternalism, nor any kind of confinement. [...] And it's important that the carers work under fair conditions there – no exploitative jobs, as that would negatively impact other aspects as well. (2021, lesbian woman, 72, author's translation)

If there was only mainstream care available and no option for living in a queer-care setting, having to go “back into the closet” could be seen as a measure to safeguard oneself against possible repercussions by care staff and other residents. As Jesus Ramirez-Valles puts it, when we are “living with the same bigots who hated us when we were younger” (2016: 3). Paul Willis further expands these considerations by discussing biopower in long-term residential care institutions for older adults and designates who is and is not deemed a “good citizen” and a good (queer) client. Willis argues that (hyper)visibility may not only be dangerous for visibly queer residents, but it could also invisibilize those who cannot align with the “heteronormative markers in which good gays and lesbians seek relationship equality (monogamous, long-term, two-people only), marital stability and potentially make good parents” (Willis 2017: 115–116). These could be, for instance, traumatized AIDS survivors (see Ramirez-Valles 2016); old gay men who insist on having sex workers still visiting them, the ones who feel that specific labels are not right for them, or the ones who cannot be visible the way we expect them to, due to memory loss and/or the loss of speech. Paul Willis also refers to the panoptic gaze within older age housing institutions that also affects and constitutes the agency of LGBTQI residents (see Willis 2017).

Desires for (in)visibility expressed by trans persons in long-term residential care for older adults are an example of such complex considerations. A trans woman aged 63 and long-term activist states that even for a queer care institution...

it is essential to avoid having “lesbian and gay” displayed prominently; “Senior citizens with an asterisk” would be enough. Fear of assaults? No, not necessarily now, but possibly in fifteen years. It might also not be so pleasant for the visitors, and it doesn’t necessarily need to be labeled. (2021: trans woman, 62, author’s translation⁷)

Being submerged under a lesbian and gay label is not a good option for her, and a discreet demarcation of a queer care home is suggested. While she expresses a feeling of safety in 2021, being visible is seen as potentially unsafe in the mid-term. Labels are considered unimportant. This ambivalence is sometimes discussed as “queer opacity a tactic and strategy that implies a refusal to subjugate to a name, category or a discernible identity” (Nicholas De Villiers in Sandberg & Siverskog 2024: 12). Still, as Traies puts it, “the situation is complicated further if the people we are trying to see are not only hidden, but hiding” (Traies 2012: 68), and invisibility may mean being left behind.

Thus, strategies of (in)visibility in queer older adult care described in the interviews can be regarded as continued activism within Empire. They can be understood as individual care recipients signaling resistance to the biopolitics of normalization, as well as against and within potentially paternalistic and heteronormative institutions.

Aspect 4

Interpersonal affections and connections

Finally, as mentioned above, Barker suggests utilizing the concept of Empire in a care analysis, as it has the potential to allow for “new liberatory possibilities” (Barker 2012: 581) to emerge, based on the production of intangible “feeling[s] of ease, well-being, satisfaction, excitement or passion” (Hardt & Negri in Barker 2012: 581); as well as forge a connection

⁷The asterisk refers to the German-language practice of opening up binaries within written texts and actively including trans or intersex persons by placing an asterisk after a personal pronoun or noun, for example, writing: “there were only women* at the queer* party.”

to the production of “social networks and collective subjectivities” (Hardt & Negri in Barker 2012: 581). Turning towards a discussion of interpersonal affections in care, Barker draws on Folbre’s concept of the “Invisible Heart,” which deems microeconomic-level interactions in care work as paradoxical per se, as the market logics of prices that link supply to demand are inadequate for describing the interactions, motives, and compensations. Instead, “interpersonal affections and commitments” (Folbre 2017, n.a.) should be highlighted, as they explain the interactions on a deeper level than costs and wages. One of the respondents (a trans man aged 57) describes the specific needs of LGBTQI persons based on the affective interactions in the care setting:

[...] you need nursing staff who actually like LGBTQI people, I don’t know if it’s possible to only have queer people working there. The nurses have to like queer people, that’s important, but they still need awareness training. I have experienced this with the medical staff; it is noticeable whether there is a liking, any goodwill. Some doctors like it when people are different, even if they themselves are not, but they certainly need sensitization, as there are unique needs... (2021, trans man, 57, author’s translation)

The interviewed man emphasizes the need to be liked by the staff as a primary prerogative (and suggests that on top of genuine affection, staff training is still a necessity). Contrary to this, a paper on queer older persons with dementia by Sandberg and Siverskog (2024) writes that care in large institutions often involves little space for the individual. Here they relay a description of one of the gay men interviewees concerning the relationship with care staff as “impersonal as hell,” he continues, the staff is “doing their job but there’s no feeling behind any of it” and that makes everything “really impersonal” (Sandberg & Siverskog 2024: 7). The lack of emotions in mainstream long-term residential care settings for older adults certainly not only affects gay clients, but all residents there.

For queer carers, the mainstream setting is problematic due to the straight patients’ negative emotions and dispositions. A gay care worker who performs mobile care in private homes explains in his interview:

I also had negative experiences in care and had arguments with the heterosexual old people about whether gay people should “just be shot.” (2021, gay man, 44, author’s translation)

In this example, the patient did not know that his caregiver was gay. In the interview, the caregiver continues to explain that he still thinks that the old people he cares for can be very open-minded, if they are well informed. He notes that the situation changed when the person watched an Austrian reality TV show *Dancing Stars* that involved a well-liked famous gay actor. The day after the same client watched the show, he apologized for his violent comments. Thus, even in a mainstream setting, interpersonal affections can be strong and positive. The caregiver reports that he sometimes comes out as gay within certain care relationships, "... because a kind of friendship develops" (2021, gay man, 44, author's translation).

In this last section, I turn my attention to the connections that the queer care settings could produce, and thus also transform caring labor into a type of work built on "social networks and collective subjectivities" (Hardt & Negri in Barker 2012: 581) and potentially reforming biopolitical governance in older adult care. The older queer interviewees expressed a strong desire for meaningful and mutual connection. One person explains that they would like:

... to remain integrated in the community, even in old age and to be able to pass on my experience, strength, and creativity. It's about being useful as an older person, playing a role in the lives of younger people. (2021, intersex person, 59, author's translation)

A trans woman also expresses this wish. She highlights that "community visitation services could also be an enriching and supportive addition to prevent loneliness and sustain social interaction for older trans individuals" (2021: trans woman, 62, author's translation). There is little research regarding the desire of young LGBTQI persons to connect with queer "elders," with the exception of work on BIPOC LGBTQI people in Germany (see e.g. Shukrallah 2024). The gay care-giver suggests the possibility of having visitation days with young LGBTQI individuals to share their experience of history and to discuss past and present realities, and the state of the community for younger people. He says:

We didn't have, or had very few, older people we could go to or talk to. Heterosexuals can go to parents and grandparents; we were left in a void. Experience plays a big role; when you visit an older person, you learn a lot about what they've gone through, and what you can learn from it for your own life. It gives you self-assurance for your own coming-out. (2021, gay man, 44, author's translation)

The connections between older LGBTQI persons amongst each other within and outside of the care setting and with LGBTQIs of younger generations is a key issue in literature on queer aging, and can be interpreted as social capital in the sense of Bourdieu (1992). This network building is hard work, as described in the interviews:

As a lesbian woman, if you don't have children, your family connections are limited, and for the connections you do have, you must put in effort. They don't come automatically. Children are automatic, though they might not actually do much. You can't lose sight of that - you have to pick up the phone, or connections might become sparse. Lesbian and gay networks are essential for mutual support and avoiding isolation, as seen during the lockdown. (2021, lesbian woman, 60, author's translation)

Meanwhile, the neoliberal narrative of "successful aging" has also reached older LGBTQI populations (Sandberg & Marshall 2017). Intergenerational connection in Austria's rapidly changing social, legal, and economic context could also be romanticized. There could be significant difficulties in comprehending the impacts of different historical settings. An expert explains that young gay men are thought to have "no understanding of what it's like to be 'enchanted' [dated code for being gay]" and older ones are "feeling completely misunderstood by the young ones" (2021: gay man, 50, author's translation). Still, the desire for connection beyond biological families could be heightened in the queer community; this suggests reworking theory so that it is capable of linking "care discourses to collectivist social movements such as activist mothering, caring activities in queer communities during the AIDS crisis, collective nurseries run by the Black Panthers, and other communal arrangements" (Barker & Feiner 2009: 50). Barker and Feiner suggest this underscores "the significance of taking collective responsibility in caring for populations marginalized by poverty, race, ethnicity, and nationality," (ibid.) - as well as sexual and gender identity throughout their life course. In addition, programs that mainstream and diversify management may furthermore include affirmative action for marginalized groups, which may be aging differently (see Castro Varela 2016: 61). This could prompt intergenerational compensation for the aggregated losses over a lifetime of those LGBTQI individuals who have been affected by criminalization, pathologization, and stigma throughout their lives. For instance, Rosenfeld and Ramirez-Valles (2024) suggest specifically investing in improving the quality of their old-age

living for gay men in the US context. Similarly, in Argentina demands are currently being formulated under a “Historical Reparation” program that would acknowledge their past rights violations by providing state pensions for aging trans individuals (Fernández 2025). I also argue elsewhere (Schönpflug 2026) that adequate, communally funded institutions for older LGBTQI adult residential care should also be considered as an effort to compensate for the injustices in Austria’s recent past.

Interpersonal relations and affection highlighted in a queered discussion of the Invisible Heart metaphor resonate in the interviews with older queer persons in Vienna. Examples of political activism regarding older adult care of marginalized and/or vulnerable communities could also inspire courses of action when preparing for the care crisis in an aging world – not only for LGBTQI people.

Conclusion

The synthesis of a theory-based analysis and qualitative interviews with older queer individuals has generated the following findings:

1. Drucilla Barker’s conceptualization of older adult care for LGBTQI populations as a form of biopolitics strongly aligns with empirical findings regarding the impact of life course events described in interviews with older LGBTQI individuals in Vienna. Despite having faced profound structural injustices throughout their lives, both personal and financial, the issue of their adequate institutional care in older ages remains largely absent from public and community discourses in Vienna. This is also reflected in the insufficiency of policies, funding, and projects that would address their needs.
2. The interviews underscore that the identity of care providers as queer persons, alongside awareness, knowledge, and targeted training – coupled with explicit affection for and sensitivity toward queer people in older adult care – are critical yet frequently neglected components of effective services in care interactions.
3. Strategies of (in)visibility in queer older adult care can be explained, within Empire, as a continuation of activism in older ages, as signaling resistance to a biopolitics of normalization for individual care recipients, as well as against and within potentially paternalistic and heteronormative institutions.

4. Furthermore, the interviews echo the significance of interpersonal relations and affective bonds, a theme central to the queered reinterpretation of Nancy Folbre's "Invisible Heart" metaphor. Examples of political activism and care practices within marginalized communities may offer key insights for wider approaches to the impending adult care crisis in an aging world – not just for LGBTQI people, but for society at large.

This article has shown that a queer feminist economics analysis of older adult care allows for a discussion that creates openings toward resistance in the globalized care industries of Empire and for the (re-) imagination of care economies beyond neoliberal capitalism. The theory-guided and systematic exploration of the distinct needs in older age adult care of LGBTQI populations in Vienna lays the ground for a critical call for intergenerational reparations in the creation of policy frameworks of adequate older age care provision. Addressing historical injustices, especially by establishing queer care services as sites of intergenerational community-building, is not only part of a matter of amendment for queer communities, but a necessary foundation for building inclusive, future-oriented care systems and transformative models for dignified aging. Such models should embrace diversity and justice for all by redefining older adult care, not as a marginal or exceptional service but as a universal human right: "We not only have a duty to enable aging for Others with dignity, but also to make another [type of] aging possible for everyone"⁸ (Castro Varela 2016: 64–65, author's translation).

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⁸"Wir stehen nicht nur in der Pflicht den Anderen Alten ein würdiges Altern zu ermöglichen, sondern eben auch ein anderes Altern für alle möglich zu machen" (Varela 2016: 64–65).

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Ethical Statement

The author states that there is no conflict of interest, and an ethical review was not required. Considering that the LGBTQI population is a marginalized group and sometimes vulnerable, this paper prioritizes confidentiality, informed consent, and strictly avoids any identifying details that could increase vulnerability. All interviewees have received detailed confidentiality statements, which have been signed at the start of the original project.

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